ACCT FOR PATIENTS
ASSOCIATION OF CRITICAL CARE TRANSPORT

The Association of Critical Care Transport

Position Statement on Reimbursement and Accountability in Critical Care Transport

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The Association of Critical Care Transport (ACCT) is a non-profit, grassroots, patient-advocacy organization committed to ensuring that critically ill and injured patients have access to the safest and highest quality critical care transport system possible. ACCT is comprised of air and ground critical care transport providers, business organizations, associations, and individuals all striving to transform existing Critical Care Transport (CCT) operations into an integrated, accountable, patient-centered, and continually improving system for both ground and air CCT. Our member organizations provide the entire spectrum of out-of-hospital services, from 911 emergency ambulance response and specialty care transport services, to the most complex intrastate, interstate, and international critical care medical transport. Our vision is to develop a patient-centered system characterized by quality, safety, and value, which provides sufficient reimbursement to support the services needed by the patients it serves.

A. Reimbursement

ACCT believes it is essential that all ambulance providers and suppliers be adequately and appropriately reimbursed in a way commensurate to whatever level of clinical care the ambulance agency chooses to provide – whether basic life support, advanced life support, specialty care, or critical care. In addition, ACCT supports the development of new models of payment for ambulance services as provided in the Field EMS bill, sponsored by Reps. Larry Bucshon and Joe Heck and Senators Mike Crapo and Michael Bennet.

Cost Reporting:

ACCT supports the establishment of robust and mandatory cost reporting for all ambulance providers and suppliers to ensure basic sufficiency of payment. ACCT embraces demonstrating the value proposition for ambulance services, including distinguishing the higher cost of providing critical care transport by both ground and air services. This includes recognizing the substantial variation in clinical capabilities and costs for critical care providers at the highest level of clinical care. While not all critical care providers and suppliers offer the same clinical capability, Medicare reimburses all air ambulances the same. Further, Medicare does not recognize critical care ground transport as a unique service for its beneficiaries. Payment systems must be developed which distinguish between levels of clinical capability and align with the costs required to best care for the patients transported.

The State of Massachusetts already requires ground and air providers and suppliers to assemble an annual cost report, which could form the basis of a cost report required under Medicare. ACCT supports capturing additional information that is essential to ensure accurate cost reporting for inter-hospital transport in the following key ways:

1. ***Clinical Capability and Patient Stability:*** There are four primary levels of clinical capability of ambulance agencies: basic life support, advanced life support, specialty care, and critical care. CCT is not recognized by Medicare. The costs of each of these levels of clinical capability should be distinguished and captured separately. Further, within the level of CCT, clinical capability among ground and air providers varies widely. Specialty Care Transport (SCT) is catchall for a number of services that are beyond the scope of the typical national paramedic curriculum in the United States. A supplier providing inter-hospital paramedic transport using an IV pump to administer (but not initiate) medications which are not in the 911 formulary qualifies as an SCT. Similarly, a mobile extracorporeal device (ECMO) with a four person, physician-led medical team, which might also include an intraaortic balloon pump (IABP), IV medications, ventilator, invasive cardiac monitoring, and chest tubes, also qualifies as an SCT transport. Both transport scenarios receive the same reimbursement under SCT, even though the costs incurred differ exponentially. If the patient is being transported by air, the cost differentials can be even greater. ACCT recommends capturing these costs to (i) better understand the types of services provided under the SCT category, differentiating between a stable (SCT) and unstable interfacility transfer (CCT), regardless of the mode of transport; and (ii) distinguish between the costs of differing levels of clinical capability within CCT, for both ground and air transport.

2. ***Mode of Transport:*** Currently, ground critical care is not a billable service under the ambulance fee schedule, yet some suppliers are providing this as a service, in spite of the considerable and unreimbursed expense. Ground critical care meets a demand in patient transport services that is beyond the current definition of ALS II and is an adjunct to air services or an option when air services are not available. It is also important to understand that the mode of transport (ground, helicopter, or fixed wing) is a separate cost driver from the level of care required by the patient. ACCT recommends adding a separate category for Ground critical care as an additional data element in order to understand the volume of transports provided by suppliers. Further, ACCT believes that it is essential to capture the volume of transports per vehicle per agency, which dramatically impacts the cost per transport.

