

TREAT-IN-PLACE (TIP)



WHY TREAT-IN-PLACE (TIP)?

1. TIP is patient-centered, allowing patients to receive individualized care without a time-consuming and complicated hospital experience.
 - Evidence-based, peer-reviewed studies have demonstrated that many patients who call 9-1-1 do not require ambulance transport to an Emergency Room (ER).
2. TIP has demonstrated that it increases EMS resource availability in local communities, at a time EMS is facing historic staffing and economic challenges, by not committing EMS to a time-consuming transport and delays in hospital ER transitions.
3. By avoiding preventable ER visits, the demonstrated expense savings to the Medicare program, through reduced ER fees, is significant.
 - The reimbursement of a TIP encounter is only a fraction of the cost of an ambulance transport plus hospital emergency department visit.
4. CMS issued a waiver for ambulance services to allow for treatment reimbursement in lieu of transport during the COVID-19 public health emergency, and Medicare paid for TIP during the ET3 demonstration program.
 - These opportunities gave EMS the flexibility to navigate patients to the right care in the right setting, and the patient experience and economic results were very promising.
5. TIP allows EMS providers to use and be reimbursed for their clinical skills, regardless of the setting or transportation disposition.
6. TIP takes a step towards financial sustainability by ensuring payment for assessment and treatment for Medicare beneficiaries that currently consume EMS resources without Medicare reimbursement.
7. TIP helps ease hospital emergency department overcrowding by reducing the number patients transported by ambulance who can be effectively treated in alternate setting.



NOT ALL PILOTS ARE THE SAME: H.R. 8799 VS. ET3

1. The ET-3 demonstration program was saddled with complex participation requirements.
 - These difficult and often unnecessary requirements made participation difficult and led to only a small number of ambulance services joining ET3.
 - It was also implemented during the public health emergency, a time when EMS and the whole healthcare system was facing unprecedented challenges.
 - The lack of participation contributed to its early end.
2. The Congressional sponsors of The Improving Access to Emergency Medical Services Act are very aware of the problems of ET3 and worked with NAEMT to ensure this bill established a user-friendly demonstration program.
3. However, despite its early end, the ET-3 program demonstrated more than \$500 in Net Savings to Medicare per patient encounter.