



REMSA's Community Health Programs

Legislative Committee on Health Care

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EXHIBIT T Health Care
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REMSA

Regional Emergency Medical Services Authority

- REMSA Paramedic Ambulance Service
 - 42 ambulances & 400 employees serving 6,000 square miles
 - Nationally accredited medical dispatch center, regional medical disaster coordination center, special events coverage
- Care Flight Medical Helicopter Service
 - Three aircraft serving 40,000 square miles
- Extensive Investment in Community Service Programs
 - Largest community & professional medical training center in NV
 - Specialized TEMS team supporting 8 local SWAT agencies
 - \$39 million in community benefit in 2012
- Private non-profit serving Northern Nevada for 27 years
 - Nationally acclaimed for high performance, quality, innovation

Health Care Innovation Award (HCIA)

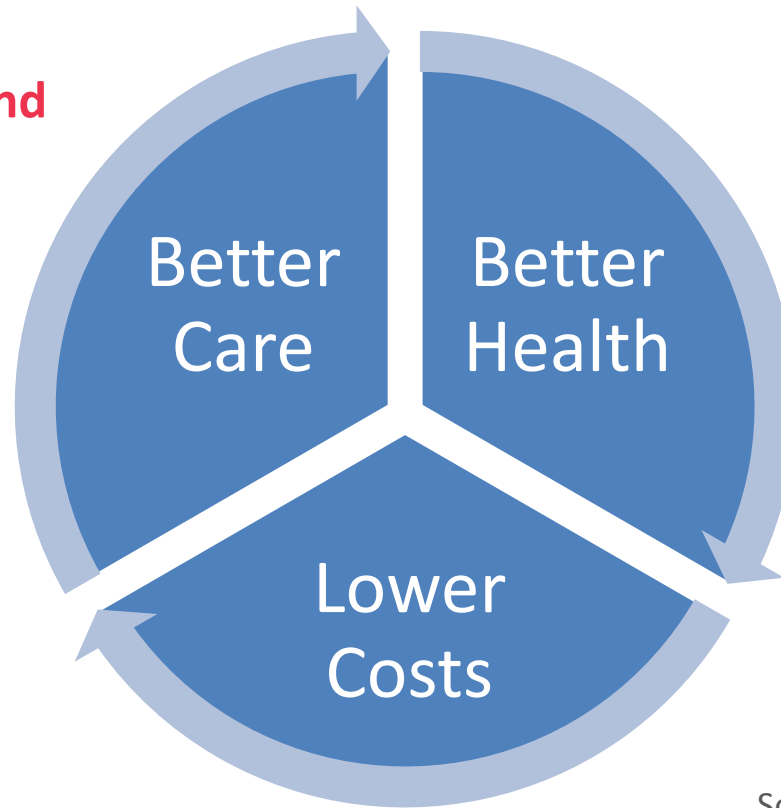
- Funded by Affordable Care Act (national health care reform)
- Three-years: 7/1/12 through 6/30/15
- REMSA awarded largest EMS grant, only urban EMS grant, only Nevada-based grants
- **Community Health Programs** featuring advanced training, advanced protocols, new technology, new data analytics
- New health care personnel:
 - 9 Community Health Paramedics
 - 7 Nurse Navigators

CMS Innovation Center

“New models of care and payment that continuously improve health and health care for all Americans”

TRIPLE AIM

**Improve the quality and
experience of care**



**Improve the health
of populations**

Reduce per capita cost

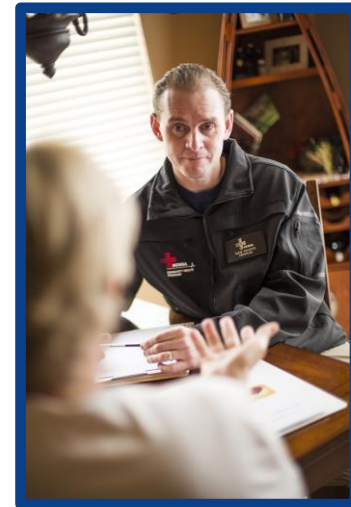
Source: Berwick, DM, et al; *The Triple Aim: Care, Health & Cost*; May/June 2008; Health Affairs



