

**THE ADVISORY COUNCIL ON THE STATE PROGRAM FOR WELLNESS AND THE  
PREVENTION OF CHRONIC DISEASE  
SUB-COMMITTEE ON PATIENT-CENTERED MEDICAL HOMES  
MINUTES  
OCTOBER 6, 2017  
9:00 a.m.**

The Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease Sub-Committee on Patient-Centered Medical Homes held a public meeting on 10/6/2017, beginning at 9:00 a.m. at the following locations:

Division of Public and Behavioral Health  
4150 Technology Way  
Room 204  
Carson City, NV 89706  
(775) 684-4285

Bureau of Health Care Quality & Compliance  
4220 S. Maryland Parkway  
Building D, Suite 810  
2<sup>nd</sup> Floor Small Conference Room  
Las Vegas, NV 89119  
(702) 486-6520

Division of Health Care Financing & Policy  
1010 Ruby Vista Drive, Suite 103  
Elko, NV 89801  
(775) 753-1311

Northern Nevada Mental Health Services  
Children's Cabinet  
480 Galletti Way, Building 2A  
Reno, NV 89513  
(775) 688-1930 ext. 2198

**MEMBERS PRESENT**

Sam Bauzon, MD, MMM, CPE  
Antonia Capurro, DMD, MPH, MBA  
Andrew Fraser, MD, MPH  
Nancy Hook, MHSA  
Assemblywoman Amber Joiner, MA  
Tom McCoy, JD, Acting Chairman  
Robert Pretzlaff, MD, MBA FAAP  
Daniel Spogen, MD

**MEMBERS NOT PRESENT**

Cameron Duncan, DNP, MS, APRRN, FNP-C  
Tigger Mathis, MSN, APRN, FNP-BC  
Chris Needham, MBA  
Will Sutherland, MBA, PMP, PCMH CCE

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT**

Karissa Loper, MPH, Deputy Bureau Chief, Bureau of Child, Family and Community Wellness (CFCW), Division of Public and Behavioral Health (DPBH)  
Jenni Bonk, MS, Section Manager, Chronic Disease Prevention & Health Promotion (CDPHP), DPBH  
Jeanne Broughton, Administrative Assistant III, CDPHP, DPBH

**OTHERS PRESENT**

Matt Satre, Renown Health

Acting Chair Tom McCoy called the Sub-Committee on Patient-Centered Medical Homes (PCMH) meeting to order at 9:05 a.m. Jeanne Broughton indicated the meeting was properly posted at the locations listed on the agenda in accordance with Nevada Open Meeting Law.

**1. Roll Call/Introductions**

Roll call was taken and it was determined a quorum of the Sub-Committee on Patient-Centered Medical Homes (PCMH) was present, per Nevada Revised Statute (NRS) 439.518 §

Matt Satre from Renown Health was introduced.

Acting Chair McCoy stated it is a very difficult group of people to pull together and thanked everyone for their patience with the efforts to find a good time to meet.

He then quoted some information about the advisory group from Senate Bill 6 (SB6), passed in 2015.

“Section 20.2 of this bill defines the term “patient-centered medical home” to mean a primary care practice that: (1) offers patient-centered, continuous, culturally competent, evidence-based, comprehensive health care that coordinates the needs of the patient and uses enhanced communication strategies and health information technology; and (2) emphasizes enhanced access to practitioners and preventive care to improve the outcomes for and experiences of patients and lower the costs of health services...Existing law creates the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease and authorizes the Advisory Council to appoint committees or Sub-Committees to study issues relating to wellness and the prevention of chronic disease. (NRS 439.518, 439.519) Section 20.1 of this bill authorizes the Advisory Council to establish an advisory group of interested persons and governmental entities to study the delivery of health care through patient-centered medical homes.”

He emphasized a requirement of the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD) was to establish the PCMH Sub-Committee. Since there are no statutory regulations about who is supposed to be on the Sub-Committee, they should form their own path.

**2. Approve minutes from the February 1, 2017 Sub-Committee**

Acting Chair McCoy asked if there were any corrections to the February minutes.

**ACTING CHAIR MCCOY ENTERTAINED A MOTION TO APPROVE THE MINUTES. A MOTION TO APPROVE WAS MADE BY NANCY HOOK. DR. DANIEL SPOGEN SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

### **3. Election of Chair and Vice-Chair**

Acting Chair McCoy entertained nominations from the floor for Chair and Vice Chair.

Ms. Hook nominated Tom McCoy as Chair. Acting Chair McCoy nominated Nancy Hook as Vice Chair.

**ACTING CHAIR MCCOY ENTERTAINED A MOTION TO ELECT TOM MCCOY AS THE CHAIR AND NANCY HOOK AS THE VICE CHAIR OF THE PCMH SUB-COMMITTEE. A MOTION TO APPROVE WAS MADE BY MS. HOOK. DR. SPOGEN SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

### **4. Defining Future Membership and Meeting Dates**

Chair McCoy led a discussion about future meeting dates for the Sub-Committee. It was decided to hold the meetings on the second Friday morning of the month preceding the CWCD meeting.

