

**THE ADVISORY COUNCIL ON THE STATE PROGRAM FOR WELLNESS AND THE  
PREVENTION OF CHRONIC DISEASE**  
**SUB-COMMITTEE ON PATIENT-CENTERED MEDICAL HOMES**  
**DRAFT MINUTES**  
**SEPTEMBER 14, 2018**  
**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 September 14, 2018 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

Teleconference  
(415) 655-0002  
Access Code: 802 378 271

**MEMBERS PRESENT**

Sam Bauzon, MD, MMM, CPE\*  
Nancy Bowen, MS  
Antonina Capurro, DMD, MPH, MBA\*  
Andrew Fraser, MD, MPH\*  
Assemblywoman Amber Joiner, MA\*  
Tom McCoy, JD, Chairman  
Robert Pretzlaff, MD, MBA, FAAP\*  
Jerry Reeves, MD\*  
\*Present via telephone

**MEMBERS NOT PRESENT**

Cameron Duncan, DNP, MS, APRN, FNP-C  
Daniel Spogen, MD

**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), CFCW, DPBH  
Julie Lindesmith, Social Services Program Specialist III, Division of Health Care Financing and Policy (DHCFP)  
Jeanne Broughton, Administrative Assistant III, CDPHP, CFCW, DPBH  
Christopher Bartoni-Rojas, Administrative Assistant II, CDPHP, CFCW, DPBH  
Katie Charleson, Administrative Assistant II, CDPHP, CFCW, DPBH

**1. Roll Call/Introductions**

Chairman McCoy called the meeting to order at 9:05 a.m. 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 § 2.

**2. Approve Minutes from October 6, 2017, December 8, 2017, and July 13, 2018 PCMH Subcommittee Meetings.**

**CHAIR MCCOY ENTERTAINED A MOTION TO APPROVE THE MINUTES WITH NO CORRECTIONS. A MOTION TO APPROVE WAS MADE BY NANCY BOWEN. SAM BAUZON SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

**3. Introduce Nancy Bowen, Executive Director, Nevada Primary Care Association**

Chair McCoy introduced Nancy Bowen as the new Executive Director of the Nevada Primary Care Association. Ms. Bowen will replace Nancy Hook as the PCMH Sub-Committee Vice-Chair.

Ms. Bowen stated she has been with the Nevada Primary Care Association for the past six (6) years and is currently the Executive Director. She is pleased to be a member of the Sub-Committee. She announced the Nevada Primary Care Association's Annual Conference would be held September 18-19, 2018 in Las Vegas and invited everyone to attend.

**4. Presentation on Transition of Health Care Guidance Program**

Julie Lindesmith gave the presentation [Health Care Guidance Program](#).

Chair McCoy asked if there were any comments or questions.

Jenni Bonk asked how the members of the cancelled program were contacted.

Ms. Lindesmith responded a letter was sent to all the participants and high-risk members were contacted either in person or by phone for a warm hand-off.

Chair McCoy stated, considering our sizeable population, there was a very small amount of people who were enrolled and asked if those enrolled had a clear understanding of the program.

Ms. Lindesmith responded most of the recipients who were contacted personally, not by mail only, seemed to have a good understanding of the program. But, many of the calls received during the closeout were about a lack of understanding of the program.

Chair McCoy stated the public needs to be educated and made aware of these types of programs. The general population would likely have the same response about Patient-Centered Medical Homes (PCMHs).

Dr. Bauzon stated out of 41,000 members, only 3,100 were in active management and it seemed the biggest barrier was incorrect contact information. Most patients were not aware of services because there was not a good way to reach them. He asked if there was a better way to reach out to the patients, since PCMH facilities have the same issue.

Ms. Lindesmith stated staff researched how other states handled this issue and found most outreach was done via telephone. Unfortunately, many of Nevada's members with mental health issues were less likely to give information over the phone. Many hours were spent trying to obtain better contact information, but the best approach was in-person contact, which worked well in the larger cities but was much harder in the rural areas.

Jerry Reeves asked if any of the patients had cell phones with texting capabilities and if there was a way to reach the patients via telemedicine versus having to be transported to a doctor's office.

Ms. Lindesmith responded many of the people did have cell phones with texting capabilities but there were privacy issues which prevented the use of that mode of communication.

Dr. Reeves noted from a care management standpoint, one could have secure messaging, which is HIPAA compliant, and then text messaging would have been useful. He further stated Nevada has

Electronic Health Records (EHR) systems which enable providers to connect to patients' electronic records. He suggested Project Echo and telemedicine services be considered in the future.

Ms. Lindesmith responded the Health Information Exchange (HIE) is something which has been discussed for the future.

Dr. Reeves stated Medicaid patients are already connected to the HIE, which allows care manager access so they receive up-to-date information about what is going on with a patient.

Chair McCoy asked if transportation services were part of the process and how much of a challenge it presented.

Ms. Lindesmith stated transportation was not part of the process. However, enrollees were put in touch with Medical Transportation Management (MTM), the non-emergency transportation service provider for Medicaid patients. Care workers helped patients get set up with the service and it was a huge benefit. It worked extremely well in large population areas and fairly well in rural locations.

Andrew Fraser stated behavioral health issues need to be addressed, because many times the mental health issue needs to be taken care of before anything else can be achieved for a patient.

