



Patient-Centered Medical Home Stakeholder Council
Meeting Minutes
April 15, 2015
DLI Conference Room (Helena) and via phone

Members Present

Dr. Jonathan Griffin, Chair, Blue Cross Blue Shield
Dr. Rob Stenger, Vice-Chair, Providence Medical Group
Dr. Larry Severa, Billings Clinic
Carla Cobb, RiverStone Health
Todd Harwell, Public Health and Safety Division, DPHHS
Dr. Janice Gomersall, Community Physicians Group, Mountain View Family Medicine and Obstetrics
Dr. Patrick Van Wyk, St. Peter's Hospital
Lara Shadwick, Mountain Pacific Quality Health Foundation
Kristen Pete, Glacier Medical Associates
Tara Callaghan, SW Community Health Center
Bill Warden, Hospital Lobbyist

Members Absent

Dr. Monica Berner, Blue Cross Blue Shield of Montana
Todd Lovshin, PacificSource Health Plans
Jo Thompson, Medicaid Division, Department of Public Health & Human Services
Paula Block, Montana Primary Care Association
Sen. Mary Caferro, State of Montana (Ad Hoc Member)

Interested Parties Present

Kathy Myers, Public Health and Safety Division, DPHHS
Janet Mackenson, Veteran Health Information Exchange Coordinator
Mary LeMieux, Montana Medicaid, DPHHS
Dr. Jonathan Weisul, Allegiance Benefit Plan Management
Jody Haines, Providence Health System
Vicki Thuesen, Montana Migrant Council
Dr. Gary Mihelish, Mental Health Advocate

CSI Staff Present

Amanda Roccabruna Eby
Christina Goe
Catherine Wright

Welcome, agenda review, minutes approval, and announcements

The meeting was called to order at 1:02 pm. Amanda Eby conducted roll call. The agenda was reviewed and approved. Dr. Griffin called for a motion to approve the minutes. Dr. Van Wyk moved and Bill Warden seconded a motion to approve the March 2015 stakeholder council meeting minutes. The minutes were unanimously approved.

There were no announcements.

CSI update on Data Use and Business Associate Agreements

Christina Goe reported that CSI and Mathematica had both signed a Data Use agreement so CSI could send data to Mathematica. Christina will send a draft of the Business Associate Agreement for legal review and approval by PCMH clinic staff. The agreements will only go to the clinics that submitted patient-level data, not aggregate.

Annual Report Update

Amanda Eby gave a brief status report of Annual Report submissions. To date, all but 3 clinics have submitted their report. Amanda is pleased that most questions are being answered, finding the detailed “patient stories” responses very useful. Notably, depression screening ranges from 10%-100% of patients being screened. She thanked the clinics again for their time and effort. Finally, CSI will aggregate and analyze the narrative responses and then share with Nancy McCall for her feedback on how to best use the information. DPHHS offered to discuss with the CSI how they can help compile the data.

PCMH Clinic Recognition Status Update

Amanda Eby reported that 4 clinics voluntarily withdrew from the program due to the challenges of recognition and reporting data to payors and the state program.

Two other clinics will not meet the 6-month **extension** deadline of June 30th to obtain recognition. Remaining clinics should complete their NCQA applications within the next two weeks (by late April). St. James is still the only clinic that has been qualified in 2015 but two other clinics have expressed interest in applying to the program, Beartooth Billings Clinic and Cascade County Community Health Center. It was suggested that a statewide map be created which indicates PCMH sites to show the locations and distribution of clinics. DPHHS offered to assist with building an interactive map for the CSI website.

Education April 1 Subcommittee Meeting Report

Dr. Griffin summarized the discussion from the April subcommittee meeting. The subcommittee reviewed draft templates, graphics and brainstormed ideas for text. The templates were circulated and Dr. Griffin asked the stakeholder council for any comments or suggestions. There was consensus that the materials should feature a “patient-centered” photo. There was also discussion about specifying the contact information on the materials. CSI will prepare draft text for discussion at the May meeting.

