

Governor Sisolak's HEALTHCARE PROVIDER SUMMIT

Introduction

On April 19, 2022, more than 600 providers, partners, stakeholders, local government representatives, and state agencies came together in Las Vegas for Governor Sisolak's Healthcare Provider Summit. This one-day conference served as an opportunity to restart conversations that were put on hold for the pandemic, discuss ideas and innovations, and collaborate to better support the health of all Nevadans.

The day was split into breakout sessions where subject matter experts held panel discussions and took questions from attendees on inpatient and outpatient behavioral healthcare for children and adults, occupational licensing and regulations, housing, healthcare payors, technology, and workforce development.

The Summit was the launch for next steps as we look to Nevada's future needs. The recommendations shared during Governor Sisolak's Provider Summit, will serve as one of the guiding principles to make meaningful and impactful decisions for the future of the State's healthcare system. These will serve as the foundation for short- and long-term policy changes as well as infrastructure investments intended to address the specific needs of our unique and diverse communities across the Silver State. We look forward to the continued partnership with you, our trusted healthcare partners, as we work to create the best possible opportunities for Nevadans with an emphasis on increasing access to the resources and services, they need to live healthy, happy and prosperous lives.

Themes

Throughout the Summit, many topics were discussed and themes emerged to be considered as we enhance our workforce pipeline and build innovative solutions to the issues we face as a state. Some of the themes that became clear throughout the conference included:

- Breaking down silos and building more coordination and cross-collaboration into efforts
- Pay parity for providers and the need for a livable wage for frontline workers
- Use of technology which quickly expanded through the pandemic is here to stay
- Need for financial support for those looking to enter or advance in the healthcare field
- Importance of data on workforce, community needs
- Planning for the immediate need as well as long term to build sustainability
- Shortage of healthcare professionals in all areas
- Understanding and need for diversity in healthcare and outreach to communities regarding career opportunities
- Need for culturally competent care
- Access to healthcare in all communities, primary care vs. mental healthcare
- Need for innovations and flexibilities
- Need for a warm handoff in many sectors, employment transitions, supportive housing, behavioral healthcare

Innovations

- Expansion and education about respite and how to access it
- Family peer to peer support
- Flexibilities allowed by Emergency Directive 011
- Telehealth across state lines
- Education and outreach to encourage screenings and preventative healthcare
- Utilize pediatrics as the first line in understanding children's mental health
- Pipeline process to assist those entering the field to streamline credentialing and licensure process
- Training for interns, continuing education for individuals who are licensed

Areas of Concern

- Shortage of healthcare professionals in all areas
- How COVID-19 has changed the world and how we interact
- Availability and sustainability of funding to support initiatives
- Barriers to educational opportunities, licensure, credentialing to enhance workforce
- Lack of “warm handoff” for those entering the field from the educational system to professional licensing, employment, or other next steps
- Length of time for fingerprints/background check

Next Steps

- Development/promotion of training/education to ensure culturally competent care
- Increase lines of communication and development of partnerships
- Understanding of funding opportunities to support initiatives
- Continued education related to technology and the use of telehealth, to best support patients
- Look at reimbursement rates
- Encourage entry-level positions, work with partners to develop a pipeline for employment
- Support current staff through pay, education, and advancement opportunities

Breakout Sessions

1.1 Behavioral Healthcare Facilities & Critical Gaps in Care for Children

This session discussed the services, supports, and needs to assist families experiencing a behavioral health crisis. Discussion of the need for specialty treatment and care coordination, as well as an awareness of special populations including Black, Indigenous, and People of Color (BIPOC) and LGBTQ, was touched on. Additionally, inpatient programs for mental health, substance use, and supporting individuals with complex care needs were discussed with information on treatment models for both private and public facilities and when an out-of-state placement is most appropriate. Funding and reimbursement were also discussed by this panel as it relates to intensive in-home care, and other services for youth.

Currently, we face gaps in care coordination, and working to remedy this issue is critical to providing the needed services and support interventions. Another issue discussed by this panel is how respite is vital to the health and well-being of the family unit and increasing flexibility and options for respites benefits the child, the family, and the community by preventing the child from needing a higher level of care.

The panel mentioned the importance of knowing the youth and family being served. Examples such as military service, LGBTQ, past trauma, or specific needs identified should all be taken into consideration as a care plan is developed.

