

Kentucky Board of Emergency Medical Services

Kentucky Health & Human Services
Delivery System Task Force:

Implementation of 23 RS HJR 38

July 24, 2023



kbems.ky.gov

Treatment In Place

Any time a prehospital emergency medical services crew provides aid or assessment to a patient that does not result in transport for further immediate care or evaluation.

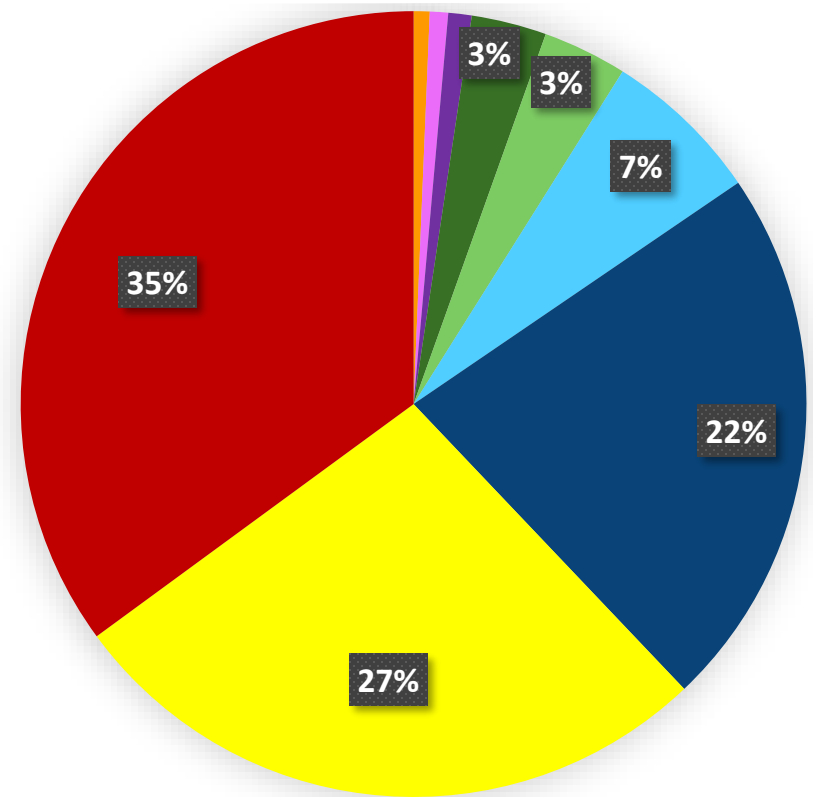
- Treatment with refusal of transport
- Treatment without transport necessity
- Treatment with transport by personal vehicle
- Treatment with transport by law enforcement
- Evaluation with no treatment necessary
 - Public assist
 - Patient deceased



