

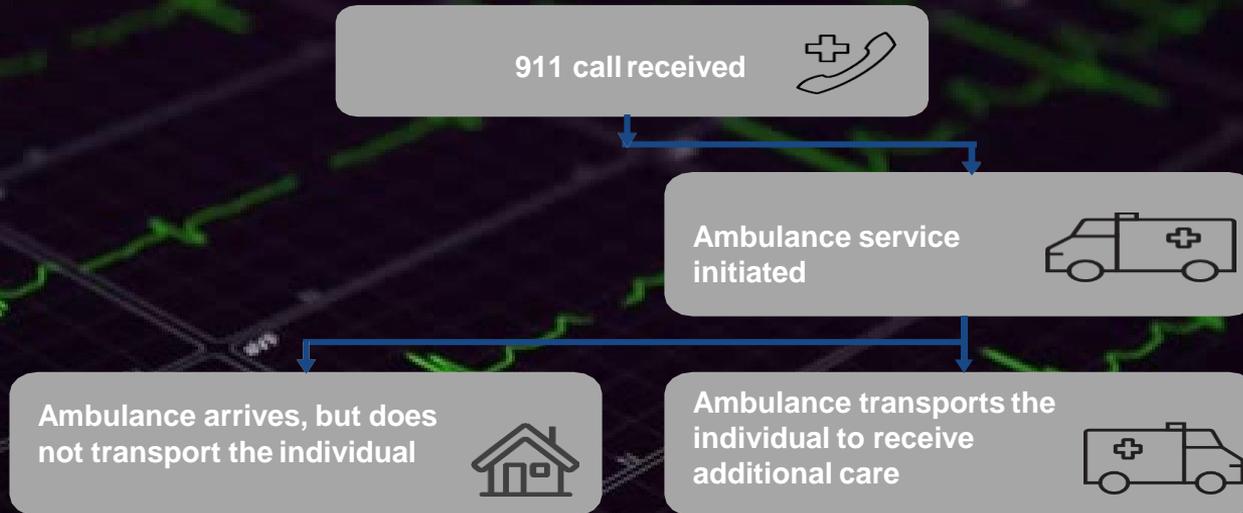
Emergency Triage, Treatment, and Transport (ET3) Model

An Overview of the San Antonio Fire Department's Approach and Plan



Current State

Ambulance dispatched regardless of acuity, with transport to ED even if lower-acuity alternatives could safely meet an individual's needs.



The Problem: Misaligned Incentives

- No options on transport destination
- No consideration for a patient's medical needs
- No innovation or technology options for patients or providers

This results in patients being transported by the highest-cost resource to the highest-cost resource.



ET3 Model Goals

Provide person-centered care

such that individuals receive care safely at the right time and place

Increase efficiency in the EMS system

to allow ambulances to more readily respond to and focus on high-acuity cases, such as heart attacks and strokes

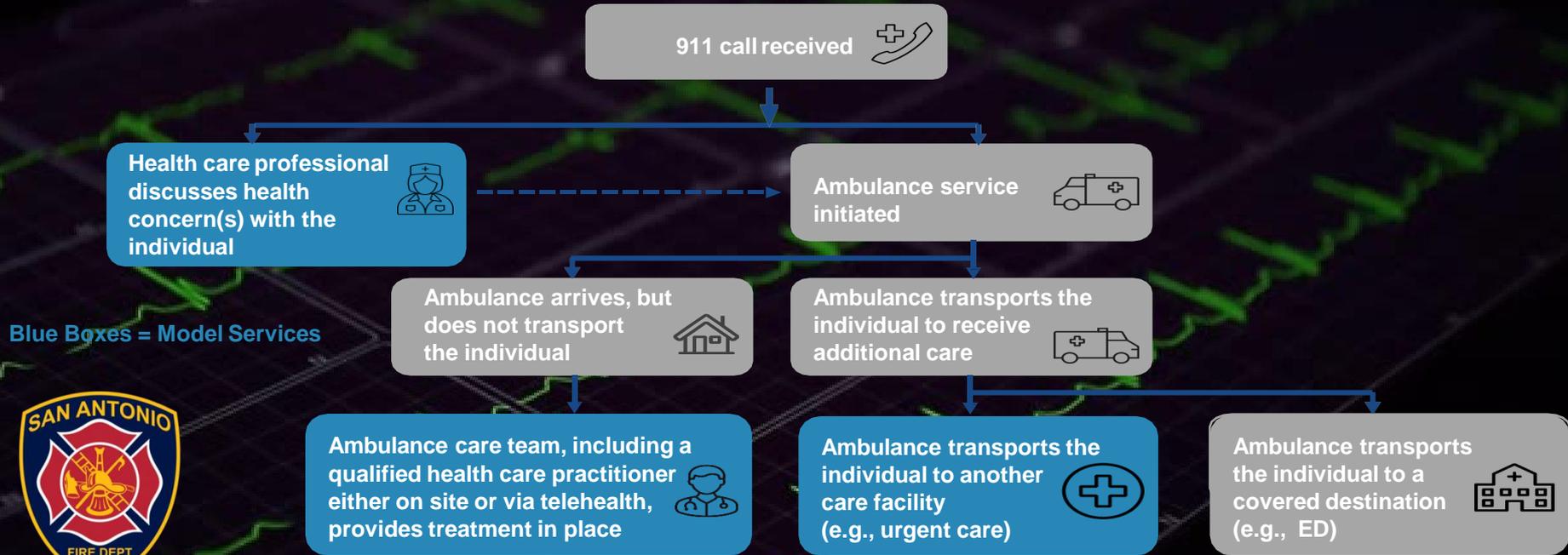
Encourage appropriate utilization of emergency medical services

to meet health care needs effectively



Re-aligning Incentives for Future State

New options help individuals get the care they need and enable ambulances to work more efficiently.



Blue Boxes = Model Services



Ambulance Transport to Alternative Destinations

- Allows Payment to EMS Agencies for Transport to Appropriate Facilities to Include:
 - Urgent Care Clinics
 - Mental Health Facilities
 - Substance Abuse Facilities
 - Primary Care Clinics

SAFD only looking at Urgent Care Centers at this time.



Ambulance Transport to Alternative Destinations

With Council approval SAFD will be entering into agreements With these Urgent Care Companies:

- Texas Med Clinic*
- MedPost
- CareNow
- ExpressMed*
- WellMed*

* Based in San Antonio



Treatment in Place via a Qualified Health Care Practitioner

- Allows for Innovation and Efficiency in the Residential Setting:
 - Low Acuity Treatment on Scene
 - Physician or Advance Practice Provider
 - Telehealth
 - Patient Navigation to Primary Care for Follow-Up



Treatment in Place via a Qualified Health Care Practitioner

With Council approval SAFD will be utilizing these entities:

- UT Health – Office of the Medical Director
- GoodSAM



Things to Understand

- This model is only for 911 (emergency) patients. This does not apply to scheduled (non-emergent) patients.
- Medical necessity is still required for payment of transport
- EMS services account for 1% of Medicare payments, even though 12% of Medicare beneficiaries utilize EMS services.
- Medic units will have to be on scene to utilize new services.



Time Line

- Request for Applications (RFA) was released June 3, 2019
- Applications due September 19, 2019
- SAFD selected as a participant February 27, 2020
- Finalize Agreements, Implementation Plan and System, November 15, 2020
- Participation Agreement to Council and Uploaded by December 15, 2020
- System begins January 11, 2021



