Rainfall HEALTH

A CMO and county health officer on care at 6,000 feet

Punching above our weight

How a two-state rural health district measures what matters, staffs for the surge, vets a flood of AI tools, and partners for everything it can't do alone.





Dr. Brian Evans
Chief Medical Officer, Tahoe Forest Health
Public Health Officer, Nevada County

Eddie Qureshi
Founder and CEO, Rainfall Health
Host of the podcast

The mission is whatever the community needs

Dr. Brian Evans is a board-certified emergency physician with more than two decades of clinical and leadership experience. Since 2022 he has been Chief Medical Officer of Tahoe Forest Health, overseeing clinical quality, patient safety, emergency preparedness, and communicable disease response. He previously served as CEO and CMO of Sierra Nevada Memorial Hospital and CEO of Mercy Folsom, and is now also Nevada County's public health officer.

This guide distills his conversation with Eddie Qureshi on the Rainfall Health Podcast. It's written for health system executives — especially in rural and regional markets — weighing how to measure quality, manage handoffs, and adopt new technology without the bandwidth of a large system.

Tahoe Forest Health

2
Critical access hospitals, one in each state

3
Counties served

~6,000 ft
Elevation, near Lake Tahoe

Contents

01 One community, two states 03
02 Go where people need us 04
03 Measuring what matters 05
04 Remote by geography 06
05 Do it well, partner for the rest 07
06 Too many tools to vet 08
07 Staffing for the surge 09
08 The critical access math 10
09 What kind of tires do you have? 11
10 Optimism, with eyes open 12



Dr. Brian Evans
CMO, Tahoe Forest Health; Public Health Officer, Nevada County



Eddie Qureshi
Founder and CEO of Rainfall Health, host of the Rainfall Health Podcast

A state line runs through what is really one community

Governance

Elected board

The mission is high-quality access to care, not profit.

Tahoe Forest is a health district, not a standalone nonprofit or for-profit system. It has an elected board of directors and two critical access hospitals — one in Truckee, California, the other in Incline Village, Nevada. Most of its work is outpatient, and it's closely tied to the ski and snowboard resorts around North Lake Tahoe.

He wouldn't recommend a small system decide out of the blue to operate in two states. Large systems do it all the time, with regulatory experts for each jurisdiction. Here, the footprint on each side of the border is small. The community asked for it anyway — and that's what the district is built around.

What doubles when you cross the border

Billing
Different rules on each side

Regulation
Two sets of requirements to track

Licensing
Physicians, PAs, and NPs may hold one state's license, not both

Credentialing
Payer credentialing to cover both hospitals and clinics

> **“The mission of the organization is based on what the community needs. It's not about making profit.”**
>
> Dr. Brian Evans

On top of the CMO role, he's now health officer for Nevada County, one of the three counties the district serves. The variety, he admits, can be a lot to hold at once.

Tell us what you want as a community. We'll build the strategy around it.

Access means meeting people in the setting that fits. For Tahoe Forest, that starts on the mountain and is extending into communities that have a hard time reaching its current locations.

On the mountain
Urgent care at Palisades

Run by the district for years. Ski patrol brings injured guests off the mountain, and they're integrated into the rest of the health system.

At other resorts
Nurse-run first aid

District nurses staff first-aid stations under a variety of arrangements and contracts.

Coming next year
A mobile clinic

Being built now to bring primary care and other services to communities facing transportation and financial barriers.

Patients who go home somewhere else

Some resort patients are local residents. Many aren't — they're from the Bay Area or from around the world. That means coordinating care in the moment and follow-up care somewhere far away. It can be tricky, but he says the challenge keeps physicians and staff engaged in the mission.

Where the mobile clinic came from

“I'm having trouble getting to you.”

No dashboards dispensing themselves

The shift

Passive
Inpatient, large system

Self-built
Outpatient, community health

Eddie asked whether quality reporting should be federal or state by state — a real question for a system split across two. Evans says it's been federally driven for most of his career. At a large system, reports simply arrived: here's how you're doing. It was automatic, almost passive.

