Subcommittee: Stakeholder Advisory Committee to the Patient Protection Commission for the Peterson Milbank Program for Sustainable Health Care Costs

SUMMARY MINUTES
March 9, 2022

Pursuant to NRS 241.020(3)(a) as amended by Assembly Bill 253 of the 81st Legislative Session, this meeting will be convened using a remote technology system and there will be no physical location for this meeting. The meeting can be listened to via telephone or viewed live over the Internet.

Agenda Item I – Call to Order and roll call

Executive Assistant, Lezlie Mayville, called the Stakeholder Advisory Subcommittee meeting to order at 12:03 p.m. Those in attendance and constituting a quorum were:

Stakeholder Advisory Subcommittee Members Present

Angela Amar
Elizabeth Bolhouse
Chris Bosse
Tom Clark
Vance Farrow
Joseph Greenway
Joan Hall
Maya Holmes
Lawrence Lehrner
Asher Lisec
Kyra Morgan
Stacie Sasso
Todd Sklamberg
Bill Welch

Commission Staff Present:
Deputy Attorney General Susanne Sliwa
Lezlie Mayville, Executive Assistant

Stakeholder Advisory Subcommittee Members Not Present
Karla Bee, excused
Phillip Burrell, excused
Jody Domineck, excused
Shayla Holmes, excused
Karen Massey, excused

Tom McCoy, excused
Jennifer Wakem, excused

Item II- Approval of January 28, 2022, Summary Minutes

MOTION was made to approve minutes of the January 28, 2022, meeting by Asher Lisec and seconded by Angela Amar. Carried without dissent.

Agenda Item III - Public Comment

No Public Comment

Agenda Item IV - Discussion of Transparency, Accountability, and Data Use Strategy
Michael Bailit, M.B.A., President, Bailit Health

Slide 2 - Where we are & where we are going: Meetings and Topics. One member wondered what time period data is being pulled for and will there be an opportunity for providers to review the data to see if they are in agreement with what the data is saying. Mr. Bailit let him know the data being collected will be looking at aggregated trends for what is driving health care spending growth using PEBP as proxy for commercial and Medicaid. It will be market-level measurement, not provider or payer level. Analysis is being performed separately for PEBP and for Medicaid and they are aligning their report. Mr. Bailit turned the floor over to Kyra Morgan, State Biostatistician to address further. She let the group know they're pulling data from beginning 2016-2020, with some heavy footnotes due to the pandemic in 2020. Looking at high-level information, breaking it down regionally and has some demographic information, but nothing that looks specifically at payers or providers. The member followed up with a question regarding how they are going to break down the data to see what drove increase/decrease in spend. For example, categorize by NICU, oncology, cardiology, etc. In 2020 spend went way down in areas because of COVID. Mr. Bailit remarked that we will be covering that in upcoming slides.

Slide 10 - Transparency: Questions to Consider. One member wants to make sure that whatever public reporting we do that there would be a review opportunity prior to finalizing as she would hate to have unintended consequences of mismatched information. Mr. Bailit shared that in other states, as it relates to benchmark reporting, whenever they put anything out at payer or provider level, they share with entities in private in advance. He would recommend that be the case in Nevada as well. Ms. Morgan said they could easily facilitate hosting this information through the Office of Analytics to fall in line with whatever the direction of the group is. Another was glad to hear there will be a validation process before finalization, another member commented on the importance of transparency and doing public hearings for folks to engage is also important. One member followed up with concerns there could be overspending in some areas and underspending in others. How to encourage growth and access in areas they need, as opposed to where there is bad growth and how to differentiate. Mr. Bailit added the formality of public hearings can vary in formality.

Slide 17 - Accountability: Questions to Consider. A member opined that they hope whatever process gets implemented in Nevada that they can as a group give some context. Another asked if other states have actually defined in writing what might be considered reasonable cause for exceeding the benchmark or do they debate each year what is reasonable or not? Mr. Bailit responded that Massachusetts hasn't published anything on what they consider, including concept of reasonable cause. In Oregon, they were transparent and identified multiple examples of conditions that represented reasonable cause, but it's not a definitive list. It is partly because you cannot anticipate all scenarios. A member commented that while we might be setting a growth benchmark, she thinks it's important to pay attention to where our overall spending is at spending by sector.

Slide 40 – The PPC has not yet discussed Nevada's Data Use Strategy. The Stakeholder Advisory Subcommittee was asked if they have any initial questions or comments about the planned Data Use Strategy activities. Some comments included but were not limited to what would the report like, how are we identifying what we're using as the benchmark or comparison to determine the effects of population characteristics, service intensity, etc. Mr. Bailit said there's no one standard methodology for doing this. On all Peterson-Milbank states, they've been talking to Health Care Cost Growth Institute for help with this. Talking about CAT scan vs. X-ray, or specialty drug vs. generic, or moving from hospital outpatient to free standing surgical center, etc. These are all examples of changes in service mix that aren't intensity. In terms of population demographics, there are 3 considerations. The simple one age/sex, easy to capture, second one of interest is capturing social risk, but there's not a standard acceptable way of doing this, that would not create more harm than good. The other way is to adjust for clinical risk which are growing at rates higher than what is being seen in population, this is largely because of coding. The PPC just recommended that there be no risk adjustment, but in other states too, they are moving away from clinical risk adjustments. They're either doing age/sex adjustment only or nothing. A good example came from a member that discussed costly new drugs that help slow progression of chronic kidney disease that insurance companies have said they won't cover, even if these drugs will lower costs in the long run because they prevent dialysis. Mr. Bailit thought this was a good example. You can't really have a conversation until you see that spending is too high in one of the areas, and then you can talk about whether it's reasonable.

Additional discussion from the members included but was not limited to; we don't know what we don't know so there will be factors that come up that we cannot anticipate today. He hopes we develop administrative guidance for facilitating this process, and that we can set some general guidance in writing. Suggest we make sure we add language to detail what reasonable causes could be and that it's not meant to be all-inclusive. Mr. Bailit acknowledged his concerns and stated that except for transparency, there are no accountability measures for any entities at this point. One member was concerned we were trying to flip the order of meetings so the Stakeholder Group could see first then advise the PPC. Mr. Bailit isn't confident the Phase 1 analyses which is due 3-31-22 can be analyzed in time for a 4-5-22 meeting. She asked if it was possible to reschedule Stakeholders after 4-5-22 and still have one prior to 4-20-22 PPC meeting. Another member asked if someone from the state could provide clarity, about identification of 3 pieces of legislation the PPC has the authority to request. He would like a chance to provide some suggested legislation that they could consider. Mr. Bailit reminded him that this subcommittee was created specifically to advise the PPC on cost growth benchmarks and not on bill draft requests.

Agenda Item V – Public Comment

No public comment

Agenda Item VI – Wrap-up and Adjournment

Executive Assistant Lezlie Mayville adjourned the Meeting at 1:38p.m.

Submitted and approved by

Lezlie Mayville

Lezlie Mayville
Executive Assistant PPC

Meeting Materials

AGENDA ITEM	PRESENTER	DESCRIPTION
IV.	Michael Bailit, President, Bailit Health	Discussion of Transparency, Accountability and Data Use Strategy