



# Nevada State Innovation Model (SIM)

Patient-Focused Workgroup

July 28, 2015

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

# Meeting Purpose

- To affirm or redefine the primary drivers identified to promote transformation;
- To discuss the completeness and appropriateness of the proposed solutions;
- To discuss answers to questions posed prior to the meeting; and
- To develop a clear and focused agenda and assignment for the upcoming August meeting.



# Primary Drivers

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

# Aim & Primary Drivers

Improve  
Health  
Ranking  
From 39<sup>th</sup>  
to 34<sup>th</sup>  
While  
Controlling  
Costs

- **Improve Access to Care**
- **Redesign Delivery System**
- **Foster and Develop Health Information Technology and Data Infrastructure Development and Adoption**
- **Improve Patient Experience**



# Proposed Solutions

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

# Access

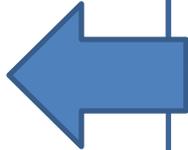
- PCMH Model
  - SB 6 Definition
    - Accredited, certified, or otherwise officially recognized by national accrediting organization
    - Allows insurers and PCMHs to collaborate on payment reform
    - Allows DPBH to convene an advisory group of stakeholders to study the PCMH model on a statewide level
  - Multi-payer Collaborative to develop goals, measures, and a provider payment model.

# Specific Services

- Comprehensive care management
- Care Coordination
- Health promotion
- Comprehensive transitional care/ follow-up
- Patient and family support; and
- Referral to community and social support services

# Health Home (Medicaid)

- State flexibility in defining eligible providers
- Six specific services
- Beneficiaries with chronic conditions\*



# Patient Centered Medical Home

- Physician-led
- Comprehensive, coordinated, continuous care
- All populations

\* (One or more chronic conditions; or one chronic condition and at risk for developing a second; or serious and persistent mental health condition)

# Medicaid Health Home

- Medicaid State Plan Option that provides a comprehensive system of care coordination for Medicaid individuals with chronic conditions.
- Providers integrate and coordinate primary, acute, behavioral health and long term services and supports to treat the “whole-person” across the lifespan

# Medicaid Health Home

- Affordable Care Act allows states to design health homes to provide comprehensive care coordination for Medicaid beneficiaries with chronic conditions
- State will receive enhanced federal funding during the first eight quarters of implementation to support the roll out of this integrated model of care

# Medicaid Health Home

- State Flexibility in Defining Eligible Health Home Providers
  - Designated provider
    - A physician, practice, clinic, community health center/mental health center, home health agency)
  - Team of health professionals
    - Physician, nurse care coordinator, nutritionist, social worker, behavioral health professional; free-standing, virtual, hospital-based, community health centers, etc.
  - Health Team
    - Must include medical specialists, nurses, pharmacists, nutritionists, dieticians, social workers, behavioral health providers, chiropractics, licensed complementary and alternative medicine practitioners, and physicians' assistants.

# Medical Home-like Operations in Nevada<sup>1</sup>

- MGM Resorts' Direct Care Health Plan
- Cigna Accountable Care Program – Healthcare Partners Nevada
- Anthem - Enhanced Personal Health Care Program
- Iora Health - Turntable Health
- DHCFP
  - 1115 Waiver
  - Health Care Guidance Program
- NV Primary Care Association lists PCMH-Recognized Community Health Centers in Clark, Elko, Eureka, Lander, Nye, Carson City, and Washoe Counties

<sup>1</sup> *Patient-Centered Primary Care Collaborative*

# Discussion

- 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?
- How is that contact best made? (i.e. telephone, in-person, text, patient portal, email, letter)
- What actions are taken if the patient does not respond?

# Access

- Telemedicine
  - AB 292 encourages and facilitates the provision of services by state licensed professionals through telehealth; ensures that services are covered to the same extent as through provided in person
- Location/Presentation Considerations
  - Professional at presentation site
  - Patient to Professional
  - Professional to Professional (Consultation or Project ECHO)

# Commercial Payer Initiatives

- Anthem
  - LiveHealth Online (Sept. 2014)
    - Online doctor visit
    - 24/7 access to American Well
- UnitedHealthcare (Health Plan of Nevada and Sierra Health and Life Plans)
  - NowClinic mobile app (Jan 2014)
  - 24/7 access to Southwest Medical Associates

# Discussion

- Do patients feel they are getting quality care when health professionals at presentation sites consult with other health professionals through use of telemedicine?
- What are the advantages/disadvantages in having patient-driven activation of telemedicine encounters, like the commercial payers?
- Should 24/7 Nurse Call Centers, Nevada 2 – 1 – 1, and other crisis call centers consider adding video chat as an option?

# Access

- Community Paramedicine
  - AB 305 authorizes the holder of a permit to operate an ambulance service or fire-fighting agency to obtain an endorsement on the permit to allow certain employees and volunteers to provide community paramedicine services
  - Annual reporting of community paramedicine services

# Access

- **Community Paramedicine**
  - Services provided by an emergency medical technician, advanced EMT or paramedic to patients who do not require emergency medical transportation and provided in a manner that is integrated with the health care and social services resources available in the community

# Access

- Community Health Workers (CHW)
    - SB 498 requires DPBH to license CHW pools.
- CHWs:
- Live in or otherwise have a connection to the community in which service is provided.
  - Are trained by a provider of health care to provide services not requiring a license
  - Provides services at the direction of a facility for the dependent, medical facility or provider of health care

# Access

- Medicaid rules now allow reimbursement for preventive services delivered by non-licensed providers, such as CHWs, upon recommendation from a licensed Medicaid provider.
- Examples of services by non-licensed providers include:
  - Care coordination and education counseling, home visiting, health education, asthma education, lactation consultation.

# Access

- Peer Support Specialists
  - SB 489 defines a peer support recovery organization as a person or agency which provides peer support services to persons who are 18 years of age or older and who suffer from mental illness or addiction or identify themselves as at risk for mental illness or addiction.
  - Services do not require the person offering the supportive services to be licensed

# Discussion

- What services can community paramedicine professionals, community health workers, and certified peer support specialists perform that will help patients stay engaged in their care?
- In addition to health care, how might their services prove beneficial to other public or private entities, programs, or services?
- How can the value of their services be illustrated?

# Payment Reform

- Develop Value Based Purchasing (VBP) Approach
  - Utilize a phased-in approach using process measures, reporting measures, and ultimately outcome measures to establish Health Homes and Patient-Centered Medical Homes
    - Phase 1 = Ages 0 -20
    - Phase 2+ = Remaining populations, including:
      - Elderly, Aged, Blind, Disabled, Expansion Population

# Health Information Technology

- Utilize a strong Health Information Technology and Data Strategy to support population health improvement
  - Define strategies to improve population health
  - Identify specific performance and outcome measures

# Discussion

- As health plans, states, providers, and patients increasingly utilize health information technology tools, what are patients' greatest concerns about the use and storage of that data and how should those concerns be addressed?

# Patient Engagement and Quality

- Expand current programs that engage patients in their health care
- Health systems currently offer:
  - Online appointment scheduling
  - Patient portals
  - Education and classes
  - Secure messaging
  - Social Media

# Discussion

- What types of tools are currently being used to measure patient quality/satisfaction?
- Which survey methods result in most responses?
- How can those surveys be optimized for a phased approach?

# August Meeting Agenda

- Continue discussions for any tabled topics from today's meeting
- Driver Diagram recommendations
- Overview of plan design to date
- Determine if there are other topics which should be discussed/considered from a patient's perspective in designing the SHSIP