

**SIM Workgroup Meeting**  
**Clinical Outcomes and Quality Workgroup**  
**July 27, 2015 Meeting Notes**

<b>Date:</b>	<b>July 27, 2015</b>	<b>Location:</b>	4150 Technology Way Room 303 Carson City, NV
<b>Time:</b>	1:00 pm – 3:00 pm (PT)	<b>Call-In #:</b>	(888) 363-4735
<b>Facilitator:</b>	Jerry Dubberly	<b>PIN Code:</b>	1329143
<b>Purpose:</b>	Meeting to identify the areas of focus that will be targeted in the population health plan as a component of the State Health System Innovation Plan		

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Deb Sisco opened the meeting by requesting those that had not yet signed a charter please do so. Jerry Dubberly presented and facilitated the group.

Dr Phil Vaughn attended this meeting as a special guest who wanted to share his national practice efforts with the group. Dr. Vaughn discussed management of a problem that he indicated we may not be focusing on -- NAS. Baby withdrawal of drugs mom was taking prenatally. Treatments include pharmacologic therapies. This issue has growing national and regional and statewide concern. Practice locations include 3 locations in Las Vegas and Valley Health in southern Nevada. He works with Renown and St. Mary's as well.

**Discussions were had regarding VBP as it relates to the SIM and youth directive:**

- Jerry suggested that phasing in at least the VBP efforts to focus on youth population as a directive of Executive Committee. Some of the focus areas we have heard:
- BH Screenings to help reduce suicide, as well as recidivism to juvenile justice –
- Use of sealants to improve dental health
- Reproductive health – teen pregnancy and STIs are costly to deal with
- Obesity Prevention and School Health Program – Winnemuka has kicked off training and strategies – 12 evidence-based programs.

Jerry asked what other focus areas impact youth?

**Dr. Brad Lee (REMSA) brought up the following for discussion:**

- Focus areas are important.
- Concern: How are you measuring cost savings?
- Clinical folks and fiscal folks have different motivators.
- From a payer point of view how do you get the data to show them you are saving money on this youth focused piece?
- You have to show the data for VBP proposition.
- Design with the END game in mind vs what is clinically obvious.
- The reimbursement model is that they can get paid for different services – they are not ready for shared-risk or value based purchasing. How do you get that dialogue with payers? We have talked

to more than one type of payer – this is a concept that they are unaware of – they want to pay for services rendered, vs services NOT rendered.

- What he would do differently would be to get the payers on board sooner. Tell us what data you want and then he will make sure they get that data in order to be reimbursed.

**Discussions were had regarding the MPC concept:**

- Recognize a new payment model – mind shift required and active participation
- Confirm the population improvement strategy – all focusing on common areas, promoting quality measures consistent, gain admin simplifications, on-going governance
- Define the improvement target – some flexibility – core VBP component.
- Consider developing consensus to decrease health index score.
- Both government and non-government payers? Yes. Get the momentum started, and then gather other payers.
- Define improvement once, and every payer should use that definition. Standard playbook. Every payer pays the same thing for the same service. Consider polling private payers and their willingness to participate in upside and downside risk. Payers may be willing to pay – but providers may not be mature enough to participate in that environment. Phased in approach. First for participating then data they collect, then performance, then shared savings – then shared risk, if they are able to get there.
- Keep an eye on wellness and prevention. Payer will have different perspective on prevention.

**Discussions were had on determination of which measures to use. Some measures are very difficult to measure. It is valuable – regardless if you have the result relevant clinical measures – as the values become available.**