Nevada
State Innovation Model (SIM)

Stakeholder Meeting

January 26, 2016

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

Agenda

- Introductions
- State Health System Innovation Plan (SHSIP)
- SHSIP Governance
- Health Information Technology (HIT) Plan
- Delivery System Transformation Aims
- Payment Transformation
- Next Steps: SHSIP Implementation
- Comments from DHCFP

State Innovation Model (SIM) Activities

- **Ongoing Stakeholder Outreach**
  - Meetings with health care providers and provider organizations crucial to governance and the State Health System Innovation Plan
- **State Health System Innovation Plan (SHSIP)**
  - SHSIP addresses:
    - Health Information Technology (HIT) Plan
    - Delivery System and Payment Transformation
    - Population Health Plan
    - Workforce Development Plan
    - Sustainability Plan
    - Operational Plan
    - Monitoring and Evaluation Plan
  - Provided draft SHSIP to Centers for Medicare & Medicaid Innovation (CMMI)
  - Final SHSIP due to CMMI on 1/29/16

SHSIP Governance

- **DHHS/DHCFP Executive Committee**
  - Executive sponsorship
  - Provides strategic oversight
  - Decision making authority

- SHSIP input provided by the Population Health Improvement Council (PHIC)

Population Health Improvement Council (PHIC)

- **Purpose**
  - Unite stakeholders to leverage statewide expertise and resources while achieving consensus on implementation of the SHSIP
- **Composition**
  - Payers, Providers, State, Consumer Advocates, Other Stakeholders
- **Participation**
  - Appointment by DHHS

Role of PHIC

- Identify Nevada population health priorities and improvement goals
- Establish value based purchasing (VBP) framework
- Develop common population health improvement strategies
- Adopt standard clinical practice guidelines
- Obtain stakeholder consensus on key delivery system and payment models
- Support training and resource sharing to support provider practice transformation success

Role of Multi-Payer Collaborative (MPC)

- Establish common population health improvement goals
- Pool payer resources to support transformation
- Design a flexible VBP approach recognizing improved clinical outcomes
- Achieve common messaging to providers and members
- Establish performance measurement parameters for simplified reporting and accountability

NV MPC Stakeholders

•Type	•Payer

• Medicaid and CHIP	• DHCFP
	  • Contracted MCOs
	    • Amerigroup/Anthem
	    • United HealthCare/Health Plan of Nevada

• Nevada's State Public Employees	• PEBP
	  • Contracted MCOs
	    • Hometown Health
	    • United HealthCare/Health Plan of Nevada

• Commercial • Medicare Advantage Plans	• United HealthCare/Health Plan of Nevada • Hometown Health (Renown Health) • Anthem, Inc.
• Culinary Workers' Union	• Culinary Health Fund
• Services for American Indians and/ or Alaska Natives	• Indian Health Services

SHSIP Organizational Structure

- Nevada SIM DHHS/DHCFP Executive Committee
  - Nevada SIM Core Team
    - DHCFP Staff
      - Project Management Staff
      - Monitoring and Evaluation Staff
  - Population Health Improvement Council (PHIC)
    - Multi-Payer Collaborative (MPC)
    - Provider Subcommittee
    - HIT Subcommittee
    - Quality Subcommittee
    - Other Subcommittees

HIT Plan: Current Environment

- EHRs and Meaningful Use (MU) Payments
  - 501 unique providers received MU payments
  - Provider adoption and use could be greater
- Health Information Exchange (HIE)
  - Greater contribution and use of patient health information via the HIE is needed

HIT Plan: Current Environment

(cont'd.)

- Regional Extension Center (REC)
  - Set to expire February 2016
  - Providers would like to see some of these services continued
- Center for Health Information Analysis (CHIA) Data
  - Opportunities to leverage the current hospital and ambulatory surgical center data
- Broadband Access
  - Broadband Task Force

HIT Plan: Primary Business Needs

1. Develop the infrastructure to provide access to demographic and health-related data in disparate locations, in various formats, and bring that data together
2. Utilize the disparate data to present information in a useful way to providers, payers and patients for purposes of improving health
3. Create a population health analytics tool to measure population health and population health improvement

HIT Plan: Primary Business Needs (cont'd.)

