

# **Hospital At Home And Other Virtual-Forward Innovations: Improving Patient Access to Care and Workforce Retention**

**Presented to the Nevada Patient Protection Commission  
September 20, 2024**

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# Overview of Presentation

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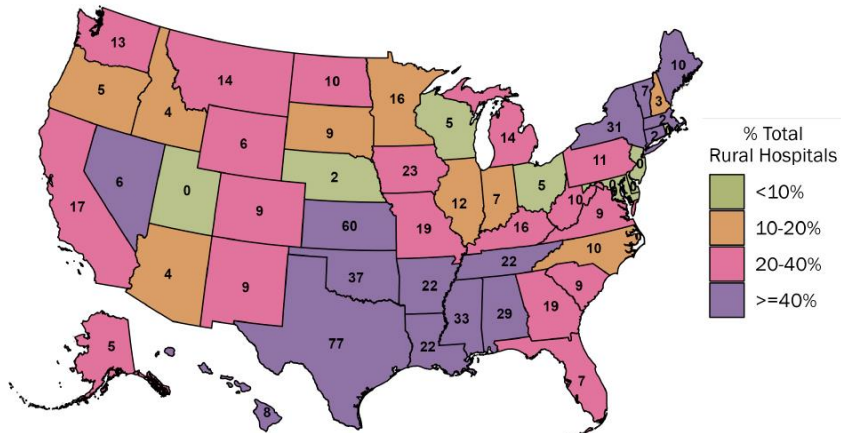
- Challenges to facility-based hospital care and what those challenges look like in Nevada.
  - Rural hospitals closing
  - Metropolitan hospitals overcrowded
  - Workforce Burnout
- Proposal to innovate with Nevada, support existing healthcare providers and address critical access needs for ED, hospital and primary care with the patient – not a building – at the center of the care.
  - Builds on Nevada's community paramedicine initiatives
  - Combines in-person clinicians (paramedics) with remote physicians and nurses, to provide care all the way from emergency level to inpatient, and primary care for patients who can safely be treated at home.

# Challenges Facing Facility-based Care: *Hospitals Closing, Overcrowding, Workforce Shortages*

## U.S. News & World Report: Hundreds of Hospitals Could Close Across Rural America

By HealthDay | Jan. 16, 2023

### Rural Hospitals at Risk of Closing



## Boarding and Overcrowding of Emergency Departments: Numerous Implications for Older Patients

Source: GED Newsletter, Feb. 10, 2019



**AXIOS**

June 7, 2024

**The health care  
workforce crisis is  
already here**



Governor Joe Lombardo address the crowd at his inaugural ball. (Photo: @JoeLombardoNV)

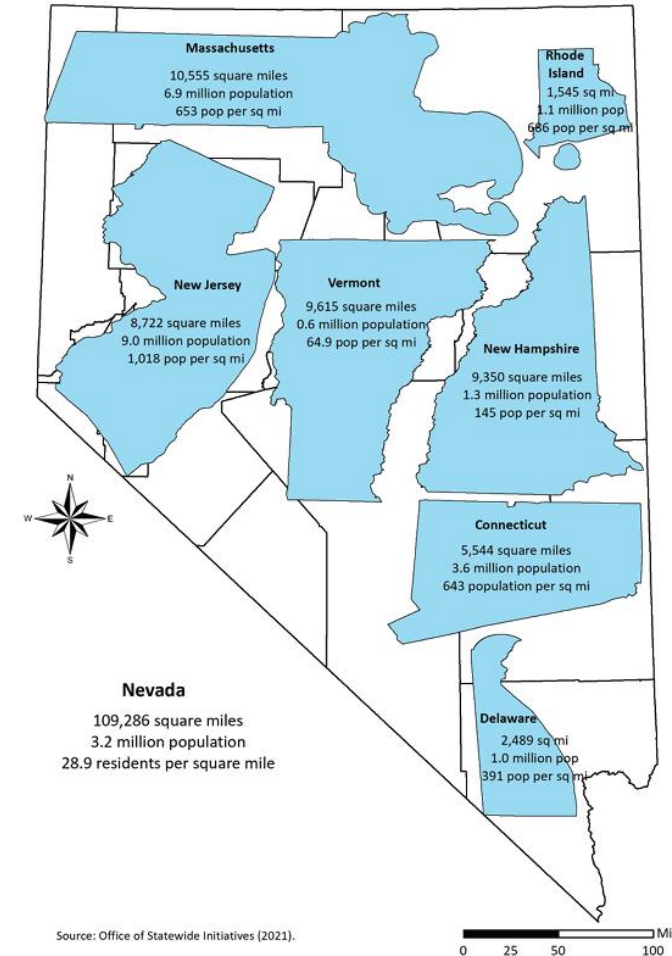
## Governor Lombardo Signs Executive Order to Address Healthcare Workforce Shortage

*Governor Lombardo is expanding the mission of the Patient Protection Commission*

# Nevada has been aggressive in trying to solve healthcare workforce shortages

But as a fast-growing, heavily rural and frontier state, challenges remain.

