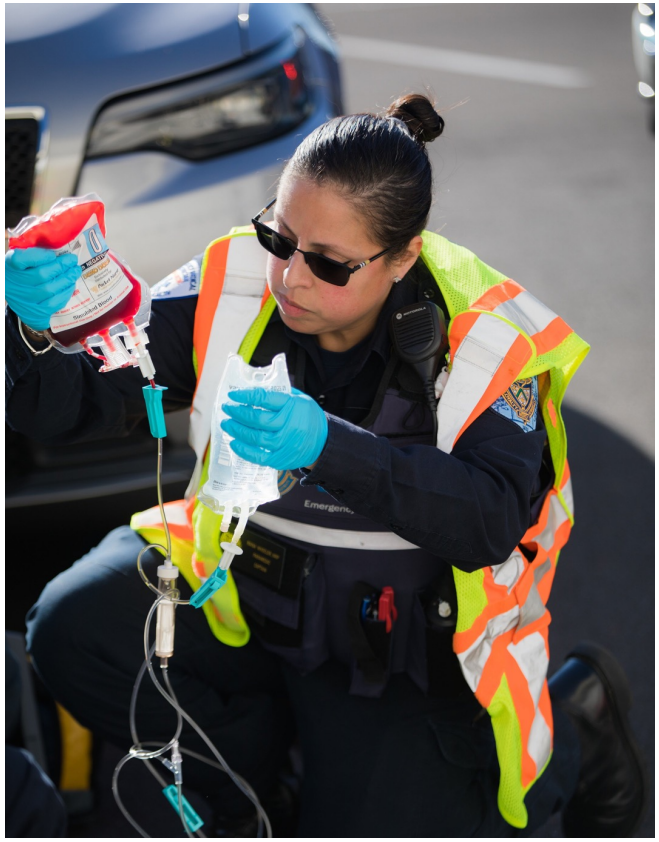
Pre-Hospital Blood Program Economics



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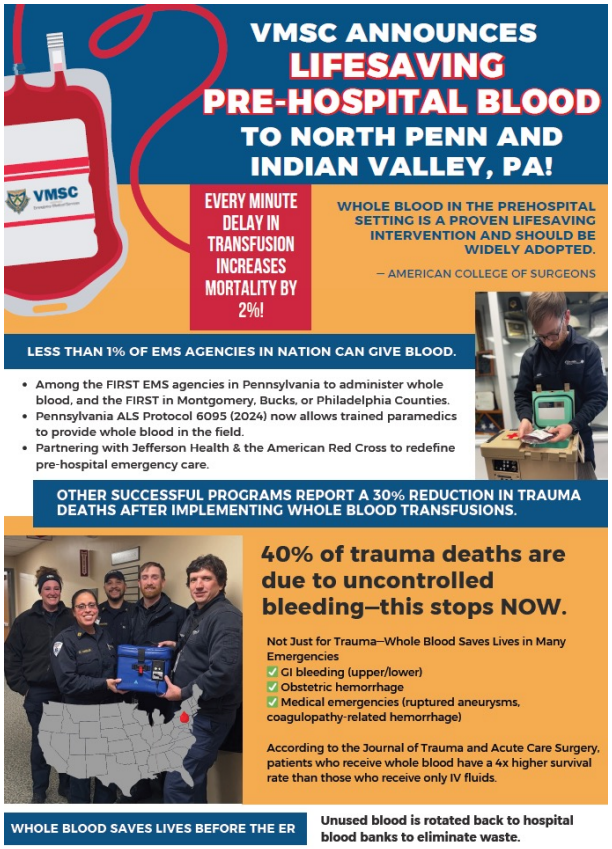
Framing the Issue…



- **Lifesaving intervention**
- ***Growing* evidence base**
- **Strong desire for implementation**
- **Weak funding model**

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2025 “Flash Poll”