kbems.ky.gov

Incidence of Treatment In Place

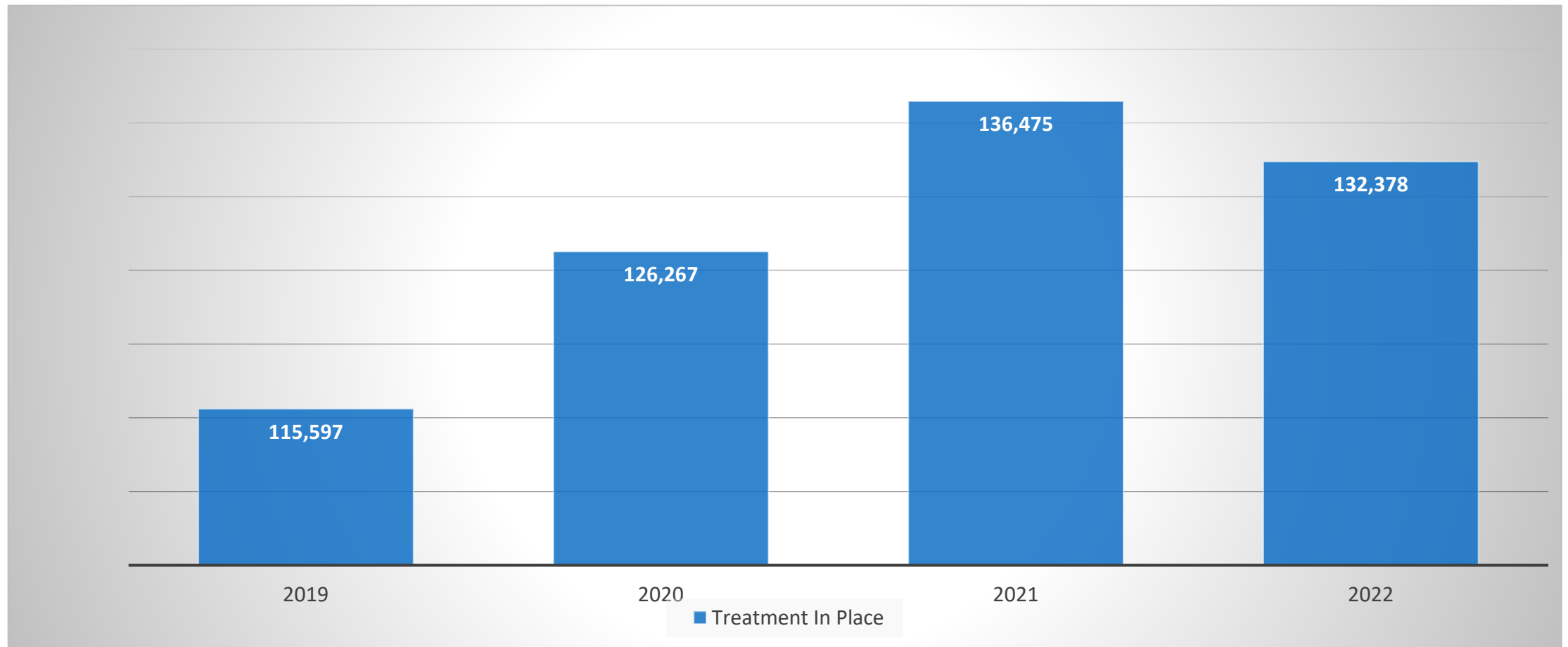
15%
of total calls for
service Statewide



- Treated Transport Personal Vehicle
- Attempted Resuscitation of Deceased Patient
- Public Assist
- No Treatment Required
- Patient Refused Evaluation/Care
- Treated Transport Law Enforcement
- Treated and Released Per Protocol
- No Attempted Resuscitation of Deceased Patient
- Treated Released Against Medical Advice



Increasing Incidents of Treatment in Place



kbems.ky.gov

MEDICATIONS				SUPPLIES	
Albuterol	Xopenex	Nitroglycerin	Levalbuterol	Electrodes	Extension Sets
Ipratropium	Amiodarone	Lidocaine	Glucose	IV catheters	Syringes
Buprenorphine	Oxygen	Lorazepam	Midazolam	Drop Sets	Gloves
Naloxone	Sodium chloride	Dextrose	Sodium Bicarbonate	Wound Dressing	Monitor Paper
Glucagon	Diazepam	Epinephrine			

Agency Cost of Treatment in Place

\$620,000

Conservative estimate of supply cost alone from 2021 and 2022.



kbems.ky.gov

907 KAR 1:061. Payments for ambulance transportation. This administrative regulation establishes the method for determining amounts payable by the Department for Medicaid Services for ambulance transportation services.

Reimbursement

\$0.00



kbems.ky.gov

Benefits of Treatment in Place

PATIENTS

- Decreased Healthcare Cost
- Decreased unnecessary transports
- Decreased unnecessary hospitalizations
- Appropriate destinations for behavioral health emergencies
- Improved ambulance availability
- Improved response times