Community Health Programs

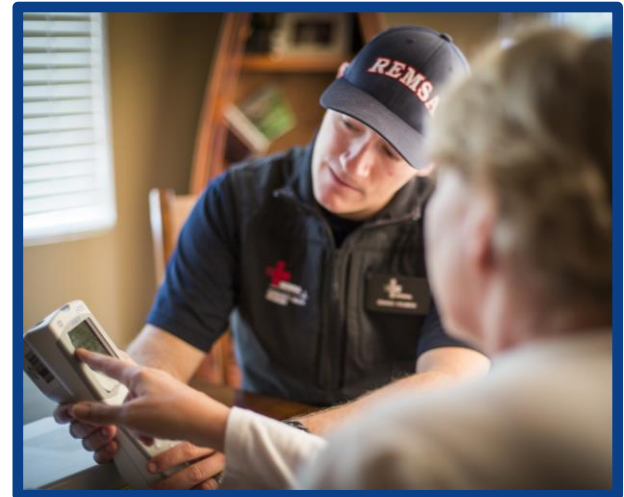
Ambulance Transport Alternatives

- **Alternative Pathways of Care** for 9-1-1 patients, including transport to:
 - Urgent Care Centers
 - Clinics/Medical Groups
 - Community Triage Center
 - Mental Health Services

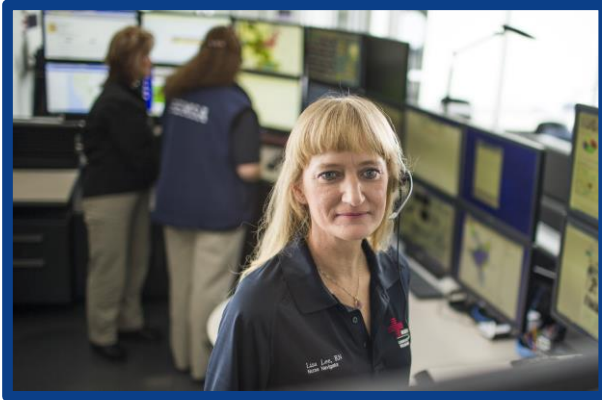


Community Paramedicine

- Specially-trained **Community Health Paramedics** provide in-home services to improve the transition from hospital to home and to reduce hospital readmissions, such as:
 - Medical care plan adherence
 - Medication reconciliation
 - Point of care lab tests
 - Personal health literacy



Nurse Health Line



Registered Nurses provide 24/7 medical guidance and triage patients to appropriate health care or community service, regardless of insurance status:

Assess Care Refer Educate

775-858-1000

REMSA Nurse Health Line



Partners are Critical to Innovation Grant's Success

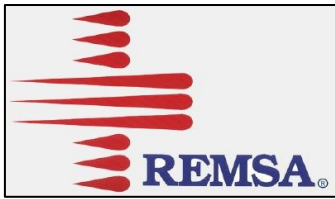
Partners Critical to Success

Health Care	Community	Data/Evaluation	Implementation
<ul style="list-style-type: none"> Northern Nevada Medical Center Renown Health Saint Mary's Regional Medical Center Urgent Care Centers, Clinics, Medical Groups WestCare Community Triage Center NNAMHS Federally Qualified Healthcare Clinics 	<ul style="list-style-type: none"> State EMS Office State Health Officer Washoe County Health District Senior Groups Reno Fire Department Sparks Fire Department Truckee Meadows Fire Protection District 	<ul style="list-style-type: none"> Federal CMS Innovation Center University of Nevada, Reno – School of Community Health Sciences Nevada Center for Health Statistics and Informatics Health Insight 	<ul style="list-style-type: none"> First Watch – Automated Data Triggers & Reports KPS3 – Community Outreach / Marketing Priority Solutions – Emergency Care Nurse System/Low Code Software True Simple/Dave Williams – Performance Improvement



AIM

By 6/30/2015, improve access to appropriate levels of quality care and treatment by 40% and reduce total patient cost by \$10.5 million over three years for Washoe County 911 acute and non-acute patients.