3. ***Capital Equipment:*** It is essential that cost reporting capture the high cost capital equipment, including equipment used infrequently such as an IABP or newborn transport isolette, as well as certain high fixed costs such as in aviation. For example, many air medical providers are bearing the high costs of implementing recommendations from the National Transportation Safety Board – such as an autopilot – which are beyond the requirements of the Federal Aviation Administration. Many suppliers of service have added equipment to their aircraft to meet new FAA regulatory requirements and beyond, yet the cost of such additional best practice technology and equipment is not currently recognized or reimbursed.

4. ***Cost Per Transport:*** The cost per transport, particularly for ground and air critical care transport, varies not only due to clinical capability, mode of transport, and capital equipment, it also varies by volume. All things being equal, the higher the volume, the lower the cost per transport and vice versa. That makes serving super rural areas or areas with an overabundance of providers and suppliers very expensive. When volumes per vehicle decrease, the cost per transport escalates. It is imperative that costs be tracked on a volume basis for both ground and air ambulance services.

B. Accountability for Services Provided

Critical care transport patients are among the most vulnerable in the health care system -- high quality CCT services can mean the difference between life and death and quality of survival for patients. Patients deserve a CCT system that ensures quality, value, accountability, patient safety, and integration into the larger health care system. Medicare is the primary driver of value, quality, and patient safety. Interfacility CCT transports by air require a high level of clinical capability to address unstable and life-threatening medical conditions that may develop or deteriorate during transport. Because most patients in need of CCT are unable to choose their carriage or carrier, Medicare must assure its beneficiaries of high quality critical care transport and patient safety.

There are currently no Medicare standards or quality requirements for air critical care transport providers, aside from State and FAA licensure, to assure the capability of providing high quality critical care and patient safety to Medicare beneficiaries. It is important to recognize that standards of care and quality requirements are not the same. Quality measures address the value and quality of care provided; standards address the clinical capability and efficiency of the provider and their services. Most other health care providers and suppliers -- including hospitals, doctors, rural health clinics, ambulatory surgery centers, and X-Ray suppliers -- are already subject to Medicare standards and quality requirements. ACCT supports the development of meaningful Medicare standards and quality requirements for air ambulances transporting critically ill and injured patients.

1. ***Quality Requirements***. ACCT believes that air ambulance agencies should be fully accountable for the care they provide to the critically ill and injured patients they serve. Accordingly, regarding a quality program, ACCT believes that any increase in reimbursement should be tied to participation, such that only agencies that report on the identified quality measures would qualify. Increases in reimbursement should also be tied to adherence to established standards of accreditation or conditions of participation.

2. ***Standards***. ACCT supports accountability for air ambulance providers and suppliers serving Medicare beneficiaries for the services they are providing and for which taxpayers are paying. For air ambulance providers or suppliers that are not accredited by an accrediting organization recognized by the HHS Secretary, ACCT supports the establishment of a standards reporting program for air medical providers. The Secretary would be tasked with contracting with an external organization (similar to the role NQF plays in the development of quality measures) to develop standards to be reported upon, drawing on industry input and standards that have already been developed by existing accrediting organizations, associations and societies. The Secretary would have

to approve of the standards developed by the external organization. Air ambulance providers and suppliers that are voluntarily accredited for medically related services by an organization approved by the Secretary would be deemed to have satisfied this requirement. Air ambulance providers and suppliers who are not accredited by an organization approved by the Secretary for the provision of medical services must report on their compliance with such standards.

C. MedPAC Study

ACCT recommends a MedPAC study around transforming payment for air ambulance services away from being a transportation benefit to the provision of a medical service dictated by patient need. The cost of readiness, clinical expertise at advanced levels, and caring for the highest acuity patients should be considered in the study. Finally, the study should address whether critical care transport should be separately recognized for payment, whether by air or ground.