



NAMIHP

National Association of Mobile Integrated Healthcare Providers

For Immediate Release

6/29/2023

The National Association of Mobile Integrated Healthcare Providers (NAMIHP) is deeply disappointed by the decision of the Centers for Medicare and Medicaid Services (CMS) to discontinue the Emergency Triage, Treat, and Transport (ET3) program. This novel funding initiative was designed to address the limitations of a dated and ineffective reimbursement model, which has long restricted access to care and impeded patients' ability to seek healthcare services in their preferred and most appropriate setting.

The ET3 program represented a significant step forward in transforming the delivery of emergency medical services and recognizing the value of mobile integrated healthcare in improving patient outcomes, reducing unnecessary hospitalizations, and enhancing the overall efficiency of the healthcare system. By reimbursing emergency medical service providers for providing on-site treatment or facilitating alternative care pathways, the ET3 program incentivized innovative care delivery models, ultimately benefiting both patients and the healthcare system.

The discontinuation of the ET3 program sends a discouraging message to healthcare providers and stakeholders who have invested substantial time, effort, and resources in developing and implementing mobile integrated healthcare programs. It undermines the progress made in reimagining how emergency medical services can be delivered and raises concerns about the future of patient-centered care models that prioritize providing high-quality care in the most appropriate setting.

Furthermore, the decision to discontinue the ET3 program fails to acknowledge the growing body of evidence supporting the effectiveness and cost-efficiency of mobile integrated healthcare. Numerous MIH programs across the United States have demonstrated that providing care in patient's homes enhances patient satisfaction and engagement and leads to better health outcomes and reduced healthcare costs. By removing the financial support for these innovative approaches, CMS is hindering the ability of healthcare providers to fully leverage the benefits of mobile integrated healthcare and limiting patients' options for receiving care in their preferred setting.



National Association of Mobile Integrated Healthcare Providers

NAMIHP

NAMIHP strongly urges CMS to reconsider its decision to discontinue the ET3 program and instead invest in expanding and refining the program to further promote mobile integrated healthcare initiatives. We recommend:

1. **Continuation of Funding:** Maintain funding for the ET3 program to support ongoing projects and foster the development of new mobile integrated healthcare models nationwide.
2. **Evaluation and Improvement:** Conduct a comprehensive evaluation of the program to identify areas of success, challenges, and opportunities for improvement. Use the findings to refine the program's design and ensure its alignment with evolving healthcare needs.
3. **Education and Awareness:** Increase efforts to educate policymakers, healthcare professionals, and the public about the benefits and value of mobile integrated healthcare. Highlight the positive outcomes achieved through the ET3 and MIH programs and the potential for expanded implementation.
4. **Collaboration and Partnership:** Foster collaboration among CMS, healthcare providers, payers, and industry stakeholders to collectively address the challenges associated with reimbursement models and advance the integration of mobile healthcare services into the broader healthcare system.

By embracing the principles of mobile integrated healthcare and reinstating support for the ET3 program, CMS can drive meaningful change, improve patient care experiences, and achieve better health outcomes for all. NAMIHP stands ready to collaborate with CMS and other stakeholders to shape policies and initiatives that enable the full potential of mobile integrated healthcare to be realized.

We call upon CMS to reconsider its decision and reaffirm its commitment to advancing patient-centered care through the continued support and expansion of the ET3 program.

Respectfully Submitted,

Reg P. James,
Chairman

Randy Bowers,
Vice-Chairman

A Dixon Marlow, Jr.
Treasurer

Jim Adkins,
Board Member

Jerry Allison, MD
Board Member

Thomas Derkowski,
Board Member

Jennifer Backman,
Board Member

G. Christopher Kelly,
Board Member

Victoria Reinhartz,
Board Member

Kenneth Totz, MD
Board Member

Scott Willits,
Board Member

Robert Wronski,
Board Member

Joseph Santiago,
Executive Director

Martha Peribonio
Past Exec. Director