



# Explaining the Value to Payers





# Explaining the Value to Payers

This document has been created to provide talking points for EMS agencies to explain to payers the value of EMS 3.0 services.

Please review and download as needed the following talking points:

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## → EMS 3.0 INFOGRAPHIC



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## Cost Savings

- ➔ Achieves more efficient use of city/tax payer resources by decreasing the cost of EMS and law enforcement resources required for non-emergent medical calls.
  - ✓ Helps coordinate and streamline system responses and resources during a 911 call by facilitating alignment between patients’ needs and appropriate community and health system resources, thereby reducing emergent responses for preventable 911 calls.
- ➔ Leads to additional downstream savings by reducing tax-payer expenditures for tax-funded indigent care.

## Care Coordination and Population Health

- ➔ Identifies patterns and trends in utilization of social, mental health, and community resources.
- ➔ Provides a unique perspective working with residents in crisis, often identifying potential crises before they occur.
- ➔ Generates and shares data that significantly impacts population health initiatives.
- ➔ Proactively works with identified high utilizers of these services, assisting them in learning how to navigate the local health system and established community resources.

## Revenue Generation

- ➔ Increases revenue for the community.
  - ✓ Payers are increasingly willing to pay for enhanced services provided by EMS, such as programs that improve patient outcomes and reduce expenditures for preventable ED visits and hospital admissions.
- ➔ Diversifies the revenue stream from solely ambulance transportation to revenues from other value-added services.
  - ✓ Ambulance Transport Alternatives
  - ✓ Community Paramedicine
  - ✓ 911 Nurse Triage

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## Cost Savings

- ➔ Reduces the impact of readmission and value-based purchasing penalties.
- ➔ Reduces the consequences of un/under reimbursed care.
  - ✓ Appropriately navigating patients through the healthcare system based on medical need and payer source.
- ➔ Reduces readmissions and repeat ED visits from patients covered under a bundled payment.

## Revenue Generation

- ➔ Reduces the length of stay for inpatient admissions.
  - ✓ Reduces length of stay for Diagnosis Related Groups (DRG) payment to maximize bed utilization.
- ➔ Reduces cost of care to Accountable Care Organization (ACO) or other shared-risk populations.
- ➔ Promotes additional payer network contracts based on perceived value of effective care coordination for members.

## Patient Satisfaction and HCAPHS

- ➔ Enhances patient experience scores for value-based purchasing measures.
  - ✓ Enhances the patient's perception of the hospital's concern for their wellbeing through post-acute care follow-up on behalf of the hospital.
  - ✓ Improves HCAPHS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores for understanding of discharge instructions by having EMS providers review instructions in the home with patient and their family.

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## Revenue Generation

### → Enhances Referrals.

- ✓ Hospitals today want to partner with home care agencies who can help assure patients have safe transitions to avoid preventable ED visits and readmissions.
- ✓ A home health/EMS partnership helps reduce these occurrences and has resulted in increased referrals to the high-performance home care agency.

## Cost Savings

### → Reduces Penalties.

- ✓ Partnering with EMS on care coordination for patients on service with the home care agency helps avoid preventable ED visits and hospital admissions.
- ✓ Care coordination with the home care agency can occur on scene through medical interventions and care transition to the home care personnel to avoid a preventable ambulance transport to the ED.

### → Enhances Efficiency.

- ✓ The EMS agency can notify the home care agency if they are transporting a patient on service to the hospital, avoiding a no-show visit and enhancing schedule efficiency.
- ✓ An EMS agency can also serve as a reliable and readily available back-up provider at the request of the home care agency for patient visits if a patient requests an episodic visit after hours, or during peak demand times.

## Care Coordination

### → Notification of Patient Transport.

- ✓ The EMS agency can notify the home care agency in the event of a patient transport to allow the home care agency to contact the hospital and/or the patient and help assure the patient returns to service by the home care agency when discharged.

