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## Patient-Focused Workgroup Meeting Notes

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**Date:** *June 4, 2015*                      **Location:** *4150 Technology Way  
Carson City, NV  
Room 303*

**Time:** *1:00 – 3:00 pm (PT)*                      **Call-In #:** *(888) 363-4735*

**Facilitator:** *Charlyn Shepherd*                      **PIN Code:** *1329143*

**Purpose:** Meeting to identify areas of improvement in Nevadans' patient experiences in the health care system, and to identify motivators for increased patient engagement in adopting healthy behaviors.

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In addition to the SIM team, twelve workgroup members introduced themselves at the meeting. After introductions Jerry Dubberly gave a presentation providing clarification on the State Innovation Model (SIM) objectives and Nevada's proposed goals (to date) for the State Health System Innovation Plan (SHSIP). Components from Connecticut's SIM Design were provided as examples to illustrate how their plan communicated Connecticut's aims and the related primary and secondary drivers affecting those aims, as well as actions steps necessary for CT to achieve their aims. The purpose in providing these examples was to ensure the workgroup understands how their contributions will impact the design of Nevada's Population Health plan and SHSIP.

Charlyn Shepherd gave an overview of the activities of the other workgroups and taskforces from the previous meetings. A separate document listing these topics was provided to the Tasks Forces and Workgroups.

Participants were asked to provide feedback if they noted any omissions or edits needed to the prior Patient-Focused meeting minutes.

The discussion topics listed on the agenda mirrored Primary Driver 4 from Mr. Dubberly's presentation. To begin the discussion, participants were asked to comment on their experience with incentives to improve patient engagement.

### **Patient Incentives**

Debra Sisco

- Participated in the State employees' benefit program. In that program, a baseline individual health status was determined and an action plan was created.
- Incentives included a free Fitbit and a reduction in the health care premium, as well as other financial incentives for meeting preset targets.
- The program was supported by the Governor's office.
- The program is not going to be continued. It is believed that many of those who started the program will continue to use the Fitbit and their engagement in their health care despite the end of the program.
- Participants with chronic diseases were connected with a nurse with whom they work with throughout the year. Participants also had access to coaches.

- The health information collected by Fitbit was not easily transferred and linked to other health information.

Anthony Allman

- There are Personal Health Record (PHR) applications, such as Microsoft Health Vault that can be used to share data with providers. The patient is in control the health information. Some providers have the capability to sync with PHRs.
- Beam Toothbrush for dental health is a device similar to Fitbit, but for oral hygiene/health. The toothbrush records brushing activity and connects consumers with their toothbrush, dental goods and services.

Phyllis Freyer

- Some providers are concerned about the potential liability to review and act on data when accepting PHR information into their records.
- Renown has a “Healthy Tracks” program to promote health behaviors.
- Healthy Tracks includes individual health data, but is not used for population health measurement or disease management tracking.
- Depending on perspective, a lower premium or discount may be considered an incentive by those who qualify, while others who do not receive the discount view it as a penalty instead of an incentive.

Katie Baumruck

- Incentives are part of the Medicaid Incentive Program for Chronic Disease (MIPCD) she works on with the Children’s Heart Center. The program incentivizes Medicaid members for improvements in their healthy habits.
- Approximately 1,700 children have gone through the program.
- The grant ends soon and long-term funding is not secured.
- Points are given for engagement and positive behaviors and results. Those points can be used to shop for rewards (CHIP Rewards) in a catalogue.

### **Patient Satisfaction Surveys**

The CMS Triple Aim includes increasing patient quality and satisfaction. The question of how to best measure patient satisfaction was posed to the workgroup. SHADAC prepared a document explaining the CAHPS Surveys. This overview was provided to the group for reference.

Phyllis Freyer

- A Community Needs Assessment recently performed indicated that patients need help navigating available health care services in the community as well as assistance navigating other daily activities and life skills and events.

### **Health Literacy**

The group was asked to indicate by payer source, that group’s level of health literacy on a 3 point scale comprised of the following ratings: Very Knowledgeable, Somewhat Knowledgeable, or Limited/No Knowledge. At the time of the meeting one response had been received. According to that survey, Indian Health Services (IHS), and the Public Employees Health Benefit (PEHB) plan had the lowest rate of knowledge in the health system. Also pointed out in this discussion was the need for health organizations to be literate when building policies, delivery systems, and patient portals to foster productive interactions, to obtain patient feedback to adapt to patients’ needs, and to encourage interactions among community partners that interact with patients.

Angie Wilson

- Native Americans access health care through their tribal infrastructure.
- The Tribal staff works to get individuals signed up for Medicaid or alternative source before using IHS resources.

- Providers mistakenly assume that HIS will pay for health care services when individuals qualify for Medicaid. When some providers realize that IHS will not be reimbursing for care, some providers will not see those patients or will refer the patients to the Emergency Room.
- IHS submits certain health care patient engagement performance measures to the federal government. Governmental Performance Improvement Act requires these measures be reported so they do a lot of outreach and work to engage their patients.
- There are full-time staff who help people understand health care coverage and help them coordinate care.
- A patient wellness document is printed for each patient at the close of their encounter. This includes tips the person can use to increase their knowledge and improve the management and treatment of their disease states.
- Although Tribal clinics use electronic health records, not all of their clinics are connected to each other to share health information through an HIE.
- There is a need to recognize the use of narcotics and the interactions/contraindications of these medications with other medications. IHS tries to promote this and it would be helpful to hear from other sources how they include medication management in their outreach.

#### Maria Laroya

- Amerigroup has multiple workgroups with different health targets (i.e. asthma). Calls are made to the members to encourage them to work with their primary care provider.
- Outreach methods include phone calls and letters.
- There is about a 20% success rate in reaching members via phone. Ideally, face-to-face interactions are best, but they are difficult to achieve.
- Written “Ameritips” are provided to patients to explain their disease states.
- Health information provided to members is written at a 3 – 5<sup>th</sup> grade reading level.

#### Steve Eisen

- There is an interdisciplinary FAST (Family Assistance and Support Team) committee that works to help families understand their child’s health care needs and put the family in touch with services and supports.

#### **Action Item for Next Meeting:**

The group was asked to review the driver diagrams presented by Mr. Dubberly and for the next meeting add/delete/modify the primary and secondary drivers and action steps they believe should be included in the SHSIP for patient engagement and population health.