

Quality Metrics Subcommittee Meeting Summary
April 8, 2014

Attendees

Dr. Jonathon Griffin, St. Peter's Medical Group

Dr. Rob Stenger, Grant Creek Family Practice, Providence Medical Group

Dr. Janice Gomersall, Community Physicians Group, Mountain View Family Medicine and Obstetrics

Kristen Pete, Glacier Medical Associates

Todd Harwell, Montana Department of Public Health & Human Services, Public Safety Division

Paula Block, Montana Primary Care Association

Craig Hepp, Billings Clinic

Anna Buckner, Montana Medicaid

Dr. Nancy McCall, Mathematica

Jody Haines, Providence Medical Group

Carrie Oser, Montana Department of Public Health & Human Services, Public Safety Division

Kathy Myers, Montana Department of Public Health & Human Services, Public Safety Division

Dr. Larry Severa, Billings Clinic

CSI Staff

Amanda Roccabruna Eby

Cathy Wright

Christina Goe

The focus of the meeting was Dr. Nancy McCall guiding the subcommittee through Mathematica's feedback on the quality metric guidance that was in a memorandum to CSI. The memo described differences and similarities between the Montana guidance and PQRS and CHIPRA specifications and raised questions about potential extra burden on providers due to the differences.

In regard to the hypertension measure, Mathematica said PQRS specifies an age range of 18-90 rather than 85. Dr. McCall cited a CMS PQRS document indicating age 90; however, some attendees cited different PQRS specifications that actually indicated 85. Further research and discussion is needed on the age range before any decision is made. The group agreed that since ICD-10 will be implemented in October of 2015, Montana guidance needs to incorporate those diagnosis codes. Nancy McCall noted the PQRS exclusion of kidney disease and Alzheimer's and Palliative care patients. Some clinics made these exclusions since they ran their PQRS reports, others in the meeting were unsure. The palliative care patients are more likely to be identified through billing/claims data, rather than tracking in the provider's EHR. Nancy will follow-up with her colleague, Juliet on palliative care, Alzheimer's, and dementia diagnosis codes used to exclude those patients from the measure.

The tobacco use and cessation intervention measure is significantly different in the Montana guidance than it is in PQRS specifications. The PQRS measure refers to a 24 month reporting period and combines the screening and intervention into one measure. There is an underlying assumption in the Montana guidance that the patients who received cessation intervention were all screened. In contrast, the PQRS specifications specifically collect if all patients were screened, and if those screened to be users also received intervention. Some providers thought the tobacco rates could be skewed since the Montana guidance and PQRS have different denominators and it is uncertain exactly what each clinic did. Further discussion is required before any decisions are made.

The A1C measure had fewer discrepancies with only some diagnosis codes missing from the Montana guidance that are in the PQRS specifications. Attendees discussed the relevance of the missing codes for future reporting, including the following reasons: The diagnosis codes from the 300s are for diabetic complications which providers commented coding guidelines would make them include anyway. The missing codes from the 600s were for gestational diabetes which are not really relevant since it is not treated unless the A1c is higher than 160/100. Also, no A1C is taken until after the baby is born.

Mathematica was already made aware that stakeholders had intended for the immunization measure to differ from PQRS in order for it to align with the state and national immunization survey used by the CDC. However, they raised issue with the language in the Montana guidance regarding exclusions for medical contraindication or refusal because it indicates that those cases will still be calculated in the denominator which will affect the provider's rate. Attendees suggested collecting the medical contraindication and refusal data next year, but in a separate calculation from the other "not immunized children," if possible. Subcommittee members had reasons for collecting the information on the refusals more than the medical contraindications but recognized that it should be collected in a different way so as not to negatively affect the provider's rate if they are offering the immunizations. Attendees agreed that the issue needed more thought and discussion at the next meeting.

The subcommittee did not have time to review a draft template for a CSI/DPHHS feedback report to clinics on their quality metric data. CSI staff asked the subcommittee members to review the draft before the next meeting on May 13th.