FACILITIES

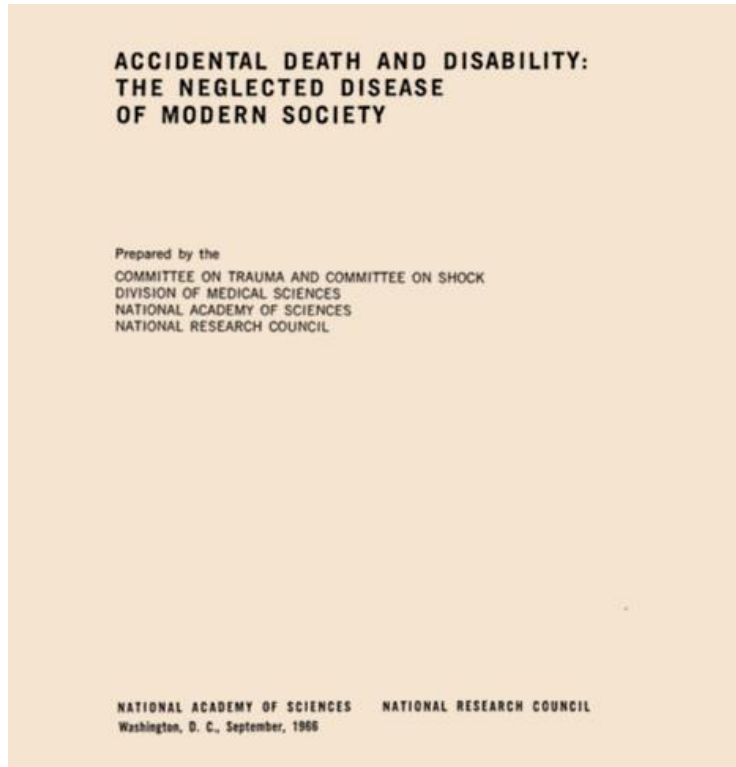
- Decreased abuse of emergency departments (ED)
- Decreased hospital crowding
- Decreased ED wait times
- Improved interfacility transfer response times

EMS AGENCIES

- Incentivize more appropriate transport destinations
- Decreased lost revenue
- Potentially improved wages
- Positive impact on recruitment and retention
- Improved ambulance availability
- Improved response times



Looking Toward the Future



Tiered Response Models

Community Paramedicine

Community Crisis Co-Response (CCCR) services

Emergency Triage, Treat and Transport (ET3) Model



kbems.ky.gov

Kentucky Legislative Commission Emergency Medical Services Task Force

December 1, 2022

Further expansion of the methods and amounts of reimbursement for EMS may improve the quality of services by increasing the ability of EMS providers to provide appropriate care.

EMS is paid for transporting a patient to a hospital and only in specific situations for treating a patient without transporting the patient to a hospital or to another location. There is no reimbursement for keeping ambulances ready to respond or for responding to a 911 call where treatment is unnecessary or a patient refuses treatment. Medicaid transport rates have remained the same for over 10 years—\$100 for advanced life support and \$82.50 for basic life support—while the costs of providing services have risen significantly. Relative to Medicaid reimbursement rates, the rates for surrounding states and Medicare are 30 percent to 400 percent higher. Medicare reimburses approximately 50 percent of the actual cost of EMS, and Medicaid reimburses approximately 10 percent

Direct the CHFS to explore Medicaid reimbursement for treatment in place by EMS and for ambulance transport to a destination other than a hospital when there is not an emergency life-threatening medical condition through an 1115 Medicaid waiver, a state plan amendment like Indiana's, or inclusion in Medicaid managed care contracts.

