



COMMUNITY HEALTH
PROGRAMS

REMSA's Nurse Health Line

***PA EMS Innovation Conference
June 27, 2019***

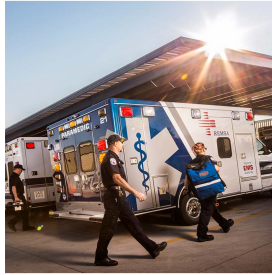
Overview

1. Community Health Program Results & Independent Evaluation
 - Alternative Destination Transports
 - Community Paramedicine
 - Nurse Triage
2. Policy Issues for Local & State EMS Administrators
3. EMS Payment Reform & National Health Care Reform
4. Tips for Preparing for ET3
 - Emergency Triage, Treatment & Transport

Regional Emergency Medical Services Authority

REMSA/Care Flight

Paramedic Ambulance



Care Flight



Nurse Health Line



Community Paramedics



Education



Special Operations



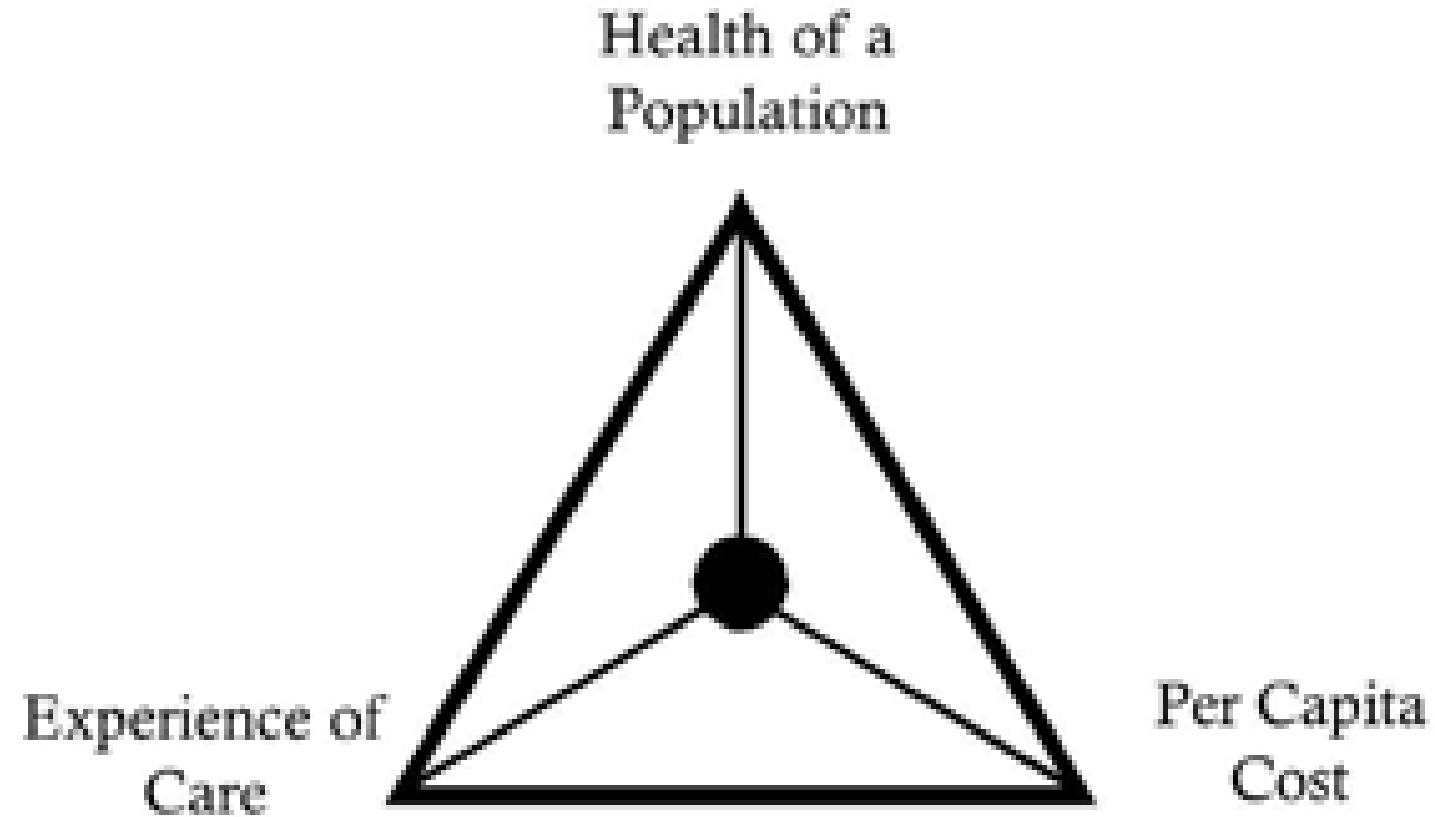
Special Events



Communications



REMSA is a high-performance, private, locally-governed, non-profit healthcare organization and emergency medical services agency serving northern Nevada since 1986. For more information about REMSA, visit www.remsahealth.com.



IHI *Triple Aim*

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

A man with a beard, wearing a blue cap with 'REMSA' on it and a stethoscope around his neck. He has a name tag that says 'RYAN RAMSDELL'. The background is a blurred image of another person, possibly a patient, with a blue overlay.

Community Health Program Results & Independent Evaluation

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 \$9.9 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. GANDICE 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.

YOUR VOICE: The Reno Gazette-Journal Editorial Board invites your comments on topics we write about. Go to RGJ.com and click on the "Voices" link to share your thoughts.

HEALTH CARE

REMSA gets \$9.9M grant

Program designed to sidestep costly ER treatment

AT A GLANCE

By Brian Duggan
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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 paramedics to do home-based care for people suffering from chronic diseases or needing help following a surgery. They will also conduct health education efforts in the community.

Special to REMSA

See GRANT, Page 4A



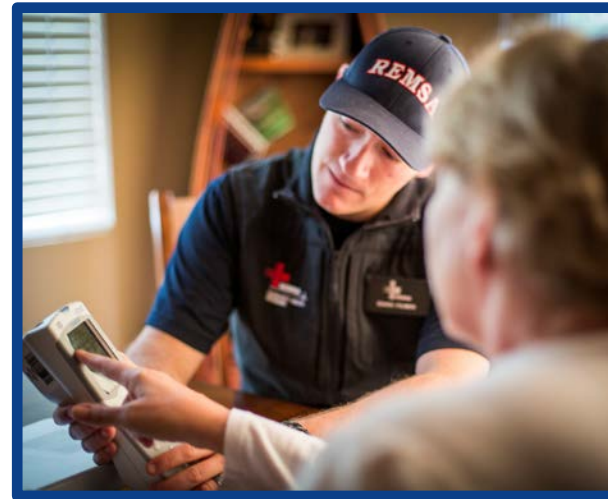
COMMUNITY HEALTH
PROGRAMS

Responding to our community's healthcare needs.

Alternative Destination Transports

Advanced assessment by field personnel of 9-1-1 patients facilitating **Alternative Pathways of Care** including transport to:

- Urgent Care Centers
- Clinics/Medical Groups
- Community Triage Center
- Mental Health Hospitals



Community Paramedicine

Specially-trained **Community Health Paramedics** provide in-home services for patients at risk for admission and readmission (30-day enrollment & episodic visits) including:

- Medical care plan adherence
- Medication reconciliation
- Point of care lab tests
- Personal health literacy
- Protocols: CHF, COPD, MI, Cardiac Surgery



