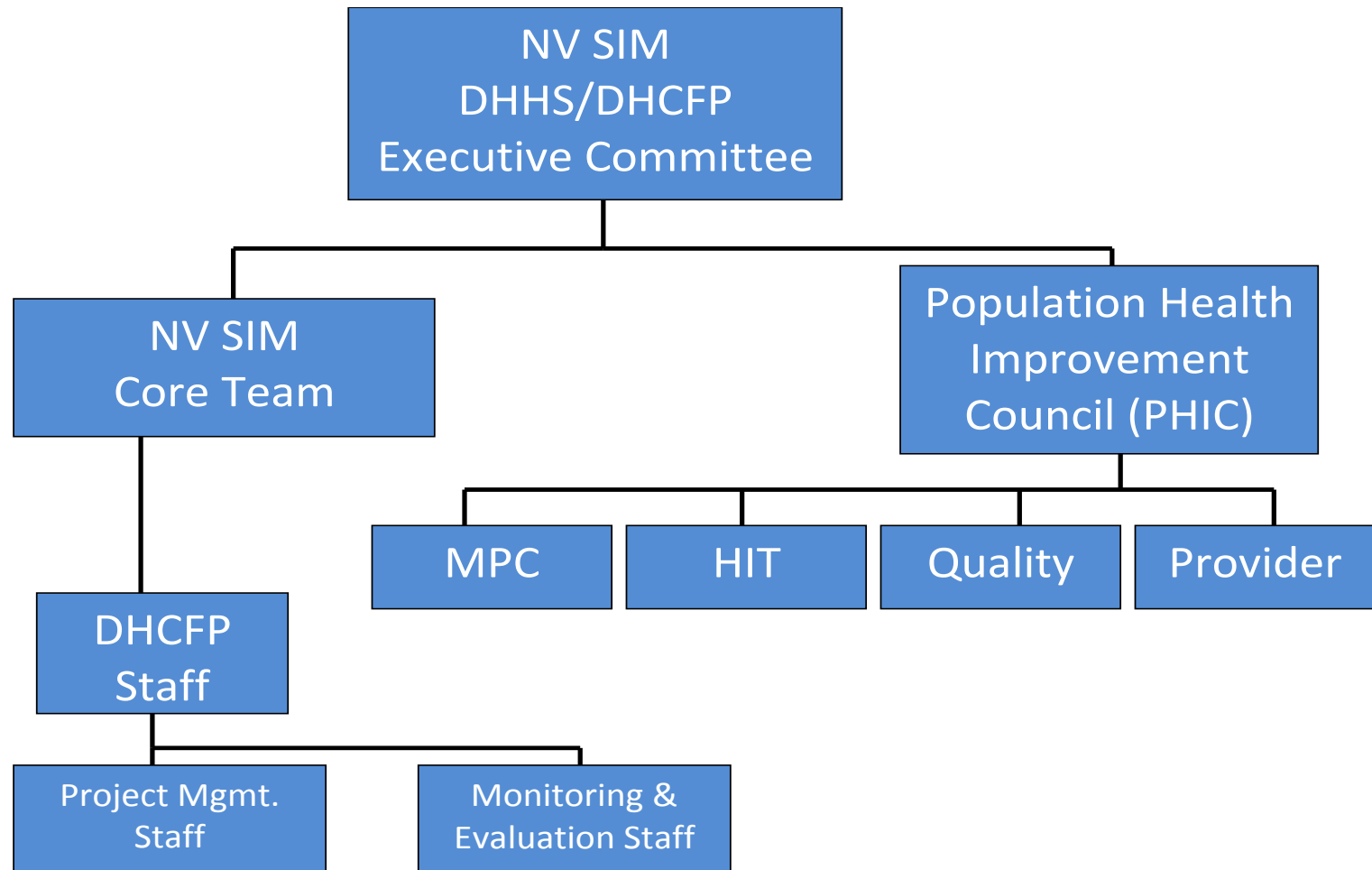




# State Health System Innovation Plan (SHSIP) Implementation



# Nevada State Innovation Model (SIM) Organizational Chart





# What is the PHIC?

The Population Health Improvement Council (PHIC) is a coalition of diverse Nevada health care stakeholders working together to determine the priorities, objectives and actions that will promote the Aims identified in the SHSIP to improve the health of all Nevadans.



