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## Clinical Outcomes and Quality Workgroup Meeting Notes

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**Date:** *June 4, 2015*                      **Location:** *4150 Technology Way  
Room 303  
Carson City, NV*

**Time:** *8:00 – 10:00 am (PT)*              **Call-In #:** *(888) 363-4735*

**Facilitator:** *Jerry Dubberly*              **PIN Code:** *1329143*

**Purpose:** Meeting to identify 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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After introductions Jerry Dubberly gave a presentation providing clarification on the State Innovation Model (SIM) objectives and Nevada's proposed goals (to date) for the State Health System Innovation Plan (SHSIP). Components from Connecticut's SIM Design were provided as examples to illustrate how their plan communicated Connecticut's aims and the related primary and secondary drivers affecting those aims, as well as actions steps necessary for to achieve their aims. The purpose in providing these examples was to ensure the workgroup understands how their contributions will impact the design of Nevada's Population Health plan and SHSIP.

Jerry reviewed the topics discussed in the other Task forces and Workgroups. A separate document listing these topics was provided to the Tasks Forces and Workgroups.

Monica Morales, MPA, Division of Public and Behavioral Health (DPBH), indicated that they received a 1305 Grant (State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and promote School Health) two years ago. Grant funds were utilized to conduct consumer surveys, surveys with providers, facilitate key stakeholder meetings and a Million Hearts meeting. The Nevada Diabetes & Heart Disease Prevention and Control Program Strategic Plan expected to be finalized at the end of June is the result of the grant.

Obesity, diabetes, and tobacco use contribute to stroke and heart disease, which must be addressed in the Population Health Plan as part of the SIM grant deliverable. The stakeholder engagement and data collection efforts performed by DPBH to prepare this report mirror the objectives of the SIM task forces and workgroups. This report identifies the strengths, weaknesses, and opportunities in improving health outcomes as they related to heart disease. The report includes six key strategies<sup>1</sup> which align with proposed aims and drivers identified to date for the Nevada SHSIP.

The data available to DPBH included national data sets. According to Ms. Morales, there are gaps.

Angela Berg recommended the Children's Heart Center be contacted to provide input on behalf of pediatric heart patients in the final report.

Dr. Amy Khan mentioned that the tobacco excise tax will be increased as a result of the 2015 legislative session and those funds should be contributing to improvements in population health.

In addition to specifying obesity, tobacco cessation, diabetes, and behavioral health in the Population Health Plan, the group recommended that heart disease and stroke also be addressed specifically in the plan. After some discussion about the advantages and disadvantages of inclusion in the plan, it was determined that it would not "dilute it to include it" because the framework of population health outcomes includes other issues that are touched, such as cancer.

For purposes of measuring outcomes of SIM grant initiatives the Clinical Outcomes and Quality group does not want to increase the administrative burden on providers to report on another set of measures. Existing measures already being reported should be leveraged where possible.

### **Diabetes**

Dr. Khan indicated that there is a wide range of metrics coming out, such as HEDIS, but while the data is being collected, she did not think that the data was necessarily being collated or analyzed effectively. She recommended focusing more on the prevention side, such as identifying groups having a higher prevalence. For example, look at the number of amputations in a community due to diabetes to identify high risk areas.

Dr. Khan recommended prevention start in schools and referenced the “Waste Warriors” program could be replicated into a “Nutrition Warriors” program.

Ms. Morales stated that as part of the Million Hearts initiative they are pushing for infrastructure for diabetes prevention. HRSA, American Diabetes Association, and CMS have models in place. They are building a Quality Technical Assistance Center (QTAC) to serve a hub for diabetes prevention classes and self-management education. They are working with clinical partners to use analytics to identify at risk patients through data extracted from electronic health records.

Barriers to school health programs are the academic requirements school systems are under pressure to meet. DPBH would like to train administrators on embedding physical activity and nutrition as part of the academic requirements. Ms. Morales anticipates it will take school systems two to three years to figure out how best to spend the increase in school budgets approved during the legislative session.

Schools are not required to have Physical Education classes. Legislation that previously allowed BMI tracking for 4<sup>th</sup>, 7<sup>th</sup>, and 11<sup>th</sup> graders was sunset and not renewed in the 2015 session.<sup>2</sup>

Ms. Morales would like to get QTAC into client information portals.

