Nevada
State Innovation Model (SIM)

Joint Taskforce/Workgroup Meeting

September 28, 2015

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

Taskforce/Workgroup Objectives

- Introductions
- Update on Nevada SIM Grant
- Overview of Nevada SIM Driver Diagram
- Nevada SIM Next Steps

Key Activities Update

- Stakeholder Engagement Activities
  - HIT Taskforce Meeting
  - All Taskforce/Workgroup Update Meeting
  - Meetings with DPBH Program Owners
    - Tobacco Prevention and Control (Quitline)
    - Community Health Workers
    - Million Hearts
    - Behavioral Health Infrastructure
    - Diabetes Prevention and Control

Key Activities Update

- Meetings with DPBH (Continued)
  - Obesity Prevention and Control
  - Maternal, Child and Adolescent Health Programs/Birth Outcomes Monitoring System/Immunizations
  - Asthma Services
  - Comprehensive Cancer and Colorectal Cancer programs
- HealthInsight Meeting [Health Information Exchange (HIE) and Regional Extension Center(REC) focus]
- Medicaid Policy Meeting

Key Activities Update

- CMS Technical Assistance Site Visit
- Provider association outreach regarding Patient Centered Medical Home (PCMH) implementation and technical assistance needs/availability
- Initial Multi-Payer Collaborative Meeting scheduled for September 30, 2015
- Center for Medicare and Medicaid Innovation (CMMI) deliverables submitted
  - Population Health Status Report
  - Draft Delivery System and Payment Transformation document
  - 2nd Quarter Progress Report to CMMI

Multi-Payer Collaborative (MPC) Concept

- Brings together payers and employers in the state invested in reaching consensus to develop goals, measures and provider payment model components through the SIM project
- Who?
  - Public and private payers
  - Begins with CHIP, Medicaid, Indian Health Services, Culinary Health Fund, and PEBP
  - Include other payers as they express interest

Multi-Payer Collaborative (MPC) Concept

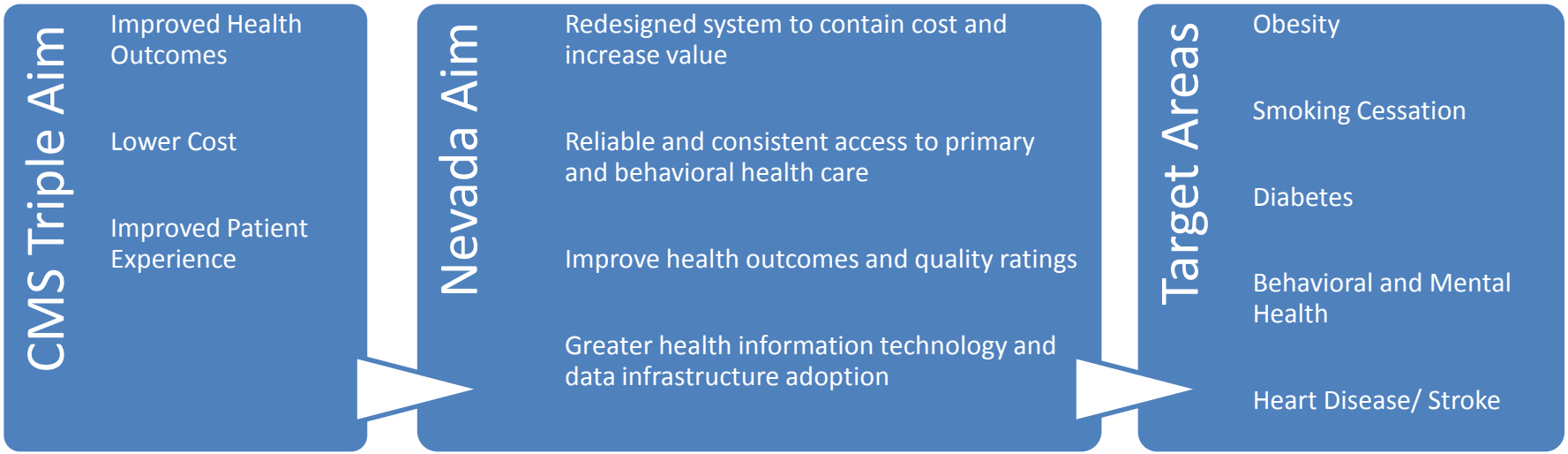
- What?

