

GETAC Medical Directors Committee Position Paper

EMS transport to Freestanding Emergency Medical Care Facilities

Freestanding emergency medical care facilities must be licensed by Texas Department of State Health Services (DSHS).¹ The Texas legislature authorized the Commissioner of Public Health to adopt rules that direct the manner in which freestanding emergency medical care facilities may operate.² These rules are promulgated in the Texas Administrative Code. A number of these rules influence decisions regarding EMS transport to freestanding emergency medical care facilities. Since these facilities are not licensed to provide in-patient care, there may be some concern that the transport of patients to these facilities may delay needed care, possibly leading to worse patient outcomes. A review of the medical literature using PubMed does not reveal any publications that describe the outcomes of patients cared for at these facilities compared to hospital emergency departments. Every freestanding emergency care facility must have a transfer agreement with a licensed hospital and policies for immediate transfer for patients requiring emergency care beyond the capabilities of the facility.³

There may also be some concern that EMS transport to freestanding emergency care facilities may, intentionally or unintentionally, “cherry pick” insured patients, creating a more adverse payor mix for hospital emergency departments, and shift the burden of providing uncompensated care. This may not necessarily be the case, as freestanding emergency medical care facilities, while not being covered under EMTALA, are required by the commissioner’s rules to treat every patient that comes for care. Specifically each facility is required, without regard to the individual’s ability to pay, to provide an appropriate medical screening examination and stabilization, including ancillary services routinely available to the facility to determine whether an emergency medical condition exists and shall provide any necessary stabilizing treatment.⁴

An important factor to further consider is that freestanding emergency care facilities are required to participate in the local Emergency Medical Service (EMS) system, based on the facility’s capabilities and capacity, and the locale’s existing EMS plan and protocols.⁵

¹ Texas Health & Safety Code §254.051 (September 1, 2009).

² Texas Health & Safety Code §254.101 (September 1, 2009).

³ Texas Administrative Code Title 25 §131.67 (June 1, 2010).

⁴ Texas Administrative Code Title 25 §131.46 (June 1, 2010).

⁵ Texas Administrative Code Title 25 §131.46 (June 1, 2010).

In determining the EMS Medical Director's position with respect to EMS transport to freestanding emergency care facilities, we considered the following priorities, in order of highest to lowest:

1. Non-maleficence to the EMS patient. Our position should minimize the possibility that a patient is harmed by unnecessary delay caused by transport to a freestanding emergency care facility. Reviewing the medical literature demonstrates that there is no evidence to guide our opinion with respect to this priority.
2. Beneficence to the EMS patient. Given the chronic state of emergency department overcrowding that is commonly caused by boarded patients due to the lack of available inpatient beds, the time for the total episode of care may be shorter in a freestanding emergency care facility. We should consider allowing EMS transport to a freestanding emergency care facility because it may benefit the patient by shortening length of stay. Even if a patient ultimately does require transfer to a hospital, initial treatment for time-sensitive conditions, such as the provision of antimicrobials for community acquired pneumonia, may actually be provided earlier.
3. Beneficence to the overall healthcare system. We should consider whether the local healthcare system may experience a net benefit from allowing EMS transport to freestanding emergency care facilities. By allowing additional destinations for EMS transport, communities may reduce hospital emergency department crowding. Additionally, in some communities, transportation to freestanding emergency care facilities instead of hospital-based emergency departments may reduce EMS transport time which would lead to increased EMS unit availability.
4. Minimizing unnecessary governmental regulation on individuals and business. Local EMS medical directors should be empowered to determine the best transportation options for EMS providers.
5. Avoidance of financial harm to hospitals (cherry-picking). Regulation should ensure that EMS providers do not use financial status to determine choice between hospital emergency departments and freestanding emergency care facilities. EMS medical directors and providers should monitor the payor mix for patients transported to each type of facility. This information should be publically reported to ensure full accountability to the local community.

Recommendation

The EMS Medical Director's Committee of GETAC's position is that current Texas statute and rules regarding EMS transportation to freestanding emergency care facilities are adequate.

The EMS Medical Director for each EMS provider should, in consultation with local freestanding emergency care facilities and in consideration of any regional guidelines, determine the capacity and capability to receive EMS patients. The EMS Medical Director should determine if each EMS provider should transport to local freestanding emergency care facilities. Any such decisions should be made mindful of the fiscal impact on the overall health care community. If the EMS Medical Director approves, policies for these transports should be written into the EMS protocols and standing delegation orders.