PREHOSPITAL BLOOD TRANSFUSION COALITION

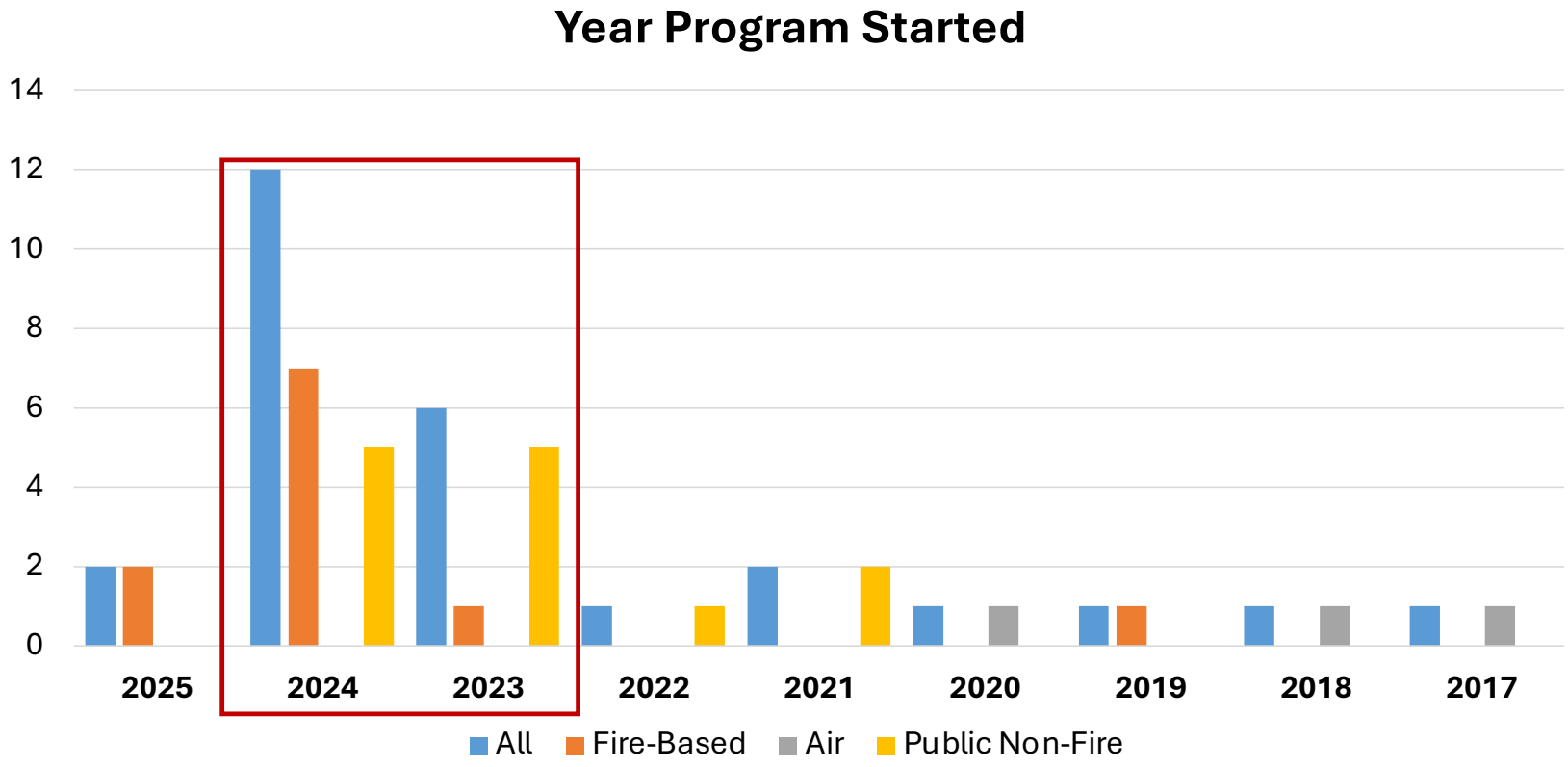
Sent to 50 agencies

EMS Agencies with Pre-Hospital Blood Programs

Agencies	#
Fire	11
Public, Non-Fire	12
Air	4
Total	**27**

2025 “Flash Poll”