  Example MPC activities could include:

  1. Agree on a unified approach to provider practice transformation
  2. Create a general PCMH payment and adoption framework
  3. Design a flexible Value-based purchasing (VBP) approach infrastructure
  4. Establish population health improvement goals
  5. Establish performance measurement parameters for simplified reporting and accountability
  6. Pool payer resources
  7. Multiple subcommittees: quality and outcomes, HIT and others as developed.

Driver Diagram

- What is it, how will it keep us on track?
  - ✓ The Driver Diagram connects aims to target areas.



Driver diagrams are tools for defining transformation aims and key factors (drivers) that are essential to achieving those aims.

The Nevada SIM driver diagram is the primary roadmap describing the state's levers to improve the health of all Nevadans. It will be posted to the NV SIM website and guides all future work for stakeholders.

Driver Diagram - AIM 1

Redesign the health care delivery system to contain health care costs while increasing health care value

1.1 Establish the Multi-Payer Collaborative to support and monitor statewide achievement of SIM aims

- 1.1.1 Monitor execution of VBP alignment strategies
- 1.1.2 Determine PCMH reimbursement, attribution and measurement

1.2 Increase the use of value-based purchasing in the state by all payers to improve acceleration and adoption of meaningful delivery system reform

- 1.2.1 Align private and public value-based purchasing models in place
- 1.2.2 Increase the usage of VBP models
- 1.2.3 Include VBP approach in state contracts with health care vendors (includes PEBP contracts, Medicaid CMO, MCO contracts)

Driver Diagram - AIM 1

1.3 Increase the number of PCMHs

- 1.3.1 Develop reimbursement model for PCMH that includes tiered Per Member Per Month (PMPM), quality incentives and infrastructure support
- 1.3.2 Develop technical assistance to support practice transformation and PCMH recognition

1.4 Develop program to manage and improve health outcomes for super-utilizers of the health care system

- 1.4.1 Work across payers to align the identification and interventions targeting high utilizers of care to ensure that there is at a minimum an assigned Primary Care Provider (PCP)
- 1.4.2 Ensure a care team is in place for identified super-utilizers
- 1.4.3 Ensure a treatment plan is in place for identified super-utilizers

Driver Diagram - AIM 1

1.5 Develop Medicaid Health Homes

- 1.5.1 Develop a reimbursement model for Medicaid Health Homes that complements the PCMH model

1.6 Establish Regional Population Health Offices (RHIO)s that provide technical support and identifies local resources to assist providers and citizens improve population health

- 1.6.1 Ensure that there is an RHIO geographically placed in under-served areas and require enhanced training and support for providers and patients

Driver Diagram - AIM 2

Establish reliable and consistent access to primary and behavioral health services

2.1 Expand and align integration of Community Health Workers (CHW)s in health care system

- 2.1.1 Develop reimbursement model for CHWs in Medicaid program
- 2.1.2 Ensure all payers are promoting the usage of CHWs to improve care coordination and health literacy

2.2 Expand and align telemedicine program

- 2.2.1 Establish at least one/ one additional telemedicine presentation site in each county

2.3 Expand and align use of paramedicine services

- 2.3.1 Expand community paramedicine programs in appropriate communities to support care coordination

Driver Diagram - AIM 2

2.4 Expand access to physician peer contacts through Project ECHO

- 2.4.1 Ensure that PCPs have access to specialists to support treatment decisions

2.5 Support providers routinely practicing at the highest levels of their scope of practice to improve access (example: APRNs are recognized and reimbursed as health care providers)

- 2.5.1 Develop training and marketing to support scope of practice
- 2.5.2 Ensure reimbursement policy supports practice levels

2.6 Promote Health Care Workforce Development

- 2.6.1 Review loan forgiveness for physicians trained and remaining in rural areas for sustained practice periods
- 2.6.2 Identify opportunities to secure state funds sufficient to draw down full graduate medical education (GME) funds available to the state

Driver Diagram - AIM 3

Improve quality ratings and health outcomes received by all Nevadans

3.1 Support and align tobacco cessation programs

- 3.1.1 Support marketing of Quitline
- 3.1.2 Increase availability of nicotine replacement products

3.2 Support increase of integrated behavioral health programs

- 3.2.1 Support current Substance Abuse and Mental Health Services Administration (SAMHSA) initiatives in Nevada
- 3.2.2 Support Certified Community Behavioral Health Clinics (CCBHC) grant initiative (if awarded) to increase physical health and behavioral health treatment
- 3.2.3 Support Veteran's Affairs suicide prevention application (app) initiative
- 3.2.4 Support current Public Health suicide prevention initiative
- 3.2.5 Support system of care grant for children

