



ET3 Facilitating Integrated Health in EMS

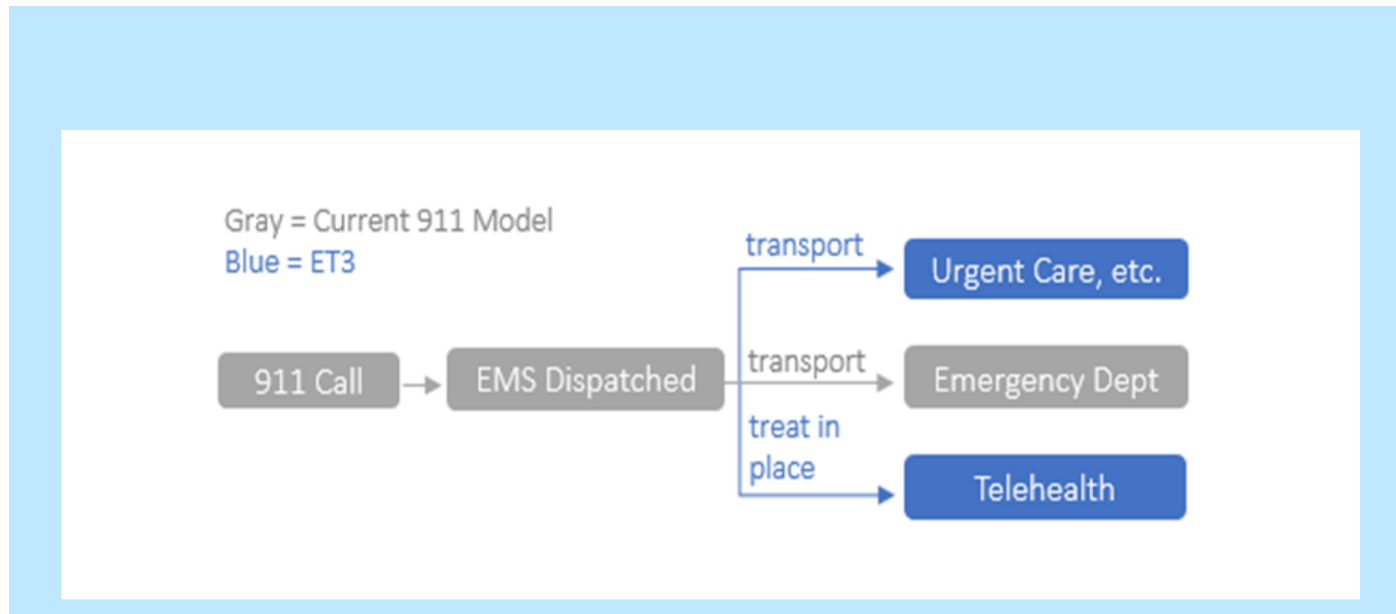
Kelly Turpin
ET3 Program Director



ET3 provides new healthcare pathways for patients following a 911 call

ET3, or Emergency Triage, Treat, and Transport, is a CMMI-led initiative reimbursing for the diversion of 911 callers to alternate destinations and virtual care

CMS estimates 30% of 911 calls are low acuity



Currently live in 40+ markets



GMR intends on scaling ET3 nationwide over the coming 4 years

How Does ET3 Transform EMS?

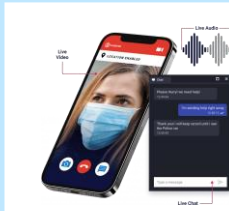
Right Care, Right Time, Right Outcome

Appropriate care setting



Transport directly to urgent care & behavioral health centers or treat at home via telehealth

Tech is patient-centric



Initiate video calls with patients directly on their mobile device

Care navigation is fast



Average telehealth call is 10 minutes, vs transport & care transfer times ...typically 60 minutes +++

Telehealth = Virtual ER



Emergency Medicine Board Certified physicians available for a virtual visit 24/7, 365

Deploy caregivers to the home



Partner with mobile care units to bring advanced care directly to patient

Patients love the service



Patient feedback is overwhelmingly positive

Ability to integrate with all areas of the health system, local and national partnerships



