# SIM Workgroup Meeting
# Provider Workgroup
# Meeting Preparation

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| **Date:** | *July 27, 2015* | **Location:** | *2130 S. Carson Street*<br>*Carson City, NV*<br>*Suite 3A* |
| **Time:** | *3:00 – 5:00 pm (PT)* | **Call-In #:** | *(888) 363-4735* |
| **Facilitator:** | *Charlyn Shepherd* | **PIN Code:** | *1329143* |

**Instructions: Review the Powerpoint slides prior to the meeting and be prepared to discuss the following questions from the provider's perspective:**

## Access to Care:  Experience with Patient Centered Medical Home Programs

1. How many covered lives in recognized PCMHs by which payers?

2. What are best practices in payer reimbursement strategies from the provider's perspective?

3. How can positive outcomes from PCMHs be better recognized financially?

4. What are reasons providers have not pursued NCQA recognition/certification? And for those providers with NCQA certification, why have they not pursued additional NCQA Recognition Programs for Clinicians (Diabetes or Heart/Stroke Recognition Program) or Specialty Practice?

5. Are there geographic gaps in PCMH operations?

## Access to Care:  Experience with Telemedicine Programs

1. Where is the greatest need geographically to address access issues ?

2. What current administrative barriers impact the adoption and use of telemedicine? (i.e. cost, payer requirements, insurance coverage, reimbursement recognition, etc.)

3. What policy and/or regulatory changes are key to addressing those barriers?

4. What are barriers to provider involvement in Project ECHO?

5. What has experience been with commercial payer telehealth programs?

## Access to Care:  Community Paramedicine

1. How can community paramedicine professionals be integrated into the care coordination teams as part of a PCMH model for purposes of value-based payments?

2. How can services performed by community paramedicine professionals help provider practices utilize their workforce more efficiently?

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3. What is the current and optimum workforce capacity? (employed and volunteers)

4. How can the value of their services be calculated/illustrated?

## Access to Care:  Community Health Workers

1. How can community health workers be integrated into the care coordination teams as part of a PCMH model for purposes of value-based payments?

2. How can services performed by community health workers help provider practices utilize their workforce more efficiently?

3. What is the current and optimum workforce capacity?

## Payment Reform

1. What should the multi-payer collaborative consider to best align their contracts and policy requirements?

2. Would practices be willing to invest in PCMH recognition with a phased-in approach of value-based payments?

## Health Information Technology

1. What kind of technical assistance is needed to achieve Meaningful Use?

2. Are performance measures that are currently reported "generated" or "collected" by staff?

3. What challenges are there in training staff to utilize HIT efficiently?

4. How many different measure sets (meaningful use, HEDIS, etc.) does the average practice report and how can a phased-in approach of VBP leverage existing reporting requirements?

### Patient Engagement and Quality

1. How are practices successfully getting patients to engage in their own health care?

2. How do those engagement efforts differ across populations?

3. What are best practices?

4. What types of tools are currently being used to measure patient quality/satisfaction?

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5. Which survey methods result in most responses?

6. Should VBP include an element tied to patient satisfaction measurement? What should be measured?

7. How can those surveys be optimized for a phased approach?

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