

Nevada SIM Taskforce Meeting Multi-Payer Collaborative September 30, 2015 Meeting Notes

Date:	September 30, 2015	Location:	Division of Public and Behavioral Health 4150 Technology Way, Room 153 Carson City, Nevada
Time:	3:00 pm – 4:30 pm (PT)	Call-In #:	(888) 363-4735
		PIN Code:	1329143
Facilitator:	Jerry Dubberly and Terri Branning		
Purpose:	Initial meeting to present to an overview of the NV SIM grant initiatives and the proposed Multi-Payer Collaborative concept.		

Opening comments were made by Jan Prentice followed by introductions. Ms. Prentice thanked all participants for their attendance and support, and explained the purpose of the first meeting of the Multi-Payer Collaborative.

Mr. Dubberly provided an overview of the meeting agenda: State Innovation Model (SIM) background, key Nevada SIM initiatives, SIM and population health management, the role of the Multi-Payer Collaborative and next steps.

State Innovation Model (SIM) Background

- Mr. Dubberly reviewed the SIM background:
 - DHCFP was awarded a \$2 Million SIM Model Design Grant on December 16, 2014.
 - The one year grant period begins February 1, 2015 and ends January 31, 2016.
 - The SIM grant deliverable is a State Health System Innovation Plan (SHSIP).
 - The SHSIP will be the Nevada roadmap for transformation of the healthcare delivery and payment system.
 - The SIM grant involves a multi-payer focus (private and public payers), delivery system and payment transformation, robust Health Information Technology (HIT) and sustainability planning.
 - The SIM involved significant stakeholder engagement:
 - Kick-off meetings
 - Community meetings
 - Taskforce and workgroup meetings
 - Stakeholder update webinars
 - Development of a survey tool
 - Development and implementation of the SIM website
 - Meetings with Division of Public and Behavioral Health (DPBH) program owners
 - Numerous DHCFP presentations and individual stakeholder meetings
 - CMS Technical Assistance

- One participant asked about the level of participation in the MPC. Discussion followed about the outreach to payers and employers, and the initial participation presented in the SIM grant application. Payer participation will be expanded over time.
- Mr. Dubberly discussed SIM grant sustainability and the lack of Center for Medicare and Medicaid Innovation (CMMI) funding available for Round 2 SIM design states. Discussion ensued about alternative funding options and overall time span for SIM initiatives.

SIM and Population Health Management

- Mr. Dubberly reviewed the common population health challenges faced by all Nevada employers and payers:
 - Access to health care in rural and frontier markets
 - Health care workforce shortages
 - Critical health issues:
 - Cancers
 - Heart disease and strokes
 - Obesity
 - Diabetes
 - Behavioral Health (mental health and substance use)
 - Tobacco use
 - Prevention and wellness
 - Inappropriate Emergency Department Utilization
- CMS requires a SIM focus on obesity, diabetes and tobacco use, and the SHSIP must address improvement plans for all Nevadans.
- No objections were voiced regarding the common health challenges identified.

Key SIM Grant Initiatives

- Mr. Dubberly reviewed the key SIM grant initiatives:
 - NCQA recognized Patient-Centered Medical Homes (PCMH) and support for practice transformation.
 - Utilization of community paramedicine based on success of REMSA and Humboldt models.
 - Community Health Workers (CHWs) to assist Nevadans in the navigation of a complex health care system and promote health care literacy.
 - Telemedicine to improve access
 - Project ECHO to ensure that primary care providers have access to specialists to support treatment decisions, especially when provider availability and transportation are issues.
 - Medicaid Health Homes for targeted segments of the Medicaid population.
 - Population health management involving state payers and employers.
 - Value-Based Purchasing (VBP)/reimbursement which emphasizes value over volume. The approach provides for administrative simplification for providers and flexibility for payers.
 - Leveraging HIT

Role of the Multi-Payer Collaborative (MPC)

- Ms. Prentice introduced the MPC concept presentation, and the role of Nevada's payers and employers.

- A representative from Health Plan of Nevada asked about the comprehensive list of SIM initiatives and funding challenges. DHCFP explained that the SIM plan will span 4 – 5 years and will be implemented in phases while DHCFP continues to explore all funding opportunities. PEBP and Culinary Health representatives inquired about the funding opportunities and SIM priorities. DHCFP explained that the first SIM priorities will yield savings that can be used to continue with phases of the SIM plans. In addition, DHCFP intends to request HIT funding to support the SIM initiatives.

- The Hometown Health representative asked about SIM activities and MPCs in other states and how their experiences can be leveraged. DHCFP explained that each state varies but the CMS Technical Assistance experts have provided significant information on the approaches of other states including lessons learned and best practices.

- The Multi-Payer Collaborative (MPC) concept was presented by Ms. Branning:
 - Approximately 20 states have some form of MPC today in order to align and achieve common goals and objectives in the transformation of health care.
 - The MPC approach in each state varies based on objectives and the level of payer/employer participation. A common theme is leveraging existing resources and infrastructure.
 - Important lessons in building MPCs:
 - Recognize the amount of time and resources needed to build the MPC, create the governance and infrastructure, reach consensus on goals and implement the plans for delivery system and payment transformation.
 - Create an environment of collaboration v. competition. A DHCFP representative asked about how this is achieved over time and discussion ensued on the various approaches and the amount of time it takes to build trust and collaboration among MPC participants.
 - Building a MPC and achieving the SIM goals takes time and participants will need continual education and support during the planning and implementation phases.
 - Several examples of MPCs in other states were reviewed. The group discussed the transition from fee-for-service models to risk-based models including the timeframes and required infrastructure. Hometown Health commented on the different markets across Nevada, and the variability in costs and the availability of providers in rural/frontier v. urban markets.
 - The Culinary Health Fund representative asked about the data collected by the Center for Health Information Analysis (CHIA) and using this claims information as the SIM initiatives are implemented. The group discussed how CHIA has been involved in the SIM planning but stressed that gaps exist in claims data from individual providers, labs, pharmacies, etc. DHCFP emphasized the role of the public health registries in the SIM initiatives.
 - Hometown Health asked about data as it relates to alignment of goals and value based payments. Discussion continued about avoidance of antitrust issues in the payment models.
 - The group discussed setting achievable SIM goals and phasing in plans over time. PEBP discussed SIM plans and the lack of available funding. DHCFP described the plans for leveraging what is already happening with provider and payers with respect to PCMHs, value based payments and quality reporting (e.g., HEDIS). The group discussed the importance of a roadmap with phased in outcomes targets.
 - PEBP voiced the need to make sure the initiative is governed by strong management and project management disciplines.

- Ms. Branning reviewed the proposed MPC roadmap and the importance of designing governance and building infrastructure. The group discussed phasing in SIM opportunities based on immediate, mid-term and long term opportunities and complexity.

NV SIM Next Steps

- SIM grant planning continues through January 2016. The SHSIP is due to CMMI by January 31, 2016.
- The MPC will be asked to assist with the development of the MPC mission statement and charter prior to the submission of the SHSIP. The SIM team will reach out to MPC participants for additional input and contribution.