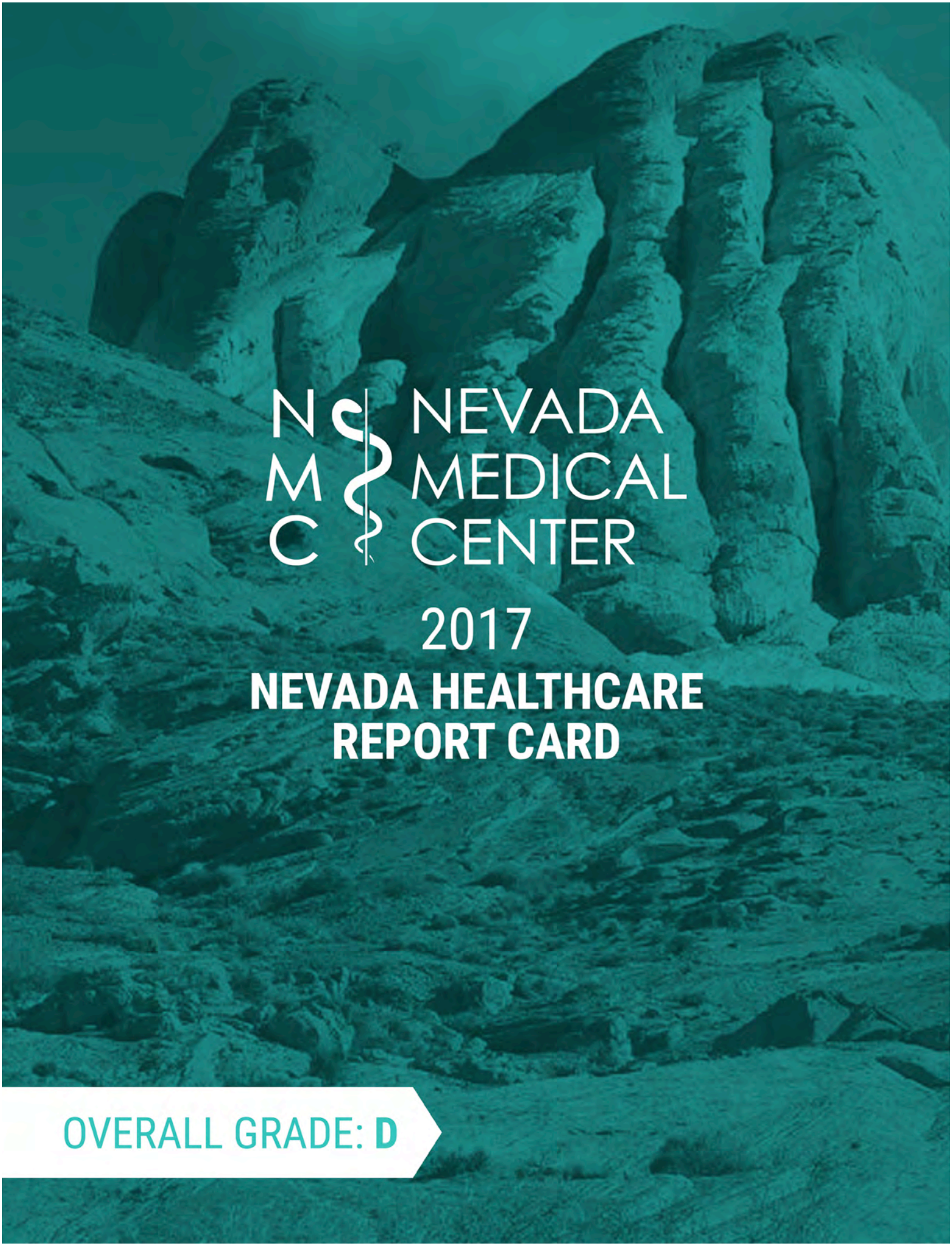
NMC
NEVADA
MEDICAL
CENTER
2017
NEVADA HEALTHCARE
REPORT CARD
OVERALL GRADE: D

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ADVANCING HEALTHCARE THROUGH COLLABORATION

2017 Summary of Grades

Access to Healthcare	**F**
Chronic Diseases	**C**
Nutrition and Activity	**B**
Mental Health	**C**
Substance Abuse	**C**

METHODOLOGY

Grades for the indicators in each category are calculated off a quintile system based upon the ranks out of 50 states plus Washington, D.C. States ranked in the top 10 receive A rankings. States ranked 11 to 20 receive B rankings. C rankings are assigned to states ranked 21 to 31. 32 to 41 receive a D ranking, while states in the bottom quintile receive F rankings. Category grades are then calculated as an average of all the grades within each category where each indicator receives equal weighting.