4. Promote the increased availability and exchange of patient health information through a statewide HIE
5. Provide technical and business support to providers adopting, implementing and using HIT in a meaningful way

HIT Plan: Three Domains

Administrative	Provider	Patient
• Oversight • Public Reporting and transparency	• Point of Care patient information • Performance • Population Management	• Patient health literacy and engagement • Shared decision making

HIT Plan: Strategies

- Short Term
  - Update State Medicaid Health Information Technology Plan (SMHP)
  - Hire State HIT Coordinator
  - Utilize current provider quality reporting capacity
    - **Quality Reporting Document Architecture III (QRDA III)** permits clinical quality metric and is part of meaningful use
  - Create centralized repository of the QRDA III information across all payers

HIT Plan: Strategies (cont'd.)

– QRDA III Benefits
  - QRDA III data is in an industry-accepted format
  - Providers meeting MU requirements already have the ability to produce QRDA III reports
  - No patient identifiers are present which overcomes privacy concerns
  - QRDA III provides a low-barrier pathway to accessing outcome data

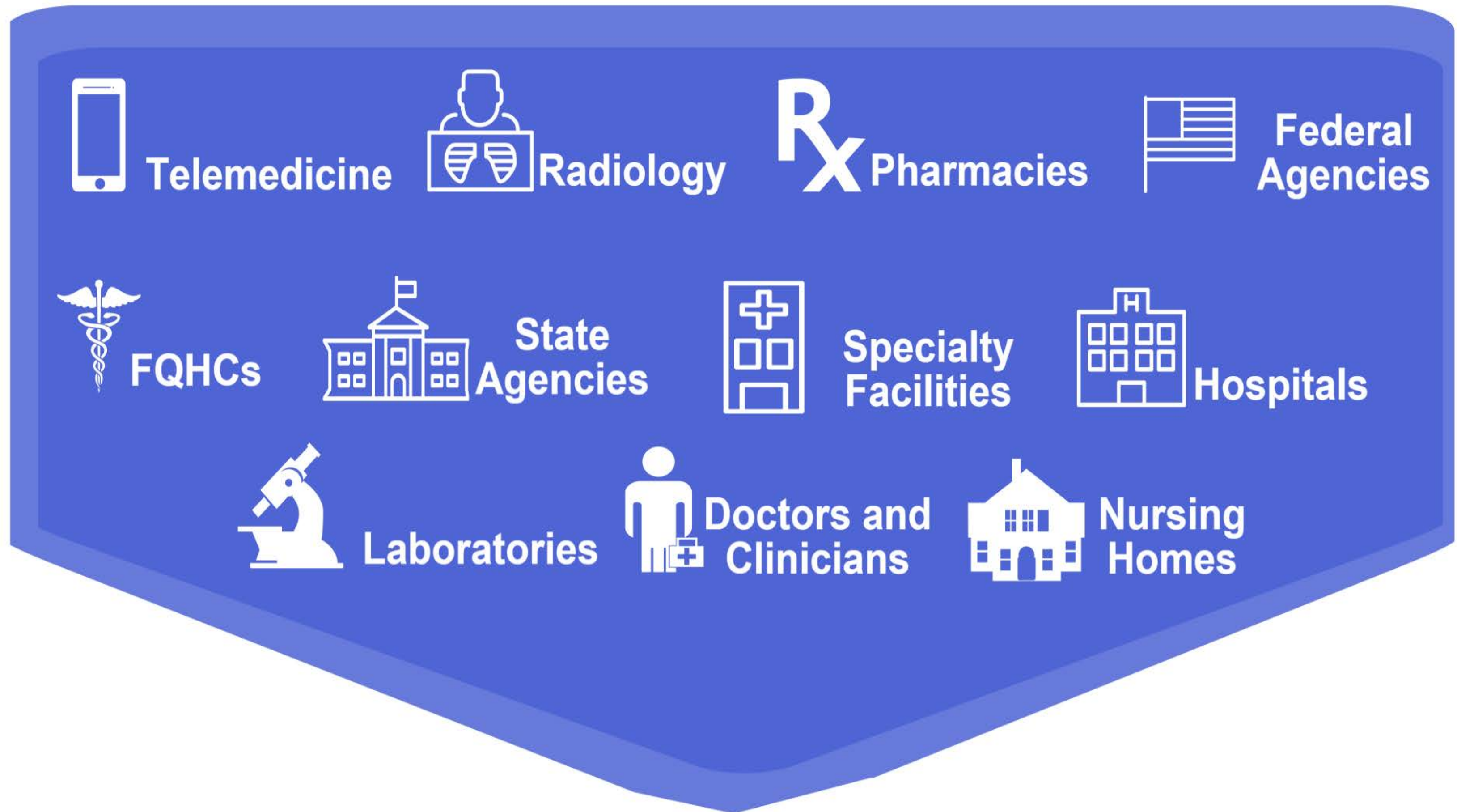
HIT Plan: Strategies (cont'd.)