LOCAL HEALTH FACILITIES

By partnering with urgent care and **behavioral health** facilities, we can eliminate wait times, save patient costs, minimize multiple EMS transports and get the patient to the right care setting immediately



EM PHYSICIANS

Treat low acuity patients outside of ED (incl Rx), minimizes crew time on task, increases ambulance availability and addresses crew shortage & response times

Additional non-ET3 use cases: Jail clearance, AMA/ patient refusals, nursing homes/ SNFs



NURSE TRIAGE LINES

Referral to nurse line for additional support such as referrals, community resources and ride-share transportation



MOBILE CARE UNITS

Partnership with home health providers to bring follow-up care (incl x-ray, lab & ultrasound) directly to patient at home

ET3 addressing Social Determinants of Health

Connect patients with social needs to government and community resources

Lower cost care

*Expanded care options/
services for homeless*



Increased access to care for all

Open-access scheduling, evening and weekend access; and providing telehealth services, especially in rural areas

Translation services to ensure quality care for refugees, migrant workers and non-English speakers

Opportunities

HEALTH PLAN ON-BOARDING

- All-payer approach critical to success
- Easy sell for health plans
- Outline cost savings

BUILDING LOCAL PARTNER NETWORK

- Focus outreach on existing service gaps
 - Service specific
 - Location specific
 - Hours of operation
- Articulate benefits
 - More appropriate, pre-screened patients
- Agree process
 - EMS walk patient in, provide warm handover

FIRE & EMS COORDINATION

- Education for all local first responders
- Training on care options even for non-CMS participants
- Care coordination on scene

PATIENT COMMUNICATION

- Train crews to articulate value to patient
- Changes in patient behavior
- Educate via community outreach

The Data

TELEHEALTH ON SCENE



Typical Visit Response Time: **3 minutes**



Typical Visit Duration: **10.7 minutes**



Average Treatment-in-Place (TIP): **53%**

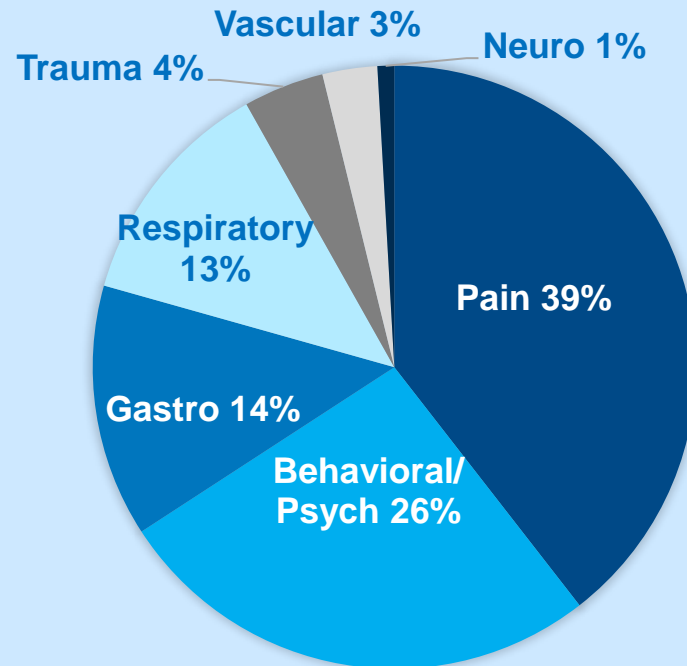
AV EMS TIME SAVINGS

85 mins

per call

Based on Knoxville ED transport times

CHIEF COMPLAINT



AV PATIENT SAVINGS

\$1423

Av ED visit cost (\$1500) - Av telehealth cost (\$77)

HIDDEN BENEFITS OF ET3

- Increased response times
- Decrease AMAs/ refusals
- Minimize dry runs
- Falls
- Stretcher topples
- Traffic accidents

Kelly Turpin

480-549-6344

Kelly.Turpin@GMR.net

