

SIM Workgroup Meeting
Patient-Focused Workgroup
July 28, 2015 Meeting Notes

Date: July 28, 2015 **Location:** Department of Health and Hum
2310 S. Carson Street, Suite 3A

Time: 10:00 am – 12:00 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.

Opening comments were made by Deb Sisco followed by introductions.

Ms. Shepherd started with an overview of the agenda for the meeting. She asked for any feedback from the group regarding the driver diagram that was provided in the last meeting. There were no comments. Ms. Shepherd reviewed the driver diagram primary drivers. Then the discussion moved to walk through the proposed solutions.

No comment was made regarding the Driver Diagram

Establishment of PCMHs in NV – promoting the PCMH in its simplest form

- A review or summary of the PCMH model was presented by Charlyn Shepherd.
- The importance of patient attribution to a PCMH and awareness of the patient (and provider) of the attribution was discussed.
- PCMHs versus a Medicaid Health Home - key components of each were discussed including the fact that with the Health Home model the State has the flexibility to define the team. A PCMH is physician led.
- Question- could providing expanded services result in expanded patient engagement? No feedback was offered.
- The Medicaid Health Home model was further reviewed. An opportunity for other integration of this model beyond the Medicaid population was offered.
- A review of several NV-specific efforts to promote a medical home like model were presented.
- Phyllis from Renown mentioned they have a number of PCMHs within their network and would have information on how those are working. Jan Prentice asked about how patients are responding and if they are more engaged. Phyllis said they have had mixed results; she will share some of their experiences and strategies in a follow up.
- Discussion Questions

- How have patients been notified they are in a PCMH and what has been the reaction?
- How can a PCMH activate the patient as a partner in their own health care?
- Jan Prentice suggested that given no responses or feedback that we ask individuals to collect thoughts and provide feedback via email to DHCFP.
- Telemedicine was brought up as another way to address access. Anthem and UHC both have telemedicine programs.
- One participant offered that they use teletherapy for their patients. Patients sometimes say that it is difficult to establish a therapeutic relationship with the provider via remote access. In this situation, there is only one clinician so continuity is not an issue.
- The effectiveness can be the same but it depends on the individual.
- Length of encounter is about 30 minutes.
- Very difficult to use teletherapy for children. Teenagers seem to be most accepting at first, but then tends to close up when they get into the session. They can dismiss is and ignore it, and disengage because the clinician is not there.
- Teletherapy in this practice has not expanded – this provider is in the “middle of nowhere”. If weather is an option and/or the clinician could not come in, we can switch to teletherapy and the client can still be seen. It gave them services that they did not have in the past.
- Crisis situations also use teletherapy to get more immediate access to care and is better than using telephonic therapy which was used previously.

Nevada 2-1-1 and Nurse Call Centers

- Would adding a video chat increase patient engagement in their health? Renown has an inbound and outbound call center in place for years and overall, good success. Call center was seen as a positive tool. Renown is working on developing a video chat/consult via computer or mobile phone.
- A theory was offered that ease of access may promote engagement and follow up by the patient. Renown stated that they felt that was generally true.

Community Paramedicine/Community Health Workers/Peer Support Specialists

- How can these resource help build bridges between patients and the care team and stay engaged in their care?
 - Certified Peer Support specialists are trained in providing referral support services. Peer Support specialists are seen as a positive addition to the care team.
 - A question was asked about collecting and evaluating data that showed the effectiveness of the addition of these to the health care team. A response was offered that these may reduce emergency room visits but no hard data points were known by the participants.

Payment Reform/VBP

- Direction was given by the Executive Committee to have a youth focus for the first phase.

Given technical difficulties with the phone system, the meeting was concluded early. Participants were asked to review the materials and provide any additional comments in writing.