– QRDA III Limitations
  - Patients may be represented in more than one provider's QRDA III report
  - Stratifying outcomes by acuity level, individual provider population risk level, or patient demographics is not achievable
  - Outcomes are not measurable by payer for incorporation into value-based payment methodologies
  - No clinical registry to collect this data exists today
  - A tool to query the clinical registry would have to be developed or procured

HIT Plan: Strategies (cont'd.)

- Long Term
  - Expand the statewide HIE
  - Maximize use of existing data and registries
  - Introduce a population health analytics tool
    - Role based portal for providers, patients, public and administrative use
  - Create an All Payer Claims Data Repository

NEVADA HIT INFRASTRUCTURE MODEL



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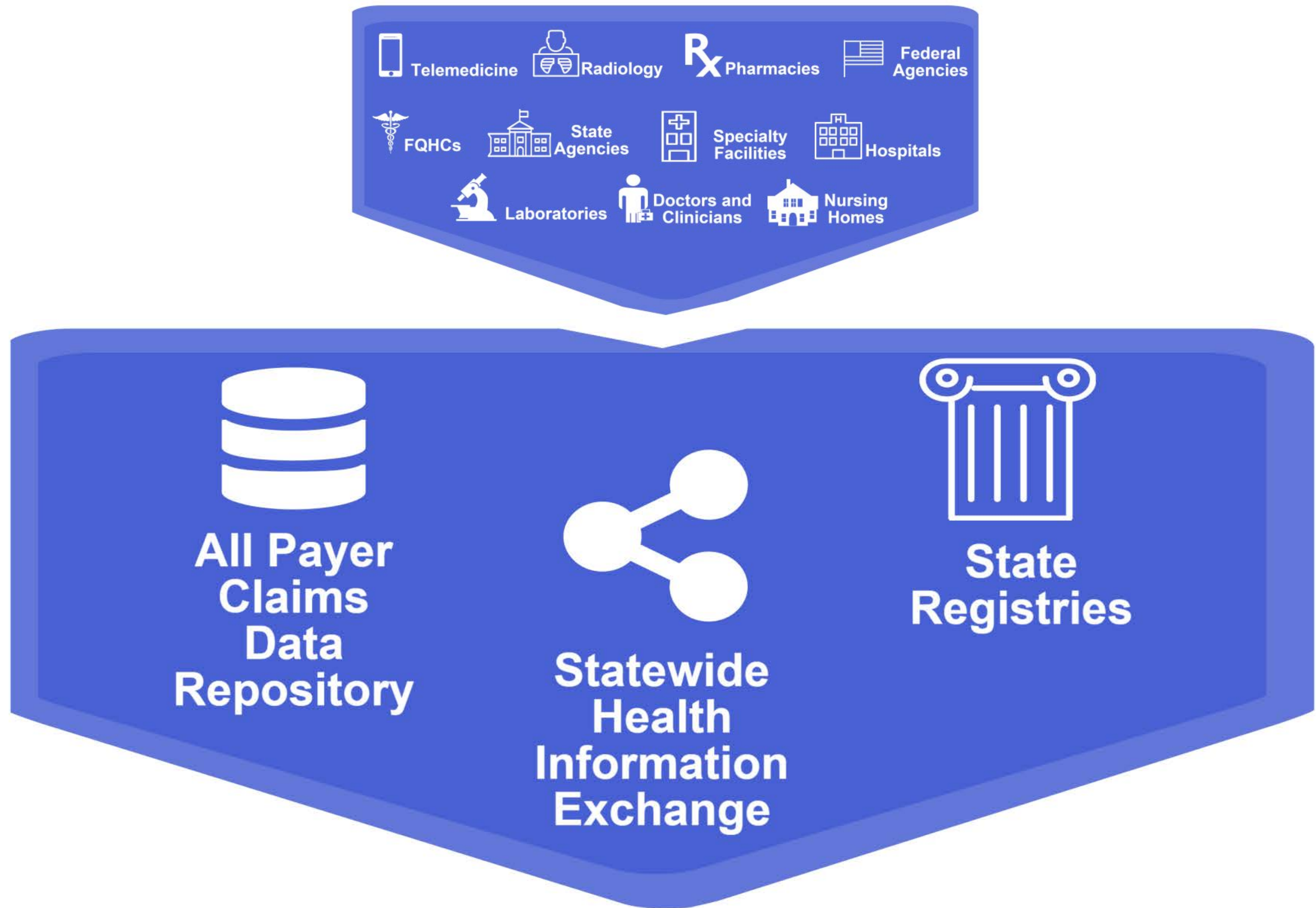

