Introduction to SIM

- The Center for Medicare and Medicaid Services (CMS) approved Nevada’s State Innovation Model (SIM) Round Two application to improve population health in Nevada. The State was awarded $2 million to design a State Innovation Model. The grant period began February 1, 2015 and run for twelve months.
- The grant provides financial and technical support to DHCFP for the design of multi-payer health care payment and service delivery models that will accomplish the CMS triple aim of:
  - Strengthening Population Health
  - Improving Patient Experience of Care (Including Quality and Satisfaction)
  - Decreasing Per Capita Health Care Spending
State Innovation Model Design Goals

- Improve Access to care
- Redesign the delivery system to align payments where possible to achieve cost savings
- Provide for robust Health Information Technology (HIT) and data infrastructure
- Improve patient experience

Topics

- Key Components of SHSIP
- Multi-Payer Collaborative Concept
- Stakeholder Engagement Activities
- Youth-Focused Approach
- Upcoming Activities
- Initiatives To Be Leveraged
Key Components of the SHSIP

- Patient-Centered Medical Home (PCMH)
- Medical Health Home for superutilizers
- Paramedicine
- Community Health Workers
- Telemedicine
- Expansion and adoption of statewide Health Information Exchange (HIE) and Health Information Technology (HIT)
- Value-Based Purchasing (VBP)
- Multi-Payer Collaborative (MPC)

Patient Centered Medical Home (PCMH)

- PCMH has been discussed by the workgroups and included for consideration:
  - Use national recognition as the standard
  - Recognize practices committing to national recognition
  - Develop technical assistance capacity to help support practice transformation
  - Tier VBP payments based on level of national recognition
Medical Health Home

- Permissible Populations
  - 2 Chronic conditions
  - 1 Chronic condition and risk of a 2nd
  - Severe Persistent Mental Illness (SPMI)
- Suggestions
  - Begin with SPMI Population
  - Use opportunity to drive integration of physical and behavioral health
  - Add other groups in subsequent phases

Community Paramedicine

- Stakeholder endorsement of inclusion
- Paramedicine
  - Technical Assistance in expanding REMSA/Humboldt General Hospital models
  - Follow up care to patients with high readmission hospitalizations (ex. heart failure)
  - Reimbursement model and funding identification
Community Health Workers

- Stakeholders endorse inclusion
- Primary areas of focus
  - Medicaid expansion population
  - Minorities
  - Hard-to-reach populations
- Identify reimbursement mechanism and funding source

Telemedicine

- Stakeholder endorsement
  - Generally agree patient must be present for the encounter
  - Increase access to presentation sites
  - Concerns about affordability of equipment
- Uses
  - Behavioral health
  - Specialty access
Health Information Technology Plan

- General Plan
  - Rely on attested data from the payers involved
  - Expand claim types and data provided to Center for Health Information Analysis for Nevada (CHIA)
  - Procure analytics tool to sit on top of CHIA data to measure population health
  - Create a public facing dashboard on population health and related data

- Create centralized portals for Provider and Patient Information

Centralized Provider Portal

- Centralizes utilization from payer(s)
- Incorporates Admission/Discharge/Transfer (ADT) data from hospitals
- Creates a snapshot of the patient’s health care encounters in a centralized patient profile
- Purpose: To meet providers’ request to have more complete information available at point of care. Interim solution until statewide, robust HIE developed
Centralized Patient Portal

- Portable Personal Health Record
- Serves as a resource for lay individuals to research health conditions and how to manage health conditions (patient empowerment)
- Information regarding prevention and healthy behaviors
- Possible customization to send alerts to patients regarding gaps in care (ex. diabetic with no hemoglobin A1c in last 12 months)

Value-Based Payment (VBP) Model

- VBP has been discussed by the workgroups as being part of:
  - Patient Centered Medical Home reimbursement
  - Health Home/Superutilizer model
  - Episode-based bundled payments
  - Provider population health management performance
  - Introduction of VBP and P4P concepts in public payer contracts
Multi-Payer Collaborative (MPC) Concept

- MPC
  - Brings together payers and employers in the state invested in reaching consensus to develop goals, measures and a provider payment model component through the SIM project
  - Goals of the MPC would be:
    1. Provide support on approach to provider practice transformation.
    2. Create a PCMH payment framework.
    3. Develop a standard, but flexible, Value-based purchasing (VBP) approach and support adoption.
    4. Establish pay-for-performance (P4P) improvement goals.
    5. Establish timelines for adoption of PCMH framework.
    6. Agree to established performance measurement parameters for simplified reporting and accountability.

Stakeholder Engagement Activities

- Activities to Date
  - 3 Kickoff meetings
  - 8 Community Meetings
  - 8 Taskforce Meeting
  - 12 Workgroup meetings
  - 3 Stakeholder update webinars
  - Numerous DHCFP presentations and individual stakeholder meetings

- Survey Tool Deployed
  - 93 responses
  - Responses: Survey remains open at: https://www.surveymonkey.com/s/NV_SIM

- Website Content
Youth-Focused Approach

- Workgroup-Endorsed Areas of Focus
  - Prenatal services/Birth outcomes
  - Well-child visits and immunizations
  - Asthma services
  - ED utilization
  - Diabetes
  - Childhood obesity
  - Behavioral Health (BH) services
  - Dental care
  - Smoking prevention and cessation

Initiatives to Be Leveraged

- Centers for Health Information and Analysis (CHIA) data
- HealthInsight Health Information Exchange (HIE)
- HealthInsight Regional Extension Center (REC) work
- MCO
- Health Care Guidance Program (HCGP)
- Balancing Incentive Payments (BIP)
- Medicaid Incentives for Prevention of Chronic Disease Grant (MIPCD)
- Certified Community Behavioral Health Center Grant (if awarded)
- Million Hearts
Initiatives to Be Leveraged (Continued)

- Project ECHO
- Tobacco Quitline
- Children’s Heart Institute Pediatric Obesity Program
- Other Public and Behavioral Health Programs/Offices:
  - Nevada Birth Outcomes Monitoring System (NBOMS);
  - Substance Abuse Prevention and Treatment Agency (SAPTA);
  - Maternal and Child Health (MCH) Program;
  - Obesity Prevention and School Health Program;
  - Oral Health Initiative;
  - CHW Program;
  - Office of Suicide Prevention Diabetes Prevention and Control Program;
  - Public Health and Clinical Services (PHCS)

- Other Initiatives?

Upcoming Activities

- CMS Quarterly Progress Reports
- Drafting components of the SHSIP for state and workgroup/taskforce validation
- Prepare for presentation of Nevada SIM Plan in January 2016.
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