



# Update on the Nevada State Innovation Model (SIM)

MCAC Presentation

January 19, 2016

Nevada Department of Health and Human Services  
Division of Health Care Financing and Policy

# SIM GRANT

- The Centers for Medicare and Medicaid Services (CMS) awarded Nevada \$2 million of Round Two SIM funding. The grant provides financial and technical support for the design of a plan to improve population health in Nevada. The grant period began February 1, 2015 and ends January 31, 2016.
- The goal of the plan is to create multi-payer health care payment and service delivery models that will accomplish the CMS triple aim of:
  - Strengthening Population Health
  - Improving Patient Experience of Care (Including Quality and Satisfaction)
  - Decreasing Per Capita Health Care Spending

# Model Design Goals

- A redesign of the Nevada health care delivery system to contain health care costs while increasing health care value
- Establishing reliable and consistent access to primary and behavioral health care services
- Improving health outcomes for all Nevadans
- Fostering greater HIT and data infrastructure to support the much needed delivery system and payment transformation initiative

# Delivery System Transformation

- Implementation Timeline
  - Short Term – under 2 years
  - Midterm – 2 to 5 years
  - Long Term – greater than 5 years

# State Health System Innovation Plan (SHSIP)

- Nevada's approach was to involve the meaningful participation and input from key stakeholders
- The plan is due to CMS by January 31, 2016
- Key Components of SHSIP
- Presentation of SHSIP to Stakeholders on January 26, 2016

# Key Components of the SHSIP

- Patient-Centered Medical Home (PCMH)
- Medical Health Home for superutilizers
- Paramedicine
- Community Health Workers (CHW)
- Telemedicine
- Expansion and adoption of statewide Health Information Exchange (HIE) and Health Information Technology (HIT)
- Value-Based Purchasing (VBP)
- Population Health Improvement Council (PHIC) and Multi-Payer Collaborative (MPC)

# Youth-Focused Approach

- Workgroup-Endorsed Areas of Focus
  - Prenatal services/Birth outcomes
  - Well-child visits and immunizations
  - Asthma services
  - Emergency Department (ED) utilization
  - Diabetes
  - Childhood obesity
  - Behavioral Health (BH) services
  - Dental care
  - Smoking prevention and cessation

# Implementation Approach

- Phased-in Approach
- No current funding sources to test the plan
- Must implement efforts with a high return on investment with fairly immediate results
- Reinvest savings or costs avoided
- Operational Plan
  - Detailed actions and deliverables
  - Planning, go-live, and post implementation monitoring activities through CY2021

# Health Information Technology Plan

- General Plan
  - Rely on attested data from the payers involved
  - Expand claim types and data provided to Center for Health Information Analysis (CHIA) for Nevada
  - Procure analytics tool to sit on top of CHIA data to measure population health
  - Create a public facing dashboard on population health and related data
- Create centralized portals for Provider and Patient Information

# Centralized Portals

## **Provider Portal**

- Centralizes utilization from payer(s)
- Incorporates Admission/Discharge/Transfer (ADT) data from hospitals
- Creates a snapshot of the patient's health care encounters in a centralized patient profile
- Purpose: To meet providers' request to have more complete information available at point of care. Interim solution until statewide, robust HIE developed

## **Patient Portal**

- Portable Personal Health Record
- Serves as a resource for lay individuals to research health conditions and how to manage health conditions (patient empowerment)
- Information regarding prevention and healthy behaviors
- Possible customization to send alerts to patients regarding gaps in care (ex. diabetic with no hemoglobin A1c in last 12 months)

**DHHS, DHCFP - Nevada State Innovation Model (SIM) Project**

# Value-Based Payment Model

- VBP has been discussed by the workgroups as being part of:
  - Patient Centered Medical Home reimbursement
  - Medical Health Home/Superutilizer model
  - Episode-based bundled payments
  - Provider population health management performance
  - Introduction of VBP and Pay for Performance (P4P) concepts in public payer contracts

# General Provider VBP Payment Approach

- Payment for Participation
  - Recognizes the providers' participation and activities
  - Encourages provider infrastructure development
- Payment for Reporting
- Payment for Outcomes
- Shared Savings

# Payment Transformation

- Payment transformation will evolve over time
- Episode based (“bundled”) payments
  - All-inclusive payment for a predefined set of services
- VBP Contracting
  - Provider, payer, and ancillary vendor contracts reviewed for VBP opportunities to align goals

# Population Health Improvement Council (PHIC)

- Made of up providers, payers, and other stakeholders
- On the advice of CMS Technical Advisors
- MPC will be a sub-committee of this group
- To encourage collaboration between providers and payers and assist with some of the anti-trust concerns

# Multi-Payer Collaborative (MPC) Concept

- MPC
  - Brings together payers and employers in the state invested in reaching consensus to develop goals, measures and a provider payment model component through the SIM project
  - Goals of the MPC would be:
    1. Provide support on approach to provider practice transformation.
    2. Create a PCMH payment framework.
    3. Develop a standard, but flexible, Value-based purchasing (VBP) approach and support adoption.
    4. Establish P4P improvement goals.
    5. Establish timelines for adoption of PCMH framework.
    6. Agree to established performance measurement parameters for simplified reporting and accountability.

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# Initiatives to Be Leveraged

- Centers for Health Information and Analysis (CHIA) data
- HealthInsight Health Information Exchange (HIE)
- HealthInsight Regional Extension Center (REC) work
- MCO
- Health Care Guidance Program (HCGP)
- Balancing Incentive Payments (BIP)
- Medicaid Incentives for Prevention of Chronic Disease Grant (MIPCD)
- Certified Community Behavioral Health Center Grant (CCBHC)
- Million Hearts

# Initiatives to Be Leveraged (Continued)

- Project ECHO
- Tobacco Quitline
- Children's Heart Institute Pediatric Obesity Program
- Other Public and Behavioral Health Programs/Offices:

Nevada Birth Outcomes Monitoring System (NBOMS); Substance Abuse Prevention and Treatment Agency (SAPTA); Maternal and Child Health (MCH) Program; Obesity Prevention and School Health Program; Oral Health Initiative; CHW Program; Office of Suicide Prevention; Diabetes Prevention and Control Program; Public Health and Clinical Services (PHCS)

# Needed From MCAC Members

- Encourage and promote portal participation
- Encourage and promote PHIC
- Input on the criteria needed for PCMH