



# Nevada State Innovation Model (SIM)

Patient-Focused Workgroup

May 05, 2015

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

# Objectives for Today's Meeting:

- Introductions
- NV SIM Background
- Purpose of Workgroup
- Workgroup Charter
  
- **Discuss the current patient experience in the health care system**
- **Identify areas for improvement in access to care**
- **Identify areas for greater patient engagement**

# Nevada SIM Background

- 1-year Planning Grant
  - Started February 1, 2015
- Provides Financial and Technical Assistance
- Requires
  - Broad Stakeholder Engagement
  - Multi-payer Involvement
  - Consistency with existing state health priorities
- Grant Deliverable
  - State Health System Innovation Plan – Roadmap to transform the health care delivery and payment system in NV
- Goal
  - To improve population health, patient experience, and contain health care costs while improving health care value

# Priorities and Performance Based Budgeting: Health Services Core Function

1. **Access to Affordable Health Care** – Improve access to quality affordable, high quality health care
2. **Prevention** - Increase awareness and opportunities for Nevadans to receive preventive care and instruction to safeguard against or reduce the impact of injury, illness, and infectious disease
3. **Wellness** - Educate, encourage and empower Nevadans to take responsibility for their own health by engaging in healthy lifestyle activities, resources and choices
4. **Chronic Disease** - Build awareness of, and provide services for, the most dangerous risk factors which cause the greatest number of deaths and highest medical costs
5. **Quality** - Ensure health services are provided in a quality environment and manner which improve health outcomes
6. **Pregnancy** - Increase the percentage of women who seek appropriate care during pregnancy
7. **Mental Health**- Provide accessible and affordable mental health services to people of all ages

Accessed from: [http://budget.nv.gov/StateBudget/Priorities\\_and\\_Performance\\_Based\\_Budget/](http://budget.nv.gov/StateBudget/Priorities_and_Performance_Based_Budget/) page 3, February 10, 2015

# Workgroup Structure and Frequency:

- Appointed by agency
- Advisory in capacity
- Meetings approximately every three weeks for beginning in or by May 2015
- Joint meetings may be needed
- In-person attendance highly preferred
- Workgroup meetings wrap up by end of August 2015

<b>Role</b>	<b>Responsibilities</b>
Facilitator	<ul style="list-style-type: none"><li>• Organizes meetings</li><li>• Introduces purpose and focus of each meeting</li><li>• Facilitates the discussion</li><li>• Supports chair and co-chair to ensure meeting goals are met</li><li>• Summarizes and distributes materials (reports and agendas)</li></ul>
Chair /Co-chair	<ul style="list-style-type: none"><li>• Stakeholder representative</li><li>• Assists the facilitator in meeting agenda goals</li><li>• Leads, stimulates and encourages conversation to build stakeholder collaboration and support</li><li>• Ensures that all participants have an opportunity to share information, including their own feedback</li><li>• Keeps the meeting focused and on-topic</li></ul>
Participant	<ul style="list-style-type: none"><li>• Discusses SIM planning and infrastructure development as an active participant</li></ul>

# Workgroup Charter:

- Identifies the goals and anticipated activities
- Establishes the roles, responsibilities, and expectations of the participants
- Upon signoff, provides authorization of the participant to participate in the workgroups/taskforces
- Serves as the point of reference for documentation and work product of the workgroups/taskforces
- Establishes agreement of the deliverables

# Purpose: Patient-Focused Workgroup

- Identify ways to provide greater access to care
  - Integrate Primary Care and Behavioral Health/Mental Health
  - Right care at the right place at the right time
  - Consider social determinants impacting population health
- Identify strategies for improving the patient experience
- Identify strategies for engaging patients in their own health to achieve better outcomes in population health
  - Population Health Improvement must include: Obesity, Tobacco Cessation, and Diabetes
  - Identify other areas for improved outcomes and/or reduced disparities
- Determine methodologies to measure improvement in the patient experience and identify the data sources
- Feasibility of common endorsement across multiple payers



# CMS-Required Components of Population Health Plan

- Identify gaps in access and disparities in the health status of state residents.
- Leverage and build upon interventions and strategies included in an existing public health State Health Improvement Plan;
- Create an inventory of the current efforts to advance the health of the entire state population, including efforts to integrate public health and health care delivery;
- Leverage existing health care transformation efforts to advance population health;
- Include a data-driven implementation plan that identifies measurable goals, objectives and interventions that will enable the state to improve the health of the entire state population.