

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
PATIENT PROTECTION COMMISSION

Helping people. It's who we are and what we do.



Dr. Ikram Khan
Commission
Chairman

SUMMARY MINUTES

January 19, 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, Welcome, Roll Call and Approval of Minutes

Chairman Khan called the regular meeting to order at 9:05 a.m. Those in attendance and constituting a quorum were:

Commission Members Present:

Bobbette Bond
Lilnetra Grady
Flo Kahn
Dr. Khan
Leann McAllister
Yarleny Roa-Dugan
Sandie Ruybalid
Dr. Beth Slamowitz
Dr. Tony Slonim
Dr. Tiffany Tyler-Garner
Mason Van Houweling
Tyler Winkler

Advisory Commission Members Present:

Ryan High, Interim Executive Director Silver State Health Insurance Exchange
Laura Rich, Executive Officer, Public Employees Benefits Program
Barbara Richardson, Insurance Commissioner Nevada Division of Insurance (Department of Business and Industry)
Richard Whitley, Director Nevada Department of Health and Human Services (DHHS)

Commission Staff Present:

Suzanne Sliwa, Deputy Attorney General
Lezlie Mayville, Administrative Assistant/Policy Coordinator

Agenda Item I - Call to order, Welcome, Roll Call and Approval of October 20, 2021, Minutes

Dr. Ikram Khan, Chairman

The Commission was presented with an email draft of the summary minutes of the October 20, 2021, meeting.

MOTION was made to approve minutes of the October 20, 2021, meeting as presented, by Commissioner Bond. Vice Chair Ruybalid Seconded. Carried without dissent by the returning PPC Commissioners present at that meeting (Bobbette Bond, Chair Khan, Yarleny Roa-Dugan, Sandie Ruybalid, Beth Slamowitz, Tony Slonim, Tiffany Tyler-Garner, Mason Van Houweling and Tyler Winkler. Lilnetra Grady and Leann McAllister were not present and did not vote.)

Agenda Item II - Public Comment:

NO PUBLIC COMMENT

Agenda Item III - Discussion and Vote of Commission's Adoption of Bylaws

Dr. Ikram Khan, Chairman

MOTION was made to approve the Patient Protection Commission Bylaws as submitted, with the caveat to have the ability to amend at a future meeting, by Commissioner Bond. Commissioner Slonim Seconded. Flo Kahn abstained. Carried without dissent.

Agenda Item IV - Vote to Continue Stakeholder Advisory Subcommittee to the PPC for the Peterson Milbank Program for Sustainable Health Care Costs

Dr. Ikram Khan, Chairman

MOTION was made to continue the Stakeholder Advisory Subcommittee to the PPC for the Peterson Milbank Program for Sustainable Health Care Costs by Commissioner Van Houweling and seconded by Commissioner Slonim. The motion was carried without dissent.

Agenda Item V - Review of Executive Order 2021-2026

Michael Bailit, President Bailit Health

Vigorous discussion was had by the Commissioners. Comments/questions included but were not limited to, concerns about section 6 regarding the pandemic, implications of supply chain costs, testing costs, new unfunded mandates from the Federal government like testing mandates on payers, and health care being in crisis in Nevada. A Commissioner reminded the members that this is a long-term effort to focus on what's going on with health care cost escalation and understands some of these problems are acute now, but we're trying to build the foundation for the future. Mr. Bailit thought they were all correct and added most likely they will be reviewing spending trends in 2021 in context of the pandemic and will recognize what a crazy time period it was. A couple of commissioners opined that they are seeing what's going on from the provider front lines and are wondering how to leverage the strength of the PPC to protect patients access, address workforce shortages, access to skilled labor, etc. They were not sure how it can be accomplished with another layer of cost reduction. Another commissioner said the healthcare system is largely in crisis due to escalating hospital costs that have been ignored, unmanaged and unchecked for decades and we need to do whatever we can to close this. Another commented that the situational context in which the work is happening now should preclude us from having a health cost growth benchmark. Lastly a commissioner asked given where the state is now, should we ask whether the Governor is interested in modifying his order. Mr. Bailit said having this as a separate agenda item for next month makes sense.

Agenda Item VI- Break

Break from 10:36-10:46 mid-way through Agenda Item VII discussion.

