Patient-Focused Workgroup Meeting Notes

Date:	May 5, 2015	Location:	Division of Healthcare Financing and Policy 1100 E. Williams St. Carson City, NV 1 st Floor Conference Room
Time:	2:30 – 4:30 pm (PT)	Call-In #:	(888) 363-4735
Facilitator:	Charlyn Shepherd	PIN Code:	1329143

Purpose: Meeting to identify areas of improvement in Nevadans' patient experiences in the health care system, and to identify motivators for increased patient engagement in adopting healthy behaviors.

Charlyn provided an overview through the background slides and emphasized the interrelationship between the workgroups and taskforces. The following summary of feedback collected to date from stakeholder engagement meetings was provided to the group:

- Community Health workers can help patients achieve greater compliance with their health care goals by coordinating their care.
- Paramedicine professionals can also help patients achieve greater compliance with their health care goals by assisting in self-monitoring of chronic conditions and identifying the best care setting for acute episodes.
- There is a need to educate patients on how to properly use health care services.
- Access to technology in rural areas is a significant barrier to patients accessing their own health information.
- Transfers to appropriate care settings can be problematic for rural patients because of availability.

Jan stated that Round 3 SIM funding will not be available and stressed the importance of sustainability. Attendees were asked to fill out the Department's stakeholder survey at www.surveymonkey.com/s/NV_SIM.

In addition to the SIM team, the agenda listed twenty-three individuals as potential attendees because they had expressed interest in participating in the Patient-Focused Workgroup. In addition to the SIM team, six WorkGroup members attended the meeting either in person or via teleconference line.

The agenda provided a summary of discussion points related to patient engagement and quality. Questions designed to engage the discussion points were posed to the group. The following summarizes the feedback provided by the Patient-Focused WorkGroup participants:

Anthony Allman, POS-REP

 Suggested that Certified Peer Support Specialists (CPSS) be considered on the Behavioral health (BH) side much like the Certified Health Worker (CHW). Depression and Bipolar Support Alliance testified in the House recently regarding the benefit of CPSS. POS-REP created a social networking app that connects veterans who live in a common area providing peer support for the prevention of suicide. Only 35% of those that have downloaded the app are veterans. The average session length is 47 seconds. The app is currently in beta test and has some limiting factors, such as only on the IOS platform. The resulting interactions are done under clinical supervision. He stated that follow up with a CPSS is critical for the patient after release from a BH inpatient stay.

- Use of 211 has been helpful in triaging individuals and helping connect people with health care. 211 is very helpful in connecting older individuals or those with limited cell phone proficiency or access.
- Considering partnering with health care providers.
- Innovative solution is to research the use of drones.
- SB489 is related to peer support specialists.

Jane Rippetoe, Caliente Behavioral Health:

- Stated that transportation is a barrier to patients accessing the health care delivery system and is the number one issue for the aging and disabled citizens. Working with RTC (Regional Transport) to develop other options. Looking at opportunities to have community solutions at the local level.
- Medicaid members with intellectual disabilities have integrated services guided by a support coordinator, and that has made a significant improvement in patient engagement and quality.

Ken Retteraith, Washoe County Social Services

- Medicaid expansion population is accessing the health care system for the first time. There is a need for navigators or care managers to help them utilize the health care system. Referenced commercial plans are seeing navigators as being very beneficial.
- List of providers who are enrolled in Medicaid or enrolled **and** taking Medicaid at the moment. This could create frustration if the member attempted to see a provider and the provider was not taking new members at that time. With this type frustration, the member typically will default to going to the ER.
- Patient quality assessments in Northern Nevada are impacted by confusion in the patient community because patients are not sure which providers they can see. This confusion results from provider enrollment regulations for Medicaid and the MCOs.

Maria Laroya, Amerigroup

- Spoke about educating members who are newly enrolled. Education sessions with payer to help them understand how to access care has proven helpful in getting people connected with care and how to navigate through the health care delivery system. These sessions with Amerigroup start with what is called "new member briefs." Amerigroup does not believe they currently check a provider's ability to take new members on a periodic basis. They only identify this when they are working on certain case management activities.
- Amerigroup is very pro Telemedicine as a solution for both urban and rural areas.

Steve Eisen, Children's Heart Center – Nevada

• Project ECHO is a current initiative that is being implemented in rural areas.

Action Item for Next Meeting:

Charlyn asked if the existing national survey tools are sufficient for measuring patient satisfaction (i.e. Hospital Consumer Assessment of Healthcare Providers and Systems - HCAHPS), or if there is a need to develop a NV-specific tool that more accurately measures the challenges in NV as a frontier state. Also to identify appropriate existing national survey tools for outpatient/primary care services.