Innovations:

- Need for a child/family coordinated support system
- Evaluate family needs, not just the child's needs
- Support and expansion of preventative education, not more hospital beds
- Expansion and education about respite and how to access it
- Utilize pediatrics as the first line in understanding children's mental health
- Development of a unit for autism and intellectual disabilities
- Family peer to peer support
- Endorsements – to use hospital beds for crisis stabilizations

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Next steps:

- Development/promotion of training/education to ensure culturally competent care
- Respite program to work with local hospitals when "beds are open"
- Increase lines of communication and develop partnerships with schools
- Help identify needs before hospitalization is needed
- Understand funding opportunities for respite, educate families, increase access for those in need

1.2 Occupational Licensing Boards and Standards

This panel discussed the licensing process and efforts being made to simplify and remove barriers for those seeking licensure. Boards are making efforts to streamline the process and have discussed reciprocity with other states as well as collaboration across boards. We know the end of the Public Health Emergency, and the flexibilities it has granted, will impact the boards and regulatory process, and how these regulations can be made permanent may be the next step in the discussion. Provider shortages in many areas and the discussion of scope of practice, delegation, and supervision, along with how we can work to ensure patient care while facing these demands were all key to this panel discussion.

Innovations:

- Expansion of the Nurse Apprentice Program and funding for stipends
- Nevada Osteopathic Medicine Board voted to waive licensing fees for new licensees to attract providers and remove barriers to entering the field.
- Flexibilities allowed by Emergency Directive 011
- Availability of remote supervision
- Telehealth across state lines
- Health Care Quality and Compliance teams work with facilities to protect patients and provide technical assistance
- Requirement/option for interns to work in public service as part of their training. Stipend or other financial support for those who choose public service.

Next steps:

- Shorten the length of time for application for licensure by standardizing the processing of applications and consider "stop-gap" measures while the application is being completed such as temporary licensure, reciprocity, or compacts
- Review class sizes for training/programs schools
- Reviewing requirements for delegation and supervision to update, allow providers to work to the top of their scope of practice
- Coordinate town hall meetings to discuss opportunities to work together, fill gaps and discuss potential incentives
- Development/promotion of training/education to ensure culturally competent care

1.3 A Discussion with Payors

This panel discussed how providers are paneled, rates are set and negotiated, and the ways they have worked to keep Nevadans insured and able to access providers. Medicaid eligibility has continued to grow in Nevada monthly since the beginning of the Public Health Emergency, but there are Nevadans who remain uninsured. Insurance coverage and access to quality care are vital as we work to build a healthier state. Additionally, the pipeline to employment is vital, as well as ensuring a livable wage. The discussion of reimbursement rates and pay parity were a key part of this panel and we know those who work to support our most vulnerable Nevadans are a necessary part of this conversation.

Innovations:

- Education and outreach to encourage screenings and preventative healthcare
- No pay disparity for in-person vs. virtual medical visit
- Pipeline process to assist those entering the field to streamline credentialing and licensure process

Next steps:

- Continue outreach to Medicaid members to ensure contact information is up-to-date as information is shared about the end of the Public Health Emergency
- Continued education related to technology, use of telehealth, to best support patients
- Continue outreach to those who are uninsured
- Outreach to providers, education on credentialing
- Look at credentialing and potential to streamline, coordinate the process
- Look at reimbursement rates
- Work with partners on a workforce pipeline to support State healthcare needs

2.1 Children's Behavioral Health System of Care

In this session panelists talked about the services and supports to assist families with children experiencing a behavioral health crisis, covering outpatient programs for crisis, substance use, and support for individuals with complex care needs. An understanding of the child's background and what they have faced as well as working to ensure an appropriate level of care are all key to working with young Nevadans. This session highlighted treatment models for supporting children who may not need an inpatient level of care including the programs available within the school setting to address behavioral health needs.

The expansion of Mobile Crisis Response Teams (MCRT) is an opportunity to support youth in need. This model has been successful in supporting students, but with Nevada's diverse geography more can be done through MCRT and in partnership with Nevada's school districts.

Innovations:

- Encourage primary care physician visit
- Formal and informal peer support is helpful for students but also offers support when not fully staffed
- More adults are needed in schools, not just training for those who are there
- Bring Mobile Crisis Response Team into schools
- Increase focus on youth ages 0 to 5, regardless of development
- PAL program in schools

Next steps:

- Need both community and school providers to successfully address the needs
- Encourage entry level positions, work with partners to develop a pipeline for employment
- Support current staff through pay, education and advancement opportunities
- Encourage youth to support each other, peer-to-peer
- Review funding and opportunities for Medicaid dollars to be used, instead of Education funding
- Establish relationships with youth before discharge, create personalized care plan customized to specific needs
- Promote the need for foster families, provide information/education to potential families

2.2 Adult Behavioral Health Community Integration

This session talked about the various services and supports to assist adults experiencing a behavioral health crisis including outpatient programs for crisis, substance use and support for individuals with complex care needs. The discussion highlighted treatment models for supporting adults who may not need an inpatient level of care or are stepping down from inpatient care. As with other aspects of healthcare, prevention is key and the panel touched on early intervention as an opportunity to connect with those in need. The panel talked about the challenges faced by individuals and families navigating the system, but also challenges providers face in serving patients.

