



# REMSA's Community Health Programs

*Mobile Integrated Healthcare Summit  
February 25, 2014*

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# 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.

The contents of this presentation are solely the responsibility of the authors and have not been approved by the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

**Center for  
Medicare & Medicaid Innovation  
Health Care Innovation Awards**

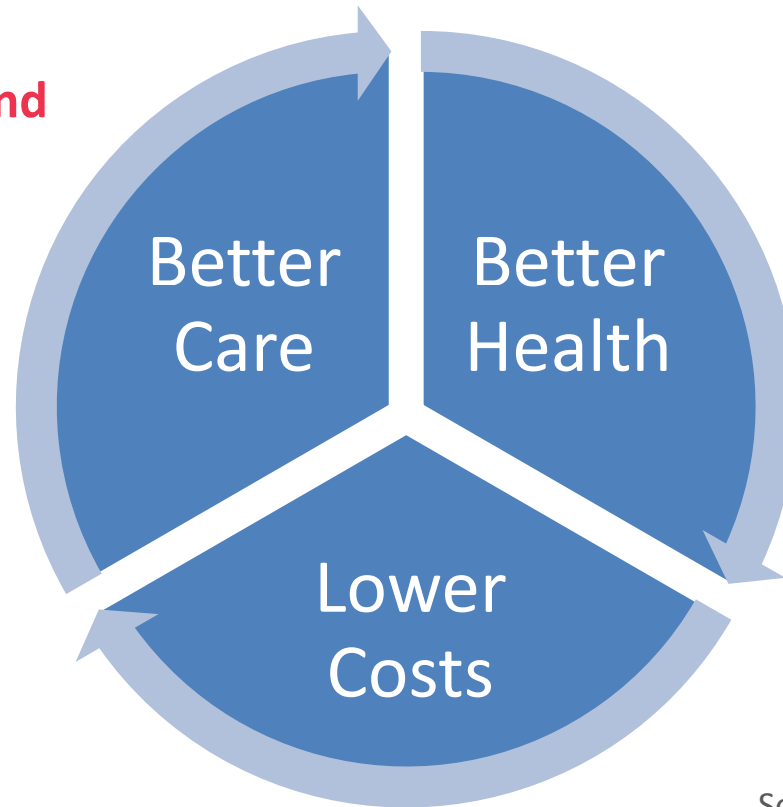
***“New models of care and payment** that continuously  
improve health and healthcare for all Americans”*

2012

# 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

*New referral pathways assuring patients receive the safest, and most appropriate, level of quality care*

Ambulance  
Transport  
Alternatives



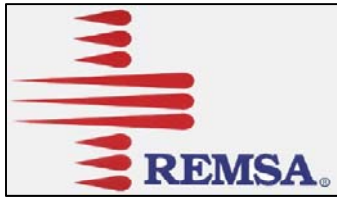
Community Health  
Paramedics



Nurse Health Line /  
Nurse Navigators







# 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



# Measurement & Evaluation

- Self-Monitoring Plan
  - ✓ 28 measures reported to CMS quarterly
- Categories
  - ✓ **Process, Structure, Balancing, Outcome**
- Outcome Domains
  - ✓ **Quality, Cost, Utilization, Satisfaction**
- Operations Plan
  - ✓ Quarterly milestones