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## Help Meet Patient and Family Goals

### → Aligned Incentives.

- ✓ EMS agencies are paid to transport patients to an ED, which is often what happens when the patient or family calls 9-1-1 when they are scared about the patient's medical status.
- ✓ An ambulance trip to the ED often results in a hospice revocation.
- ✓ A hospice/EMS Partnership can avoid preventable transports to the ED for hospice plan of care medical issues, which reduces potential hospice revocations.

## Revenue Generation

### → Enhances Referrals.

- ✓ Hospitals today are looking to partner with hospice agencies who can help assure patients have safe transitions to avoid preventable ED visits and readmissions.
- ✓ A hospice/EMS partnership helps reduce these occurrences and have demonstrated to result in increased referrals to the high-performance hospice agency.

## Cost Savings

### → Reduces Acute Care Expense.

- ✓ A hospice agency is responsible for costs associated with hospice-related acute care services.
- ✓ Partnering with EMS on care coordination for patients on service with the hospice agency helps avoid preventable ED visits and hospital admissions for hospice-related plan of care events.
- ✓ Care coordination with the hospice agency can occur on scene through medical interventions and care transition to the hospice agency personnel to avoid the expenses related to preventable hospice plan of care ambulance transport to the ED.

### → Enhances Efficiency.

- ✓ The EMS agency can notify the hospice agency if they are transporting a patient on service to the hospital, avoiding a no-show visit and enhancing schedule efficiency
- ✓ An EMS agency can also serve as a reliable and readily available back-up provider at the request of the hospice agency for patient visits if a patient requests an episodic visit after hours, or during peak demand times.

## Care Coordination

### → Notification of Patient Transport.

- ✓ The EMS agency can notify the hospice agency in the event of a patient transport to allow the hospice agency to contact the hospital and/or the patient and help assure the patient returns to service by the hospice agency when discharged.

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## Cost Savings

- ➔ Reduces expenditures for preventable ED visits.
  - ✓ Identification and proactive management of super utilizers.
  - ✓ Effective navigation of patients accessing 911 with low-acuity medical condition through the in-network healthcare resources.
- ➔ Reduces expenditures of preventable hospital readmissions through safe transitions.
  - ✓ Improves understanding of discharge instructions by having EMS providers review instructions in the home with patient and their family.
  - ✓ Enhanced access to 24-hour episodic care through the EMS provider.
- ➔ Enhances Health Effectiveness Data and Information Set (HEDIS) measures.
  - ✓ Improves proper Emergency Department Utilization by allowing non-emergent patients to be scheduled and taken to proper in network treatment centers, such as primary care offices or urgent care centers.
  - ✓ Decreases rate of readmission through post-discharge follow-up visits by EMS.

## Revenue Generation

- ➔ Enhances promotion of insurer’s health plan by partnering with a trusted community provider.
  - ✓ Utilizes enhanced 24-7 medical services available through the local EMS agency.

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## Revenue Generation

### → Enhances Contracting.

- ✓ Commercial insurers want to partner with post-acute care coordinating agencies who can help assure enrolled members have access to trusted, readily available care providers who are able to arrive at a patient's home quickly to address medical requests.
- ✓ A post-acute care provider/EMS partnership can help demonstrate this service delivery model and become a market differentiator for the post-acute care agency.

## Cost Savings

### → Reduces Penalties.

- ✓ Partnering with EMS on care coordination for patients on service with the post-acute care coordinating agency helps avoid preventable ED visits and hospital admissions.
- ✓ Care coordination with the patient's assigned patient-centered medical home (PCMH) can occur on scene through medical interventions and care transition to other personnel to avoid a preventable ambulance transport to the ED.

### → Enhances Efficiency.

- ✓ The EMS agency can notify the post-acute care coordinating agency if they are transporting a patient on service to the hospital, avoiding partnering providers from a no-show visit and enhances schedule efficiency.

