# Nevada
# State Innovation Model (SIM)

Provider Work Group

July 27, 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

# Aim & Primary Drivers

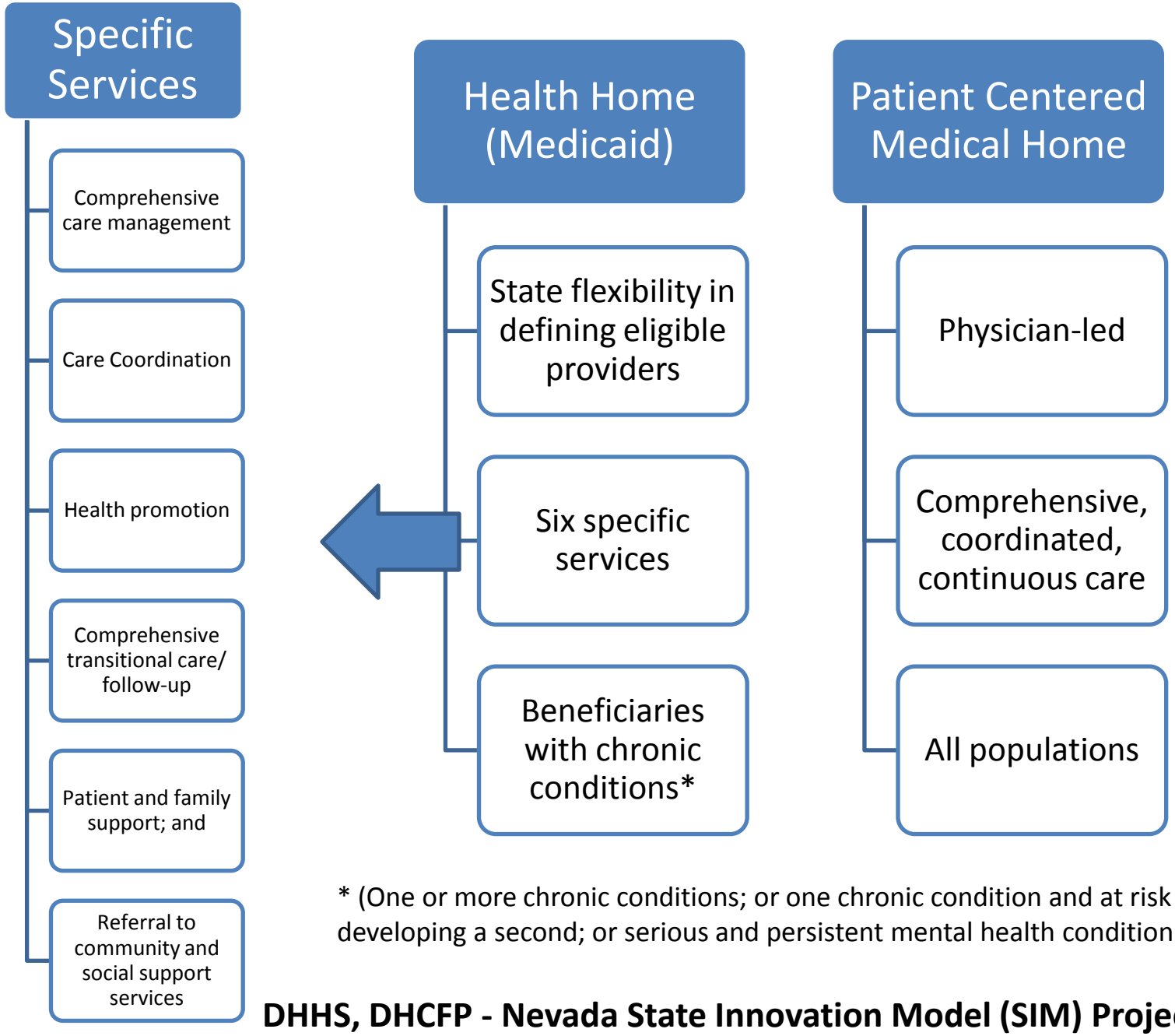
Improve Health Ranking From 39th to 34th While Controlling Costs