Quality Metrics April 8 Subcommittee Meeting Report

Nancy McCall joined the meeting via phone to specifically address the discussion points for each metric in the Mathematica worksheet that compares the Montana specifications to PQRS specifications. In short, there are two main points of concern. First, the tobacco use and cessation metric is significantly different in the Montana guidance than in the PQRS specifications.

Secondly, there are ongoing issues with immunization measure and whether a refusal or medical contraindication should be included in the denominator. While further discussion is needed on the tobacco and immunization measures, the changes needed to align the other two measures with PQRS

for the next reporting cycle are mostly straight forward and should be resolved easily. See the [meeting notes](#) for a complete summary.

Payor April 9 Subcommittee Meeting Report

The subcommittee meeting focused on payor education of their members about participating PCMH clinics and the benefits of PCMH care. Payors are checking on budgets and mailing systems before the next meeting. Dr. Weisul reminded the group of the challenge for payors to affect an employer self-funded population vs. the fully-insured population. The group was reminded that educational outreach by payors is not required.

DPHHS Quality Metric Report update

Todd Harwell reported that the data submission was mostly a smooth process for the clinics and DPHHS and resulted in successful collection of data. There are 4 epidemiologists analyzing the data. Overall the data looks good, with a few exceptions of incomplete or inaccurate submissions. There was a short discussion about the hypertension metric and the ongoing topic of the accuracy of aggregate vs. patient-level data. For instance, the attested data shows a higher rate of BP control compared to patient-level which shows rates closer to the national rates. Generally the data looked really good and all the work leading up to it seemed to pay off.

ACTION: Amanda Eby will develop and send a survey to clinics with clarifying questions on how they created their quality metric reports.

May 20th Meeting Preparation

Dr. Griffin announced that BCBS has confirmed a presentation by Dr. Kendrick, MyHealth CEO, the morning of May 20th, before the regularly scheduled in-person stakeholder council meeting. Oklahoma and Dr. Kendrick's MyHealth are paving the way for meaningful and useful data analysis and Griffin is eager for him to share his story with the stakeholder council and other interested parties. MyHealth is Oklahoma's health information exchange and all-payer claims database and helped Oklahoma show the best results in the country in Medicare's Comprehensive Primary Care Initiative. BCBS hopes to engage a broad group of stakeholders to consider the Oklahoma model as a possibility for Montana.

Mathematica Update

Amanda presented a revised timeline for Mathematica's upcoming scope of work deliverables. She is working toward a goal of May 1 to send Mathematica all the quality metric and utilization data with DPHHS's preliminary analysis and the clarifying information for both sets of data. Nancy McCall will submit two draft memos to CSI prior to the May 20th meeting, on usability analysis of each data set, questions to consider, and the validity and reliability of the data. Also prior to the May 20th meeting, she will submit a standalone document on how to use the data for monitoring PCMH performance, including strategies for evaluation and a memo on attribution methods. The webinar for providers on data usability is rescheduled to June.

Nancy McCall gave the group a preview of what topics she plans to cover at the May meeting in-person:

- Face value validity and reliability of data for setting a baseline
- Assessment of findings from DPHHS
- Usability and comparability of data across clinics
- Usability of utilization data from payors
- Nuances of utilization data to account for
- Recommendations for 2016 reporting guidance
- Usability of data for monitoring PCMH effectiveness

- alternative attribution models
- impact to modeling with or without comparison groups
- sample size recommendations

She will also provide a written report of her work to-date.

Discuss Work Plan

The work plan was not discussed. It will be reviewed in depth at the May meeting. Amanda will create a document highlighting the most important tasks/priorities to be completed before the end of the term for the current stakeholder council (October 2015).

Future Meetings

The **Education** subcommittee will meet May 6 at noon. The **Quality Metrics** subcommittee will meet May 13 at noon. The **Payor** subcommittee will meet May 14 at 1:00 pm. And as a reminder, all council members and interested parties are invited to attend.

The next PCMH Stakeholder Council meeting **is a required in-person meeting May 20th 1:00 – 4:00 pm at the Great Northern Hotel, Helena.** Amanda will confirm that the 10:00 start time of Dr. Kendrick's presentation is the best schedule for those traveling and then notify the stakeholder council.

No Public Comment

Meeting adjourned at 2:45 pm.