

- Jerry Reeves
 - The public health division and the Million Hearts Campaign are planning to adopt programs on smoking cessation.
 - A strategic plan for next 5 years is being presented on 5/6/15 by the health division's health prevention unit (Monica Morales) and includes tobacco cessation efforts. The SIM project needs to work together with public health to leverage these efforts. The plan includes draft measures to identify tobacco cessation success.
 - The National Institute of Health/Institute of Medicine report "Vital Signs" was cited as a resource to improve the intensity and focus of health interventions and measurements that should be used in developing the population health strategy/plan.
 - Smoking cessation in pediatric population is an area that should be included in the plan.
 - A Wisconsin program was mentioned at a conference as having a positive impact on smoking in children. Both the Children's Heart Center and the Southern NV Health District have efforts underway on pediatric smoking.
- Sustainability – due to the absence of funding for a SIM testing award, we need to think about disease states and reduction of encounters that may lead to more immediate cost savings that will help sustain the plan.
- Nevada was referenced as having the highest rate of COPD of western states.
- Given the shortage of many health care professionals in the state, a discussion was had regarding the appropriateness of resources other than respiratory therapists in helping COPD patients with their smoking cessation attempts. This could possibly be done through paramedicine efforts.
- REMSA routinely does tobacco cessation as part of their interventions and visits
- Mr. Gantt mentioned that FEV-1 measurement devices in patient's homes helped COPD patients determine if they should adjust meds or where they should access the health care delivery system (urgent care, emergency department, schedule a visit with their physician, etc.).
- Dr. Reeves – Employer-based health plans have incentives to help drive cessation. Partnering with them would be important to drive results. The American Academy of Pediatrics had a shock video of the impacts of smoking – no longer available. The point is that Nevada needs to look at health education curriculum. Involvement with the Department of Education should be considered.
- Telemedicine could be considered for tobacco cessation efforts as well. However, having individuals keep appointment times for telemedicine encounters may be problematic.
- There are a number of apps for smart phones that could be used to help with supporting individual in cessation attempts.
- Amy Khan mentioned environmental policies, tobacco taxes, air quality, etc. that may need to be addressed. We need to do a better job of routinely identify smoking as a driver of the health issue and linking tobacco cessation to treatment regimens. Social support and medications as adjuncts to treatment are important components. We need to develop a holistic view when creating treatment plans.
- Daniel Mathis offered that the skilled nursing facilities have a nonsmoking policy. If the facility has someone who does smoke, they try to get them into a cessation program through the activities directors. Assisted living has more options for smokers, but most have some program to support smoking cessation.

- Amy Khan mentioned that McKesson assesses the patients on a monthly basis to assess risk, and then connects patients with providers and services. McKesson focuses on connecting patients with community resources vs pushing out a McKesson solution. Touch points are multi-modality and include mail, phone (inbound/outbound), and face-to-face. These individuals serve as coaches and navigators for those patients in their caseload. They also use a 24/7 nurseline to assist individuals in triaging their needs and determine where and when to access the health care delivery system. There is a need to recognize and address social determinants first before a more formalized effort to stop smoking. The basic needs must be addressed before the individual is at the point of being ready to undertake a cessation attempt.
- The 2-1-1 program was referenced as a good resource for connecting individuals with services such as tobacco cessation.
- Tobacco avoidance/cessation addresses several of the governor’s health objectives – prevention, wellness, and chronic disease management.
- In NV there is a tax on e-cigarettes that is less than the tax on the traditional cigarettes. Younger smokers are using e-cigarettes. It is considered “cool” and they are flavored which attracts children. The awareness of health issues associated with e-cigarettes needs to be addressed. The issue of needing to adjust the tax rate on e-cigarettes was discussed.