Nurse Health Line

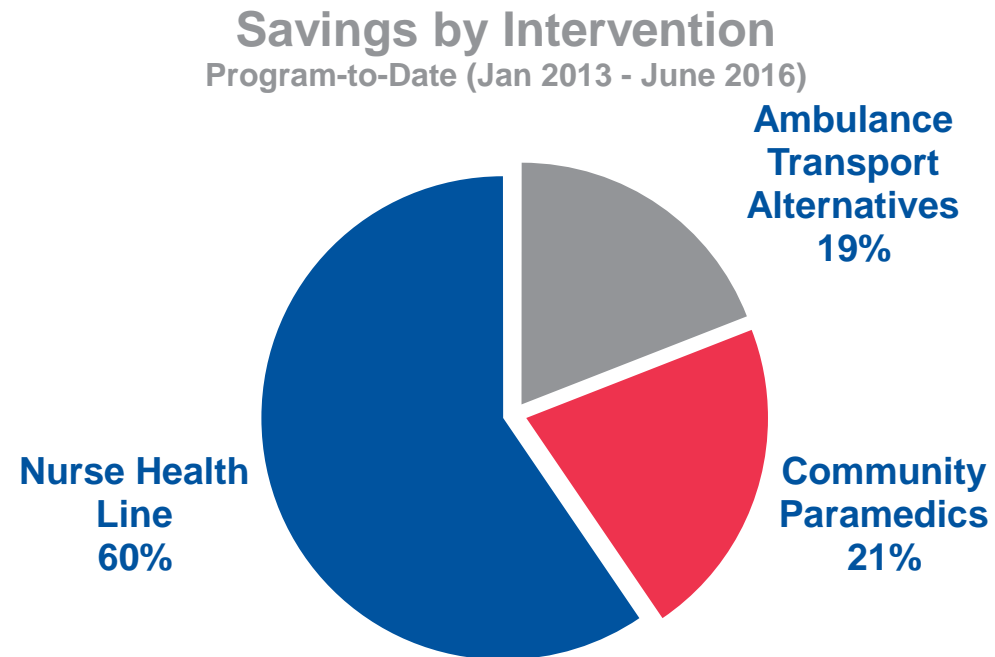
Registered Nurses provide 24/7 medical guidance & *triage* patients to appropriate health care or community service:

- Protocol-driven Assessment
 - Emergency Communication Nurse System
- Access
 - Non-emergency number
 - Omega Protocol via 9-1-1
- Recommended Level of Care & Recommended Location of Care
 - On-line Directory of Services



**Over \$9 million in
community-wide savings
over four years**

**Return on investment (ROI)
to payers ranges from
250% to 350%**



Nurse Health Line

➤ Software by Priority Solutions

- LowCode with Emergency Communication Nurse System (ECNS)

➤ Training

- Emergency Medical Dispatch (EMD) – 3 days
- Emergency Communication Nurse System (ECNS) – 3 days

➤ Accreditation

- International Academy of Emergency Dispatch (IAED)
- EMD Accredited Center of Excellence (ACE) - 2003
- ECNS Accredited Center of Excellence (ACE) – 2015 & 2017

Nurse Health Line

October 2013 – June 2016

Results

- 63,866 incoming calls
- 4,414 ED visits avoided
- 635 ambulance transports avoided
- 1.5% 9-1-1 transfer rate

Estimated Savings

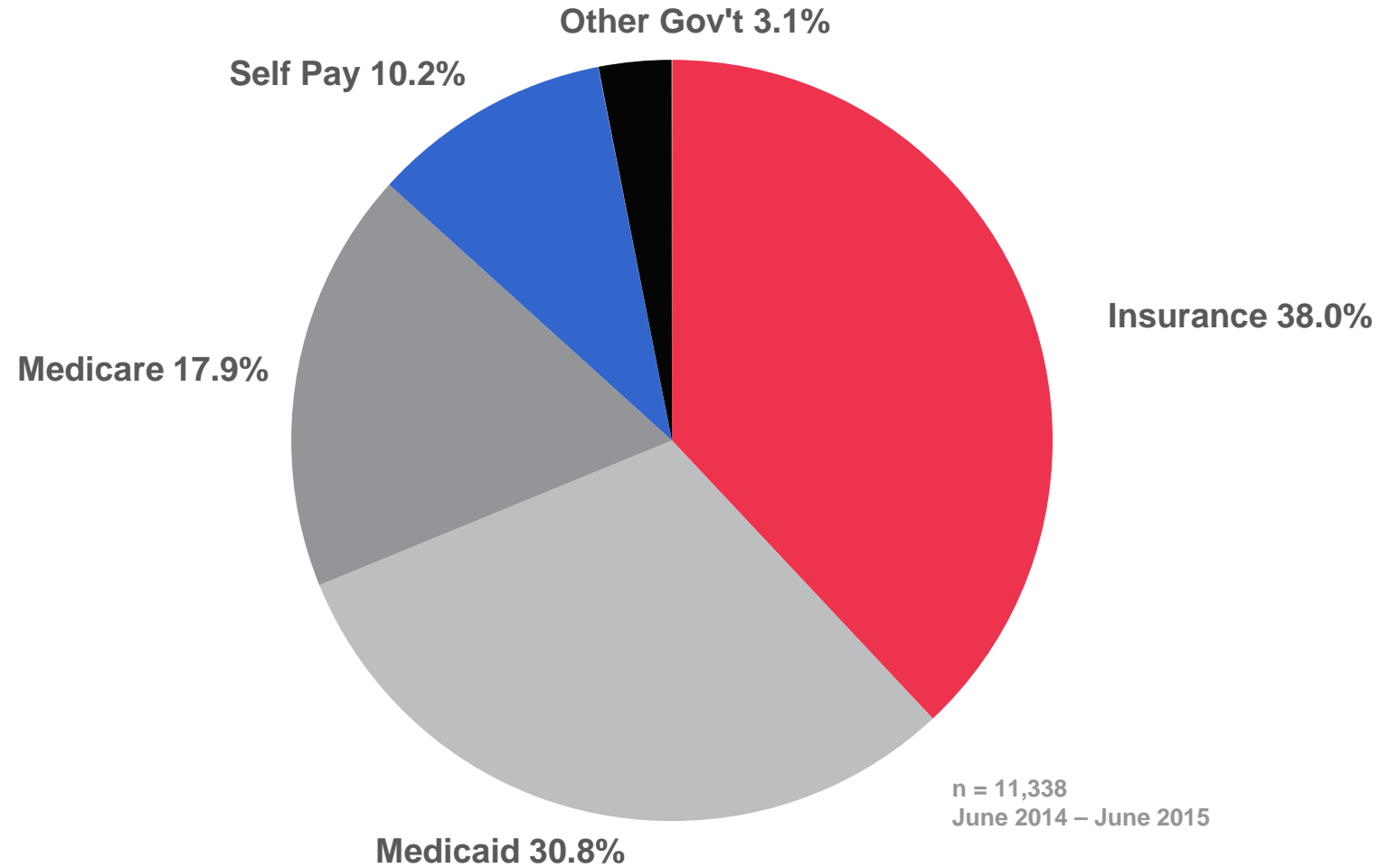
- \$5,750,889
(avg. payments)

