SIM Workgroup Meeting
Provider Workgroup
July 27, 2015 Meeting Notes

Date:	**July 27, 2015**	**Location:**	Department of Health and Human Services 4150 Technology Way, Room 303 Carson City, NV Room 303
Time:	3:00– 5:00 pm (PT)	**Call-In #:**	(888) 363-4735
Facilitator:	Charlyn Shepherd	**PIN Code:**	1329143

Purpose: Meeting to identify areas of focused improvement as it relates to providers, in the Nevada health care delivery and payment system, that impact CMS' Triple AIM to improve health outcomes, to improve quality of care and patient experience, and reduce healthcare costs.

- Ms. Shepherd gave an introduction and a recap of the previous workgroup meeting.
- Goals: affirm the primary drivers, completeness of the primary drivers, feedback on the questions sent out prior to the meeting, and develop an agenda for the next meeting.
- Ms. Shepherd reviewed the primary drivers.
- Access to care
    - Identifying and defining a PCMH approach for the state.
    - SB6 as it relates to PCMH formationwas presented and discussed. The concept of a "PCMH-like" practice that was raised in one of the earlier groups was also mentioned.
    - Patient Centered Collaborative has published information on the positive impact of PCMHs.
    - Ms. Shepherd reviewed the distinction between PCMH and Medicaid health home and the key components of each.
    - Possible in a PCMH to adopt certain components of the health home to get a more holistic approach to treating the patient.
    - Medicaid Health Home. The Medicaid health home is a state plan option available to the state.
    - State would receive enhanced federal funding for health home for 8 fiscal quarters.
    - States have flexibility in defining the eligible health home providers – designated providers; team of health professionals; health team.
    - There are already some payers and entities in NV operating in a manner similar to Medical Home. A listing of some of these innovative programs was provided to the group.
- The meeting transitioned to a discussion centering around the discussion questions provided to the group prior to the group.
    - How many lives are covered under PCMHs?
        - We know that there are 293 PCMHs by NCQA.
        - We don't know those that may be PCMH-like. Is there a way to account for those lives as SIM works to support greater penetration of PCMHs? This is important to be able to set thresholds.

- What are the best payer practices related to the PCMH transformation or payment for quality and outcomes?
    - Dr. Vaughn mentioned that in their practice, they have been using an EHR system that allows them to pull data that can be used to drive meeting quality metrics. In conversations with certain payers, the payers are receptive to using the established metrics. So, best practice is the use of standardized metrics that are nationally recognized and not payer specific.
    - Need to get payers and providers together on the front end.
    - None of the participants are currently paid under a bundled or episode based payment system.
    - There are some supplemental payments to providers that are based on quality/outcomes that were brought up by Nancy Hook.
- At what frequency would providers want to be recognized for their outcomes? Monthly, quarterly, annually?
    - Temporal association between the action and the outcome is important although if the payment is low, there may be less of an incentive.
- 293 Providers achieving the NCQA recognition. However, there are specialization areas for NCQA recognition. Question was asked regarding why there are no NV providers with that level of certification.
    - The challenge is the practice transformation that has to occur. This requires a strong culture change and redesigning workflows, staffing, etc.
    - Timeline to get through process depends on where you start. A year was Nancy's experience with her FQHCs.
    - What does assistance look like when trying to support to become NCQA recognized?
        - Some on-site, checklists, remote support, etc.
    - Is there one area that was more difficult than the others?
        - Patient engagement was said to be very challenging. It is also problematic because the practice is doing work that is not being reimbursed or recognized by the payers.
        - Patients seem to appreciate the engagement.
        - Patient attribution is difficult. Need to know who your patients are…patients need to know who they are attributed to…..some of this becomes difficult because FQHC population is often transient.
    - If multiple payers adopted a PCMH model with different payment systems, is there a chance for providers to cherry pick patients whose payers pay more.
    - Are there tools out there that are available to provider to assist with transformation? Yes.
    - With workforce shortages in the state, does that complicate the growth of PCMHs in the state? Nancy mentioned that PCMH uses team based care which could help expand the capacity of the existing staff.
- Telemedicine
    - AB292 encouraged the provision of services through telehealth.

- Jan Prentice mentioned telemedicine is currently being used in NV. We are looking at how telemedicine can be extended or further supported through the SIM grant.
- Ms. Shepherd mentioned that there is some debate among stakeholders if telemedicine requires the presence of a provider.
- Dr. Vaughn spoke of the benefits of telemedicine – especially in the specialty care areas.
- The primary care office mentioned that there is a group that is planning to survey providers on various components of telemedicine and its use. There is some concern regarding over surveying – especially when there is nothing available to assist those who need assistance.
- Dr. Vaughn recommended input from primary care providers regarding how they would use telemedicine and what the opportunities are so that those could be addressed as the program gets rolled out.