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Collaboration and Innovation

Health and Healthcare are comprised of individual, family, and national issues. Improving the health of individuals and the system that serves them requires information. The Nevada Medical Center (NMC) Healthcare Report Card improves the way these issues can be addressed. This is achieved by providing information about the health of Nevadans, evaluating the effectiveness of the Nevada healthcare system, and providing a rank system for Nevada, other states, and the nation.

The Nevada Medical Center, like Three Square, started from the inspired vision of the late Eric M. Hilton. Mr. Hilton was a business leader, philanthropist, and a founder of the nonprofit Nevada Medical Center (NMC). He believed that educating Nevadans about wellness and illness prevention would be the most effective avenue to achieve affordable and accessible healthcare.

It is NMC's goal to improve the state of Nevada's healthcare system by focusing on five core areas: comparative data analysis, medical priority setting, play and wellness, expert collaboration, and human immune system research. The Nevada Healthcare Report Card furthers each of these core areas to accomplish these goals:

- Collects, analyses, and shares research and information with all Nevadans, including those who make policy decisions impacting the health of Nevadans and visitors to Nevada.
- Brings together Nevadans of wide experience including healthcare experts in the Nevada Health Commission to establish priorities for both public and private healthcare policymakers.
- Works with stakeholders to solve, through collaboration and innovation, the costly and chronic challenges of healthcare facing Nevadans.

The Nevada Medial Center is comprised of community leaders dedicated to the improvement of the health of Nevadans and visitors to Nevada by improving the culture of health and the healthcare system.

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Please use the attached form to make a contribution today. You can go online at: www.nvmedicalcenter.org and click on “contact”.

The NMC is a 501(c3) nonprofit organization—all donations and contributions to the NMC may be tax deductible. Please contact your financial advisor for additional information.

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Healthcare Access F

Nevada's population nearly doubled from 1995 to 2016, from 1.6 million to an estimated 2.9 million people. Southern Nevada is home to more than two million (73 percent) of these Nevadans. This population increase has challenged the healthcare system's ability to meet the growing needs and provide proper access to healthcare and healthcare coverage. Access to healthcare is represented by the availability of a sufficient healthcare workforce to meet the healthcare needs of the population and provide coverage to both the privately and publicly insured population. Healthcare access affects all health and healthcare measures. A large portion of access comes from healthcare coverage. Coverage includes private/commercial health insurance, as well as public insurance (Medicare, Medicaid, Veterans Affairs, and military). Since the implementation of the "Patient Protection and Affordable Care Act" (ACA or Obamacare), there have been dramatic changes to healthcare coverage in Nevada. The largest change we have seen is the accomplishment of the joint Federal/State Medicaid program expansion in Nevada.

Medicare provides coverage benefits for seniors over 65, people with disabilities, and people with "end stage renal disease" (kidney failure). Nevada's Medicare program numbers are roughly the same as the national average. There are 454,000 Nevadans covered by Medicare. The huge "Baby Boom" population (most of that generation were infants when President Truman had his healthcare fight) are now moving into the Medicare program by the thousands every day. "Baby Boomers" are typically described as Americans born between 1946 and 1964. This population (people between the ages of 53-71) will continue to flood the Medicare program for another 12 years. Besides the vast number of "Baby Boomers," this demographic poses other issues to the healthcare system. More than half of this population is female, which could result in a Medicare gender gap. Another large part of the boomer generation is aging immigrants. These potential disparity issues (gender, race, and ethnicity) are likely to drive future Medicare policy.[1]

The Affordable Care Act redefined health insurance and provided a place to purchase coverage through the Health Care Exchanges, including Nevada Health Link (www.nevadahealthlink.com/sshix/). The Kaiser Family Foundation found that around 100,000 Nevadans were covered under these new provisions.[2] In 2014, the Affordable Care Act provided states the authority to expand Medicaid eligibility to individuals under age 65, whose families' income is below 133 percent of the Federal Poverty Level (FPL). Nevada has exercised this option. This group is referred to as the "Medicaid Expansion" population. Nevada's Medicaid population grew 89.78 percent from 332,560 people to 631,370 Nevadans covered by the Medicaid expansion today.[3]