# What is the Purpose of the PHIC?

Support and monitor statewide achievement of SIM Aims:

- Redesign the health care delivery system to contain health care costs while increasing value
- Establish reliable and consistent access to primary and behavioral health care services
- Improve quality health outcomes for all Nevadans
- Foster greater Health Information Technology and Data Infrastructure



# PHIC Goals

- Represent various stakeholder perspectives
- Identify Nevada population health priorities
- Develop population health improvement strategies that can be applied across multiple payers
- Support training and resource sharing to aid provider practice transformation success
- Develop standard but flexible VBP approach

(continued)



## PHIC Goals<sub>(cont'd.)</sub>

- Promote pooled payer resources and identification of other funding sources to achieve the objectives of the SHSIP
- Support cross-payer alignment on key delivery system, payment and health program models
- Establish pay-for-performance improvement goals
- Agree to established performance measurement parameters for simplified reporting and accountability



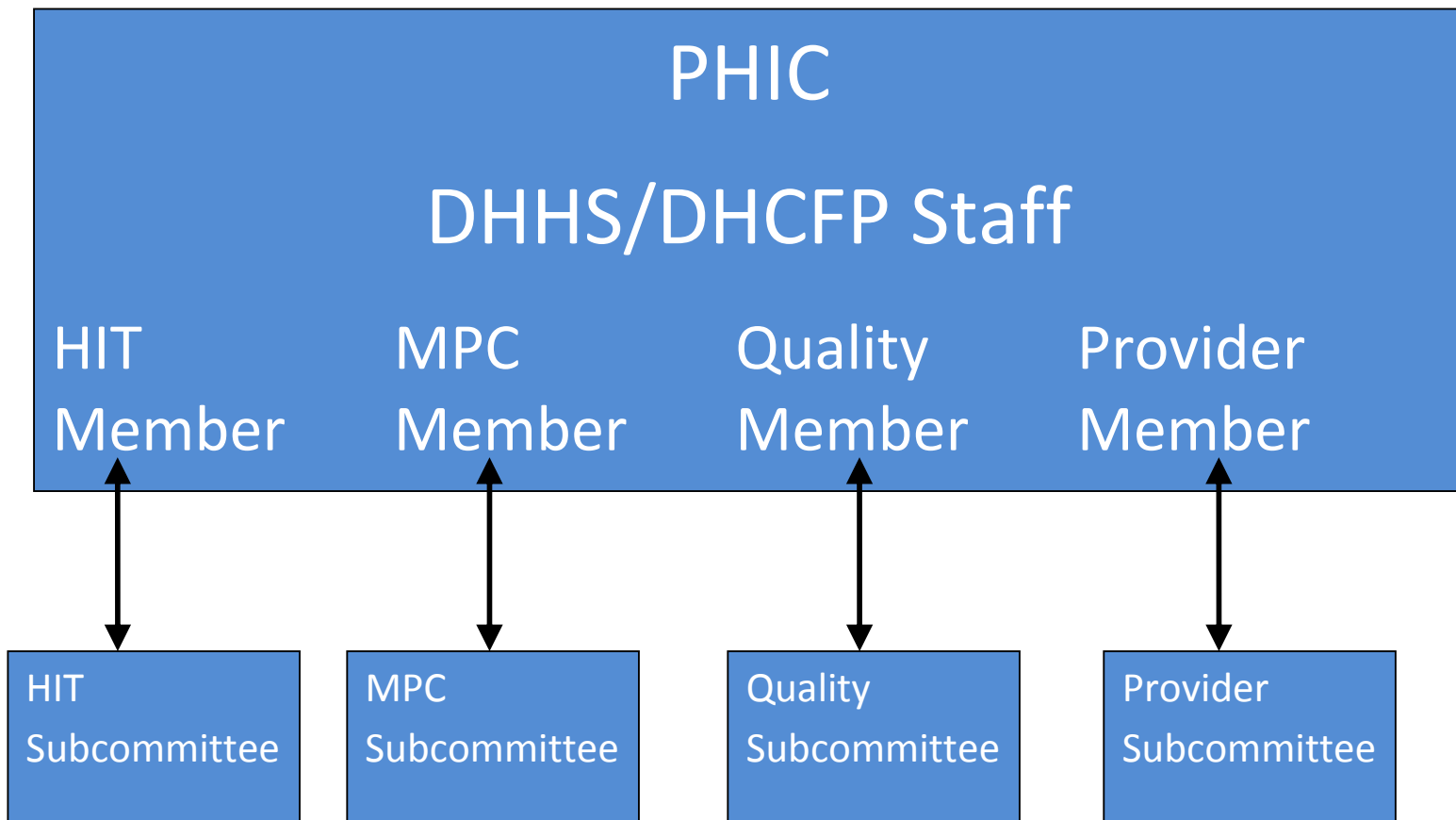
# What are the PHIC subcommittees?