## Care Coordination

### → Notification of Patient Transport.

- ✓ The EMS agency can notify the post-acute care coordinating agency in the event of a patient transport to allow the post-acute care coordinating agency to contact the hospital and/or the patient and help assure the patient returns to service by the post-acute care coordinating agency when discharged.

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## Enhances Care Experience for the Patient

### → Aligns Incentives.

- ✓ Many patients who call 9-1-1 can have their medical need met at an alternate destination, which may be more patient-centered for the patient and be able to provide follow-up care.
- ✓ Safely navigating patients to the most appropriate medical resource, including 9-1-1 Nurse Triage at call intake or transport to alternate destinations, can enhance the patient's experience of care and improve outcomes through effective care coordination.

## Cost Savings

### → Reduces Acute Care Expense.

- ✓ EMS agencies are paid by Medicare to transport patients to an ED.
- ✓ An ambulance trip to the ED often results in significant additional expense to Medicare.
- ✓ Medicare payment for things like 9-1-1 Nurse Triage, or transport locations other than ambulance transport to an ED, could reduce expenditures of preventable, high-cost ED visits.
- ✓ Medicare coverage for preventive services provided by EMS agencies could reduce the expenditures for both ambulance and high-cost ED visits.

## Care Coordination

### → Enhances Care Across the Continuum.

- ✓ An EMS agency can provide timely post-acute care transition safety by conducting a post-discharge in-home safety, risk and medical assessment for sharing with the patient's medical care team.
- ✓ On a 9-1-1 call, an EMS agency can assess a patient, and if a low-acuity medical event, contact the patient's PCMH for assistance with determining the most appropriate care transition for the episode.

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## Enhances Care Experience for the Patient

### → Aligns Incentives.

- ✓ Many patients who call 9-1-1 can have their medical need met at an alternate destination, allowing for patient-centered care and follow-up.
- ✓ Safely navigating patients to the most appropriate medical resource, including 9-1-1 Nurse Triage at call intake or transport to alternate destinations, can enhance the patient's experience of care and improve outcomes through effective care coordination.

## Cost Savings

### → Reduces Acute Care Expense.

- ✓ EMS agencies are paid by Medicaid to transport patients to an ED.
- ✓ An ambulance trip to the ED often results in significant additional expense to Medicaid.
- ✓ Medicaid payment for things like 9-1-1 Nurse Triage, or transport locations other than ambulance transport to an ED could reduce expenditures of preventable, high cost ED visits.
- ✓ Medicaid coverage for preventive services provided by EMS agencies could reduce the expenditures for both ambulance and high-cost ED visits.

## Care Coordination

### → Enhances Care Across the Continuum.

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## Achievement of Community Benefit Mission

- ➔ Enhances Community Health.
  - ✓ EMS 3.0 has demonstrated the ability to enhance access of medical care in the community by using existing EMS resources in new roles such as prevention, patient navigation and primary care services.
  - ✓ Foundation funding of these programs can reflect favorably on the mission of the foundation in the community and allow the foundation to address the problem with effective solutions.
- ➔ Demonstrates Enhanced Patient Outcomes.
  - ✓ EMS 3.0 programs effectively reduce the frequency of ED visits and hospital admission by high utilizers of the emergency care system and people with complex medical conditions.
  - ✓ Often, these patients receive uncoordinated, episodic care.
  - ✓ The use of EMS as a trusted and reliable community care partner, for the prevention of acute care services and the appropriate and safe navigation of patients through the healthcare system has demonstrated improved patient outcomes.
- ➔ Reduces Healthcare Expenditures.
  - ✓ Effectively using EMS to help prevent acute care utilization, navigate patients who access 9-1-1 services to the most appropriate care setting, and provide timely post-acute care follow-up has demonstrated savings to the healthcare system.
  - ✓ The Foundation will generate perceived value in the community by funding the EMS initiatives and demonstrating a return on the foundation's investment.

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## Enhances Wages and Benefits

- Creates new sources of revenue to support livable wages.
- Enhances the professional value of EMS and its compensation.