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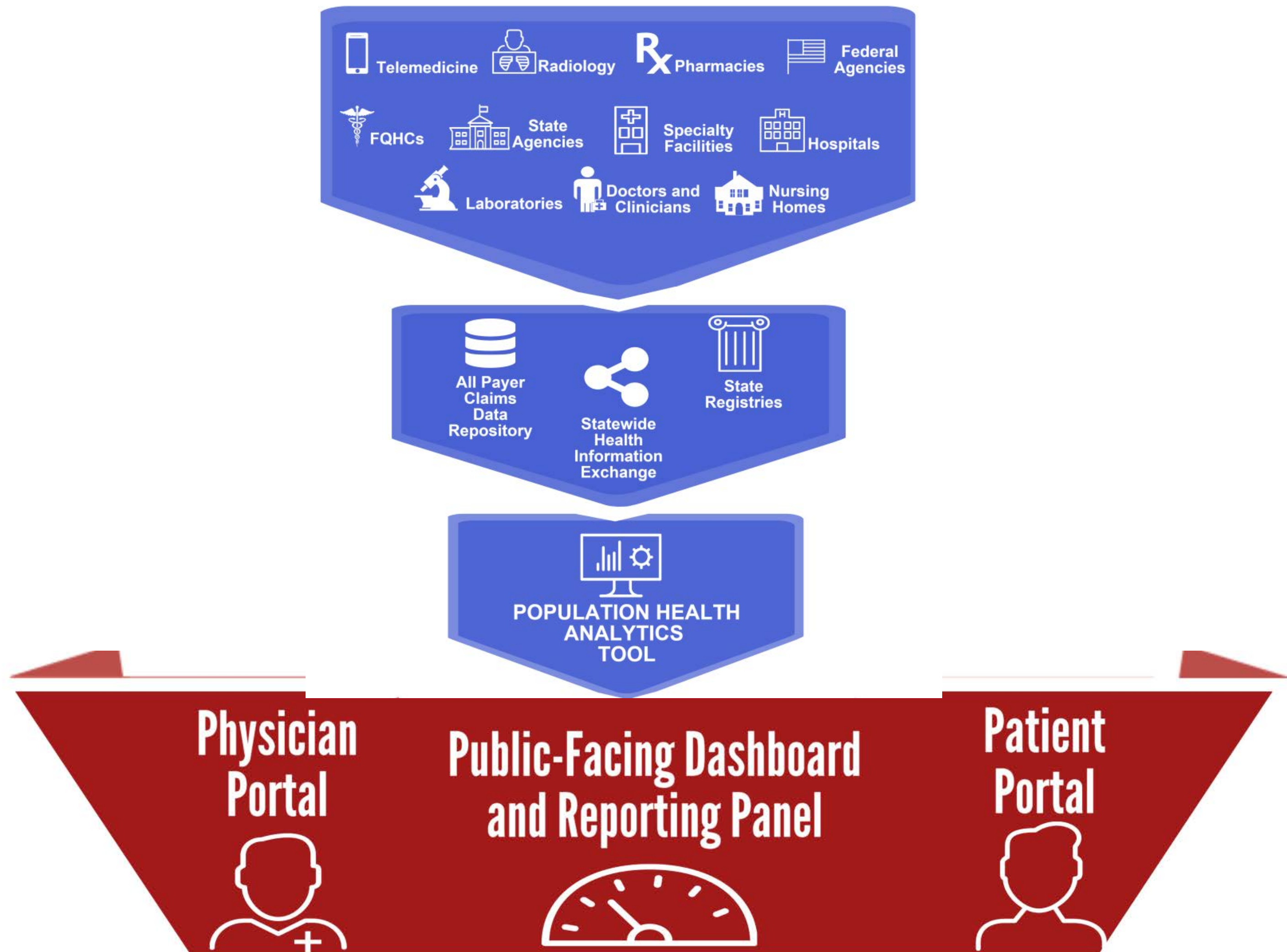