Highest Rate of NHL Calls/1000 in Health Disparities Zip Codes

Target Utilization by Zip Code

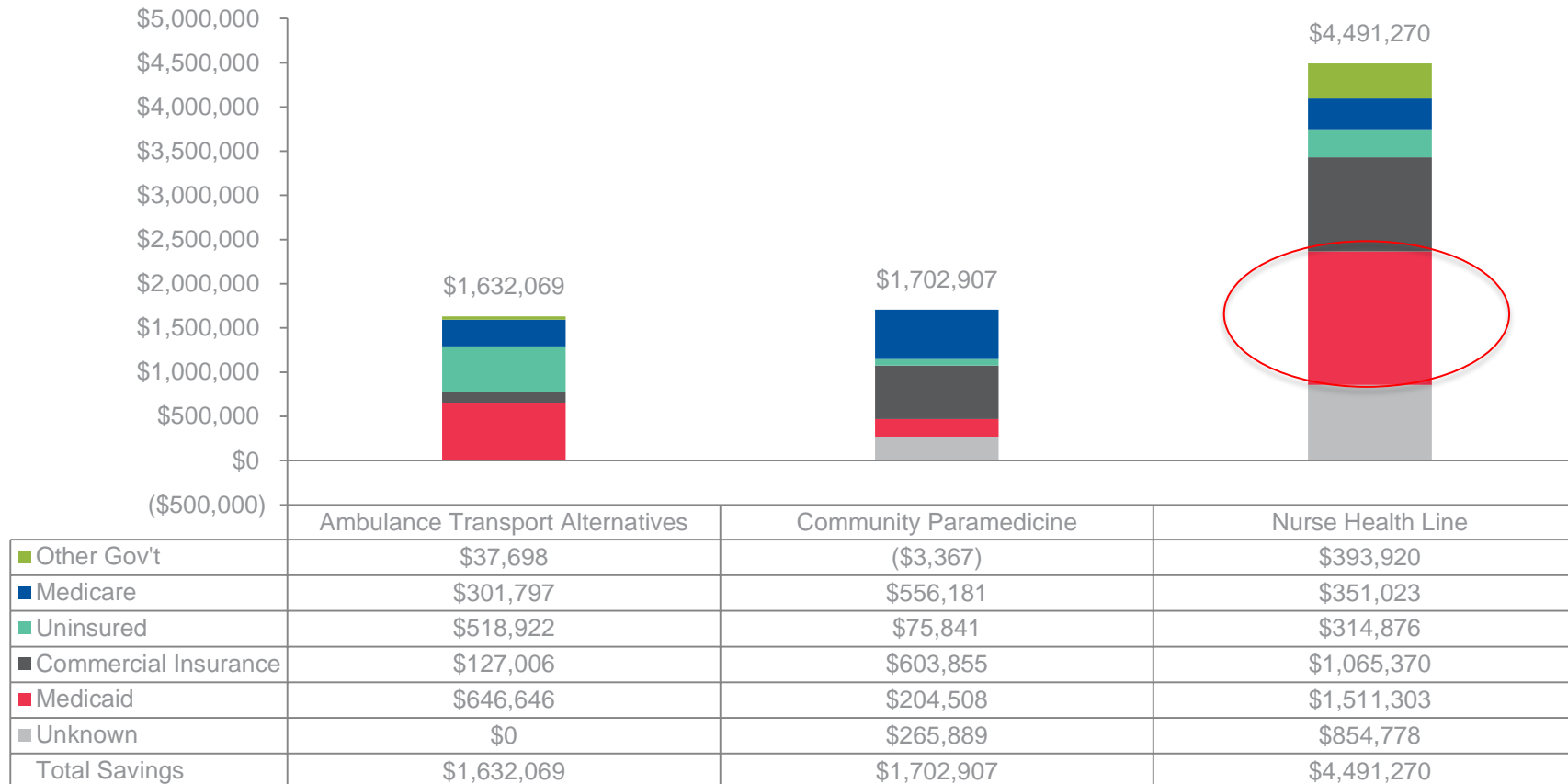
		Medicaid ED Visits		ED Visits		Ambulance Trans		Nurse Health Line		Alt Destination	
		Baseline		Baseline		Baseline		Intervention		Intervention	
Patient Zip Code		ED (n) Medicaid	Rate/1000 Persons/ Year	ED (n)	Rate/1000 Persons/ Year	Amb. Trans (n)	Rate/1000 Persons/ Year	NHL (n)	Rate/1000 Persons/ Year	ATA (n)	Rate/ 1000 Persons/ Year
89501	4252	798	187.68	3793	892	3712	873	300	70.6	124	29.2
89512	25574	4546	177.76	13205	516.4	3106	121	879	34.4	66	2.6
89502	43566	6419	147.34	19830	455.2	4291	98	1434	32.9	131	3
89431	1685	4490	2664.69	14128	390.4	3284	91	1190	32.9	27	0.7
89433	20188	2559	126.76	7678	380.3	1374	68	580	28.7	3	0.1
Average Rate for Washoe County is 320 visits/ 1000 persons/ year											
89506	38379	3126	81.45	11500	299.7	2258	59	969	25.2	13	0.3
89503	27891	1991	71.39	8263	296.3	2182	78	672	24.1	77	2.8
89434	25416	1366	53.75	6880	283.1	1964	81	549	22.6	15	0.6

Nurse Health Line Payor Mix



Majority of Savings: Nurse Health Line & Nevada Medicaid

Community Health Programs
Program Savings by Intervention
Program to Date (Jan 2013 - Dec 2015)



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 Medical Center • Urgent Care Centers, Clinics, Medical Groups • WestCare Community Triage Center • NNAMHS* & WestHills • CHA & HOPES FQHC • Sierra Pharmacy 	<ul style="list-style-type: none"> • State EMS Office • State Health Officer • Washoe County Health District • Senior & Community 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 & Informatics • RTI International – Independent Evaluator • Health Insight – Readmission Data 	<ul style="list-style-type: none"> • First Watch – Automated Data Triggers / Reports • KPS3 – Community Outreach / Marketing • Priority Solutions – Emergency Care Nurse System/Low Code • ZOLL – Community Paramedic EMR • True Simple – Performance Improvement

Wine and beyond

Barrels & Bites, an old event with a new name, embraces widening array of beverages | **FOOD & DRINK, 1E**

RENO GAZETTE-JOURNAL

A GANNETT COMPANY

WEDNESDAY, SEPTEMBER 17, 2014



REMSA projects \$10.5 million in savings through 2015 through an effort that started two years ago providing three services: a nurse healthline, community paramedicine and ambulance transport alternatives.

PROVIDED BY
REMSA



EMERGENCY SERVICES

REMSA: Service changes pay off

By Jason Hidalgo
jhidalgo@rgj.com

What happens when you turn paramedics into caregivers and divert patients in ambulances away from the emergency room?

Apparently, you save millions of dollars.

More accurately, you save \$10.5 million in area health care expenditures for three years, according to Regional Emergency Medical Services Authority.

That's the total amount of savings that REMSA projects through 2015 for its Community Health Programs effort, which started two years ago.

Created through a \$9.8 mil-

See REMSA, Page 6A

A Local Hotspotter Named Adam



ADT

- Consented to transport to FQHC

FQHC

- Reconnected with patient-centered medical home

CP

- Provided bus passes & educated on appropriate 911 use

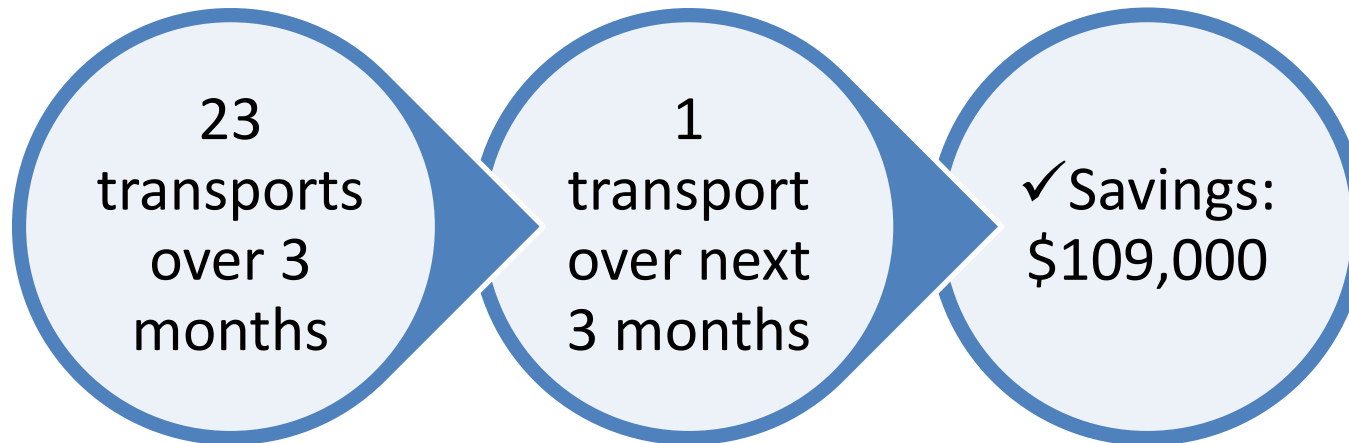
NHL

- Provided NHL phone magnet

Mental
Health

- Enrolled outpatient mental health program

Changing Adam's Expectations & Patterns of Behavior



Medical Oversight

➤ Medical Director Approved Protocols

- Current ground ambulance protocols
- Additional protocols: Intoxication, psychiatric, low acuity

➤ Documentation

- Advanced assessment completed on every patient
- Flex-field added to ground ambulance EPCR

➤ Training

- 4 hours of field in-service for all ground ambulance personnel

➤ Quality Improvement

- Medical Director review of 100% of repatriation transports

Clinical Partners

- Recruit Receiving Medical Facilities
 - Identify benefits to local stakeholders & convert into partners
 - Winning over other professional groups
- Identify and target underserved populations
 - Desired locations linked to targeted populations
- Memorandum of Understanding
 - Hours, procedures, other operating details
- Site Visit
 - Confirm ambulance, gurney access & referral capacity