Obesity/Diabetes

- Angela Burke mentioned that Children’s Heart Center is leading an effort related to pediatric obesity with the Healthy Hearts program. Funding for this program is largely through foundation funds. There are incentive funds available to families for achieving certain outcomes/milestones.
- Dr. Khan mentioned that obesity is usually integrated into the chronic disease (sleep apnea, mood disorder, diabetes, hypertension, etc.) that got them into the program with McKesson. Rarely is obesity the primary target of their efforts. The McKesson approach links individuals with community resources, and this should be considered in the population health plan. There are some state grants regarding incentives for diabetes prevention. The plan should consider those and work together with those efforts.
- Jerry Reeves raised the issue of patient engagement and self-management of chronic diseases. Those living in poverty are often more focused on their basic needs (shelter, food, etc.) than on addressing their health status. They are focused on survival and typically turn only to trusted relationships. To influence health, the plan needs to support trusting personal relationships with individuals who are helping the patient focus on goals that are short term and attainable for those who are lower socioeconomic levels. For those who are higher status and focused on/driven by achievement and accomplishments, they may need a different approach. Different patient engagement approaches for different socioeconomic levels should be considered.
- Daniel Mathis brought up the effort among assisted living facilities to get CLIA waiver to allow measurement of disease-specific testing. The Board of Health is looking at revising the LPN scope of practice to allow testing within the assisted living facility. Discussions started about 60 days ago and are in the early stages. However, this could help with better management of patients in a nursing facility and avoid the need for transport out to a laboratory for tests.

- Tamara Foster with Amerigroup referenced a “Jump for Joy” community effort which sponsored an event called “Dance for Joy.” In this effort, they partnered with a local casino to use their night club to bring in kids and teach them dance moves. This showed them a fun way to get exercise. Similar soccer events have also been held. During these events, there is a corresponding nutrition program that is held for the parents.
- Another effort that is underway to encourage proper nutrition for children sends backpacks of food home for kids over the weekend. The program is designed for those children who do not have adequate food at home. There was a discussion about whether this was an opportunity to get the families connected with SNAP and possibly TANF assistance. There are some mechanisms in place, but sometimes families who are eligible may not wish to apply due to cultural issues.
- There has been some reform in school menus to decrease carbohydrate content and provide more healthy options. There may be other opportunities to further this effort.
- AB305 is a Bill to permit lower level EMTs to perform more functions. This would allow greater monitoring of blood sugars and lipid levels for diabetics.
- Dr. Khan discussed opportunities to provide a virtual cohesion between local/volunteer emergency staff via telemedicine/telehealth with a resource in another area. This could be used for a number of health care conditions.
- Ms. Foster with Amerigroup referenced a few other efforts:
 - They are working with providers to step up telemedicine solutions. The problem seems to be member compliance with accessing the services (showing up for appointments) and staying consistent with follow up.
 - They formed a partnership with the Mexican Consulate to help engage members and connect with services and improve compliance. They helped not only with language and cultural issues, but they were also seen as a trusted source.
 - In regard to HEDIS measure improvement, Amerigroup has used some incentives, but that has not driven compliance or improvements. They have found it has been more helpful to identify the barriers and work on a plan to address those barriers.
- Incentives were believed to be more effective in employer-sponsored health plans or higher socioeconomic populations.
- Amerigroup mentioned that the current marketing prohibition under the MCOs’ contract with the state may be limiting. This may be an area for the regulatory and policy group to review.

Behavioral Health

- Behavioral health was emphasized by the group as an area that should be targeted in the population health plan.
- Dr. Lee emphasized that behavioral health includes both mental health and substance abuse.
- Daniel Mathis mentioned that there was a May 1st kickoff of program with the skilled nursing facilities that will offer more education on how to care for patients with behavioral health needs.

Other Discussion Points

- Angela Burke offered that the plan needs to consider health care for children with special health care needs. Better focus on early identification and interventions as well as medically fragile

children to coordinate care and resources should be developed. Nevada needs to make smarter use of the resources available.

- Dr. Lee commented that providers can show great outcomes but payers need to see a return on investment. There is a need to take the data from the REMSA project and better quantify it for payers to consider.
- At the conclusion of the meeting, best meeting times were discussed for future meetings. The workgroup requested early or late in the day meeting times for future meetings. There was also the request to hold workgroups and taskforces back to back to minimize the disruption to schedules for those from the same organization participating in multiple workgroups or taskforces.