

**Health System Innovation
June 17, 2015 Summit Healthcare Committee Notes**

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Topic	Discussion	Next Steps/Follow-Up/ Barriers
Introductions Name, Position, and Organization		
Discussion Questions (90 minutes total)		
Describe the integrated care and wellness approach as you understand it from the morning's presentation. 15 minutes	<p>There needs to be uniformity across all payers and HIT interoperability is needed. At the same time, we must be mindful of individual needs, taking into consideration the diverse cultural backgrounds and traditions of New Mexicans.</p> <p>Social determinants should be factored in to deliver adequate care and to determine the wellness approach.</p> <p>There exists a need to bring all providers together to work and coordinate for services and information sharing. Implementation of integration is a challenge due to providers under one roof getting paid separately.</p> <p>We need sound principles for Integration of Oral health, Behavioral Health and Primary Care. As implementation can be difficult, we can start with a preventive care approach e.g. Early childhood oral care.</p> <p>Adequate technical assistance is needed to help BH organizations move to implementing a Health Home model, and to improve its integration with physical healthcare. Providing the same quality of healthcare in rural areas requires a new way of thinking; for example, the Telehealth tool should be utilized more with the understanding that person to person contact is preferred.</p>	<p>Areas to further explore, perhaps with other committees: Assess community resources in different areas and build additional supports.</p> <p>Address the need for medical professionals in rural areas i.e., retention of healthcare professionals.</p> <p>How to incentivize work force for sustainability?</p>

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<p>Where in NM are some existing forms of this model—that include public, behavioral and/or oral health—being implemented? 15 minutes</p>	<p>NM has existing SBIRT Model (Screening, Brief Intervention, referral to Treatment) for early substance abuse intervention. At the same time, “No one is doing SBIRT.” The extraordinary number of HIPPA requirements around BH are now more cumbersome and hamper the information sharing process.</p> <p>We have the NMHIC HIE-New Mexico Health Information Collaborative Health Information Exchange, but coding needs to be approved by Medicaid for program to grow. We need to find an effective way to capture additional data to get a bigger picture of individual needs.</p> <p>Federally Qualified Health Center (FQHC)</p> <p>Nurse Advice Line: New Mexico is the only state in the country to have a nurse line service. Yet, the referral process lacks follow up and the necessary coordination. We also have the Project Echo Model.</p> <p>Must have more policy and lawmakers at the table to help with implementing necessary change.</p>	<p>Need to look at existing evidence based Integration models in other states.</p>
<p>Where are the gaps in these models? What are the strengths (workforce, payment, teamwork, etc.)? 15 minutes</p>	<p>There are large information gaps e.g., patient care plans are not known across providers. Once a patient is referred to another provider or service, the outcomes are lost due to a communication/data sharing deficit.</p> <p>Due to NM being an Opt-In state, written approval is needed for this data sharing. There are no legal requirements that providers have to report electronically.</p> <p>Three separate background checks needed to clear workforce candidates.</p>	
<p>What do we need to know, or have, in order to build this integrated model in NM—including behavioral, public and oral health? 15 minutes</p>	<p>Technical assistance is needed to develop standards and help guide us in creating a complete integration process.</p> <p>We should place equal value on each patient; be provider payer blind with patient centered focus. We need an efficient model that focuses on the Triple Aim goal of “enhancing patient experience of care, reducing health care costs, and improving population health.”</p> <p>We must include the whole range of services needed in each community: emergency services, inpatient service, hospice, home health care and behavioral health.</p>	<p>We will need a comprehensive list of the different levels of care needs to address.</p> <p>At some point, we must reach out to policy makers.</p>

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	<p>All the information and feedback from the workgroups are taken back to the Steering Committee where there is representation from both political parties.</p> <p>There's a concern that political ramifications could stall or prevent this process from going anywhere. Financial assistance is needed to support the model.</p>	
<p>How does our committee interface with the Payment Model committee, the HIS committee (on data requirements, analytics, and functionality), and Workforce committee to learn what we need to know? 15 minutes</p>	<p>We need to have cross pollination between the groups to better understand the needs of each group; how they all connect to support the large goal. At the same time, we need to just begin the work and not allow ourselves to get trapped in having to come up with the perfect solution for each challenge.</p> <p>We need a financial model so we have a frame of reference for the data needs. We should find a way to financially support the chosen model.</p> <p>Our providers along with our workforce are over burdened and there is a need find a way to stabilize the workload. Too many regulation requirements that bog down the system.</p> <p>How can we integrate alternative healing practices and traditional healers to address patient's spiritual needs and differing beliefs?</p>	<p>The DOH psychosocial manual is outdated and should be revised.</p> <p>Identify how curanderos or other alternative healers fit into the model.</p>
<p>What is an/what are some example(s) of geographic areas and/or populations facing disparities (tribal, rural) in New Mexico where we can apply the integrated care and wellness model? What are your reasons for suggesting this/these examples? 15 minutes</p>	<p>New Mexico is largely rural; we need to look at the efforts of Project Echo, and determine how to expand Telehealth.</p> <p>Workforce retention is a challenge, so we must address workforce burnout. Can offer loan repayment however, most leave after their year's requirements are met.</p> <p>There was a suggestion for a small CSA with a business plan on how to work together in rural areas and bring this plan back the plan to MCO's .</p> <p>MCO's should work together to provide services for all people to meet the needs of tribal members.</p>	<p>Look at Health Home and PCMH Pilot Model to begin.</p>

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Report Out Preparation (15 minutes total)		
<p>Select are the 4 key points from the discussion to share with the whole Summit groups. 15 minutes</p>	<ol style="list-style-type: none">1. Identify the correct integration model that works best to fit the needs of New Mexicans.2. Create a blended approach to our payment model.3. Troubleshoot how to create workforce retention and effective methods for recruitment with adequate reimbursement to our NM providers (in conjunction with the workforce committee).4. Build upon our current infrastructure of evidence-based models while utilizing the individual community's existing resources.	