Map 5: Selected Northeastern States Placed Within the State of Nevada





# Challenges Facing Facility-based Care: Hospital Closures in Nevada

Carson Tahoe closures reflect 'changing landscape' of health care



NNG

By Scott Neuffer [sneuffer@nevadaappeal.com](mailto:sneuffer@nevadaappeal.com)

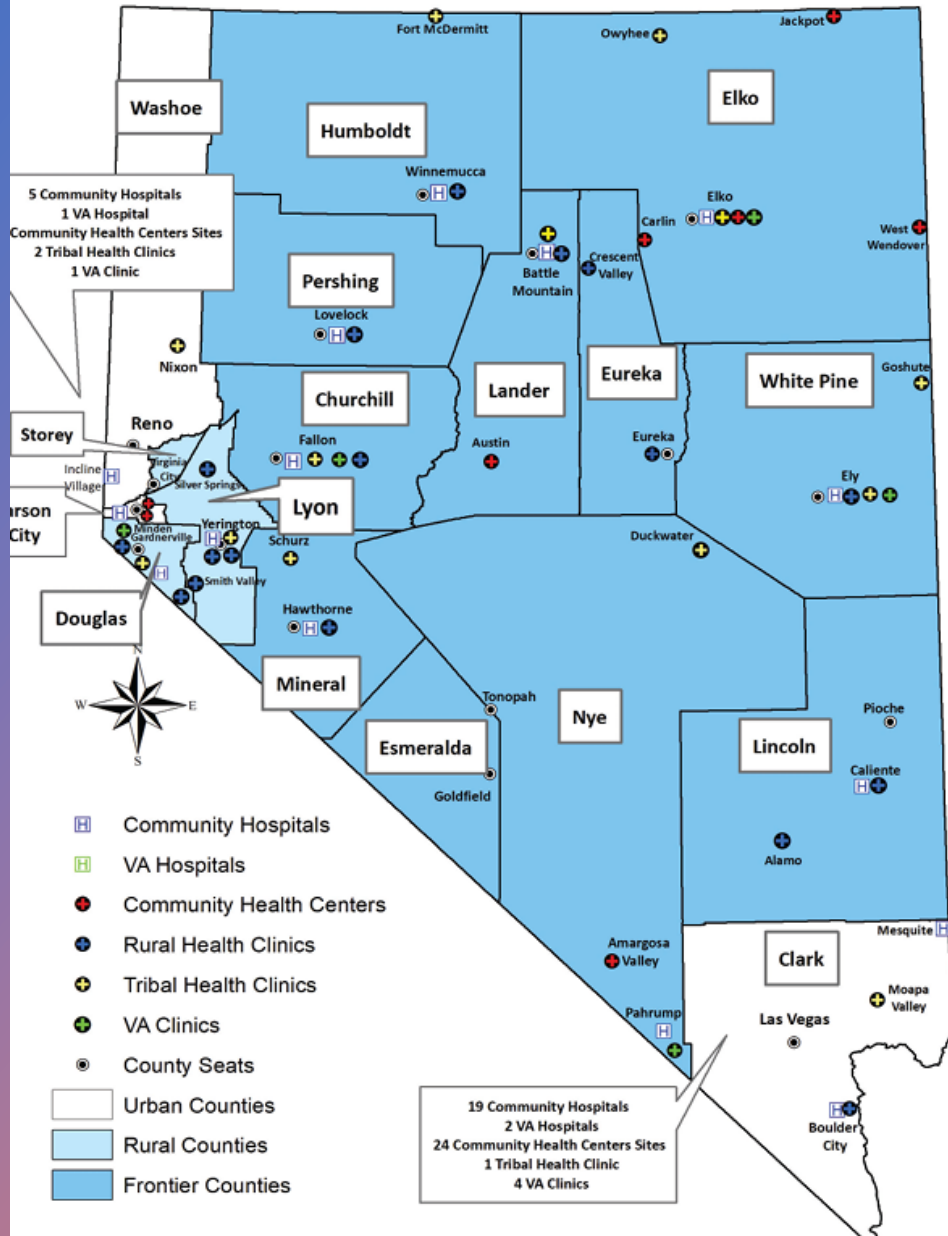
Saturday, May 13, 2023

Council: No easy fix for medical center closure



A "Notice to Patients" is shown posted on the door of Northern Nevada Medical Center about the permanent closing of the clinic.  
Sara Dowling | NNG