Community Outreach

➤ Messaging & Community Outreach

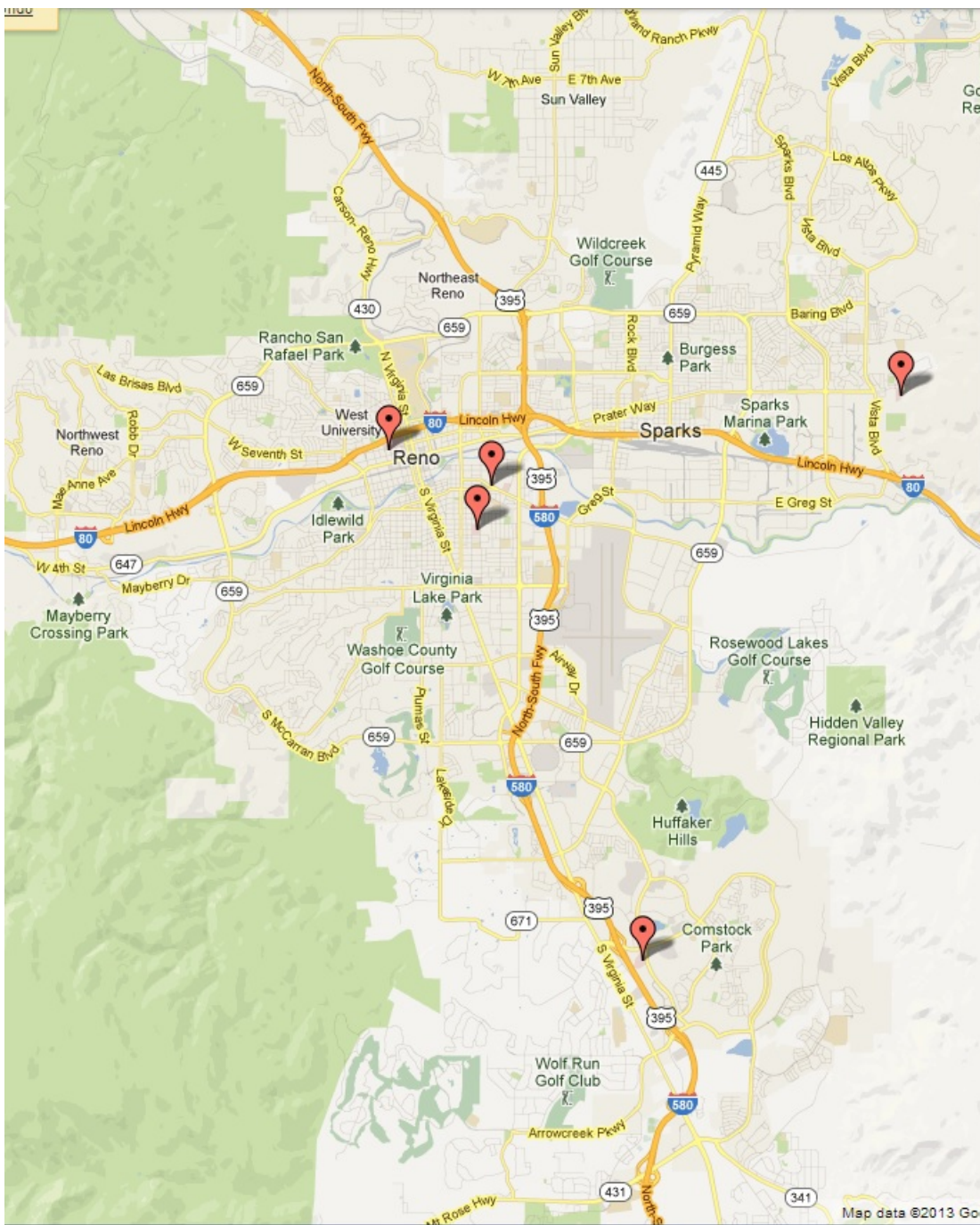
- Strategic messaging, community presentations, local government updates
- Proactive collaboration with local first responders and local EMS administration for system integration