PREHOSPITAL BLOOD TRANSFUSION COALITION



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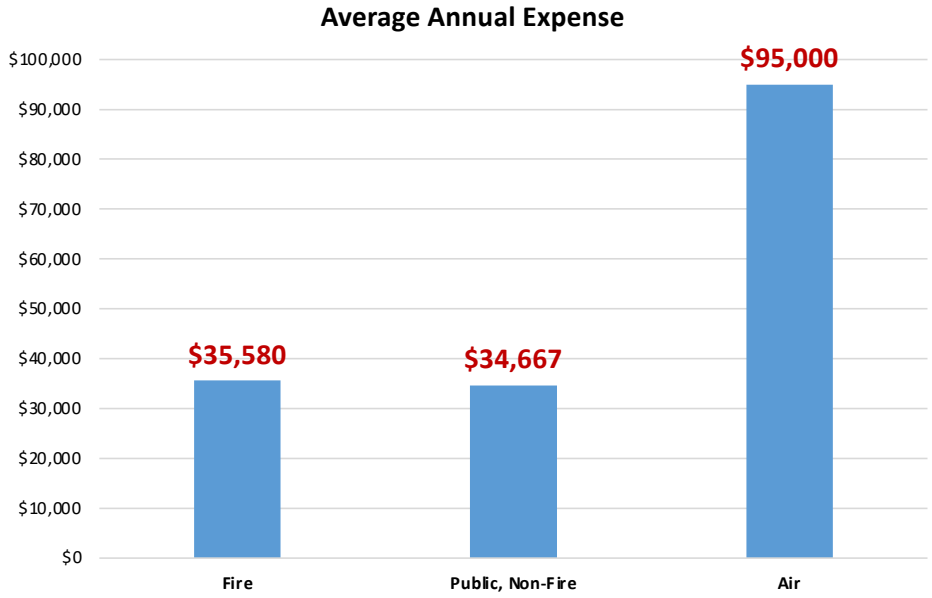

		Range	
Average Annual Expense	**Average**	**Low**	**High**
Fire	$35,580	$13,000	$60,000
Public, Non-Fire	$34,667	$2,000	$100,000
Air	$95,000	$75,000	$120,000
Average Annual Expense	**$55,082**		

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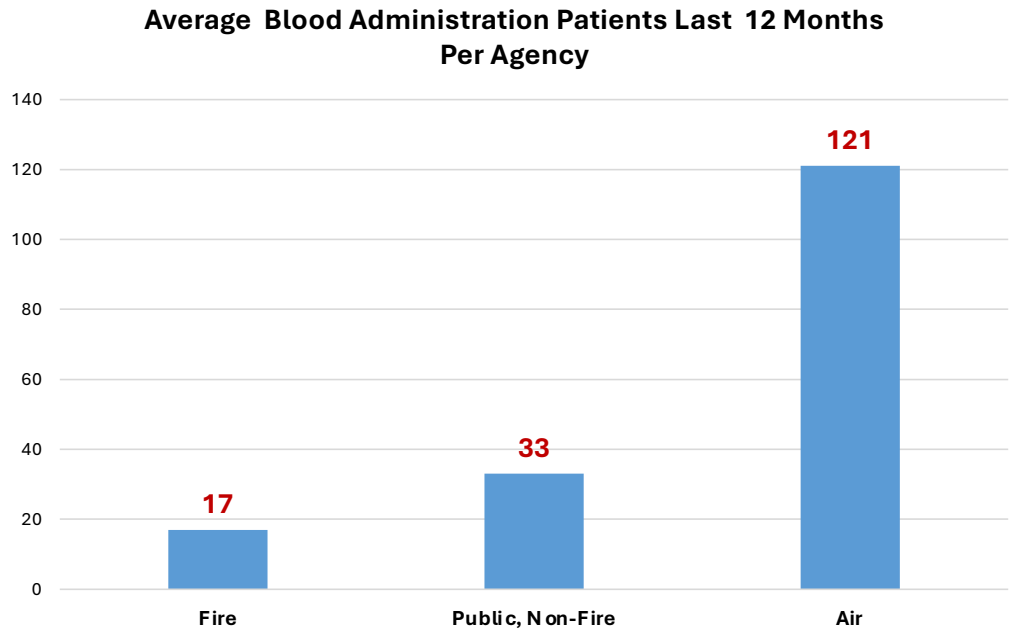
Average Patients Tx Last 12 Months		Range Low	High
Fire	17	0	59
Public, Non-Fire	33	0	130
Air	121	20	239
Overall	**171**		

Average Expense per Patient	
Fire	$2,092.94
Public, Non-Fire	$1,050.52
Air	$ 785.12
Overall	**$1,631.65**