# Measure Categories

Process

- Operational milestones

Structure

- Health Information Technology implementation

Balancing

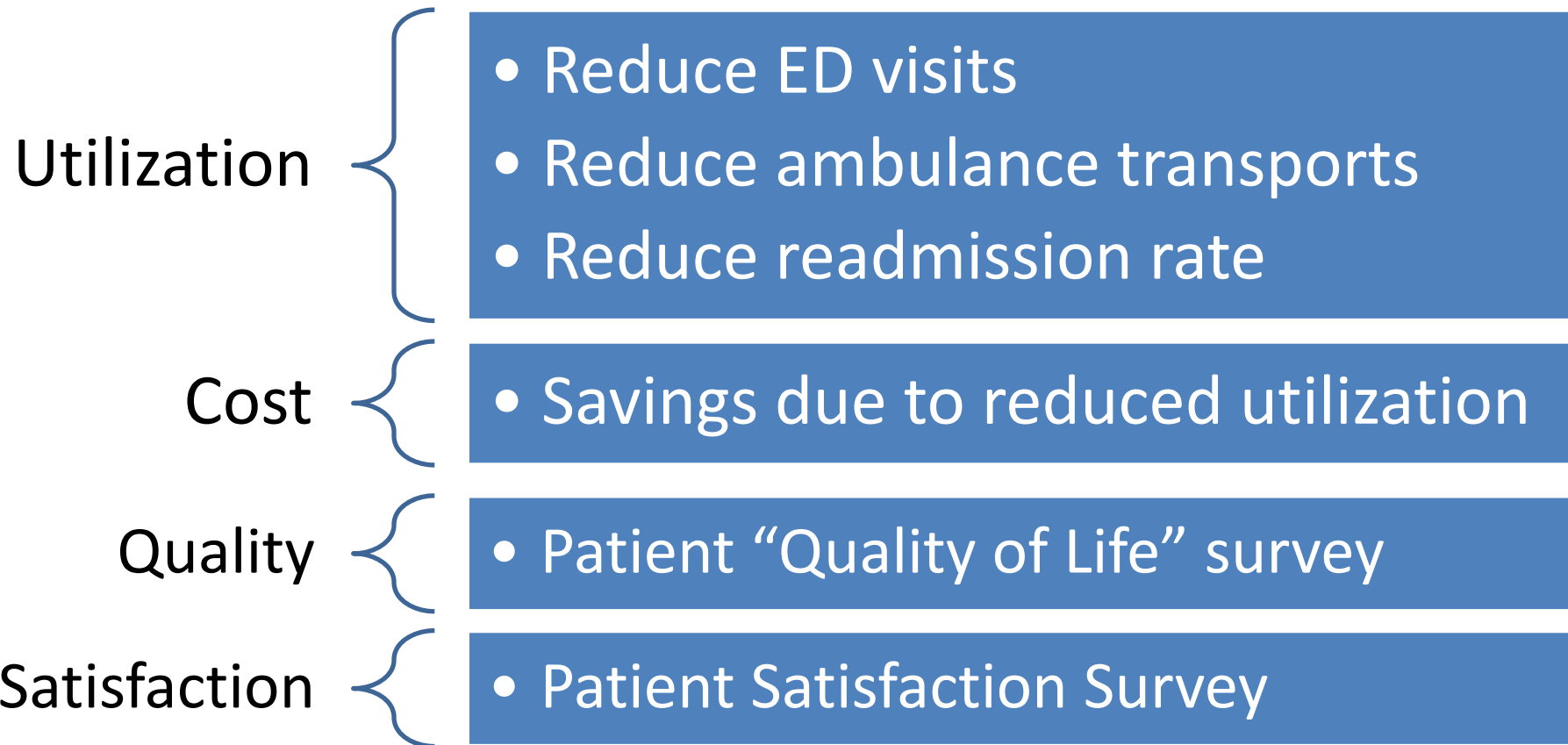
- Patient safety measures
- Rate of repatriation transports

Outcomes

- ED Visits/1,000
- Ambulance Trans/1,000
- Hospital Readmission rate



# Outcome Domains



# Science of Improvement

	Measurement for Research	Measurement for Improvement
<b>Purpose</b>	Discover new knowledge	Bring new knowledge into daily practice
<b>Tests</b>	One large “blind” test	Many sequential, observable tests
<b>Biases</b>	Control as many biases as possible	Stabilize the biases from test to test
<b>Data</b>	Gather as much data as possible, “just in case”	Gather “just enough” data to learn, complete another cycle
<b>Duration</b>	Can take long periods of time to obtain results	“Small tests of significant” changes accelerates rate of improvement