HIT Plan: Governance

- Governance
  - DHHS/DHCFP Leadership will serve as the governance body for the HIT Plan
  - DHHS will seek input from the PHIC
  - DHHS will align with Nevada's SMHP and leverage federal funds where available and appropriate

Delivery System Transformation Aims

1. Redesigning the Nevada health care delivery system to contain health care costs while increasing health care value
2. Establishing reliable and consistent access to primary and behavioral health care services
3. Improving health outcomes for all Nevadans
4. Fostering greater HIT and data infrastructure to support the much needed delivery system and payment transformation initiative

Delivery System Transformation Aims

- Aim Implementation Timeline
  - Short Term – under 2 years
  - Mid-term – 2 to 5 years
  - Long Term – greater than 5 years

AIM 1: Redesign health care delivery system to contain costs while increasing health care value

1. Establish the PHIC to support and monitor statewide achievement of SIM aims
2. Increase the use of value-based purchasing (VBP) in the state by all payers to improve acceleration and adoption of meaningful delivery system reform
3. Develop and align programs to manage and improve health outcomes for super-utilizers of the health care system across payers
4. Develop Medicaid Health Homes (MHH)
5. Increase the number of Patient-Centered Medical Homes (PCMH)

AIM 2: Establish Reliable and Consistent Access to Primary and Behavioral Health Care Services

1. Expand integration of Community Health Workers (CHW) in the health care system
2. Expand telemedicine/telehealth program
3. Expand use of community paramedicine services
4. Expand access to physician peer contacts through Project ECHO
5. Support providers routinely practicing at the highest level of their scope of practice to improve access
6. Promote Health Care Workforce Development

AIM 3: Improve Quality Health Outcomes for All Nevadans

1. Increase education and adoption of evidence-based components of tobacco cessation programs across payers
2. Promote a statewide, integrated behavioral health care system with youth and adult focus on prevention and early intervention as well as persons with Serious and Persistent Mental Illness (SPMI)
3. Promote increased healthy lifestyle practices and availability of obesity prevention programs for youth and adults
4. Increase implementation of best practices for diabetes management programs with an emphasis on prevention in the youth population

AIM 3: Improve Quality Health Outcomes for All Nevadans (cont.)

5. Increase evidence-based prevention and transitions of care management for patients with cardiovascular disease
6. Increase quality outcomes through focused efforts on early prevention programs for youth and adults
7. Implement evidence-based methods to reduce potentially preventable hospital admissions, readmissions and Emergency Department utilization
8. Support improved patient experience

AIM 4: Foster Greater HIT and Data Infrastructure

1. Promote greater contribution and use of the statewide HIE
2. Develop population health management and analytics tool
3. Offer provider HIT technical assistance
4. Utilize HIT to increase patient engagement, health literacy and joint decision-making
5. Develop and All Payer Claims Data Repository

Value-Based Payment Approach

Phased-in Approach

- Payment for Participation
  - Recognizes the providers' participation and activities
  - Encourages provider infrastructure development
- Payment for Reporting
- Payment for Outcomes
- Shared Savings

Payment Transformation

- Payment transformation will evolve over time
- Episode based ("bundled") payments
  - All-inclusive payment for a predefined set of services
- VBP Contracting
  - Provider, payer and ancillary vendor contracts reviewed for VBP opportunities to align goals

Implementation Approach

- Phased-in Approach
- No current funding sources to test the plan
- Must implement efforts with a high return on investment with fairly immediate results
- Reinvest savings or costs avoided
- Operational Plan
  - Detailed actions and deliverables
  - Planning, go-live and post implementation monitoring activities through CY2021

Evaluation

- Evaluations will be done during implementation and periodically to assess process
- Early evaluations
  - Will use the Plan, Do, Study, Act and Rapid Cycle Improvement approach
  - Learning collaboratives will be formed
- Summative evaluation
  - Focus on outcomes
  - Conducted by independent third party

Next Steps

- **Finalize SHSIP governance structure**
  - Develop charter with input from PHIC, MPC and other Subcommittees
  - Identify stakeholders for participation in PHIC and Subcommittees
- **Convene PHIC**
  - Initiate development of Subcommittees
- **Convene MPC**
  - Begin VBP and delivery system change discussions

Next Steps (cont'd.)

- Additional exploration of federal authority for Medicaid components
- Continue engagement and momentum with sister agencies
- HIT
  - Update SMHP
  - Hire HIT Coordinator and staff
- Draft SHSIP evaluation and monitoring plan
- Explore other funding sources to support and accelerate the SHSIP implementation

Comments from DHCFP

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