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

# Proposed Solutions

# 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.




* (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[1]

- 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

[1] *Patient-Centered Primary Care Collaborative*

# Discussion

- How many covered lives in recognized PCMHs by which payers?
- What are best practices in payer reimbursement strategies from the provider's perspective?
- How can positive outcomes from PCMHs be better recognized financially?
- 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?
- Are there geographic gaps in PCMH operations?

# 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 (Project ECHO)

# Access

- Project ECHO
  - Is not telehealth
  - Provides training to primary care clinicians to provide specialty care services
  - Patients are de-identified in discussions
  - Builds workforce knowledge and skills in rural settings
  - Provides free CME and Nursing CEUs
  - Allows rural providers to bill for services that would have been referrals prior to training

# 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

- Where is the greatest need geographically to address access issues ?
- What current administrative barriers impact the adoption and use of telemedicine? (i.e. cost, payer requirements, insurance coverage, reimbursement recognition, etc.)
- What policy and/or regulatory changes are key to addressing those barriers?
- What are barriers to provider involvement in Project ECHO?
- What has experience been with commercial payer telehealth programs?

# 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

# Discussion

- How can community paramedicine professionals be integrated into the care coordination teams as part of a PCMH model for purposes of value-based payments?
- How can services performed by community paramedicine professionals help provider practices utilize their workforce more efficiently?
- What is the current and optimum workforce capacity? (employed and volunteers)
- How can the value of their services be calculated/illustrated?

# 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.

# Discussion

- How can community health workers be integrated into the care coordination teams as part of a PCMH model for purposes of value-based payments?
- How can services performed by community health workers help provider practices utilize their workforce more efficiently?
- What is the current and optimum workforce capacity?

# 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

- How can peer support specialists be integrated into the care coordination teams as part of a PCMH model for purposes of value-based payments?
- How can services performed by peer support specialists help provider practices utilize their workforce more efficiently?
- What is the current and optimum workforce capacity?

# 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

# Patient Centered Medical Home

- PCMH incentive programs offer payment initiatives to participating practices that adopt the functions of a PCMH.
- Incentives can provide limited-time infrastructure assistance or rewards for obtaining recognition
  - Application cost
  - Data and documentation requirements
  - Staff resources to complete application process

# PCMH Recognition

- The American Academy of Family Physicians identified the following organizations with PCMH accreditation programs:
  - National Committee for Quality Assurance (NCQA)
  - Accreditation Association for Ambulatory Health Care (AAAHC)
  - The Joint Commission
  - URAC Patient-Centered Medical Home Accreditation (formerly Utilization Review Accreditation Commission)

# PCMH Recognition

- NCQA Recognition is most widely recognized
- Emphasis is on patient-centeredness and patient experience of care
- Three levels of recognition based on overall scoring and compliance with the practice's application of technology and team approach to improve access to care and the coordination of care

# Discussion

- From the provider's perspective, what considerations must be addressed in the criteria, payment frequency, and methodology in the incentive payment design?
- What should the multi-payer collaborative consider to best align their contracts and policy requirements?
- Would practices be willing to invest in PCMH recognition with a phased-in approach of value-based payments?

# 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

- What kind of technical assistance is needed to achieve Meaningful Use?
- Are performance measures that are currently reported “generated” or “collected” by staff?
- What challenges are there in training staff to utilize HIT efficiently?
- 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

- 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

- How are practices successfully getting patients to engage in their own health care?
- How do those engagement efforts differ across populations?
- What are best practices?
- What types of tools are currently being used to measure patient quality/satisfaction?
- Which survey methods result in most responses?
- Should VBP include an element tied to patient satisfaction measurement? What should be measured?
- 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 provider's perspective in designing the SHSIP