## Enhances Working Conditions and Job Satisfaction

- Lowers stress as patient interactions shift from crisis management to preventative and coordinated episodic care in a familiar environment.
- Reduces stress and strain on the workforce due to lower transport rates of patients, decreasing lifting demands.
- Greater emphasis on adaptation skills by Paramedics and EMTs.
- Instant gratification by viewing first-hand patient care results.

## Provides Job Security and Longevity

- Offers new career opportunities within EMS.
- Positions EMS as a valuable provider in the continuum of care.
- Creates additional value to EMS work unit by creating additional functions to be performed.
- Adapts to changing healthcare market and patient expectations.

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## Cost Savings

- ➔ Reduces expenditures for avoidable care.
  - ✓ Working with high utilizers decreases the cost associated with ED visits.
  - ✓ Decreasing payments for Emergency Service including the ambulance transport.
  - ✓ Decreasing unnecessary hospital admissions by community paramedic interventions for the patient after the ED visit.
  - ✓ Finding alternate sources for care in community.
- ➔ Utilizes community resources.
  - ✓ Connecting patients with community resources that are in existence and are currently funded socializes the members and allows for support.
- ➔ Alignment with alternative care sites.
  - ✓ EMS works to find alternative care sites for needs that are more scheduled.
- ➔ Connection.
  - ✓ 24/7 ability to connect with care provider.
  - ✓ Access to dispatching system to alert the care provider of the 9-1-1 call.

## Care Coordination

- ➔ Care directed to patient.
  - ✓ EMS providers will connect with patients during their enrollment to understand behavior and patterns – CP will arrive at ED, skilled facility, hospitals in hope of changing current practice but providing alternatives.
  - ✓ Connect with pharmacies to understand medication practice and ensure adherence.
  - ✓ Connect with home health to develop comprehensive plan for patient.
  - ✓ Provide alternate connection paths such as telemedicine or non – emergent phone number.
  - ✓ Many projects and innovative concepts being researched currently.
  - ✓ Partnerships and introduction of community to resources that are available and some not utilized.

## Alignment to the ACO Attributed

- ➔ Referral management.
  - ✓ Develop plan and outline of care community for patient to ensure continuity of care the EMS/CP will work with the PCP to direct care in the most appropriate place and setting to ensure the communication portals are aligned.
  - ✓ Consistent follow up by completing brief “pop-ins” to assess compliance and health status.

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## Revenue Generation/management

- ➔ Increase Outpatient visits.
  - ✓ EMS will work with PCP on appropriate care in the appropriate place, this is a result of shifting the visit from the ED to the office location.
  - ✓ Increase in office practice Point of Care testing and in office procedures.
- ➔ Patient Profiles increase.
  - ✓ As continuity of care increases and the patients begin to discuss experience they will refer patients to the ACO.
- ➔ Increase with alternative payment structure.
  - ✓ Asthma and allergy assessment in home.
  - ✓ One-time health assessments.
  - ✓ Tele-health visits in home.
  - ✓ Injections and immunizations.
  - ✓ New commercial payments.
- ➔ Presents stronger management of the patient-per-month payment.
  - ✓ Connections with EMS support patient tracking.
  - ✓ Significant focus on quality and what is occurring with patient.

## Enhance Care Experience for the Patient

- ➔ Creation of bridge between PCP and patient.
  - ✓ Provide alternative care sites.
  - ✓ Utilization of technology allows for care to be provided quickly.
  - ✓ Home Care provided in episodic manner if deemed appropriate.
  - ✓ Engage in health with a new understanding.
- ➔ Healthcare behavior changes.
  - ✓ Understanding culture of health.
  - ✓ Involvement in community and wellness.
  - ✓ Trusting healthcare.
  - ✓ Active in community at new level.
- ➔ Confidence increases.
  - ✓ Ability to join community in volunteer to paid fashion.
  - ✓ Time with family/friends/travel/hobbies.
  - ✓ Enjoying life.

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