➤ Media relations

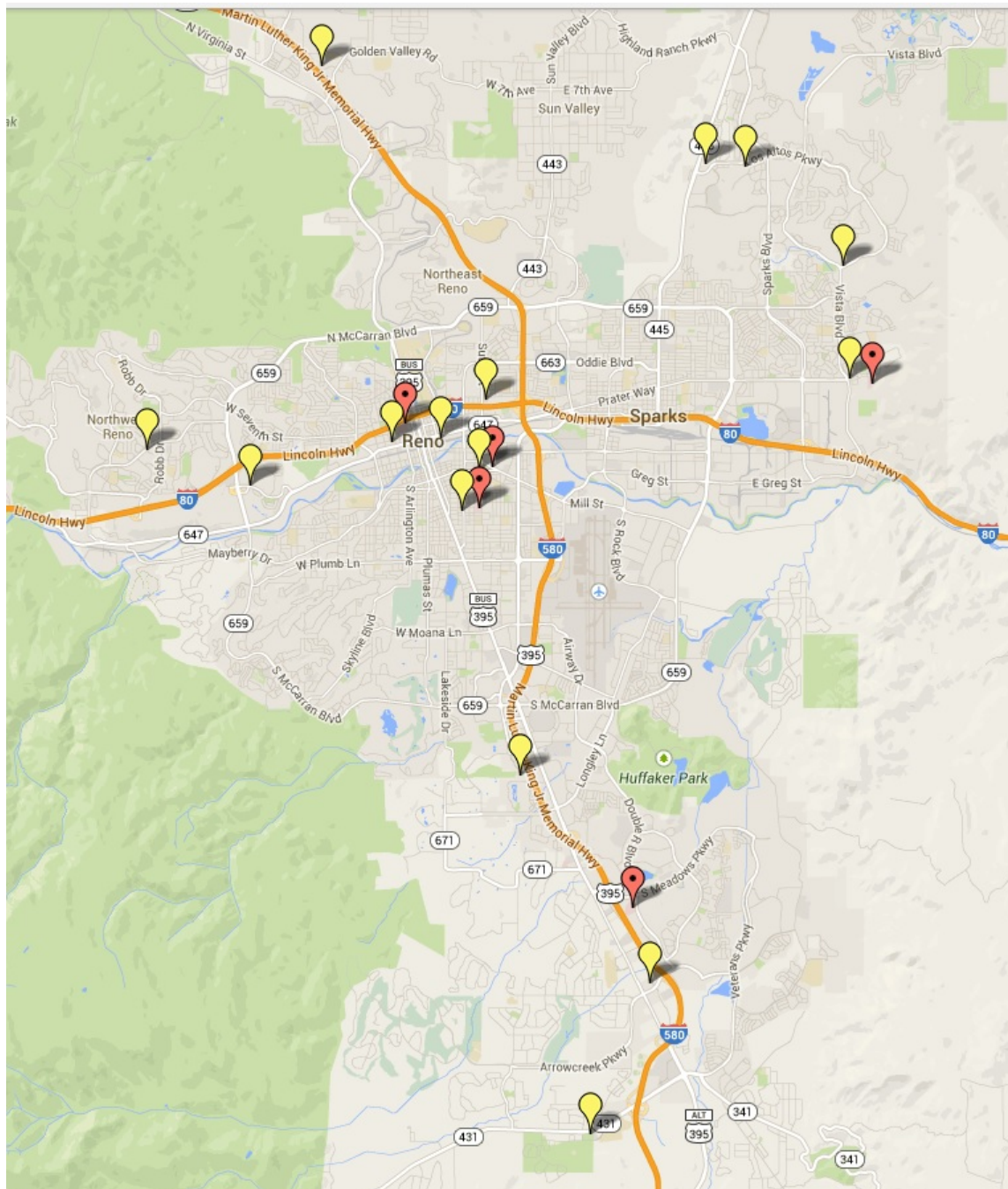
- Local, regional, national

➤ Advertising

- TV, Radio & Internet ads to educate public on how to access 9-1-1 and NHL



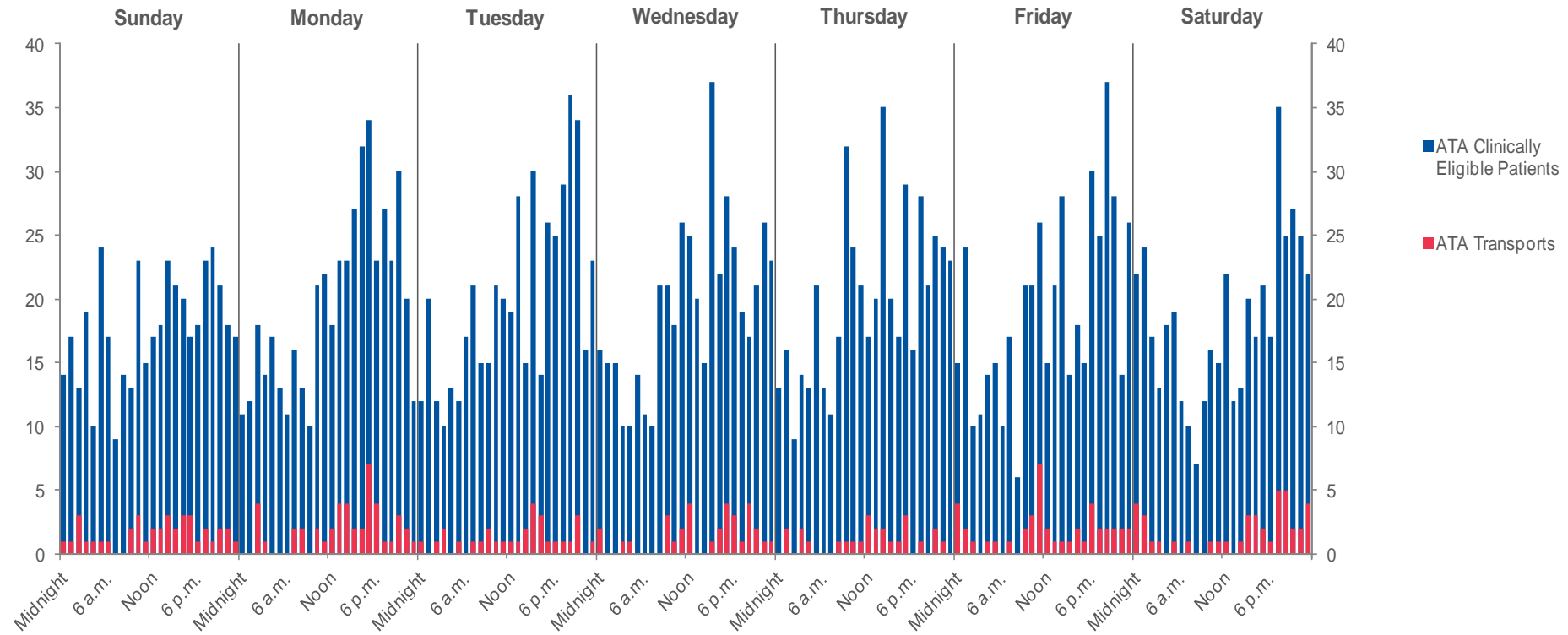
Pre-launch
5 ER's
Available in
Reno



Post-launch
5 ER's +
16 Alternative
Destinations
Available in
Reno

Clinically Eligible Patients

Ambulance Transport Alternatives
ATA Demand by Hour of the Week
July 2015 - June 2016



Target Utilization by Zip Code

		Medicaid ED Visits		ED Visits		Ambulance Trans		Nurse Health Line		Alt Destination	
		Baseline		Baseline		Baseline		Intervention		Intervention	
Patient Zip Code		ED (n) Medicaid	Rate/1000 Persons/ Year	ED (n)	Rate/1000 Persons/ Year	Amb. Trans (n)	Rate/1000 Persons/ Year	NHL (n)	Rate/1000 Persons/ Year	ATA (n)	Rate/ 1000 Persons/ Year
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What is an Advanced Assessment?

Clinical

- Is patient's condition appropriate to be seen at an alt destination?

Logistics

- Is an alternative destination available to accept the patient?

Consent

- Will the patient consent to transport to an alternative destination?

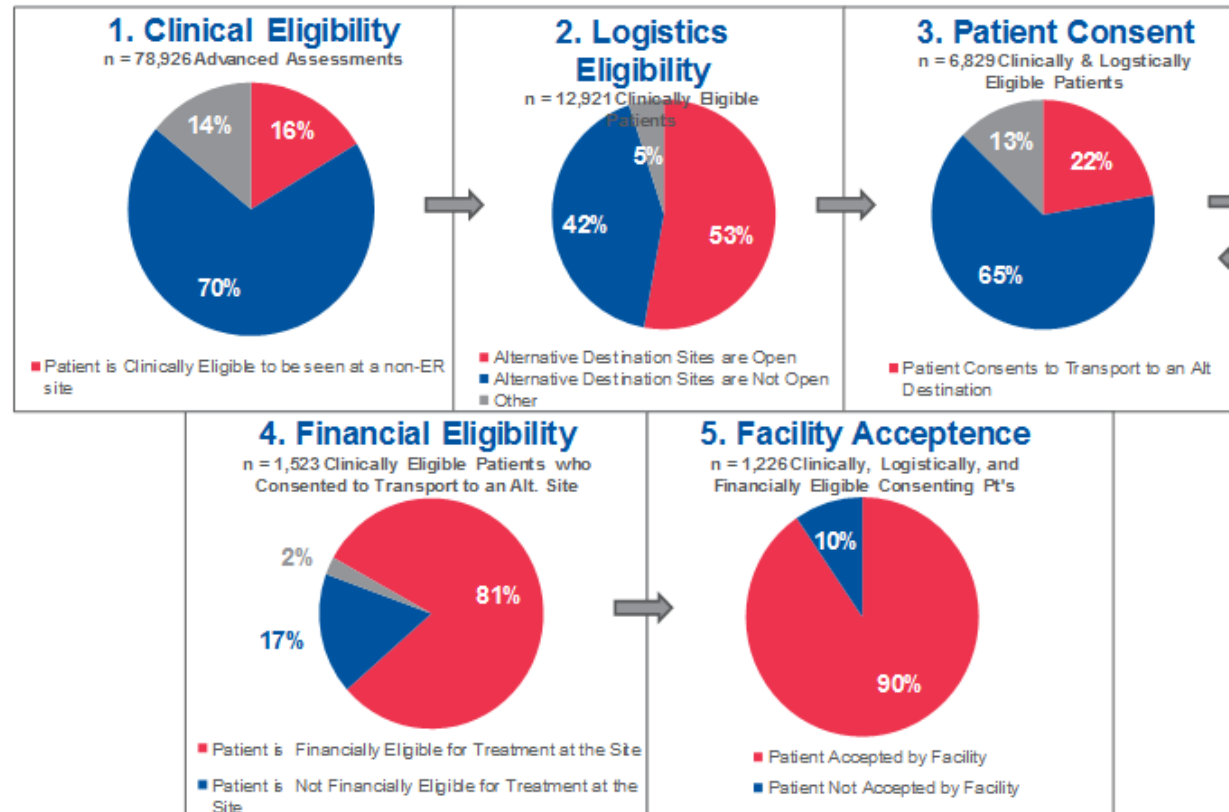
Financial

- Is the patient financially eligible to be seen at the alternative destination?

Acceptance

- Will the alternative destination accept the patient?