Chris Watanabe said that numerous patient portals are difficult for providers to navigate, so how are patients supposed to handle accessing portals, knowing where to go in the portals, and how to allow patients to manage a lifetime of dealing with their chronic diseases.

The group recommended utilizing Meaningful Use measures, JCAHO measures, and HEDIS measures since those are already being collected by providers. The group needs to identify specific measurements that should be captured, such as proteinuria, A1C, retinal scans, and/or BP.

### **Obesity**

Data sources for measuring BMI are no longer available so the group was at a loss in obtaining BMI and are having to go to other sources in the community. There are behavioral health risk factor evidence and self-reported surveys, as well as BMI collected during primary care visits. Waist circumference may also be a possibility, but that it not a readily available data point either.

### **Tobacco Cessation**

Ms. Morales stated there is a lack of infrastructure in measuring tobacco use, and DPBH uses national CDC data sets. UDS data can also be utilized. Tobacco cessation information is also included in cancer screenings. Patients who sign up to receive tobacco cessation packs also receive free medication. Employers also capture smoking habits. Patients who signed up for insurance in the marketplace also have to indicate their smoking status.

Dr. Khan recommended outreach to include the NV Business Group on Health (formerly Northern NV Healthcare Coalition) and Southern NV Healthcare Coalition. These organizations are large employers and could provide information from a human resources perspective.

Jerry Dubberly recommended looking at enrollment in tobacco cessation quit lines as a measurement.

### **Behavioral Health (BH); Including Mental Health (MH) and Substance Abuse (SA)**

There are HEDIS measures for behavioral health (mental health and substance abuse). Jason Schwartz stated his organization treats 1,300 patients with severe mental illness and track 14 outcome measures and make reports available to Medicaid annually. They provide feedback to hospitals on re-admission rates within 30 days of discharge. Mr. Schwartz said they look at admissions for substance abuse treatment as well. Payment for substance abuse treatment is separate from traditional behavioral health services.

Chris Watanabe said that a person's home situation is a key indicator for risk in behavioral health.

Mr. Schwartz said that they have helped approximately 250 clients obtain Section 8 housing.

Dr. Khan said that in her experience she believes that some clinicians and primary care providers avoid addressing behavioral health issues when treating primary health care problems. However, many times patients had an underlying condition that lead to the substance abuse. She recommended training primary care clinicians in assessing behavioral health status as a vital sign, including tobacco. There needs to be access to medication therapies and preventive interventions to reduce substance abuse before it becomes a problem. The Governor has a task force that is working in this area and they have developed a plan.<sup>3</sup>

Chris Watanabe stated that they have Social Workers do an assessment for each new patient because mental health and substance abuse leads to other chronic conditions.

Dr. Khan said that alternative payment methods need to include assessment of behavioral health issues. Whatever gets paid for gets done.

Christ Watanabe recommended building prevention into a model. She gave the example that recently she has received reminders for mammograms because the provider has to report on it now.

Jerry Dubberly mentioned wrap-around models, "system of care" and asked the group whether that is an area that should be discussed in the Population Health plan. Ms. Morales said that housing and employment are tied to chronic disease and have to be part of the discussion.

### **Heart Disease and Stroke**

Jerry Dubberly asked whether there are data points the group is following and should they be incorporated?

Ms. Morales stated that they are screening for hypertension and what data they have will be a discussion in the Million Hearts meeting in June.

Angela Berg recommended including steps to reduce hospitalizations for special healthcare needs children in the plan.

Dr. Khan followed-up the recommendation with a comment that getting involved before there is a critical situation is important in re-directing the patients to a better and more appropriate health care setting.

<sup>1</sup>Note: The six strategies were not listed during the meeting but are provided below: The DPBH six strategies include:

- Improve access to effective care
- Improve Statewide Patient Education on ABCS:
  - Appropriate Aspirin Therapy
  - Blood Pressure Control
  - Cholesterol Management
  - Smoking Cessation ABCS
- Improve Quality of Care for the ABCS Statewide
- Motivate the public to lead a heart-healthy lifestyle
- Facilitate the infrastructure development, capacity and sustainability of a system in Nevada for primary and secondary prevention, management and treatment of heart disease and stroke
- Create a partnership of clinical and public health practitioners to implement the strategic plan

<sup>2</sup> This is a potential referral to the Policy and Regulatory Task Force.

<sup>3</sup> SIM Team should obtain a copy of the Governor's task force's plan referenced by Dr. Khan.