Chair McCoy thanked Ms. Lindesmith for the presentation and information.

**5. Discussion of Possible Recommendations from PCMH Sub-Committee to the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD)**

Chair McCoy asked Ms. Bowen to discuss the list of PCMH organizations in Nevada.

Ms. Bowen stated she sent out a list of PCMH organizations to members. Ninety-nine percent were certified through the National Commission for Quality Assurance (NCQA), one of the two (2) agencies who certify PCMHs nationwide. However, there are not a lot of private providers certified in Nevada.

Chair McCoy stated at earlier meetings the certification process was discussed and cost was the prohibitive factor for small medical groups and solo practitioners. He asked about any grant money which could help small practices offset the cost of becoming a certified PCMH.

Ms. Lindesmith suggested other States have used Health Home Planning funds to certify PCMH facilities. If a small practice would pursue being a Health Home, then those funds could be used to offset the cost.

Ms. Bonk asked if the Health Home funding was part of the Affordable Care Act (ACA) Section 2703, which allows a 90/10 match for the first eight (8) quarters.

Ms. Lindesmith responded a State can pursue Health Homes and can apply to the Centers for Medicare and Medicaid Services (CMS) and receive up to \$100,000 for the planning of the Health Home. The funds are very general and can be used in different ways. After the plans are in place, then the 90/10 match happens.

Ms. Bonk asked if the Sub-Committee would like to draft a letter to Medicaid to support the use of 2703 funds to establish more certified PCMH facilities in Nevada.

Chair McCoy stated the letter would have to go through the CWCD as the parent Council of the PCMH Sub-Committee. Ms. Bowen stated it was a good suggestion and a good time to revisit the idea, since it was suggested three (3) years ago, but did not go through.

Chair McCoy asked Ms. Lindesmith if she was aware of any States using the waiver. Ms. Lindesmith responded twenty-two (22) States currently use Health Home models.

Dr. Reeves stated the cost of certification is not worth the investment to providers. There does not seem to be a cost ratio which is beneficial to the provider. Perhaps there should be some State process for certification. There are several entities, such as the Electrical Workers, and NV Energy, who have Medical Homes they are sending members to, but those Homes have not applied for certification. The beneficiaries are quite satisfied with the performance of the Homes. He asked why a practice, or a facility, had to be certified by one of the agencies mentioned. He stated it should be about whether the facility is doing patient-centered work, not about the certificate on the wall. He asked if there was any interest in pursuing places which are behaviorally operating as Medical Homes, but which may not be certified, and having them connect with beneficiaries.

Dr. Fraser stated in addition to assisting organizations with certification, we must find a way to encourage them to continue operating at that level. The recertification process used to be every three (3) years, and it recently changed to an annual process. He suggested the State offer an incentive to encourage providers to continue to meet certification standards.

Ms. Lindesmith responded many States provide Per Member Per Month (PMPM) reimbursements. However, some States, like Nevada, reimburse at a lower rate than others like New York, where the reimbursement rate provided is much higher.

Ms. Bowen stated certified PCMH facilities offer a higher quality of care, so these facilities should receive a higher rate of reimbursement. The Nevada Primary Care Association recognized that and was working to get a higher reimbursement rate for PCMHs.

Chair McCoy responded such a large investment [to certify] should warrant a higher rate of reimbursement, otherwise there is no incentive to maintain operations at that higher level. He stated the Sub-Committee should explore whether the "2703" Waiver would help as a cost reducer for the certified PCMH facilities in Nevada.

Dr. Reeves asked if there was a way to integrate mental health more specifically into the Sub-Committee, since it is one of the current focus groups along with opioid users. Continuity of primary care, which includes behavioral health, is important to health outcomes for these patients.

Ms. Bonk offered to invite Dr. Stephanie Woodard, Psy.D, State Mental Health Authority, DPBH, to become a member of the Sub-Committee.

Chair McCoy invited Ms. Lindesmith, or someone from her department, to become a member of the Sub-Committee.

Chair McCoy asked if there were any comments about the suggested new members. There were no comments.

Chair McCoy stated it was time to review the schedule for future meeting dates and asked what time and dates would work best for the members.

Dr. Fraser proposed keeping the Friday meeting date but changing the time to 11 a.m.-1 p.m., if everyone was willing to work through lunch.

Dr. Bauzon suggested changing the December 7<sup>th</sup> date to December 14<sup>th</sup>.

Chair McCoy restated the proposed meeting dates as December 14<sup>th</sup>, 2018; March 8<sup>th</sup>, 2019; July 12<sup>th</sup>, 2019; and September 13<sup>th</sup>, 2019 with a proposed time of 11 a.m.-1 p.m.

**CHAIR MCCOY ENTERTAINED A MOTION TO CHANGE THE PCMH SUB-COMMITTEE MEETING TIME TO 11 A.M.-1 P.M. ON THE PROPOSED DATES. A MOTION TO APPROVE WAS MADE BY DR. ANTONINA CAPURRO. MS. BOWEN SECONDED THE MOTION WHICH PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

#### **6. Public Comment**

There was no public comment

#### **7. Adjournment**

Chair McCoy adjourned the meeting at 10:04 a.m.