## Sub-Committees:

- Health Information Technology (HIT)
- Multi-Payer Collaborative (MPC)
- Quality
- Provider



# Population Health Improvement Council







# HIT Subcommittee

Name	Organization
Dena Schmidt	Department of Health & Human Svcs.
Julia Peek	Dept. of Public & Behavioral Health
Joan Hall	NV Rural Hospital Partners
Chris Watanabe	Regional Emergency Medical Svcs. Auth.
Chuck Duarte	Community Health Alliance
Dave Stewart	Dept. of Welfare & Supportive Svcs.
Steve Fisher	Dept. of Welfare & Supportive Svcs.
Joseph Greenway	Ctr. For Health Information Analysis - UNLV



# HIT Subcommittee Mission

- Identify ways information technology can help achieve population health improvement, practice transformation and value-based payment initiatives



# MPC Subcommittee

Jeff Fontaine	Nevada Association of Counties
Dr. Laurine Tibaldi	United Health Care
June Young	Health Plan of Nevada
Bobbette Bond	NV Health Co-op
Susan Bumpas	Anthem
Damon Haycock	Public Employees' Benefits Program
Karin Gardiner	Amerigroup
Emma Kibisu	Amerigroup
Lisa Bogard	Amerigroup
Denise Muehl	Optum
Wendy Simons	Veteran's Association
Loren Ellery	Indian Health Service
Stephanie Franks	Optum



# MPC Subcommittee Mission

- Develop consensus on payer approaches and supports regarding SHSIP and population health initiatives



# Quality Subcommittee

Name	Organization
Steve Eisen	Children's Heart Network
Chris Bosse	Renown Health
Katie Ryan	Dignity Health
Nancy Hook	NV Primary Care Association
Gretchen Thompson	Health Services Advisory Group
Ali Jai Faison	Behavioral Health Planning & Advisory Council



# Quality Subcommittee Mission

- Explore delivery system models
- Health outcome objectives
- Determine targeted population health improvement goals
- Develop framework for quality measures



# Provider Subcommittee

Name	Organization
Denise Selleck	Nevada Healthcare Association
Brenda Staffan	Regional Emergency Medical Svcs. Auth.
Steve Killian	Sunrise Hospital
Walter Davis	Nevada Health Centers
Britt Chapman	Nevada Health Centers
Tiffany Lewis	Division of Health Care Financing & Policy



# Provider Subcommittee Mission

- Workforce Development
- Practice Transformation
  - Telehealth
  - Community Health Workers
  - Innovative Models





## State Innovation Model (SIM) Updates

- What has been successful – report from CDC SIM conference
- HIT Update
- Community Paramedicine Update
- Community Health Workers Update
- Telehealth
- FCHIP

Continued



# State Innovation Model (SIM) Updates (cont'd.)

- Physician's UPL
  - Existing
    - UNSOM
  - Proposed
    - Rural Track
    - Physician
    - Dental
- Certified Community Behavioral Health Clinics
- Round 3 Funding