Nevada's Medicaid costs are about $3 billion annually. In Nevada, 20 percent of people enrolled in Medicaid are seniors and people with disabilities and the other 80 percent are adults and children. Most Medicaid costs are due to long-term and post-acute care for seniors and people with disabilities. In Nevada, at least 59 percent of Medicaid spending is for these two groups. In Nevada, the Medicaid-to-Medicare physician fee ratio is 0.81. Medicaid coverage has significantly increased opportunities to receive care, but it also has increased the strain upon the existing healthcare workforce and healthcare facilities. [4]

Nearly every medical specialty in Nevada is insufficient when it comes to the demand and need for services. When looking at the provider rates in Nevada for primary care physicians, other primary care providers (nurse practitioners, physician assistants, and clinical nurse specialists), and dentists, Nevada ranks in the bottom quintile, resulting in a **F** grade. Mental and behavioral health rates are the only category in access to healthcare in which Nevada received a grade of **C** (even though mental and behavioral specialists are not equally distributed between the privately and publicly insured). Having access to these types of specialists is an identified problem for Medicaid or uninsured Nevadans.

The demand has grown significantly for specialty services and primary care services in this state. Whatever happens to the Affordable Care Act, Nevada's greatest challenge is to increase the healthcare workforce and institutional services to meet the growing demand. Nevada's 2015 healthcare coverage level is 86.3 percent for adults and 92.4 percent coverage for children under the age of 18, which earns Nevada an **F** grade.

Assuring adequate workforce and institutional services for the Medicaid population is likely to be the major challenge for access to healthcare in the future. However, the additions of education and training opportunities in the health professions (particularly the UNLV School of Medicine) are still a long way from meeting immediate needs. Efforts to recruit workforce and to take full advantage of trained professionals to provide services, like primary care, should be increased.

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Chronic Disease C

In addition to the challenges presented by healthcare access issues, Nevada, individually and as a whole, struggles to meet the demands of chronic diseases and conditions. A chronic disease is a long-lasting illness or condition that can be controlled in many cases but cannot be cured. Common examples are cancer, diabetes, heart disease and stroke, respiratory disease, and kidney disease. These are among the costliest and most preventable of all health problems. In Nevada, the top four leading causes of death are heart disease, cancer, chronic lower respiratory diseases, and stroke.[5]

According to the Division of Public and Behavioral Health, more than 500,000 people in Nevada had one of the following in 2013: cancer, diabetes, heart disease, stroke, or COPD. Out of those people, 20 percent of them had more than one of these chronic diseases. Indirect and direct costs of chronic diseases, in Nevada, were estimated up to $20.3 billion dollars during 2011. That being said, only four cents of every healthcare dollar is spent on prevention. In Nevada, there are only four chronic disease prevention and health promotion departments throughout the entire state. Together, they have a combined $9.1 million dollars to work on combatting chronic diseases.[6] The Partnership to Fight Chronic Disease is a Nevada coalition that estimates 10,900 lives could be saved each year if we had better prevention and treatment for chronic diseases and conditions.[7]

The data on chronic diseases and conditions in Nevada needs to be monitored carefully because of its disproportionate impact on the healthcare system. Overall, Nevada earns a **C** grade for the prevalence of chronic diseases and conditions.

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Nutrition and Activity B

Obesity is a known risk factor for many chronic diseases. While the Nevada obesity numbers compare favorably to national numbers (regarding both adult and child obesity), the data indicates that obesity is on the rise. Certain parts of the Nevada population have significantly higher rates of obesity than Nevada as a whole.

Obesity is affected directly by nutrition issues and activity levels. The food insecurity rate received a **D** grade. The Centers for Disease Control and Prevention defines food insecurity as "limited or uncertain availability of nutritionally adequate and safe foods." Studies indicate that food insecurity most affects the populations of children and seniors. Again, this suggests that when focusing on certain parts of the Nevada population, we will find underlying factors that contribute to obesity. One of these factors is children receiving free lunch at school, which earned Nevada a **D** grade.

The indicators regarding activity levels among Nevadan adults provide the most positive view of obesity in Nevada. On the other hand, a report written by Nevada Wellness describes a far more problematic overview of obesity. They reported childhood obesity rates are rising and 36.8 percent of children are overweight or obese in Nevada. When a child is obese, they become affected by chronic diseases earlier in life. When it comes to adults in Nevada, roughly 75 percent of overweight or obese adults are African American and roughly 70 percent of overweight or obese adults are male.[8] According to 2012 Behavioral Risk Factor Surveillance System data, 83.9 percent of Nevada adults who were overweight or obese had diabetes.[9]

Obesity disproportionately affects rates of chronic diseases and conditions. Targeted analysis of affected populations needs to be monitored more carefully because of its disproportionate impact on the healthcare system, but overall the Nevada population rates a **B** grade for nutrition and activity levels.