### **5. Discussion of information received from panel members about PCMHs**

To help define future membership, Chair McCoy quoted from SB6, section 20.1.3 (c).

“Interested persons and governmental entities that serve on the advisory group may include, without limitation: (1) Public health agencies; (2) Public and private insurers; (3) Providers of primary care, including, without limitation, physicians and advanced practice registered nurses who provide primary care; and (4) Recipients of health care services.”

Chair McCoy stated he thought it would be helpful to the Sub-Committee to engage people who use PCMHs and have them become part of the Sub-Committee as allowed. Ms. Hook said she would reach out to the Community Health Centers locally to see if they could identify any patients who would be interested in participating.

Chair McCoy quoted SB6 to help define the term Patient-Centered Medical Home as prohibiting “a primary care practice from representing itself as a patient-centered medical home unless it is certified, accredited or otherwise officially recognized as such by a nationally recognized organization for accrediting patient-centered medical homes.” He asked the Sub-Committee members whether this was an issue. No one thought it was.

Chair McCoy pointed out the CWCD established the Sub-Committee as an advisory group to take a good look at Patient-Centered Medical Homes and, given its significance to the state, allow insurers to work with PCMH and give it a definition. He engaged the Sub-Committee in a discussion regarding challenges the members were facing.

Ms. Hook pointed out there was more activity around health care reform in February, 2017, because the state plan had just been submitted. She stated how important it was to expand managed care into rural areas and other populations to make PCMHs more attainable and have the PCMH model more embedded.

Discussion ensued about the difference between certification and recognition. Mr. Satre pointed out PCMH recognition in the Renown clinics puts them in a better position for reimbursement and better patient care.

Dr. Pretzlaff inquired about the groups who recognize and/or certify PCMHs. Mr. Satre replied they were recognized as a PCMH through the National Committee of Quality Assurance (NCQA). He also stated the NCQA recognition process was long, and at the end, you are either recognized or not, as a level one, two, or three PCMH.

Dr. Andrew Fraser noted the Joint Commission on Accreditation of Healthcare Organizations (JACHO) as another recognizing body for PCMHs. He also pointed out certification is not recognition. He asked if there was a way to address that issue.

Ms. Bonk inquired about how PCMHs get paid. Mr. Satre stated it was quite complicated and offered to supply information to the Sub-Committee at the next meeting.

Chair McCoy asked about how Nevada reimbursement compared to other states. Ms. Bonk stated she had researched several other states, most of which had done more, they did it through waivers or grants and pilot projects. She also noted Nevada does not have enough providers because we have not reached a sustainable point. She suggested a PCMH pilot project for target populations, like those with diabetes, be considered.

Chair McCoy pointed out getting paid and how an organization identifies to qualify as a PCMH is important. He expressed his hope to help establish something in Nevada, to increase the utilization of PCMHs and once established, ensure they get paid. He asked the Sub-Committee members for their input regarding the language of SB6.

Ms. Hook responded when the language was written were four different national accrediting groups that gave PCMH recognition: NCQA, the Joint Commission, the Utilization Review Accreditation Commission (URAC), and the Accreditation Association for Ambulatory Health Care. She also stated the legislators did not want to list the four national organizations in the statute in case someone else came up with some situation for reimbursement in which a national standard would be used instead of a state standard.

Ms. Hook requested the Sub-Committee review the 2703 State Plan. Ms. Bonk said she would locate someone from Nevada Medicaid to present on the topic at the December meeting.

Chair McCoy wanted to know how many PCMHs were in Nevada. Ms. Hook said there were 283 recognized through NCQA, maybe more.

Chair McCoy encouraged members to draft language for the 2019 legislature. He asked Ms. Bonk if, in her research, she found other states to help model Nevada.

Ms. Bonk referenced a website called, "Patient-Centered Medical Care Collaborative." She stated she looked up Nevada, Oregon, Colorado, Montana, and Minnesota, because those were the most applicable. She will put together a presentation including a list of references for the next meeting.

Dr. Bauzon requested she include New York.

Dr. Spogen noted the up-front cost and development of infrastructure to create a PCMH. Small rural clinics have trouble getting recognized as a PCMH and there is a need to make sure we are not just looking at the larger health care organizations.

Chair McCoy inquired about grant possibilities, or if state funding was necessary.

Ms. Bonk responded if anyone knew of a funding opportunity, she would be happy to collaborate and apply and could possibly subgrant to the rural communities.

Chair McCoy stated there is a need to make information available on the DHHS website. Ms. Bonk will check on how to make more information accessible to the public.

**6. Public Comment**

There was no public comment.

**7. Adjournment**

**CHAIR MCCOY ENTERTAINED A MOTION TO ADJOURN. A MOTION TO ADJOURN WAS MADE BY MS. HOOK. DR. SPOGEN SECONDED THE MOTION WHICH PASSED UNANIMOUSLY. THE MEETING WAS ADJOURNED AT 9:57 A.M.**