

Advisory Committee on Medicaid Innovation

Chair: Dr. Gillian Barclay
University of Nevada Las Vegas

July 24, 2020
Re: Patient Protection Commission Introduction and Recommendations

Ross Armstrong
Division of Child and Family Services

Suzanne Bierman
Division of Health Care Financing and Policy

Michael Brown
Governor's Office of Economic Development

Sara Cholhagian
Patient Protection Commission

Tina Dortch
Office of Minority Health and Equity

Joe Garcia
Division of Welfare and Supportive Services

Marc Johnson
University of Nevada Reno

Heather Korbolic
Silver State Health Insurance Exchange

Christy McGill
Office for a Safe and Respectful Learning Environment

Laura Rich
Public Employee Benefits Program

Barbara Richardson
Division of Insurance

Dena Schmidt
Aging and Disability Services Division

Lisa Sherych
Division of Public and Behavioral Health

Brian Williams
Department of Corrections

The Advisory Committee on Medicaid Innovation (“ACMI”) was created through NRS 422.162 to study and make recommendations related to the creation or expansion of private prescription purchasing coalitions, encouraging access to employer based health insurance plans, assisting Medicaid eligible individuals in purchase of private health insurance, and to explore waiver opportunities with the US Department of Health and Human Services.

The ACMI is in a unique position because of its composition of members representative of several Executive Branch entities in Nevada and their diverse experiences and perspectives related to innovation in the Medicaid space. It is the understanding of its membership that the Patient Protection Commission (“PPC”) has solicited commentary about possible areas related to access and affordability of health care in Nevada. Given the expedited focus of the PPC, the ACMI convened on July 24, 2020 for the purpose of generating this introduction and recommendation letter and opening the door to future communication between respective membership of the ACMI and PPC.

At this time, the ACMI would like to highlight the following areas for possible consideration by the PPC:

- **Alternative Methods of Provider/Consumer Interaction** – Telehealth has made an incredible difference in the lives of Nevada patients in areas including behavioral health services, teledentistry, as well as rural locales. Telehealth can benefit patients even beyond the current public health emergency. Telehealth should also incorporate consideration of points of access for the public such as school-based health.

- **Data Collection** – Innovation should be grounded in broader gathering of useful data to target areas for innovation in an inclusive manner. There is intersectoral value in more granular data such as information related to vulnerable or underreported populations.

- **Data Sharing** – Innovation in data sharing can then take gathered data and put it to use related to insurance and

Advisory Committee on Medicaid Innovation

care access. This includes sensitivity to HIPAA regulation in rural areas where data sharing may signal identifiable

personal health information. The ACMI supports the PPC's already stated goal of increasing transparency in data as well, including but not limited to the All Payer Claims Database concept.

- ***Creative Partnerships and the Social Determinants of Health*** – Improving and fostering the communication between disciplines can serve to better support patient outcomes. For example, in the school space, absenteeism can be decreased through better health services and related educational outcomes can better support community health. Access to health care for young people often takes place through school settings and reaching students who are in virtual schooling in light of the public health emergency could be a challenge in need of attention.
- ***Learning from the Disruption Associated with COVID-19*** – The global pandemic has highlighted issues regarding health equity and access to care which should further inform innovation going forward. Emphasis should be on activities aimed at reversing and addressing disparities highlighted by the public health emergency. Value based care models can be improved in a way that is patient centered through this reflective process.

Thank you for your time, attention, and commitment to improving access and affordability of care for all Nevadans.

Sincerely,

The Advisory Committee on Medicaid Innovation