Community based services are key to supporting those in need and this panel discussed assistive community treatment and assisted outpatient treatment. Also, Nevada's Certified Community Behavioral Health Centers are the cornerstone of comprehensive behavioral healthcare in many communities, but all of these programs and efforts must be coupled with a diverse workforce equipped to help those in need.

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Innovations:

- Recognize/prioritize early intervention to prevent the need for a higher level of care
- Leverage telehealth to connect with individuals
- Development of supportive housing, working creatively with providers while maintaining high standards
- Training for interns, continuing education for individuals who are licensed
- Encourage people to go into the community and see what is happening and begin making an impact there
- Creating and developing programs and policies, sometimes the sole Medicaid CPT code won't do for a whole agency to provide all services.
- Coordinate care so the providers are on a "team." Develop a person-centered treatment plan to address needs in one place to one team.

Next steps:

- Expand the opportunities for continuing education for professionals already in the field and provide opportunities for those looking to advance
- Development of community support and programs to support various levels of need
- Work with partners to develop/enhance a workforce pipeline
- Focus on quality assurance, use of data, reviews and reports to build a system of care

2.3 Healthcare Technology

The pandemic has been challenging but there have been innovations and ideas, some of which are too good to not continue. Many of these are related to technology and how we are able to connect. In this Session panelists discussed opportunities to access services in Nevada and how technology has aided and changed our ability to engage with those services. Participants heard about legislative changes in telehealth and how telehealth services were utilized during the pandemic to meet patients where they are. As technology becomes more engrained in service delivery, the need for an effective data exchange and accurate analytics will be vital. The patient should be the center and have access to their information so they can be informed and a part of their own health decisions.

We know this has been difficult for some of the populations we serve and through this panel they were able to talk about connecting with our seniors and how we can improve that line of communication. The panel also discussed how federal resources can be leveraged to support healthcare technology.

Innovations:

- In March 2022 the Nevada Medicaid app was launched to provide individuals information, a digital ID card and a convenient way to search for providers
- Medication and food delivery teams during the pandemic worked with partners to reach homebound Nevadans
- Reverse telehealth where the individual would come to the clinic but the provider would be virtually providing care
- Access Nevada system through the Division of Welfare and Supportive Services, easiest way to apply, reduced phone wait times

Next steps:

- Continued education related to technology, use of telehealth, to best support patients
- Explore funding opportunities for data exchange system
- Consider options for a patient portal so individuals can access all records in one place
- Expand language access so all patients can receive their information in the language they are most comfortable
- Ensure equitable care for all
- Continue implementation of Senate Bill 5 and Senate Bill 40 from the 2021 Legislative Session to promote telehealth and data transparency

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3.1 Housing is Healthcare

The session focused on the integral role housing plays within the healthcare delivery system. There are many types of housing available throughout our state and this session discussed supportive and transitional housing, the State's affordable housing landscape, and how it impacts residents. There are challenges with affordability and availability of housing in Nevada and panelists talked about the need for stability in housing, as well as the role housing plays in health. This session provided insight into the funding models and companion services that providers can perform to support clients placed for housing.

Collaboration across sectors is needed in this area to support those who need housing and wraparound services. With housing, individuals become easier to locate, support and provide the services needed to be successful. Housing is the foundation from which we can support food insecurity, employment, and other needs

There are many considerations related to housing and the needs of Nevadans ranging from how to support families, individuals, the youth population and those requiring a higher level of care. Availability of housing statewide is a challenge as well as the cost of any available housing.

Innovations:

- Enhancement of the "No Wrong Door" concept to support cross-referral, looking at the whole person and family
- Building apartment buildings next to hospital to establish care
- Nevada-based funding to fill other gaps to house people with low income and affordable housing
- Public private partnerships for alternative funding
- Hospital to home program to support individuals and reduce hospital re-admissions
- Build therapeutic communities and screening tools for hidden trauma to determine needs/placement

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- Supportive Housing Model: combine affordable housing with services that help people who face the most complex challenges to live with stability, autonomy, and dignity
- Transitional populations are for short-term intervention; in a transitional setting, it requires the community to have a supporting system to keep them out of the state of housing insecurity
- Affordable housing should look like an apartment setting, with supportive services brought to the people to provide support. The providers and community partners are being brought to people experiencing poverty, so the people are being directly connected to the services
- Screening tools for those who are affected by trauma (trafficked women and children, or children removed from home)

Next steps:

- Development of a dynamic structure for those "not homeless enough" to assess for housing intervention/support
- Develop/increase in wrap services related to housing to keep people in the home, but also with supports needed for success in the community
- Development of inclusive policies for tenant selection. Understanding that a low barrier is needed for some (felonies, mental illness, sobriety) get them in housing because that's what they need before they can move forward with health and career. Regulations prevent some from finding housing.
- Funding for permanent supportive housing: Cost/door increases but cost in other systems decreases (criminal justice system, emergency room visits, etc.)
- Two types of sites, scatter style and the project base site (apartment complex type). Take investors/community partners on a tour of the units that look like apartments.
- Develop Public/Private Developer Partnership (MCO's)
- Extend healthcare to the community, for example, start opioid treatment during the detention center and wrap them with support
- Build therapeutic communities
- Get formula for tax credits changed
- Government investment in capital infrastructure

3.2 Behavioral Healthcare Facilities & Critical Gaps in Care for Adults

In this session, the panel talked about services to assist adults experiencing a behavioral health crisis covering inpatient programs for mental health, substance use and supporting individuals with complex care needs. There are many types of facilities throughout our state and the panel discussed how they can work together to improve patient care. One consideration in this area is continuity in treatment as an individual needs more or less support. In this panel, Nevada Medicaid and the Bureau of Health Care Quality and Compliance were able to provide information on reimbursement for behavioral healthcare and also the licensure considerations.

A focus and understanding of the need for transition in an individual's care model is important as we go forward and connects with the warm handoff discussed on other panels.

Innovations:

- Family support, not only focusing on the child in need but also the family, helps in the long run for continued success
- Clinical services need to expand their treatment hours, needs for patients does not come in a 9 to 5 window

Next steps:

- Encourage entry level positions, work with partners to develop a pipeline for employment
- Understand funding opportunities for respite, educate families, increase access for those in need
- Look at reimbursement rates for mental health services
- There is a need for peer-on-peer support, and grief and loss support
- Review timeline related to create a discharge treatment plan. Time until appointment following an emergency is inconsistent and impacts the patient. Timely, consistent follow up care is needed.

3.3 Innovations in Workforce Development

In this session, the need for a pipeline for employment was discussed. Representatives from educational institutions discussed changes that can be made to the educational system to support the effort and how cost, time, and other factors all play a role in our students' ability to complete their degree. All types of educational opportunities need to be included in the pipeline -- community college, 4-year universities, trade schools and training programs -- to help us build the provider base for tomorrow. We know it is important to ensure incoming providers have received a quality education, but we must also work to remove unnecessary barriers and work to retain the workforce as it is developed.

The members of this panel discussed the work being done to expand the pipeline to support the State's workforce needs. Coordination between universities and partnerships between public and private entities will support this effort as organizations implement best practices and focus on increasing access for all those interested in entering or advancing in a healthcare field.

The panel noted that information on educational opportunities should be provided as early as middle and high school so that students would be aware of opportunities in these fields. The need for financial support is also a key part of expanding and retaining the workforce. Assembly Bill 450 from the 81st Session of the Nevada Legislature established a study concerning opportunities to align the need for workforce training and programs offered by community colleges. The report required by this legislation will support the ideas discussed by this panel to increase coordination on a wider basis to build Nevada's workforce.

Innovations:

- The development of a statewide workgroup to assess existing workforce development efforts, identify gaps and reduce redundancy.
- Development of a survey to develop asset maps of statewide workforce pipeline initiatives to support and enhance public health, behavioral health, and primary care workforce infrastructure and needs.
- Expanded use of technology.
- Consider short vs. long-term strategies. For example, Certified Nursing Assistant (CNA) program allows fast credentialing for students to build on.
- Expand centralized educational institutions to smaller satellite campuses to increase community outreach and availability.
- Tax Credits for businesses to incentivize employment opportunities to come to Nevada and stay in Nevada.
- Integrate behavioral health into primary care -- streamlining and modernization needed.
- Establish Private/Public partnerships.
- Develop educational pipelines -- tax credits for students going to rural areas.

Next steps:

- Look at licensing boards and potential changes to statute to identify barriers to entry
- Legislative and executive policies/statutes must be revisited to ensure Nevada remains current and flexible.
- Develop career pathways to educate younger students on potential careers
- Increase outreach to K-12 students, particularly in underserved communities to offer education on career fields
- Build a strategic plan, identify gaps in workforce entry, understand the needs of the network and communities
- Identify funding opportunities, loan repayment, financial assistance, free community college, etc.
- Enhance mentorship opportunities between those who are working in the profession and those interested in entering the profession.
- Increase collaboration with the private sector
- Embrace the impact of technology and explore how new technologies can improve healthcare
- Expand career pathways for employees in clinical industries and encourage employees to pursue these pathways.
- Implement Assembly Bill 450
- Develop a bridge from the educational setting to licensure/career setting (warm handoff).
- Develop training centers, work with those looking to retrain in new careers