

Acknowledgment

This program was made possible by CMS Grant #1C1CMS330971-01-00 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

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A-1/27/15 #7

Health Care Innovation Award (HCIA)

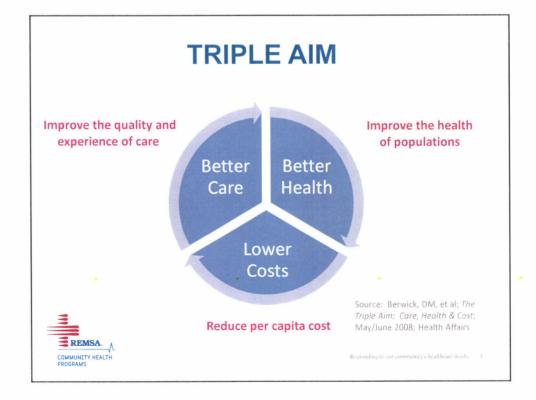
- · Funded by Affordable Care Act
- REMSA one of only 107 awardees out of over 3,000 applicants (in HCIA round one)
- Community Health Programs improve access to most appropriate level of quality care & reduce overall health care costs
- · New health care personnel:
 - Community Health Paramedics
 - Nurse Navigators

CMS Innovation Center

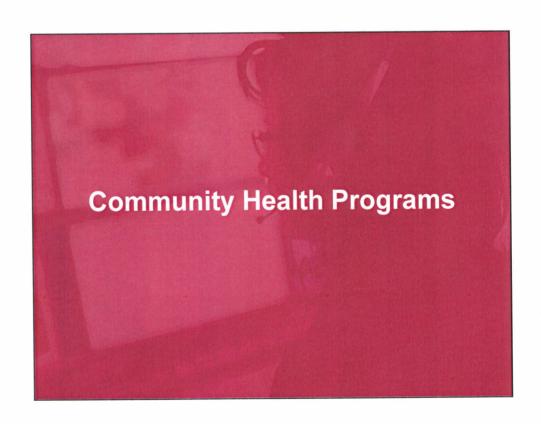


"New models of care and payment that continuously improve health and healthcare for all Americans"

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Partners Critical to Success							
Health Care	Community	Data/Evaluation	Implementation				
Northern Nevada Medical Center Renown Health Saint Mary's Medical Center Urgent Care Centers, Clinics, Medical Groups WestCare Community Triage Center NNAMHS* & WestHills	State EMS Office State Health Officer Washoe County Health District Senior & Community Groups Reno Fire Department Sparks Fire Department Truckee Meadows	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	First Watch — Automated Data Triggers / Reports KPS3 — Community Outreach Priority Solutions — Emergency Care Nurse System/Low Code ZOLL — Community Paramedic EMR True Simple — Performance				



Community Paramedicine

Specially-trained Community Health Paramedics provide in-home services to improve the transition from hospital to home, including:

- o Medical care plan adherence
- Medication reconciliation
- o Point of care lab tests
- o Personal health literacy





Nurse Health Line 858-1000

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

- o Protocol-driven Assessment & Care Guidance
 - Emergency Care Nurse System
- o Recommended Level of Care
 - On-line Directory of Services
- o 24-hour Phone Follow-up
- Access: Direct & Omega Protocol



Ambulance Transport Alternatives

- 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





Responding to our community's healthcare needs.

Three Interdependent Interventions
Achieving a Balance

Overtriage

Undertriage

Responding to our community's health are need. 12

Preliminary Outcomes

The preliminary outcomes presented herein are very early estimates and reflect a best faith effort to present an accurate description of our progress in improving the quality and experience of care, improving the health of populations and reducing the overall cost of care. All savings estimates are calculated based upon average charges from data provided by the Nevada Center for Health Statistics & Informatics at UNR. We continue to test and confirm the methodology and the data sources. These estimates will be updated as new data is identified and our methodologies are validated.