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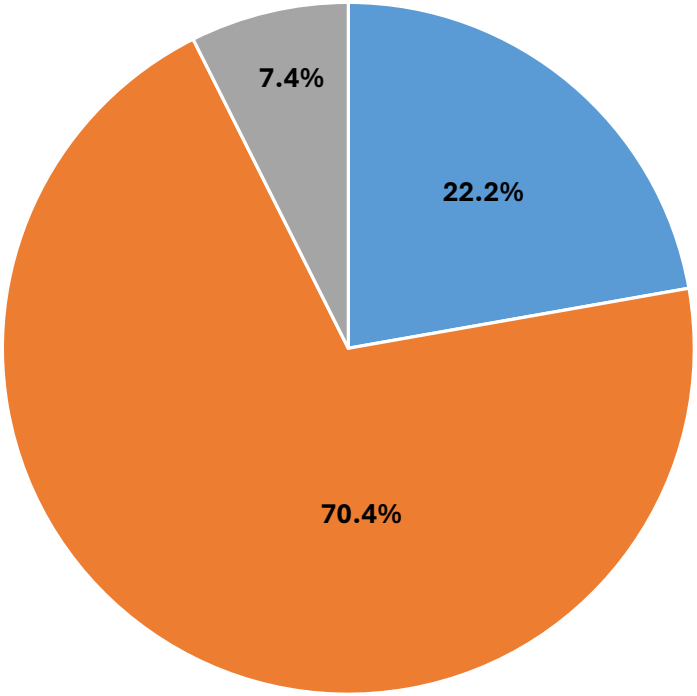
Billing Differently for Blood vs. Non-Blood



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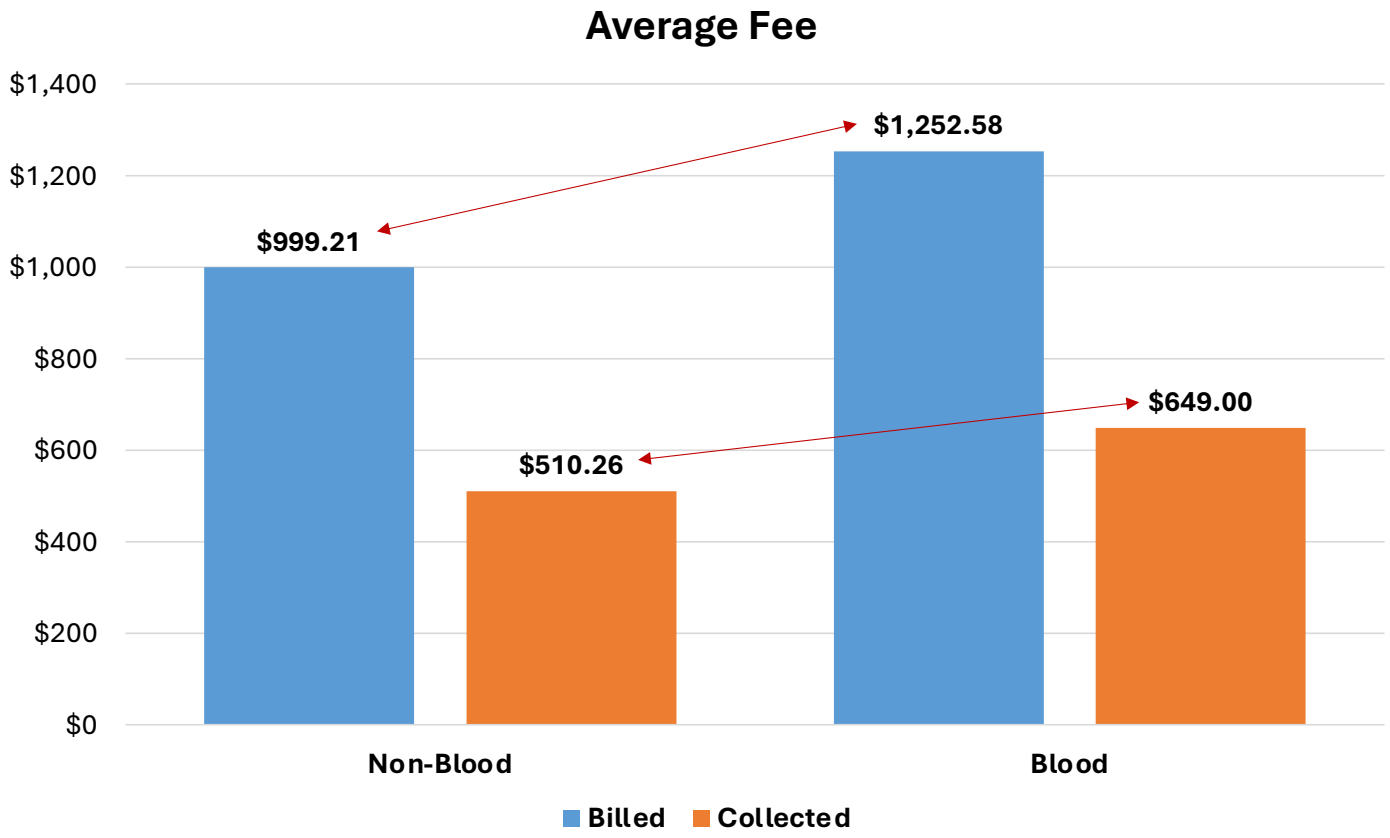