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Mental Health C

Mental and Behavioral Health issues are also important indicators of chronic conditions. Nevada is in severe need of more mental and behavioral health services. While Nevada's Medicare population is growing at a significant rate, as discussed in the Health Access section of this report, the population is younger than most Medicare-covered populations in the nation. The Nevada Medicare population's depression prevalence and presence of Alzheimer's Disease are increasing, which is very concerning. The significant growth of Alzheimer's as a cause of death has been noted. Suicide rates are and have been significant in Nevada where we earn a **D** grade.

The rate of mental health providers was discussed in the Healthcare Access section. Unfortunately, the data indicates that Nevada is not meeting the current demand in supplying enough mental health providers, earning the state a **C** grade. The increased healthcare coverage in Nevada from the Medicaid expansion has identified increased numbers of Nevadans with mental and behavioral problems. There are continuing concerns about the availability of mental and behavioral health professional for this population, largely covered and provided by the State of Nevada.

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Substance Abuse C

Substance Use and Abuse issues range widely and affect different parts of the population. Nevada shares the national problem of drug-related death rates, and that, along with high opioid prescription rates, earns the State a **D** grade.

Death rates from impaired driving accidents have been reduced, although that may be accounted for by improved hospital emergency and trauma services. As with deaths by drug overdose, the actual rates of impaired driving do not appear to be decreasing.

The issues of excessive drinking and adult smoking have both shown declines, resulting in a **C** grade. However, the Centers for Disease Control and Prevention have identified four modifiable health risk behaviors that can greatly influence chronic disease outcomes: physical activity, nutrition, tobacco use, and alcohol consumption. We have discussed physical activity and nutrition and their relation to obesity and chronic disease. Excessive drinking and smoking are major contributors to chronic disease and conditions. While Nevada's numbers have improved as a result of significant strategies by public health professionals and coalitions of concerned Nevadans, the efforts have resulted in a **C** grade.

State and national efforts to deal with the various aspects of the opioid crisis have not yet demonstrated significant improvement in the situation. Non-pharmaceutical methods to treat acute or chronic pain are possibly part of a long-term response that may change the demand for opioids. Continued efforts to targeted populations regarding excessive drinking, drunken driving, and tobacco use are needed to assure that these do not return to previous levels.

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Sources

1. Colby, S., Ortman, J.M. (2014). The baby boom cohort in the United States: 2012 to 2060. *U.S Census Bureau.* https://www.census.gov/prod/2014pubs/p25-1141.pdf
2. Kaiser Family Foundation. (2014). How will the uninsured in Nevada fare under the affordable care act? http://www.kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-nevada/
3. Centers for Medicare & Medicaid Services. (2017). Medicaid & CHIP in Nevada. https://staging.medicaid.gov/medicaid/by-state/stateprofile.html?state=nevada
4. Kaiser Family Foundation. (2017). Medicaid in Nevada. http://files.kff.org/attachment/fact-sheet-medicaid-state-NV
5. C.D.C. (2013). Stats of the state of Nevada. https://www.cdc.gov/nchs/pressroom/states/nv_2014.pdf
6. Morales, M. (2015). Public health chronic disease prevention & health promotion in Nevada in the era of the Affordable Care Act. *Division of Public and Behavioral Health.* http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/About/Overview/Whitepaper_CDPHP%20Capacity%20in%20NV.pdf
7. Partnership to Fight Chronic Disease. What is the impact of chronic disease on Nevada? http://www.fightchronicdisease.org/sites/default/files/download/PFCD_NV.FactSheet_FINAL1.pdf
8. Nevada Wellness. (2016). The obesity burden in Nevada. http://www.healthysouthernnevada.org/content/sites/snhd/Burden_of_Obesity_in_Nevada_2015.pdf
9. Department of Health and Human Services. (2014). Diabetes in Nevada: Behavioral Risk Factor Surveillance System 2012. http://dpbh.nv.gov/Programs/BRFSS/dta/Publications/Behavioral_Risk_Factor_Surveillance_System_(BRFSS)_-_Publications/

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