Preliminary Results

December 2012 - June 2104

- 1. Improved access to quality care
 - o 15.941 calls to Nurse Health Line
 - o 2.024 home visits
 - 574 alternative ambulance transports
- Improved patient quality of life & satisfaction
- 3. Total program savings: \$2.8 \$7.9 million
 - o 1,795 ED Visits Avoided
 - 354 Ambulance Transports Avoided
 - 28 Hospital Readmissions Avoided





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HCIA Next Steps

- Continue services in our community by investing savings and working with program partners & insurers
- 2. Grant Ends June 30, 2015
- 3. National Focus on Reno & Washoe County
- 4. Independent Evaluation RTI International
- 5. Report Final Program Outcomes



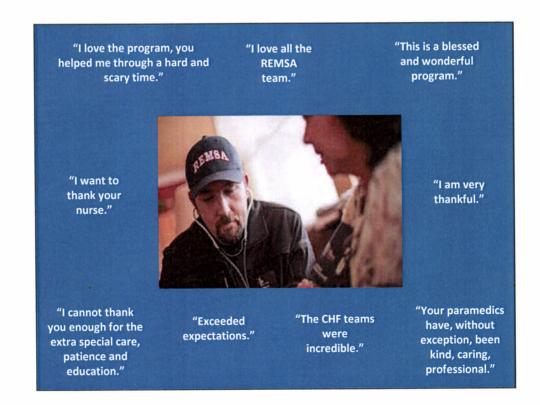












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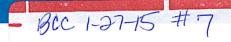
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REMSA's Community Health Programs

Washoe County
Board of County Commissioners

January 27, 2015



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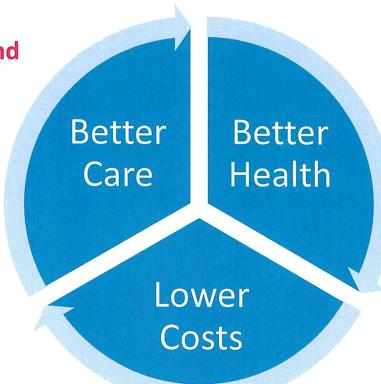
CMS Innovation Center



"New models of care and payment that continuously improve health and healthcare 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



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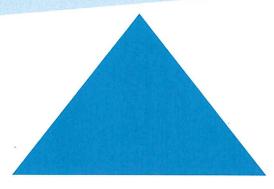




Three Interdependent Interventions Achieving a Balance

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Responding to our community's healthcare needs. 13

VOICES

THE OPINION OF THE RGJ EDITORIAL BOARD

REMSA plan may change health care as we know it

ith or without the Af-fordable Care Act. health care in the Unit-

ed 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 or-gamizations and public agencies often working together but not always - make it unsustain-

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 oost.

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 expen-

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



Michael Patt, a communications information technology coordinator at REMSA, tries out the First Watch early warning biocurvellance system at REMSA, installed in 2003, the third in the world, cannot sowell re-

SNAPSHOT

ISSUE: Responding to medical

OUR VIEW: REM SAS to land would ensure that na Sonts receive the most appropriate care when they call for an ambulance and save money

where they'll get the most appropriate treatment - the emergency room, if that makes the most sense, or to an unrent onre center or a physician's of fice, if that makes more

There are a lot of questions that will have to be answered

before the program begins. REMSA plans to hire specially trained paramedies 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.

REMSA is in a good position 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 HRS.

Patrick Smith, president of REMSA, calls the plan 'a gamecharger." 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 Rano Gazette-Journal Editorial Board invites your comments on topics wowniteabout. Go to RGI com and click on the "Voices" link to share your thoughts.

Wine and beyond

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

RENO GAZETTE-JOUR

A GANNETT COMPANY

WEDNESDAY, SEPTEMBER 17, 2014



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.

REMSA

PROVIDED BY REMSA



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

"I love the program, you helped me through a hard and scary time."

"I love all the REMSA team." "This is a blessed and wonderful program."

"I want to thank your nurse."



"I am very thankful."

"I cannot thank you enough for the extra special care, patience and education."

"Exceeded expectations."

"The CHF teams were incredible."

"Your paramedics have, without exception, been kind, caring, professional."

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