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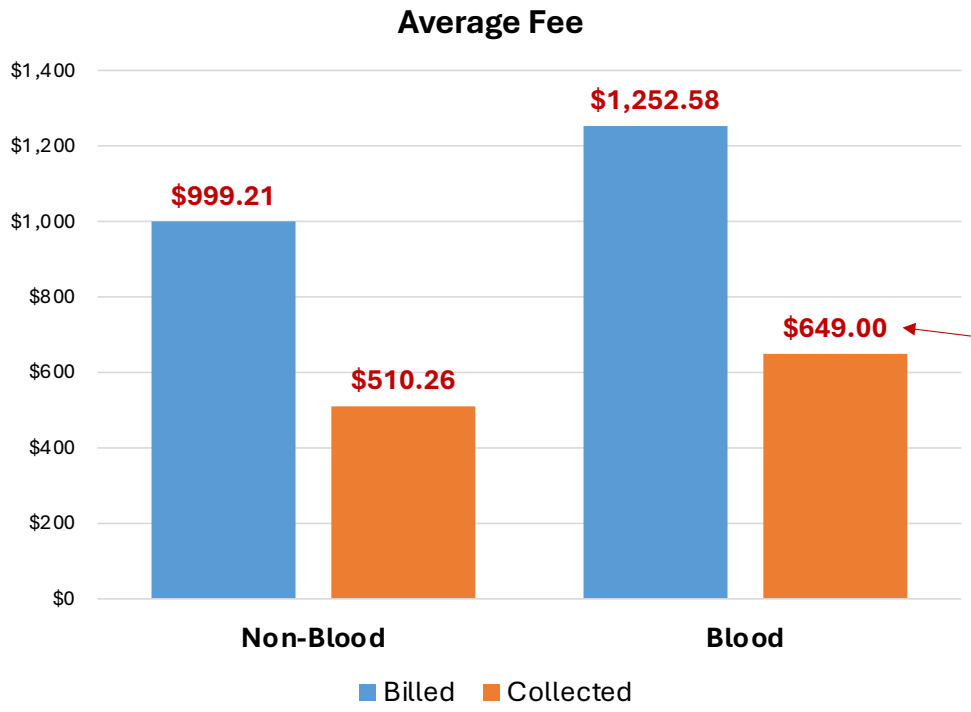
2025 “Flash Poll”



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CMS AFS Change…

This document is scheduled to be published in the Federal Register on 12/09/2024 and available online at **https://federalregister.gov/d/2024-25382**, and on **https://govinfo.gov**

DEPARTM

Centers for Medicare & Medicaid Services

42 CFR Parts 401, 405, 410, 411, 414, 423, 424, 425, 427, 428, and 491

[CMS-1807-F and CMS-4201-F5]

RIN 0938-AV33 and 0938-AU96

Medicare and Medicaid Programs; CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments

AGENCY: Centers for Medicare & Medicaid Services (CMS), Health and Human Services (HHS).

ACTION: Final rule.

https://www.cms.gov/medicare/payment/fee-schedules/ambulance/afs-regulations-and-notices/cy-2025-pfs-proposed-rule

CMS AFS Change…

"By September 2023, more than 121 EMS systems in the United States were using blood products in the form of either WBT, packed red blood cells (PRBCs), plasma, or a combination of PRBCs and plasma. Seventy percent of these systems were using WBT. As of March 2024, 147 EMS systems (1.2 percent of the EMS systems in the United States) carry whole blood products, with 200 or more systems anticipated to provide some form of blood product transfusion by the end of 2024.

