

The Pandemic Effect



Within the last year, medicine and health care delivery went through a seismic evolution. In light of the pandemic, both medical providers and the insurance industry are working hard to keep up with an excess of patients. This shift in volume has caused rapid changes with how health care is being delivered. While the tide of patients flooding into health care facilities ushered in more collaboration with emergency medical services (EMS) professionals, it also uncovered glaring coverage issues that could leave medical providers wide open to claims.

As prepared as the EMS field was for contagious disease, no one seemed prepared for EMS to find itself in the gray area of traditional clinical care. Yet, thanks to the pandemic, EMS personnel were augmenting medical provider services in an attempt to relieve the stresses that the pandemic placed on national resources.

Customarily, EMS services consist of pre-hospital emergency medicine. However, as the pandemic wore on, the flood of patients and the dearth of medical providers meant that medics and ambulance personnel became mobile urgent care personnel, a condition that – with an ongoing shortage of medical providers and an increasing need – may become the norm.

This has ushered in changes to treat-and-release protocols — which used to be reserved for physician provider use. Now, EMS personnel provide treatment and make the decision to either release a patient or send them to the hospital.

INSURANCE GAPS (AND ACTIONS TO TAKE)

For the medical malpractice insurance market, the shift in who is using treat-and-release protocols opens up a Pandora's box of issues.

NFP's Health Care & Life Sciences experts, who have decades of expertise serving EMS clients, have tracked how the shifting medical landscape has created a host of new risk concerns. Everything from HIPAA compliance and records management to – in some cases – onsite testing and immediate care to collaborating with physicians virtually to receive a diagnosis is now part of the EMS professional's scope of duties.

Yet, what is covered under insurance? That is where many medical providers and EMS personnel are finding gaps. Most clients are unaware that there is an exclusion on the policy for leaving a patient and not transporting them.

Our experts recommend a thorough review of what has changed within your individual situation – things like contracts with your networks and procedures – and how insurance is interplaying with other facilities. EMS and providers should be reviewing contracts and discussing details with hospital administrators, fire chiefs, ambulance services and urgent care clinics where they're contracting services.



Where there are gaps, talk with your insurer. What can be purchased? For risks you cannot insure, how must your practices and protocols change in order to lower your risks? Are your medics covered to provide treat-and-release services?

This conversation with your insurer is extremely important.

Your current risk exposure is dictated by the standards of care and protocols you practice. Working with your broker or insurer, you can reduce the exposure by amending your practices and by putting coverage in place wherever possible.

As long as the health care system is stressed to the point where EMS must provide backup or more advanced care, the need for more scrutiny of coverage is necessary. As medics make more decisions onsite with virtual physician backup, the need to ensure insurance programs will cover those decisions becomes more critical.

NFP Health Care & Life Sciences experts can help the medical professionals and EMS personnel understand how changes in protocols could be impacting coverage.

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