Advanced Assessments



Alternative Destination Transports

January 2013 – June 2016

Results

- 1,509 alternative destination transports
- 1,438 ED visits avoided
- 131 ambulance transports avoided
- 4.7% repatriation rate

Estimated Savings

- \$1,841,689
(avg. payments)

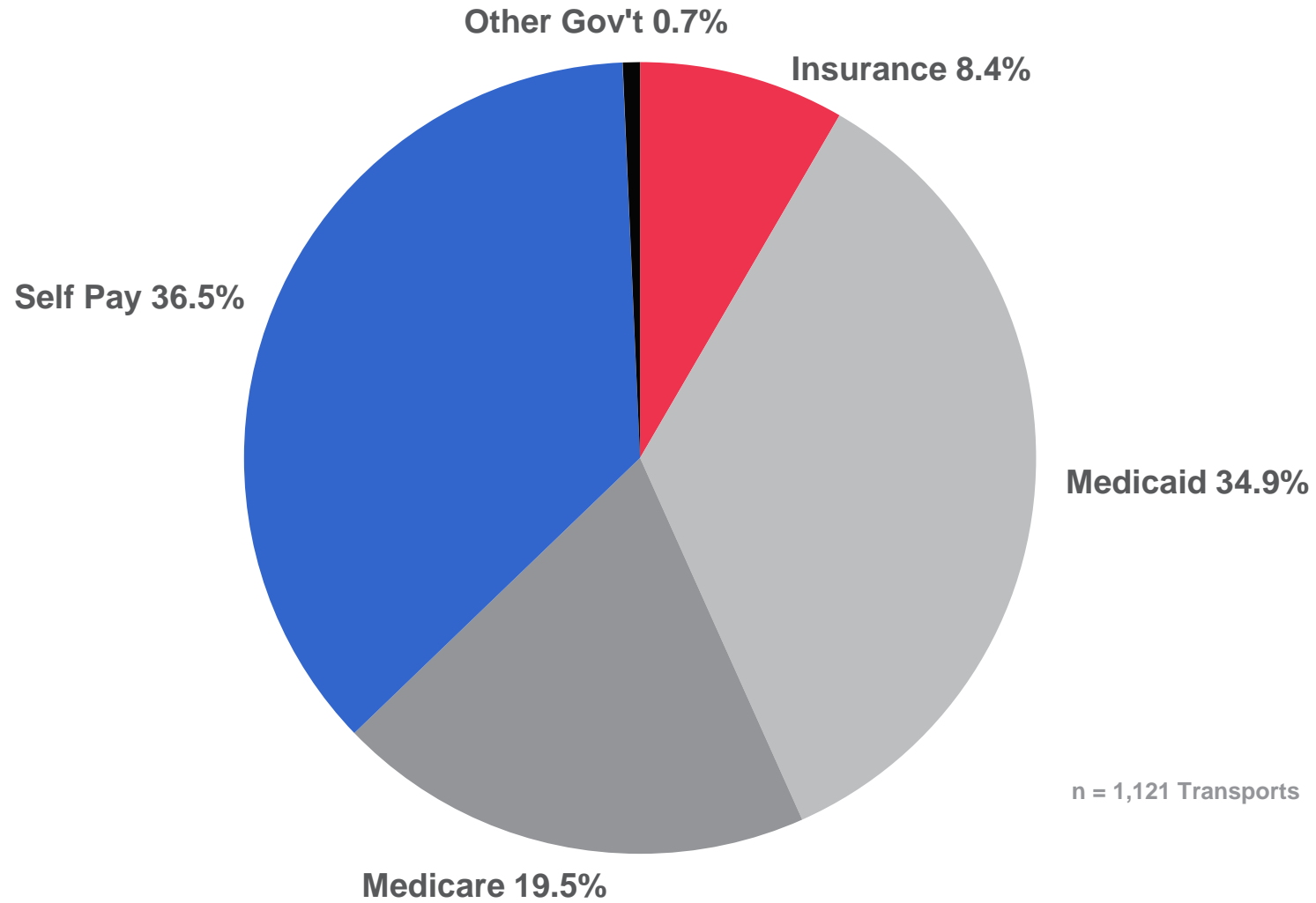
Repatriation Rate = 4.7%

+95% of alternative transports to right destination

Ambulance Transport Alternatives by Facility Type January 2013 - June 2015

	Total Transports	Detox. Center	Psych. Care Center	Urgent Care Center/Clinic	Repatriations	Repatriation Rate
3QR	69	33	30	6	0	0.0%
4QR	86	65	16	5	5	5.8%
5QR	128	99	26	3	2	1.6%
6QR	107	83	19	5	4	3.7%
7QR	97	74	16	7	4	4.1%
8QR	132	95	30	7	9	6.8%
9QR	106	83	21	2	4	3.8%
10QR	150	124	22	4	8	5.3%
11QR	126	103	14	9	11	8.7%
12QR	120	93	12	15	7	5.8%
Total	1,121	852	206	63	54	4.8%

Payor Mix



Return on Investment - Alternative Destination Transports -

Per Event
Savings



\$1,220

ROI



327%

= 3.27

=

\$ 373



Per Event
Expenditures

(Ambulance Transport)

Savings
Ratio

Lessons Learned

- Safe, reliable way for patients to receive right care at lower cost
- Barriers: facility open, patient consent, facility consent to accept patient, facility accept insurance
- Must be paired with nurse triage to optimize scale
- No adverse outcomes
- Volumes lower than projected due to lack of access to primary care
- Validates EMS role in healthcare safety net
- Effective tool to intercept hotspotters



Policy Issues for Local & State EMS Administrators

Enabling Statutes & Regulations

- State Statute - Allowing ambulance transport to expanded list of licensed medical facilities
 - Nevada Revised Code 449.0151, “Medical Facility” Defined
- Protocols - Medical Director-approved
 - Approval by relevant local medical control board or district health agency (if applicable)
- Medicaid Regulation - Allowing Medicaid claim submission
 - Nevada Medicaid-Division Health Care Financing/Policy:
<https://dhcfp.nv.us>

Measures

Domain	Title	Measure
Utilization	ADT Utilization	Transports to Alternative Destinations
		Ground Emergency Ambulance Transports
Process	Access to Early Advanced Assessments	Transported Patients Receiving Adv. Assessment
		Ground Emergency Ambulance Transports
Quality	Eligible Patients Trans to Alt Dest	Clinically Eligible Patients Transported to Alternative Destinations
		ADT Clinically Eligible Patients
Satisfaction	Patient Satisfaction	Survey Respondents with Positive Rating
		Surveys Returned from Patients Served by ADT
Cost	Savings	Savings attributed to transport to Alternative Destination Transports

Measures

Domain	Title	Measure
Safety	ADT Repatriation Transports	ADT Repatriation Transports to ED
		ADT Transports
Balancing	Low Priority 9-1-1 Responses	Priority 3 Ambulance Responses
		Total Ambulance Responses
Dose/Reach	Utilization by Underserved Population	Rate of Alt Destination Transports per 1,000 per Zip Code

Independent Evaluation

*Evaluation of the Health Care Innovation Awards:
Community Resource Planning, Prevention, and
Monitoring*

RTI International

THIRD ANNUAL REPORT – August 2017

www.innovation.cms.gov

<https://downloads.cms.gov/files/cmmt/hcia-crppm-thirdannrptaddendum.pdf>

RTI International Independent Evaluation

Reduced Spending

*One of five awardees
showed significant
reductions in spending*

Reduced Utilization

*One of seven awardees
to notably reduce
utilization consistent
with the theory of
change*

Effective Implementation

*Highlighted REMSA's
path to
implementation
effectiveness*

*Cross Comparison Results: RTI's independent evaluation compared REMSA's results to
24 programs in the Community Resource Planning, Prevention & Monitoring Group*