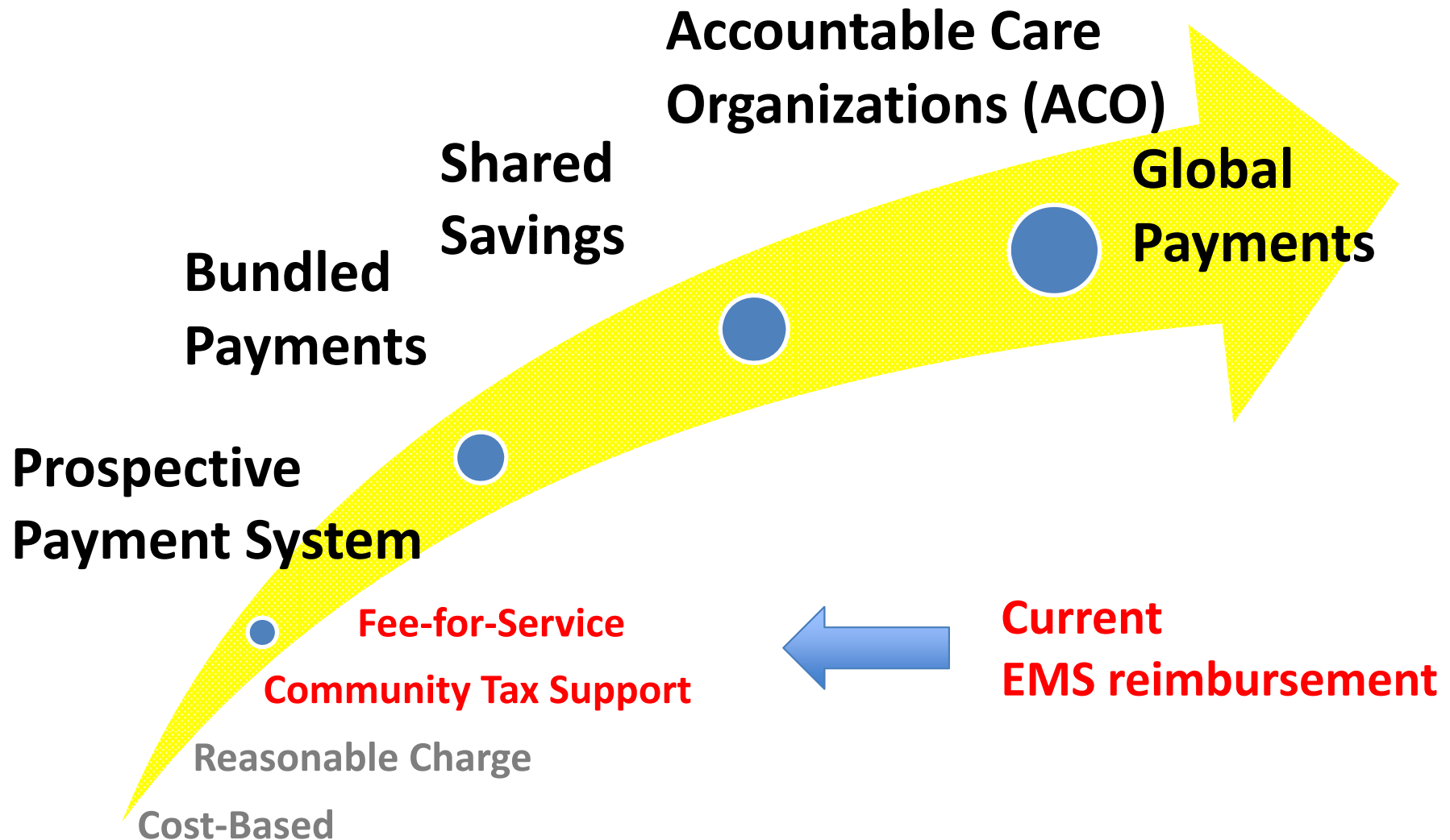
Source: Institute of Healthcare Improvement

# Principles

## New Model of EMS Care and Payment

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

# Value-based Purchasing



# Value-based Purchasing

## Care and Payment Redesign:

- Early advanced assessments
- Assess, care and refer
- Alternative eligible sites of care

**Results . . . . .**



***Helping our patients to solve their  
medical, mental, social, life care  
problems***



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