Map 1: Healthcare Resources in Nevada



## Challenges Facing Facility-based Care: Lack of Access to Hospital Care in Nevada

*Nevada Rural and Frontier Health Data Book  
(10<sup>th</sup> Ed., 2021)*

CARSON CITY, Nev. (News 4 & Fox 11) — With a shortage of health professionals across the state, it's hard enough to find a doctor in Nevada. However, in many rural areas of the state it's nearly impossible.

*“You'll see those very stories of patients that didn't survive because they were too far from any facility that could provide them the services they needed,” explained Joan Hall, President of Nevada Rural Health Partners.*

HENDERSON (KTNV) — In response to a surge in patient numbers at the emergency department in St. Rose Siena Hospital in Henderson, **dozens of patients in gurneys are being placed and cared for in hallways.**

**A Dignity Health spokesperson says the hospital is at more than 110% capacity.**

We spoke to a patient who says they were shocked when they ended up less than a foot away from others being treated at the hospital.

*Posted Dec. 22, 2023*

"People don't know there is a problem until you show up in the hospital," said Las Vegas resident Bradley Wilmot.

...

**"I was in the hallway — you can't sleep in the hallway with the lights on, people going by, bumping into the gurneys," he said.**

## Challenges Facing Facility-based Care: Overcrowding in Nevada

### Capacity issues force Henderson hospital to treat ER patients in the hallway

A Dignity Health spokesperson says St. Rose Siena Hospital is at more than 110% capacity



In response to a surge in patient numbers at the emergency department in St. Rose Siena Hospital in Henderson, dozens of patients in gurneys are being placed and cared for in hallways. We spoke to a patient who says they were shocked when they ended up less than a foot away from others being treated at the hospital. Abel Garcia reports.





PROPOSAL: Pilot the combination of ED, hospital and primary care at home with a state, to prove the concept that this will benefit patients and the state's EMS system, share key learnings about safety, quality, and cost to inform regulatory policy and payment policy



Give Patients A  
Choice to Avoid EDs  
and Brick and  
Mortar Hospitals



Better allocation  
of scarce health  
care workforce  
resources



Support your EMS  
System by reducing  
avoidable ED  
transports



Add emergency,  
outpatient and  
inpatient care  
options in rural areas



Decrease hospital  
overcrowding in  
urban/suburban  
areas



## PILOT Protocols When Triggered by 911 Call

Calls to 911 that are triaged as non-life threatening will result in simultaneous dispatch of a 911 Ambulance and the Pilot Team's Community Paramedics to the home







The 911 Ambulance Responders and the Hospital Where You Are Community Paramedics arrive at the home.

The Patient is assessed by the 911 Paramedics who are in charge of the scene. They make the determination, based on pre-established protocols, whether the patient must be transported to a brick and mortar hospital or is eligible to stay home.







## Mandatory Transport Protocols Will Be Clearly Defined

- Obvious Emergencies (unresponsive patients, serious wounds, gunshot or stabbing victims, etc.)
- Chest Pain
- Abdominal Pain
- Stroke Symptoms
- Conditions requiring tests/diagnostics or specialists that are only in brick and mortar hospitals
- Patient wants to go to hospital





# Protocol for Patients Eligible for Treatment at Home



Informed consent for treatment at home given by patient



Community Paramedic initiates video visit with the Hospital Where You Are emergency physician



Emergency physician talks to patient, reviews data from 911 paramedics, and works with Community Paramedic to get additional information including POC labs, scans, etc.



**Based on a comprehensive assessment by the in-person paramedic & virtual emergency physician, the patient will:**

- (1) RECEIVE INPATIENT LEVEL CARE AT HOME (tech kit incl. tablet, router w/internet, back up battery, emergency & diagnostic devices, installed by paramedic); or
- (2) PUT ON THE EQUIVALENT OF OBSERVATION STATUS (there are bills pending in the House & Senate for CMS pilot of observation at home); or
- (3) TREATED + RELEASED Patient gets RX & tests administered at home with possible orders for other RX, referrals for home health, palliative or hospice care, social services, & primary care
- (4) TRANSPORT TO OTHER CARE LOCATION (E.G., FQHC, RHC), OR BRICK AND MORTAR HOSPITAL FOR ADMISSION OR OTHER TESTS/TREATMENTS