o Project Echo
- MSLC spoke with Project Echo and they reminded us that Project Echo is not a telemedicine encounter. It is a consultation program.
- There may be an opportunity to bill for consultation services under Project Echo.
- Commercial Payer Initiatives – Ms. Shepherd mentioned efforts by Anthem and UHC that involve the use of telemedicine.
- The group was asked about any direct participation in telemedicine and their experience.
- Dr. Vaughn mentioned the fact that there should be low cost technology (apps/etc.) that could help drive the adoption of telemedicine (as long as HIPAA compliant). This is much lower barrier than for a provider to have to buy a $50-80K piece of equipment.
- Question was asked about where the greatest need is geographically where telemedicine could help?
    - The point was made that depending on the service that is needed, the area both geographically and clinically could vary.
    - How do you control utilization and make sure that utilization is appropriate and not inappropriate? Maybe limiting number or telemedicine encounters at the payer level or maybe only paying if there is a referral.

o Community Paramedicine
- Reference was made to the legislation that passed this session.
- How can paramedicine providers be incorporated into the care delivery system?
    - Nancy Hook suggested that data sharing is an easier first step. This is important in getting the data to the primary care provider.
    - Ms. Shepherd mentioned that you do what you get paid to do. How can we link the community paramedicine workers with a PCMH for VBP and any incentive payments.
    - Nancy Hook mentioned that the Humboldt model may work well there, but she has concerns with a different location such as in the Las Vegas environment.

- There is some concern over how transferable some of these pilot models from one environment to another.
- Nancy Hook mentioned the ability to use Bluetooth technology to help with home monitoring and the use of the lowest cost resource (ex. CHW vs paramedicine resource).
- Payer engagement was pointed out by Ms. Shepherd as an important component. Speaking with payers to see what they are looking for and what they will pay for before it is created is important.

- Community Health Workers
  - SB498 required DPBH to license CHWs.
  - There was a meeting recently with Medicaid staff regarding the use of CHWs in rural areas and getting reimbursement.
- Peer Support Specialists
  - SB489 defined peer support recovery organization.
  - Ms. Shepherd mentioned suicide is a leading cause of death in NV. She mentioned an app that Anthony Allman presented that connects an individual in crisis with resources.
  - Recommendation from the group was to speak with DPBH regarding their pilot with the mobile app.
- Developing VBP approach as part of the transformation effort.
  - Ms. Shepherd reviewed a phased in approach starting with pay for reporting and progressing. She also mentioned a youth-focus on VBP is being pursued.
    - Dr. Vaughn offered that certain practice types do not lend themselves to a youth-focused VBP arrangement. Ms. Prentice mentioned that youth-focused is only one of the focus areas that SIM will pursue.
- A listing of national entities that issue recognition of PCMH status to providers.
- Ms. Shepherd asked for a discussion regarding the criteria for incentive payment design? Nancy Hook mentionedthat need to allow the flexibility within the existing design to allow providers to transform their practice.
- MPC is a concept that is being discussed. However, the MPC should help with alignment to avoid provider confusion.
- Dr. Vaughn asked if there is an incentive for payers to come to the table and truly participate in this effort. The incentive is that working in concert with other payers the results should be amplified and result in more appropriate utilization and better fiscal situation for the payers. Ms. Shepherd mentioned that in other SIM states, they are seeing the cooperation of payers. So, there is an indication that payers have reason to be involved.
- HIT
  - CHIA is going to start receiving PHI data so the data can be more complete and helpful in measuring outcomes.

- The group was asked what type challenges providers are having with collecting data? The goal is not just to generate data but to use data. Ms. Prentice mentioned that Health Insight is currently at 17% of physician contributing data and accessing data in the HIE. The key as she mentioned is the bi-directional flow of that data/information. Ms. Prentice mentioned that ultimately a decision has to be made as to who owns the data, who will access and use the data, etc. The thought is this will not in the end be DHCFP.
- Reporting of quality measures was discussed and leveraging the EHR requirements for reporting.
- Dr. Vaughn mentioned the importance of having feedback regarding where the provider is so he/she can/will improve.
- Debra Sisco mentioned the need to make sure the acuity level or risk adjustment considerations are part of the discussion.

▪ Patient Engagement
- A review of the tools that could improve patient engagement was presented.
- Ms. Shepherd asked about any tools that are working well to drive patient engagement
  - Nancy Hook mentioned a simple training book that has been helpful in educating practices on how to engage their patients.
  - Ms. Hook mentioned that patient engagement may mean putting aside assumptions and some of the evidence-based approaches because you must put the patient at the center and one size does not fit all.
  - Dr. Vaughn mentioned that a lot of the functionality/tools mentioned here are part of an EHR system that is either turned on or turned off.
  - There was a mention that having a patient portal that is not provider or payer specific and follows the patient when they change payers or providers.
  - Portable record for Migrant workers exists and was mentioned by Nancy Hook.

▪ Ms. Shepherd offered potential agenda items for the September meeting and asked for any additional agenda items the group may want to include.

o Ms. Prentice reminded the group that the end product of this effort is a plan that will serve as the roadmap. There is still the need to identify funding and create a sustainability model. CMS has committed to helping us identify other funding sources as well.