Policy and Regulatory Taskforce
Meeting Notes

Date:	**May 5, 2015**	**Location:**	Division of Healthcare Financing and Policy – 1100 E. Williams Street, Carson City, Nevada Second Floor Conference
Time:	10:00am – 12:00pm (PDT)	**Call-In #:**	1-888-363-4735
Facilitator:	Catherine Snider, Jay Outland, Ruthanne Freeman	**PIN Code:**	1329143

Purpose: Review regulations and policies that affect the initiatives/recommendations for areas of improvement to the Nevada health care delivery and payment system put forward by SIM workgroups. Problem-solve solutions to resolve potential issues regarding the recommendations.

Catherine provided an overview through the background slides and emphasized the interrelationship between the workgroups and taskforces. The following summary of potential goals of the task group was discussed, including determining the impact of current or envisioned policies and regulations, identifying opportunities for solutions through alternate pathways as necessary and ensuring policy alignment with plan components.

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-nine (29) individuals as potential attendees because they had expressed interest in participating in the Policy and Regulatory Taskforce. In addition to the SIM team, seven Taskforce members attended the meeting either in person or via teleconference line.

Primary discussion centered around current legislation that may be in place related to key areas that have been presented as potential projects for the SIM plan, including:

1) Paramedicine
2) Community health workers
3) Telemedicine/ telehealth

The following summarizes the feedback provided by the Taskforce participants:

Paramedicine:

- Bill 8305 is currently routing that provides definitions and enabling language for paramedicine that includes allowing EMT and EMT2 to provide services. Nationally, it was noted that this is often only paramedics, but due to the fact that Nevada has so few in rural areas, additional services were included. It was noted that in some instances EMT services are provided by volunteers because there is such a lack of provider capacity.
- The REMSA project currently in place via a grant was noted as tremendously successful, including home safety checks, medication reconciliation, diabetic checks, etc. to recently released patients.
    - This project is being conducted by Winnemucca hospital (Humbolt) and Battle Mountain where the hospital employs and utilizes EMT providers. It was noted that this project has been able to demonstrate success through measuring their success.

- R. Reedy noted that paramedicine will apply to an immense geography, but not necessarily a large population. It was noted that the need is in both urban and rural settings.
- It was noted that when the grant funding is depleted, the program would be eliminated unless alternative funding is located.

Community Health Workers (CHW):

- Senate Bill 498 is currently routing that provides definitions and enabling legislation. It was indicated that CHWs are being utilized currently in the state.
- Grants have been used within DPBH to initiate a CHW training program. J. Hall noted that curriculum was developed with several educational institutions to standardize the education format and conducted. Approximately 40 have been trained and many are still looking for work. It was estimated that salary was $10-$15 an hour.
- The CHW role was described as one where staff assists patients in recognizing concerns and making referrals for access to care versus a clinical role. The CHW may recommend contacting 211, and help arrange appointments.
- L. Hale noted that Community Coalitions in some instances has hired them to assist particularly in a navigator role. Access to Healthcare Network, a broker for the exchange, employs CHWs and have been prominent in helping with the expansion population learn paths to access care. It was noted that FQHCs and the exchange insurers have used CHWs. It was approximated that 70,000 patients have enrolled via the exchange statewide.
- It was noted that to support a successful program, people should be from the community in which they work. They will understand the population and culture being served, particularly if the community has a large specialty population, such as a migrant population. This makes the individual a trusted individual.

Telehealth/telemedicine:

- AB 292 is currently routing that provides definition and enabling legislation.
- Noted barriers to using alternative providers was discussed. It was noted that there is misunderstanding in the community about what the these types of providers can offer compared to what has traditionally been handled by nurses. One participant used the term “paradigm shift” to discuss these changes and noted that some complaints have gone to the State Board of Nursing because of concerns and doctors also have quality of care concerns.
- J. Hall noted that to reduce concerns, one has to keep putting it out there and demonstrating that it works. Slowing chipping away at the concerns of the providers is one of the things that has to happen.
- There was a point raised regarding the use of out of state providers.

General comments:

- It was noted that there needs to be 1) clinical, 2) non-clinical and 3) electronic solutions to assist in improving access for patients.
- C. Bosse noted that until providers are at risk or a different payment model is in place, there is no incentive for the providers to embrace the CHW model. Using telemedicine and CHW/paramedicine are the things that will help alleviate the burden on access to health care providers.
- HIE and EHR was discussed and it was noted that the incentive is too low to drive implementation.
- SB 48 HIE was discussed. It was noted that the state plays an important role in pushing providers and payers towards the usage of HIE. Potentially making some changes such as opt-out consents versus opt-in state may be worthwhile. HIE must be readily manageable for work flows, through toggles and user-friendly.
- Bills in process have been enabling and have not addressed reimbursement.

Action Item for Next Meeting:

A review of the status of these bills will be conducted prior to the meeting.