

EMERGENCY MEDICAL SERVICES TELEMEDICINE

IDENTIFYING AND TREATING 911 PATIENTS THROUGH TELEMEDICINE

THE CHALLENGE:

Patients usually call emergency medical services (EMS) when they require hospital care for acute illness or injury. Yet sometimes situations arise where EMS arrives on scene and finds that patients may not need to be transported to the hospital. This may be because their condition is not an emergency. Alternatively, their condition may have already improved prior to transport.

The challenge is that EMS providers traditionally don't have a way to treat patients like this on scene. Most EMS agencies are only paid when they bring patients to the hospital. This leads to situations where patients are transported to the ED when they could be better treated at home.

A key missing piece of this puzzle is having a mechanism in place for a brief consult with a physician. When people can be treated by telemedicine as opposed to being transported to the hospital, this can save costs. It can also increase the availability of EMS systems to treat real emergencies like cardiac arrest, severe trauma, and stroke. The model for EMS telemedicine changed recently with the introduction of the Emergency Triage, Treat, and Transport (ET3) model, a pilot program through the Centers for Medicare and Medicaid Services that allows for alternative approaches to treating low acuity EMS patients.



THE SOLUTION:

Since 2020, USACS has partnered with several EMS agencies in Texas, North Carolina, Colorado, and Maryland to provide telehealth services to patients identified by EMS as potentially eligible for treat & release. This was implemented in partnership with several local EMS agencies where on-call USACS physicians assessed patients remotely, determined their optimal location for care (either home, transport to the emergency department, or if available, transfer to an alternative destination such as urgent care or a physician office), made treatment recommendations, provided referrals for follow-up, and prescribed medications.

THE RESULT:

Nationally, USACS physicians treating patients under the EMS telemedicine program have saved 1000s of hours of time for patients and EMS providers and eliminated many hundreds of costly ED visits.