At Tahoe Forest, inpatient work matters, but most of the work is outpatient — and those measures didn't come ready-made. The team had to decide what mattered and then figure out how to measure it.

Targets borrowed from Healthy People 2030

Diabetes control

Hypertension control

Screening

These sit alongside the inpatient measures he knew best, and point at a broader question: what makes a community healthy?

Still manual

He's been waiting for technology to make the data easy to receive and act on. There's still enough manual work that getting the right information is time consuming. With AI progressing quickly, he expects that to look different in the next year or two.

> “The things that we find to be very important, we've had to go out and figure out ways to measure ourselves.”
>
> Dr. Brian Evans

Downhill to Reno. Up and over to Sacramento.

At about 6,000 feet, with the Sierra Nevada forming a ridge between Truckee and western Nevada County, the district feels remote most of the time — and very remote in bad weather. A blizzard creates real logistical problems for every transfer and handoff.

West
Sacramento
Up and over the crest. UC Davis partners here.

~6,000 ft
Truckee and Incline Village
Two critical access hospitals, near Lake Tahoe.

East
Reno
Downhill. Partners here too.

More specialty care than the size suggests

- Level III trauma center
- Stroke receiving center
- Full-time hospitalist program
- Cancer center

But you can't do it all — so you partner

UC Davis	Helps manage the cancer center, plus tele-ICU and tele-pediatrics.
Reno and Sacramento	Partners for patients who need to transfer, and some who stay.
Rural hospitals	Shared peer review with other community hospitals.
Search and rescue, EMS	Coordination across mountainous, challenging terrain.

Every system worth its salt has a growth plan

Healthcare is competitive, and he doesn't pretend otherwise. Tahoe Forest has long provided the bulk of care in North Lake Tahoe — before it, there was very little — and the terrain makes the market hard to enter. Still, competition is arriving in new forms.

New competition

“Silent” competition from telemedicine patients are starting to use.

The playbook, in three moves

1

Know what you do well

Figure out where you can genuinely deliver.

2

Do it as well as possible

Whatever you take on, do it really, really well.

3

Partner for the rest

Everyone is finding new ways to partner. That's the solution.

Aging in place, at altitude

Without the district, he says, it would be very difficult to age gracefully in North Lake Tahoe given the severity of the weather. Now more people are retiring there, and the older population keeps growing. The system has built for it — including a geriatric-certified emergency department.

Geriatric-certified ED

Truckee + Incline

> “We exist because the community wants us to.”
>
> Dr. Brian Evans

Nobody can comfortably evaluate everything coming down the pike

For a smaller system, keeping up is the challenge. AI arrives from two directions at once, and the pace keeps accelerating.

Inside the EHR

New AI features roll out with each update, and updates now come more often. Each one raises the question: how will this change what we do?

From outside vendors

Emails and calls almost around the clock, promising to change revenue cycle or disease recognition.

The structure they built

Foundation

Clinical innovation committee

Physician-led. Evaluates new technology for its impact on physician workflow and on patients — with a patient member who always asks, “How's this going to affect me?”

New subset

AI governance council

- How to deploy
- How to test
- How it compares to other options
- How to consent
- Unintended consequences

> “I think every system is going to need one, frankly.”

Dr. Brian Evans, on AI governance councils

Eddie's read: in a market this young and noisy, what AI can't supply is trust. Committees and councils are how systems build it, until the field consolidates and it's clearer what works.

“It's almost a miracle to me that we're able to respond.”

Dr. Brian Evans

Volumes peak in winter and summer and dip in spring and fall. Then weather shuts the freeway. Many employees can't afford to live nearby and commute up from Reno — and on a storm day they may be stuck behind a CHP escort, or not able to get up at all.

Relative volume through the year, as described



Staying put

On-campus housing

Staff overnight when roads close.

The tension

Max vs. efficient

Staffing for peaks, shrinking for lulls.

Labor and delivery

~1 birth a day

Ready for a busy day, or none at all.

