



Nevada State Innovation Model (SIM)

Health Information Technology and Data Taskforce

May 07, 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 Taskforce
- Taskforce Charter

- **Establish taskforce priorities**
- **Discuss data collection and metric strategies**

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
- Taskforce meetings wrap up by end of August 2015

Role	Responsibilities
Facilitator	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Discusses SIM planning and infrastructure development as an active participant

Taskforce 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: HIT and Data Taskforce

- Identify data sources and availability
- Methods to standardize and integrate data and data elements
- Establish mechanism or tools to conduct measurement and analysis of data
- Promoting further adoption and meaningful use of electronic medical records
- Explore ways to promote the exchange of health information among providers
- Determine feasibility of increasing patient engagement through the use of HIT
- Receive and research feasibility of obtaining and making available data that will be needed to support the project

CMS-Required HIT Plan

“...each state [must] submit a plan for how the expansion of health IT adoption and health information exchange infrastructure will be developed to provide the data and analytical capability to support provider practices and other relevant organizations with improving coordination and delivery of care, exchanging clinical information on a real time basis and improving the health of the population”.

Source: CMS SIM Round 2 Model Design State Health System Innovation Plan Development Guidance p.8