Community Health Early Intervention Team Driver Diagram

Primary Drivers

Secondary Drivers

Aim

By 6/30/2015, improve access to appropriate levels of quality care and treatment by 40% and reduce total patient cost by **\$10.5 million over three years** for Washoe County 911 acute and non-acute patients.

Measures

- Increase % non-acute patients receiving **better care and shorter ED wait times** via treat and release or transport to non-ED site by **9% per year by 6/30/15**.
- Increase % targeted patients receiving better care via **community health paramedic intervention** by **5% per year by 6/30/15**.
- Increase % patients calling the **nurse triage center** by **5% per year by 6/30/15**.

9-1-1 emergency ambulance triage and treatment redesign:

Alternative pathways are provided to patients seeking medical evaluation of urgent medical conditions.

Enable exchange of data/communications:

New health information technologies link emergency ambulance delivery system and the broader health care delivery system.

Stakeholder and community engagement:

New linkages between the emergency ambulance delivery system and the broader health care delivery system.

Aligned financial incentives:

Reform of existing payment systems achieves sustainable funding of patient care services.

- **Training:** specialized **paramedics** and **nurses**.
- **Protocols:** to assess and **match patient care needs to appropriate health care provider** or community service.

- **Design integrated health information technologies** and uniform electronic patient care reporting system across multiple health care providers and facilities.
- **Exchange patient care data** across targeted patient care delivery settings and networks (including 9-1-1 system, hospital emergency department (ED), urgent care centers, physician offices and medical home).

- **Engage key health partners and community stakeholders;** target patient populations receive better care from community health paramedics.
- **Market community-wide non-emergency phone number** (as an alternative to dialing 9-1-1) tied to a **nurse-staffed 24/7 call center** which provides medical advice and **triages patients to the appropriate health care provider** or community service.

- **Establish shared savings model** among key system partners.
- **Develop new reimbursement methodologies** for 1) ambulance-based **treat and release** and transport to **non-ED facilities**, 2) medical evaluation services by community health **paramedics**, and 3) community-based **nurse triage center**.
- **Establish ambulance-based payment** for transport to **urgent care center; patient treatment at scene and release;** and patient treatment and **refer to alternate health care provider**.
- **Program integrity:** Build fraud, waste and abuse prevention measures in partnership with payer, regulatory and national organizations.

Version 10

1.31.2013

Goals

Achieve better care, better health, lower costs

- Integrates EMS, medical, mental health and social services systems
- New, expanded services and access to early health care intervention
- Builds health care workforce to support insurance expansion in 2014
- Tailor services to meet partners unique needs
- Proof of concept: scalable, replicable, sustainable



Measures

Achieve better care, better health, lower costs

- Improve patient-centered care and patient satisfaction
- Reduce unnecessary ambulance responses/transport
- Reduce unnecessary public safety responses
- Reduce unnecessary emergency department visits
- Reduce unnecessary hospital readmissions/admissions
- Reduce overall health care costs



Benefits

Achieve better care, better health, lower costs

- Benefits your patients, community, partners and local payers
- Positions entire health care system to be leaders of national health care reform
- Builds workforce and health information technology
- Lowers health care costs, lowers insurance premiums, lowers healthcare costs for employers/employees, boosts local economic development opportunities



Next Steps

Proof of Concept

- Successfully improve early access to quality care at a lower overall cost

Replicable

- Implement successful interventions in other communities

Sustainable

- Reform existing payment systems to sustain documented savings
- Medicaid reimbursement is essential

Principles

New Model of EMS Care and Payment

Balanced triage	Prudent layperson definition of emergency
Patient-centered	Patient choice <i>and</i> consent
Integrated	Emergency care, primary care, mental health, social needs
Stakeholder-engaged	Tailored strategies for clinical partners
Payer-aligned	Referral to in-network care
New health information technologies	Exchange of patient records and data
Evidence-based	Use of new data analytics across all domains

THE OPINION OF THE RGJ EDITORIAL BOARD

REMSA plan may change health care as we know it

With or without the Affordable Care Act, health care in the United States is changing.