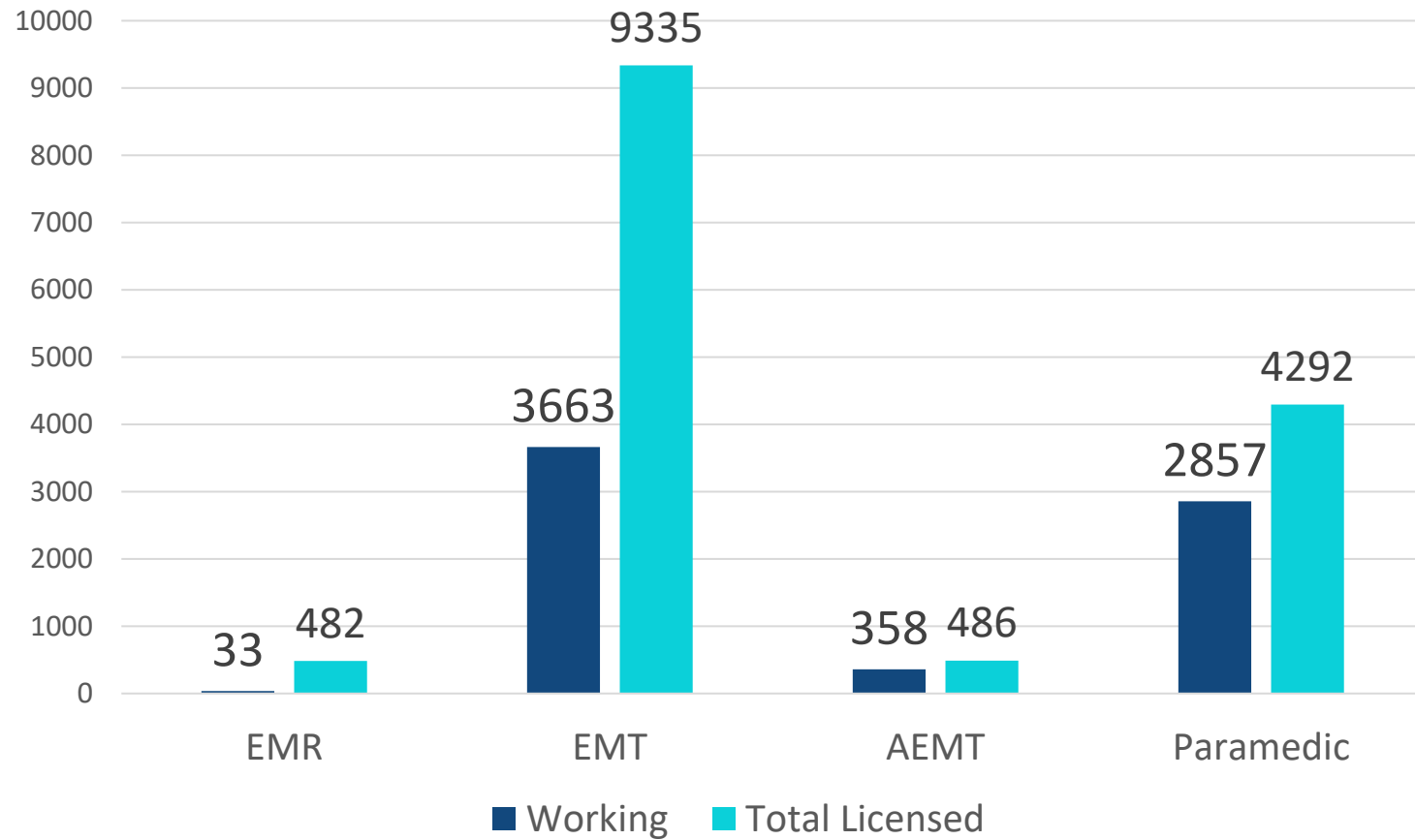
Encourage the addition or expansion of community paramedicine programs and mobile integrated health programs by cities and counties to provide appropriate health care services to patients and to limit the unnecessary transport of patients to hospitals.

Examine the possibility of EMS provider reimbursement for telehealth consultations with physicians for patient treatment.



kbems.ky.gov

Workforce Impact



kbems.ky.gov

Summation

If reimbursement is unavailable for services whose demand is steadily increasing, the ability of ground ambulance agencies to continue providing those services is at substantial risk.

This risk is expounded by shortages in staffing among prehospital providers.

Implementation of 23 RS HJR 38 has the potential to positively impact the challenges facing both EMS and hospitals while simultaneously creating more efficient and less costly healthcare access for the citizens of Kentucky.



kbems.ky.gov

Questions

John Holder

John.holder@ky.gov

Eddie Slone

Eddied.slone@ky.gov



[*kbems.ky.gov*](http://kbems.ky.gov)