RTI International Independent Evaluation

Community Paramedicine

*Reduced the weighted
average quarterly
spending per patient
(\$-1,070)*

Alternative Destination Transports

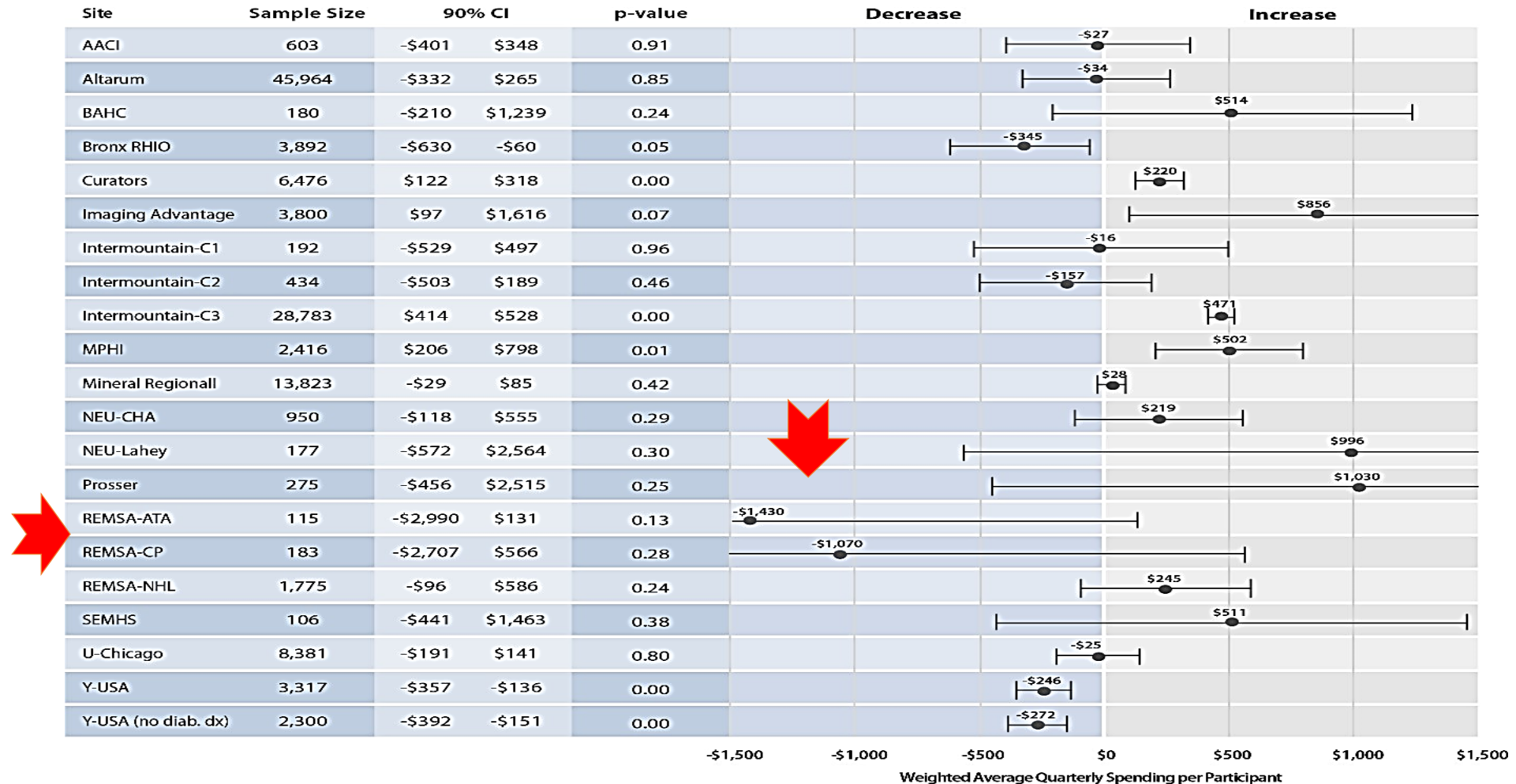
*Reduced the weighted
average quarterly
spending per patient
(\$-1,430)*

Nurse Health Line

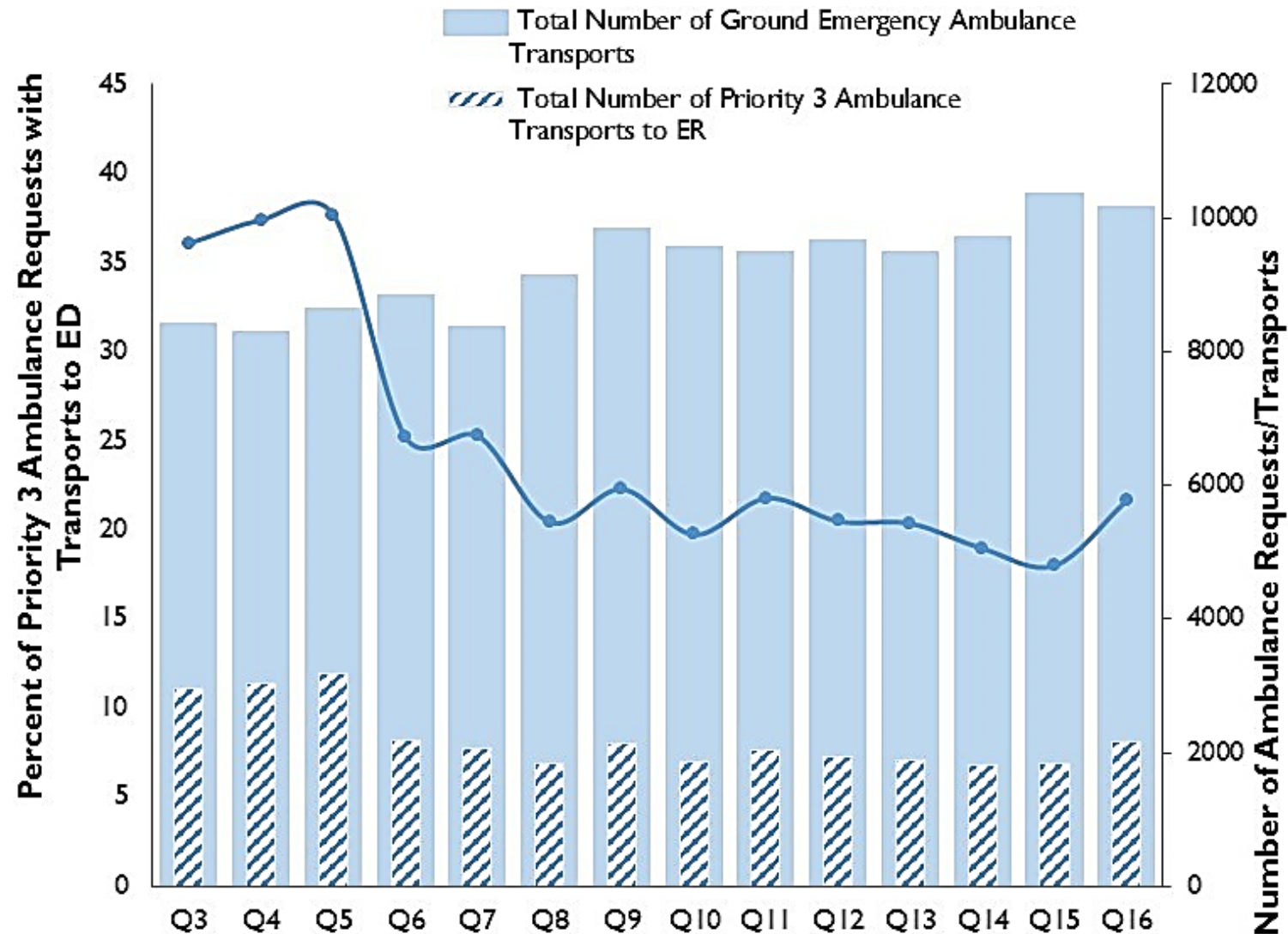
*Reduced the
percentage of low-
acuity (Priority 3)
transports to the ED
over time from 37% to
18%*

Figure 3-1 (Pg. 3-5)