Driver Diagram - AIM 3

3.3 Support and align obesity programs

- 3.3.1 Support Children's Heart Center pediatric obesity program
- 3.3.2 Continue components of expired Medicaid initiatives for Prevention of Chronic Diseases Grant

3.4 Support and align diabetes programs

- 3.4.1 Support current payers diabetes programs including Public Employee Benefits Program (PEBP), Managed Care Organizations (MCO) and Health Care Guidance Program (HCGP)
- 3.4.2 Support current Public Health diabetes control and prevention program

3.5 Support and align cardiovascular programs

- 3.5.1 Support Million Hearts Initiative
- 3.5.2 Support use of community paramedicine which focuses on follow-up care for cardiac patients

Driver Diagram - AIM 3

3.6 Support and align prevention programs

- 3.6.1 Support improvement of prenatal care through current Public Health initiative
- 3.6.2 Support improvement of prenatal care through use of CHWs to support new mothers in follow-up care
- 3.6.3 Support increase in well-child visits through PCMH and Health Information Technology (HIT) infrastructure
- 3.6.4 Support increase in immunizations through PCMH and HIT infrastructure
- 3.6.5 Support increase in adult flu vaccines
- 3.6.6 Support increase of utilization of pharmacies to improve medication management

Driver Diagram - AIM 3

3.7 Support and align initiatives for hospitalization admission, readmission and emergency department utilization reduction

- 3.7.1 Support community paramedicine expansion which focuses on follow-up care for at-risk patients
- 3.7.2 Support increased usage of 2-1-1

3.8 Support improved patient experience and reporting

- 3.8.1 Utilize Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospital, Clinician & Group Surveys and Health Plan surveys to measure key areas related to population health improvement
- 3.8.2 Assess and improve members' understanding of plan benefits and appropriate use of coverage
- 3.8.3 Provide call center support services leveraging existing call centers to improve culturally and linguistically appropriate services to reduce health care disparities

Driver Diagram - AIM 4

Foster greater Health Information Technology and Data Infrastructure Development and Adoption

4.1 Promote statewide HIE

- 4.1.1 Develop HIE collaborative and governance structure
- 4.1.2 Increase number of providers connected to and using a statewide HIE

4.2 Develop an All Payer Claims Database (APCD)

- 4.2.1 Establish repository of claims from all payers to assist in measuring population health and health care related activity

4.3 Develop population health management and analytics tool

- 4.3.1 Procure and implement a population health tool to measure, track and publish population health metrics utilizing data elements from the APCD and the statewide HIE

Driver Diagram - AIM 4

4.4 Increase provider HIT technical assistance and education support

- 4.4.1 Incorporate HIT toolkit for providers that will promote the adoption, implementation and meaningful use of Electronic Health Records (EHR) and complement the work of the REC

4.5 Utilize HIT to increase patient engagement, health literacy, and joint decision-making between patient and provider

- 4.5.1 Develop a public portal with provider quality metrics published for public review
- 4.5.2 Develop consumer portal providing health empowerment content to all Nevadans

Next Steps

- Determine priorities and timeline for State Health System Innovation Plan (SHSIP) components
- Incorporate CMMI Technical Assistance vendor input
- 3rd Quarter Progress Report
  - Due November 30, 2015
  - HIT Plan (Draft)
  - Operational and Sustainability Plan (Draft)
- Drafting SHSIP for state and workgroup/ taskforce validation
- SHSIP due to CMMI by January 31, 2016

Glossary of Terms

APCD – All Payers Claim Data	*MCO* – Managed Care Organization
APP - Application	*MPC* – Multi-Payer Collaborative
CAHPS - Consumer Assessment of Healthcare Providers and Systems	*PCMH* – Patient Centered Medical Home
CCBHC - Certified Community Behavioral Health Clinics	*PCP* – Primary Care Physician
CHW – Community Health Workers	*PEBP* – Public Employees Benefit Plan
CMMI – Center for Medicare and Medicaid Innovation	*PMPM* – Per Member Per Month
EHR – Electronic Health Record	*RHIO* - Regional Population Health Offices
GME - Graduate Medical Education	*REC* – Regional Extension Center
HCGP - Health Care Guidance Program	*SAMHSA* - Substance Abuse and Mental Health Services Administration
HIE – Health Information Exchange	*SHSIP* – State Health System Innovation Plan
HIT – Health Information Technology	*SIM* – State Innovation Model