# Health Informatics Strategy

## Centers for Medicare and Medicaid and Medicaid Services Meaningful Use

Centers for Medicare and Medicaid and Medicaid Services Meaningful Use				
Stage 1: Data Capture and Sharing				
Stage 2: Advance Clinical Practices				
Stage 3: Improved Outcomes				
Stage	Adoption	Data Exchange and Security	Analytics	Policy and Systems Change
Actions	Electronic health or medical records (EHR or EMR); Electronic laboratory records (ELR)	Health Information Exchange (HIE); Secure File Transfer Protocol (SFTP); Workforce Research Data System (NPWR); Data Warehouse; Master Data Management; Public Health Reporting	Consolidate and analyze data (HIE, claims; discharge billing, public health registries, social services, etc.); Forecast; Predictive Analytics	Data-driven decision making; Ongoing tracking of quality and outcomes; Payment Reform; Care Models
Responsible Person(s)	Management Analyst III	State HIT Coordinator/Project Director; HIT Project Manager	Economist III, Economist II	Policy Analysts; Administration
Considerations	<ul style="list-style-type: none"> <li>Order to onboard facilities and providers</li> <li>90/10 incentive</li> <li>Realistic timelines</li> </ul>	<ul style="list-style-type: none"> <li>Define what data needs to be collected and exchanged</li> <li>Determine technology to be used for sharing</li> <li>Determine frequency and specifications for sharing</li> <li>Sharing Rules (42 CFR); HIPAA</li> <li>Coordinate with IT vendors</li> </ul>	<ul style="list-style-type: none"> <li>HEDIS and Quality Metrics</li> <li>Service utilization patterns and what external factors affect patterns</li> <li>Cost savings options (preventive services versus ER or other services)</li> <li>Spending forecasts</li> <li>Timely evaluation of programs</li> </ul>	<ul style="list-style-type: none"> <li>Policy changes to ensure quality of care and cost savings</li> <li>Improved health and clinical outcomes</li> <li>Continuous quality improvement (CQI)</li> <li>Improved individual and population health</li> <li>Care coordination</li> </ul>



# Community Paramedicine

## Benefits

- Fill patient care gaps in a local health care system and prevent duplication of services while improving healthcare experiences
- Increased access to care in rural/frontier areas
- Prevent unnecessary ambulance responses, ER visits, and hospital admissions and readmissions

Continued



# Community Paramedicine

## Benefits (continued)

- Utilizes EMT, AEMT, and Paramedics with a community paramedic endorsement to their scope of practice to provide services
- Encompasses complete care plans between patient's primary care provider and the community paramedic
- Helps to identify those who would need to be referred to the Care Management Organization

Continued



# Community Paramedicine

## Challenges

- Endorsement with Licensing Agency
- Reimbursement Infrastructure
  - Utilizing E&M visits codes
  - Telehealth Originating Site
  - Working with providers who have never billed before
  - Medicare is not reimbursing



# Telemedicine

## Benefits

- Expanded scope of practice for existing providers and recent expansion to Behavioral Health
- Increased access to care in rural/frontier areas
- Early intervention with conditions identified through use of Telemedicine is expected to change the trajectory of disease

Continued



# Telemedicine

## Benefits (continued)

- Reimbursement Infrastructure
  - 2012: Adopted Medicare's Policy
  - 2014: Geographical barriers removed
  - 2015: Expansion of services/providers
- Connectivity
  - FCHIP
    - Broadband/Renown
  - Project 395

Continued





# Telemedicine

## Challenges

- Reimbursement Infrastructure
- Understanding “appropriate services” and how to bill’ Originating site issues (Q3014)
- Connectivity



# Community Health Workers

- Established by the ACA
- Benefits
  - Decrease ED visits, increase medication compliance, CD management, frontier access
- CHW Infrastructure in NV
  - Utilized by MCOs, CMO and by sub-grantees
  - CHW association
  - Two training programs
  - Building workforce

Continued



# Community Health Workers

## Challenges

- Training Accessibility in Frontier Areas
- Reimbursement Infrastructure = Sustainability
  - Other States
  - Preventive Services
  - Unifying/Defining the role of CHWs



## Contacts

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- Jan Prentice, [jprentice@dhcfp.nv.gov](mailto:jprentice@dhcfp.nv.gov)

## Next Steps

Sub-committees will meet and choose representative(s) for the PHIC. DHCFP staff will coordinate meeting times and agendas for these first meetings.