# Provider Workgroup
# Meeting #2 Notes

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| **Date:** | ***June 4, 2015*** | **Location:** | *Carson City, NV* |
| **Time:** | *3:00 – 5:00 pm (PDT)* | **Call-In #:** | *(888) 363-4735* |
| **Facilitator:** | *Jay Outland* | **PIN Code:** | *1329143* |

**Purpose:** Meeting to identify areas of focus for Provider Workgroup.

In attendance –

NV – Deb Sisco, Jan Prentice, Chani Overli, Missy Sanford, Katie Baumruck
MSLC – Jerry Dubberly, Jay Outland, Charlyn Shepherd

Nancy Hook (NV Primary Care Association),Fergus Laughridge (Humboldt), Walter Davis (Nevada Health Centers), Mark Zellmer (Nevada Hand), Daniel Mathias, Laura Hale (Nevada Primary Care), Angie Wilson (HIS), Gail Yant (University Medical Center), Mike Johnson (St. Mary's)
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Jerry Dubberly provided an overview presentation that discussed the role of the workgroups and taskforces.

Jay Outland gave an overview of the activities of other workgroups/taskforces.

**Provider Shortages**

A clarification was offered that the REMSA model as we have discussed extends beyond REMSA and to the other paramedicine efforts in rural areas.

Laura Hale mentioned that all of northern Nevada is a provider shortage area and behavioral health is particularly noteworthy. In behavioral health, telehealth is used extensively to access psychiatrists. VSEE Technology is a low cost way to use an iPad to connect in a HIPAA compliant manner to a provider. The provider technology is a little more sophisticated than the presentation equipment. There is a rural "Children in Poverty Grant" that leverages this technology today. The intent is that you would have relatively immediate access 24/7, and it would be a good tool for hospital ERs to have access to a psychiatrist.

Mike Johnson asked a clarification because some of the licensing boards require face to face supervision.

Laura Hale mentioned that they have been working with the licensing boards which have various requirements on face to face supervision.

Angie Wilson concurs with the provider shortage –especially in the psychiatric services side. It is difficult to get someone to manage the growing patient population needs in Indian Health Services environment. There is also a shortage of providers who will see Medicaid patients.

Walter Davis mentioned the provider shortages in rural areas and heavy recruiting efforts.

Jan Prentice offered the expansion of paramedicine through legislation and asked if it was helpful. Laura said it was helpful. Nancy Hook said getting practitioners working at the top of their license/scope of practice AND as a team. Walter Davis mentioned that in Elko there is one OB/GYN that will see Medicaid patients

and he/she is getting ready to stop. Discussion was had that an APRN is allowed to practice without supervision but some payers are not allowing them to do so and get paid. A suggestion was made that this issue get referred to DOI to address this.

Angie Wilson said they are allowed to use providers who are licensed outside the state. IHS has extended to contract with providers to come in and provide services in the clinic – especially specialists. Some patients are flown to Phoenix to receive specialty care. They are considering building their own specialty care facility and hiring their own specialists to work for them in the center.

Angie Wilson asked if the state has looked at creating centers like the Tribal Medical Center which is all inclusive services. It was offered that the state should build these clinics and staff through the universities and employing providers. This would avoid the barrier of providers wishing to establish a practice in the state of having the large outlay, burden of running a business, etc. The providers are employees in the model Ms. Wilson suggests.

Nancy Hook pointed out the purpose of FQHCs in serving the rural areas and providing access. She offered it makes sense to expand the network of FQHCs in the state. FQHC look-a-like pathway was discussed. An FQHC incubator program is something that could be considered that would help with first year of funding supported. Texas tripled their FQHC presence by funding an incubator program.

Mike Johnson offered that even with the increased presence of primary care, specialty care is a strong need as well, and the FQHCs manage a lot of specialty care as well.

Angie Wilson offered the clout of the tribes in advocating at the national level.

Laura Hale mentioned their work to attempt to get PCMH reimbursement outside of the episode payment and a face to face encounter.

**Pay-For-Performance Programs**

EMS Compass is a national initiative for P4P that is being rolled out at a national level. It is a National Highway Traffic Administration grant to National Association of State EMS Officials. There is a multi-disciplinary team that is being put together. Nemso.org is a resource.

Mike Johnson cautioned that need to start slow with any P4P efforts and grow it from there.

Gail from UMC said they have one initiative going with the Culinary Fund where they get P4P bonuses if they meet certain measures (sepsis, central line infections, etc.). This is in its infancy.

Walter Davis mentioned successful P4P programs with some of their payers. And they are looking to put more language into their contracts with those payers.

Mike Johnson stressed strong communication between payer and provider regarding what they are focusing on. In this project, we need to align those with the goals and objectives of the SIM effort.