



EMS Special Memorandum - #21-003

Date: December 13, 2021

To: Mendocino/ Sonoma County EMS Providers and System Stakeholders

From: Bryan Cleaver
Regional EMS Administrator

Mark Luoto, MD
Regional EMS Medical Director

Re: ET3 Pilot Program Implementation

Intent: This EMS Special Memo intends to provide authorization for the implementation of the Centers for Medicare & Medicaid Services (CMS) Emergency Triage, Treat, and Transport (ET3) Pilot Projects by agencies who applied for and who were selected for participation.

This Special Memo describes the process to be followed by approved provider paramedics when, following an appropriate clinical assessment, can include a telemedicine consultation with a California-licensed Physician employed by an approved telehealth provider.

Background: Coastal Valleys EMS Agency (CVEMSA) supports the CMS ET3 program and is committed to delivering a better model for care delivery within CVEMSA. ET3 potentially provides greater flexibility to ambulance care teams to address emergency health care needs of Medicare beneficiaries (*currently*) following a 911 call.

An approved ET3 model pilot project approved by CMS is to evaluate the efficacy of and patient care benefits for qualifying recipients by providing treatment in place with a qualified health care practitioner, either on the scene or connected using telehealth.

Authorization: As of December 2021, American Medical Response/Sonoma Life Support is the only CVEMSA provider authorized by both CMS and CVEMSA to implement and use the decision-making matrix and supporting documentation developed to implement the pilot project as approved by CMS. Approval for Envision Healthcare to perform qualifying patient telemedicine consultation and care per an approved ET3 project is included herein.

ET3 participating ambulance crews that are dispatched for an emergent call for service may determine upon the scene that a telehealth visit with a licensed medical professional, who meets the qualifying beneficiary criteria as determined by the ET3

Pilot project, is more appropriate than transportation to an emergency department.

In this case, the treatment-in-place service may be rendered when:

- The patient meets the selection and qualifying criteria outlined in an approved ET3 Pilot Project.
- It is determined that the patient is not experiencing a medical emergency *and* will not likely benefit from transport by EMS to the hospital emergency department

ET3 approved pilot project participation does not apply to patients who, following paramedic assessment, are felt to reasonably have a clinical condition consistent with an emergency patient as defined or qualify for prehospital treatment defined in a CVEMSA treatment guideline.

Medical Control: Patient care medical control remains with the CVEMSA Medical Director and patient care decisions will conform to existing CVEMSA Treatment Guidelines when applicable. Pilot project participants will be considered to have had a treatment session with a qualified medical doctor and responsibility for patient care will be considered to have been accepted by the medical doctor while participating in the CMS ET3 Pilot Project.

CVEMSA policy regarding the Release at Scene documentation will be adhered to and an appropriately charted patient care report will be completed.

Quality Management: 100% of ET3 Pilot Project participant contacts will have CQI performed. CVEMSA will be notified of any patient care, outcome, or Treatment Guideline issues as per policy.