Agenda Item VII - Discussion of Methodological Questions Related to Measurement of Cost Growth Benchmark (Target) Performance

Michael Bailit, President Bailit Health

Slide 17 - Attribution Questions to Address for Provider-Level Reporting

This slide asked "How should patients be attributed to a clinician? And How should clinicians be organized into large provider entities for the purpose of measurement and reporting?" Comments from Commissioners included but were not limited to one commissioner was concerned the impact of being a small provider would be mitigated and Mr. Bailit responded they would exclude small providers from measurement against the benchmark, another commissioner was wondering how data would be captured by consolidation in the industry i.e., hospitals buying practices, private equity

money entering the market, etc. Mr. Bailit said we'd be discussing cost growth mitigation strategies in a separate conversation. Another asked how we address rural areas to make sure we're capturing all the different regions and Mr. Bailit responded that small providers in those areas won't be measured relative to the benchmark because they don't have enough patients. DHHS is looking at trend rates in Medicaid based on geography, so that would be a way to bring in that perspective through supplemental analysis included in the data use strategy. Another commissioner asked if there is a way for us to account for smaller providers so we're accounting for their ability as well? Mr. Bailit answered that it is common to look at the trends of the large providers and then "everyone else" who doesn't fit into the large provider entities.

Slide 23 - Design Recommendation: Member Attribution to Clinicians

This slide asked if the PPC wishes to recommend that payers report health care cost growth data using: Their own attribution methodologies, but specifying a hierarchy or a common, to-be-determined, member attribution methodology? Most of the Commissioners that commented were leaning toward letting insurers use their own methodologies and asking them to disclose their methodology. One commissioner felt it would be best to have them all use a common, to be determined methodology. The Chair feels the commissioners need to thoroughly digest all this information before making a recommendation.

Slide 29 - Design Recommendation: How to Organize Clinicians into Large Provider Entities

This slide asks what the PPC wants to recommend with respect to attributing clinicians to larger provider entities and what it wishes to consider attribution based on: One commissioner commented that he doesn't want the state to order something that cannot be delivered, another feels that since we have some support from DHHS we should get their ideas about what is realistic in terms of timelines and resources available, another thinks it should be part of annual licensing of physicians by making a self-reporting provider directory part of the renewal process, another thinks a state-wide provider directory would be beneficial on many levels and would have ties to lots of projects DHHS is interested in. Will need to evaluate how much time and money it would take to set up. Another commissioner suggested the Nevada Board of Examiners has an extensive list and it might be a good place to start. Mr. Bailit said it sounds like support for that idea. Fallback would be to use the payers.

Slide 38 - Design Recommendation: Use of Confidence Intervals

This slide asks the PPC if they would like to recommend to application of statistical testing and the use of confidence intervals to determine payer and provider entity benchmark performance. The commissioners that commented on this all agreed yes, this is a standard approach, and we need statistical legitimacy in order to keep people accountable.

Slide 43 - Design Recommendation: Truncation of High-Cost Outliers

This slide asks if the PPC wishes to recommend truncation of high-cost outliers' spending when measuring insurer and provider entity benchmark performance. One member feels we should use the outlier approach and figure out how to exclude outliers. We need to make sure we don't restrict or deprive people of live-saving therapy because it happens to be expensive, another felt that we need to see data before making an informed decision, another supports truncation with assumption that what we're talking about is merely a methodology for reporting and not totally pulling it out of data set, another supports truncation as long as it's on the record that this truncation tool would not allow hiding high costs from patients. Mr. Bailit heard supporting truncation and recommending that there be analysis of outlier spending to identify its causes and opportunities to slow spending growth. After a couple other comments, he summarized it will be harder to determine whether payer/provider entity met the benchmark or not if outlier is not truncated, because the confidence interval will get wider. Chair Khan asked that we continue this discussion and recommendations to the next meeting after full deliberation on every aspect and wants to revisit truncation of high-cost outlier's next time. Mr. Bailit concluded his presentation for today and will continue during the next meeting.

Agenda Item VIII - Public Comment

No public comment

Agenda Item IX- Discussion of Potential Agenda Items

Dr. Ikram Khan, Chairman

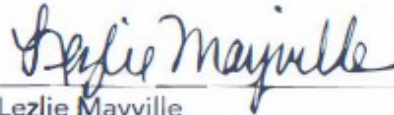
The Chair asked if there was any specific language for the next agenda. Nobody came forward with language, but some commissioners wanted to have more discussion regarding Covid-19 and relooking at priorities, especially mental health. Another commissioner wants the state to give a report on what other parts of the state government is already addressing so we do not duplicate efforts and it becomes too much of a distraction for the PPC. Director Whitley said DHHS could present an update on items that have been worked on as well as what has been done to date.

Agenda Item X - Wrap up and Adjournment

Dr. Ikram Khan, Chairman

Meeting was adjourned at 11:49 a.m.

Respectfully submitted,



Leslie Mayville
Office of the Patient Protection Commission

APPROVED BY:



Dr. Ikram Khan, Chair

Date: February 17, 2022

Meeting Materials

AGENDA ITEM	PRESENTER	DESCRIPTION
III.	Chair Ikram Khan	Patient Protection Commission Draft Bylaws
V.	Michael Bailit, President, Bailit Health	Executive Order, included in presentation slide deck.
VII.	Michael Bailit, President, Bailit Health	Methodological Questions Related to Measurement of Cost Growth Benchmark (Target) Performance