Nevada
State Innovation Model (SIM)

Clinical Outcomes and Quality Workgroup

May 06, 2015

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

Objectives for Today's Meeting:

- ❑ Introductions
- ❑ NV SIM Background
- ❑ Purpose of Workgroup
- ❑ Workgroup Charter

- ➢ **Identify Clinical and Outcome Areas for Focused Improvement in the Nevada Population**
- ➢ **Begin Discussion on Tobacco Cessation**

Nevada SIM Background

- 1-year Planning Grant
  - Started February 1, 2015
- Provides Financial and Technical Assistance
- Requires
  - Broad Stakeholder Engagement
  - Multi-payer Involvement
  - Consistency with existing state health priorities
- Grant Deliverable
  - State Health System Innovation Plan – Roadmap to transform the health care delivery and payment system in NV
- Goal
  - To improve population health, patient experience, and contain health care costs while improving health care value

Priorities and Performance Based Budgeting: Health Services Core Function

1. ***Access to Affordable Health Care*** – Improve access to quality affordable, high quality health care
2. ***Prevention*** **-** Increase awareness and opportunities for Nevadans to receive preventive care and instruction to safeguard against or reduce the impact of injury, illness, and infectious disease
3. ***Wellness*** **-** Educate, encourage and empower Nevadans to take responsibility for their own health by engaging in healthy lifestyle activities, resources and choices
4. ***Chronic Disease*** **-** Build awareness of, and provide services for, the most dangerous risk factors which cause the greatest number of deaths and highest medical costs
5. ***Quality*** **-** Ensure health services are provided in a quality environment and manner which improve health outcomes
6. ***Pregnancy*** **-** Increase the percentage of women who seek appropriate care during pregnancy
7. ***Mental Health*****-** Provide accessible and affordable mental health services to people of all ages

Accessed from: http://budget.nv.gov/StateBudget/Priorities_and_Performance_Based_Budget/ page 3, February 10, 2015

Workgroup Structure and Frequency:

- Appointed by agency
- Advisory in capacity
- Meetings approximately every three weeks for beginning in or by May 2015
- Joint meetings may be needed
- In-person attendance highly preferred
- Workgroup meetings wrap up by end of August 2015

Role	Responsibilities
Facilitator	• Organizes meetings • Introduces purpose and focus of each meeting • Facilitates the discussion • Supports chair and co-chair to ensure meeting goals are met • Summarizes and distributes materials (reports and agendas)
Chair /Co-chair	• Stakeholder representative • Assists the facilitator in meeting agenda goals • Leads, stimulates and encourages conversation to build stakeholder collaboration and support • Ensures that all participants have an opportunity to share information, including their own feedback • Keeps the meeting focused and on-topic
Participant	• Discusses SIM planning and infrastructure development as an active participant

Workgroup Charter:

- Identifies the goals and anticipated activities
- Establishes the roles, responsibilities, and expectations of the participants
- Upon signoff, provides authorization of the participant to participate in the workgroups/taskforces
- Serves as the point of reference for documentation and work product of the workgroups/taskforces
- Establishes agreement of the deliverables

Purpose: Clinical Outcomes and Quality Workgroup

- Development of the population health plan
- Define population health measures to be addressed and strategies for improvement
  - Must include: Obesity, Tobacco Cessation, and Diabetes
  - Identify other areas for improved outcomes and/or reduced disparities
- Identify clinical outcome measures and quality markers that will be used to measure and assess improvement for each initiative
  - Determine data sources, and methodologies to measure each outcome/quality measure
- Feasibility of common clinical practice guideline endorsement across multiple payers

CMS-Required Components of Population Health Plan

- Identify gaps in access and disparities in the health status of state residents.
- Leverage and build upon interventions and strategies included in an existing public health State Health Improvement Plan;
- Create an inventory of the current efforts to advance the health of the entire state population, including efforts to integrate public health and health care delivery;
- Leverage existing health care transformation efforts to advance population health;
- Include a data-driven implementation plan that identifies measurable goals, objectives and interventions that will enable the state to improve the health of the entire state population.