Today, nearly 60 percent of those 147 EMS systems carry low titer O+ whole blood, with the remainder utilizing other blood products. EMS systems that administer WBT and other blood products (PRBCs and plasma) generally utilize it for patients suffering hemorrhagic shock stemming from traumatic injury, though it may also be indicated in certain non-traumatic medical conditions such as hemorrhagic shock from a gastrointestinal bleed. Traditional EMS resuscitation protocol for massive hemorrhage from trauma and other medical conditions such as gastrointestinal bleeding consists
of crystalloid fluids and blood component transfusions, which consist of a balanced portion of PBRCs, platelets, and fresh frozen plasma.

We proposed in the CY 2025 PFS proposed rule (89 FR 62002 through 62004) to modify the definition of ALS2 at § 414.605 by adding the administration of low titer O+ whole blood transfusion to the current list of seven ALS2 procedures as a new number 8."

CMS AFS Change…

	National	RVU	Allowable
A0427 - ALSE	$ 278.98	1.9	$ 530.06
A0433 - ALS2	$ 278.98	2.75	$ 767.20

Average Expense per Patient	
Fire	$2,092.94
Public, Non-Fire	$1,050.52
Air	$ 785.12
Overall	**$1,631.65**

https://www.cms.gov/medicare/payment/fee-schedules/ambulance/afs-regulations-and-notices/cy-2025-pfs-proposed-rule

CMS AFS Change… But…

"**We believe that many ground ambulance transports providing WBT already qualify for ALS2 payment**, since patients requiring such transfusions are generally critically injured or ill and often suffering from cardio-respiratory failure and/or shock, and therefore are likely to receive one or more procedures currently listed as ALS procedures in the definition of ALS2, with endotracheal intubation, chest decompression, and/or placement of a central venous line or an intraosseous line the most probable to be seen in these circumstances.

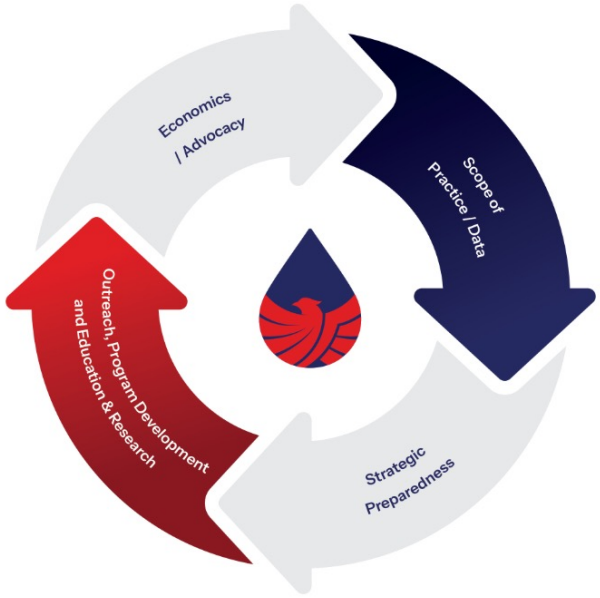
Patients requiring WBT are typically suffering from hemorrhagic shock, for which the usual course of treatment includes airway stabilization, control of the hemorrhagic source, and stabilization of blood pressure using crystalloid infusion and the provision of WBT or other blood product treatments when available, but not necessarily the administration of advanced cardiac life support medications.

Consequently, we do not believe it is likely that most patients who may require WBT would trigger the other pathway to qualify as ALS2, that is, the administration of at least three medications by intravenous push/bolus or by continuous infusion, excluding crystalloid, hypotonic, isotonic, and hypertonic solutions (Dextrose, Normal Saline, Ringer's Lactate)."

https://www.cms.gov/medicare/payment/fee-schedules/ambulance/afs-regulations-and-notices/cy-2025-pfs-proposed-rule

Takeaways:

- **Continue to be patient advocates!**
- **Identify/conduct more evidence-based research on efficacy of pre-hospital blood administration**
  - Perhaps even the associated cost savings?
- **Advocate for reimbursement adequacy!**



PREHOSPITAL BLOOD TRANSFUSION COALITION

https://prehospitaltransfusion.org/

thank you!

Scan QR code to generate an email to request a PDF of the slides!

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