It has to. The rising costs of the system — which isn't really a system but a diverse collection of individuals, private organizations and public agencies often working together but not always — make it unsustainable.

Patients are increasingly uneasy, even when the system works for them; so are providers, who are caught in the middle of patients, insurance companies and the government.

So, change is coming whether we like it or not. With health care being used as a political football between Republicans and Democrats, we can only hope that the change is for the better, not the worse.

That's why residents of the Truckee Meadows should be pleased that the Regional Emergency Medical Services Authority, better known as REMSA, is in the forefront of the movement to find ways to provide better health care for Americans at a lower cost.

On Tuesday, REMSA announced that it had won a \$99 million grant from the U.S. Department of Health and Human Services to develop a program that will give patients more options when they call for "emergency" service. If it works, the program has the potential to change the way that many Reno-Sparks residents — and, eventually, all Americans — are treated.

■ ■ ■

If you call for an ambulance today, you will most likely end up in the emergency room. The ambulance service has no choice. Most important, that's the only way it will get paid by insurance companies and Medicare. It's also the most expensive place to be treated.

REMSA wants to change that. Its proposal to HHS is that it be allowed to take patients



Michael Flatt, a communications information technology coordinator at REMSA, tries out the FirstWatch early warning biosurveillance system at REMSA, installed in 2003, the third in the world. *CANDICE TOWELL/REMSA*

SNAPSHOT

ISSUE: Responding to medical emergencies

OUR VIEW: REMSA's plan would ensure that patients receive the most appropriate care when they call for an ambulance and save money, too.

where they'll get the most appropriate treatment — the emergency room, if that makes the most sense, or to an urgent care center or a physician's office, if that makes more sense.

There are a lot of questions that will have to be answered before the program begins.

REMSA plans to hire specially trained paramedics to focus on home care. A triage nurse will be on duty at the REMSA call center to help patients determine what kind of care they need. Protocols will have to be developed to ensure that decisions are based on what's best for the patient. The program will need the buy-in of doctors,

clinics and hospitals in the area. Insurance companies will have to be convinced that the program is in their best interests, too.

REMSA is in a good position to undertake a project of this sort, however.

Overseen by the Washoe Health District and a board that consists of medical professionals and hospital representatives, it has plenty of expertise to call on to answer the difficult questions and the cooperation of the medical community that it will need to make it all work.

That may be the reason that REMSA's proposal was one of just 107, out of more than 3,700 applications, awarded grants by HHS.

Patrick Smith, president of REMSA, calls the plan "a game-changer." If the game is going to change, it's good to know that we in Reno-Sparks will be the ones changing it.

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HEALTH CARE

REMSA gets \$9.9M grant

Program designed to sidestep costly ER treatment

AT A GLANCE

By Brian Duggan
brian.duggan@rgj.com

The program announced Wednesday is projected to save the region \$10.5 million in health care costs over the next three years and will create 22 jobs.

The Regional Emergency Medical Services Authority was given \$9.9 million by the federal government to create a program that, among other features, will give patients the option of going to an urgent care facility instead of an emergency room.

The regional ambulance provider was one of 107 organizations around the country, including hospitals and clinics, that were awarded the money by the U.S. Department of

Health and Human Services.

The department received more than 3,700 applications for the nearly \$1 billion program, according to REMSA officials.

U.S. Senate Majority Leader Harry Reid, D-Nev., issued a statement on Wednesday, saying he was pleased Nevada will have new options to seek

With \$9.9 million from the federal government, REMSA will roll out a program that will feature three key parts:

- It will allow paramedics to take patients to an urgent care or doctor's office instead of an emergency room, if the injury does not need that level of care, and will be compensated.
- A triage system will be set up in REMSA's 911 center to help patients determine what level of care they need.
- REMSA will train special paramedics to do home-based care for people suffering from chronic disease or needing help following a surgery. They will also conduct health education and education efforts in the community.

See GRABT, Page 4A

Special to RGJ

Now the real work starts!

Responding to our community's healthcare needs. 19

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