Weighted Average Quarterly Medicare Spending per Participant



Reduced Priority 3 Transports to ED from **37% to 18%**



Reimbursement

Commercial Insurers & ACO

- Per member per month and per call

Hospitals & Health Partners

- Per call and flat rate

Rural Hospital District

- Per capita per month

Alternative Destination Transports

Reimbursement

Commercial Insurers & Medicaid

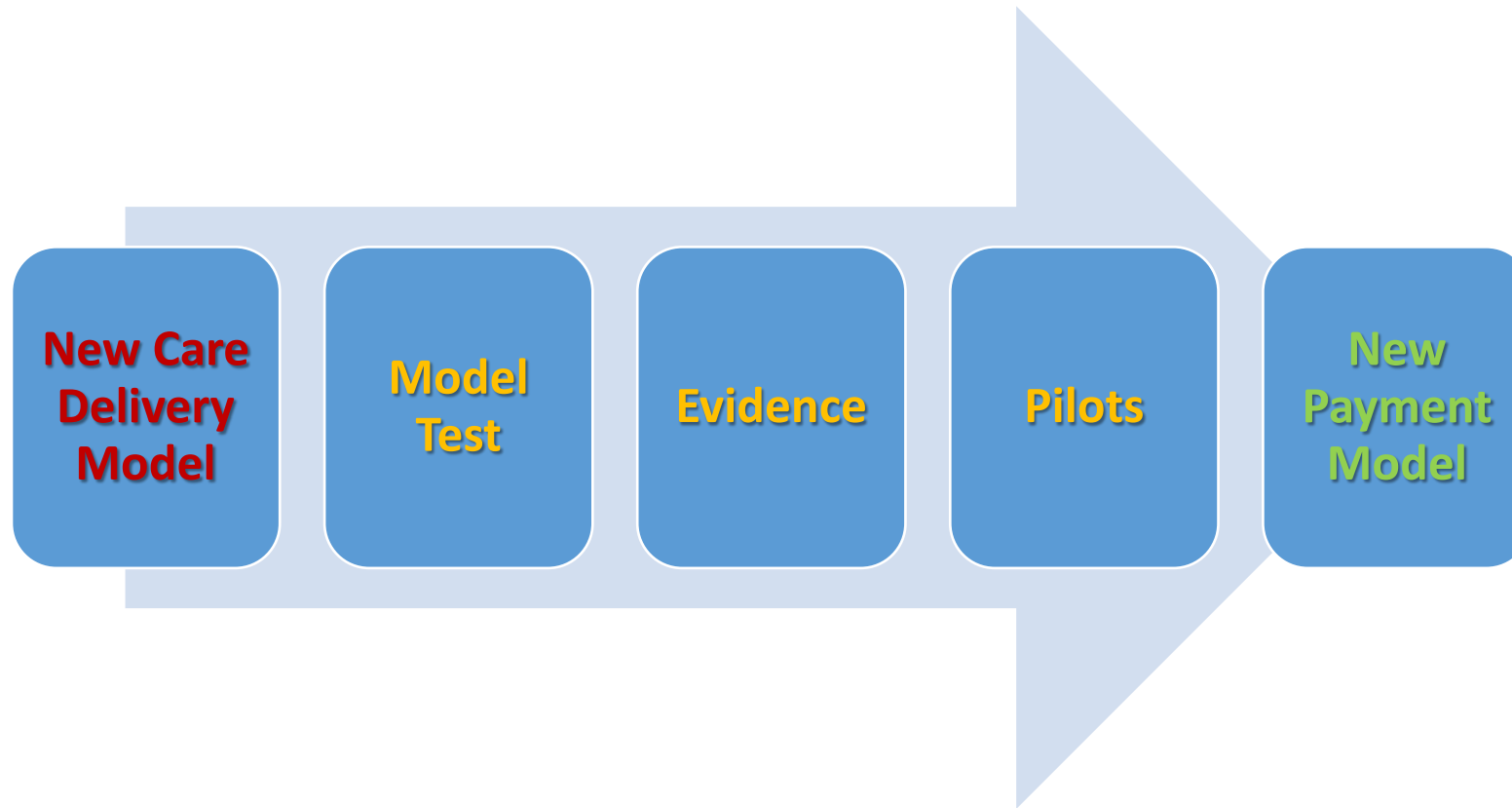
- Per transport @ BLS-E rate

A background image of a paramedic wearing a blue REMSA cap and uniform, with a name tag that reads "RYAN RAMSDELL". The image is overlaid with a semi-transparent blue filter. The text "EMS Payment Reform & National Health Care Reform" is centered in a bold, yellow font.

EMS Payment Reform & National Health Care Reform

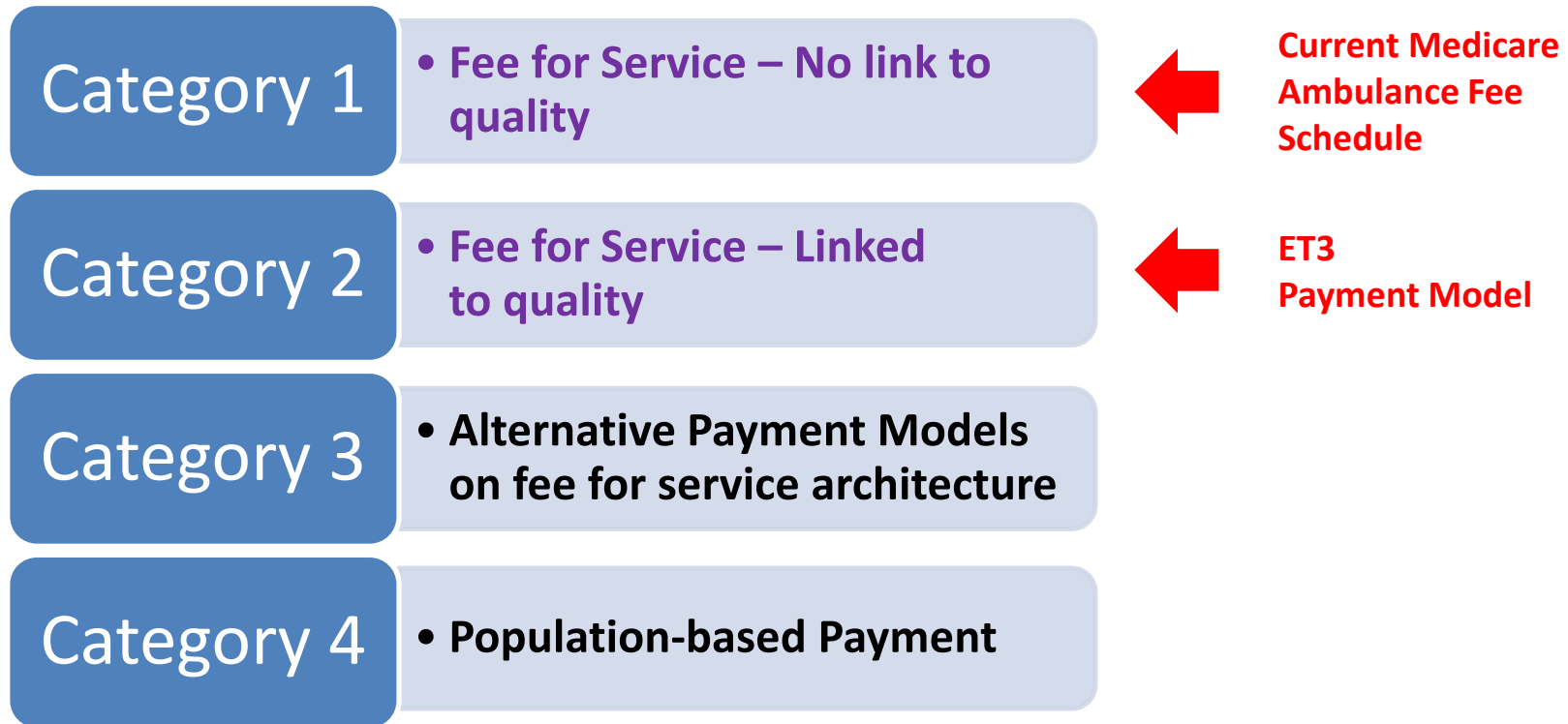
CMS Innovation Center

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



Progression of Payment Reform

CMS is linking fee-for-service payment to value



Source: CMS Innovation Center

Replication of Successful Innovations

CMS is testing innovative payment models



Source: Institute of Healthcare Improvement

EMS AGENDA 2050

A PEOPLE-CENTERED VISION FOR THE FUTURE
OF EMERGENCY MEDICAL SERVICES

NATIONAL IMPLEMENTATION FORUM
SEPTEMBER 20, 2018



Cost Data Collection Begins in 2020

What?	Why?	How?
<ul style="list-style-type: none">• Bipartisan Budget Act of 2018 (H.R. 1892) directing CMS to collect ambulance cost data and included a 5-year extension of the Medicare ambulance add-ons	<ul style="list-style-type: none">• Provides data to validate need for permanent increase to Medicare fee-for-service amounts and future Reimbursement Model 3.0 data needs	<ul style="list-style-type: none">• Various industry cost data collection tools recommended (i.e., GEMT, Moran Company Report); Rand currently meeting with ambulance stakeholders

Why is allowable/non-allowable important: Medpac margin analysis, CMS definitions from other healthcare cost reports, lessons learned from other healthcare providers



AMERICAN
AMBULANCE
ASSOCIATION

REPRESENTING EMS
IN AMERICA

Ambulance Cost Data Collection

www.ambulance.org



Thank You

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ET3Model@cms.hhs.gov