In a better spot than most rural systems — for today

Critical access hospitals have advantages, including cost-based reimbursement from Medicare. Tahoe Forest also has a fair share of commercially insured patients. Many rural systems run margins of zero or less and live at constant risk of closure. Tahoe Forest isn't there — but he's careful to add, “that's today.”

Working in their favor

- Cost-based Medicare model
- Commercial payer mix

Where H.R. 1 is already showing up

Up	**More completely unreimbursed care**
Down	**Fewer patients insured through the exchange**
Down	**Fewer covered by Medi-Cal and Medicaid**
Up	**New costs** — added staff for financial navigation and enrollment support

He expects more to come. Because the bottom line can move with politics, anticipating it is hard — the job is to plan ahead and be good stewards of the resources the district has.

> **“This is the kind of thing that keeps my poor CFO up at night.”**
>
> Dr. Brian Evans

Not a typical interview question. It is here.

Many of the district's hardest problems are logistics and recruiting. It's expensive to live in North Lake Tahoe, and new hires need to be comfortable with winter. Candidates hear early on about the operational realities that people elsewhere may never think about.

The barriers	The draw
High cost of living	Skiing and snowboarding
Shoveling snow	Mountain biking
Mountain commutes and road closures	A mission-driven district

What rural leaders can take from it

Be honest early	Name the operational realities in the first conversation, not after the offer.
Recruit for the place	People who love where they live tend to stay through the hard seasons.
Plan for the commute	Housing and contingency plans are part of staffing, not an afterthought.

> “The good news is there's a lot of people who like mountain biking and skiing, and those individuals want to work at Tahoe Forest.”

Dr. Brian Evans

The end of pajama time, maybe

He spends most of his time worrying about what's around the corner. But on technology, he sees real reason for optimism. Paper charts gave way to early EHRs with painful interfaces. EHRs improved, but clinicians still went home to chart from the couch and fell behind on inboxes. AI tools are starting to change that — for physicians, PAs, nurse practitioners, and many others.

Two generations

1997
His medical school graduation. Textbooks and indexes.

This year
His daughter graduates, using AI for clinical diagnosis.

Both sides of the ledger

Reasons for hope

- Better work-life balance for clinicians
- Clinical answers in seconds through tools like OpenEvidence and UpToDate
- AI that reviews a patient's full record and compares similar patients

Reasons for caution

- Financial pressure across the system
- An aging population
- Health misinformation, now harder to counter as a CMO and a health officer

He's predicted technology would help sooner than it has before, and doesn't want to be overly optimistic. But the standard of care is shifting toward these tools running in the background, and he believes that will benefit patients and the people who care for them.

> “There's good and there's bad, but overall it's a fascinating time to be a physician.”
>
> Dr. Brian Evans

Large-system reach, without the large-system overhead

Rainfall Health is an accountability and accessibility platform powered by AI, built for Medicare-mandated episode programs like TEAM. It's technology and services together, including quality reporting and analytics — so a lean team doesn't have to build it alone.

He said **Reporting is still manual**	Data from many sources, held to one standard, so quality information arrives ready to act on.
He said **Handoffs break across distance**	One advocate follows each episode patient after discharge, across settings and beyond the system's four walls.
He said **Small systems lack bandwidth**	An end-to-end service that works alongside existing teams rather than adding another tool to run.
He said **AI has to earn trust**	AI that surfaces which patients need attention, with clinicians always in the loop — ready for a governance council's review.

Measured on

Patient satisfaction | Quality of care | Outcomes | Cost management

Get connected

Bring more reach to your team

If you lead a rural or regional system running TEAM or other episode programs, we'd like to talk. Rainfall is the end-to-end solution, technology and services, for hospitals and health systems.

Learn more

www.rainfallhealth.com

Start a conversation

sales@rainfallhealth.com

This guide is for informational purposes only and is not legal, financial, investment, or clinical advice. It reflects an edited conversation and the personal views of the participants, and does not represent the views of their current or former employers. Figures are as described by the participants — verify against current CMS rules and primary sources before acting. Product names are mentioned for context only and do not imply endorsement. © 2026 Rainfall Health.