



## Patient Centered Medical Home Stakeholder Council

Meeting Minutes

June 18, 2014

CSI/DLI Conference Room, Helena, and via phone

### **Members present**

**Dr. Jonathan Griffin**, Chair, St. Peter's Hospital

**Paula Block**, Montana Primary Care Association

**Carla Cobb**, RiverStone Health

**Mary Noel**, Medicaid Division, Department of Public Health & Human Services

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

**Dr. Joe Sofianek**, Bozeman Deaconess Health Group

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

**Todd Lovshin**, PacificSource Health Plans

**Dr. Thomas H. Roberts**, Montana Health Co-op

**Dr. Larry Severa**, Billings Clinic

**Dr. Pat Morrow**, Blue Cross Blue Shield of Montana (Representing Dr. Berner)

### **Members absent**

**Dr. Monica Berner**, Vice-Chair, Blue Cross Blue Shield of Montana

**Sen. Mary Caferro**, State of Montana (Ad Hoc Member)

**Richard Opper**, MT Department of Public Health and Human Services (Ad Hoc Member)

**S. Kevin Howlett**, Tribal Health and Human Services, Confederated Salish & Kootenai Tribes

**Lisa Wilson**, Montana Family Link

**Rep. Ron Ehli**, State of Montana (Ad Hoc Member)

**Dr. Jay Larson**, South Hills Internal Medicine

**Dr. Jeffrey Zavala**, St. Vincent's Hospital

### **Interested Parties**

**Patty Estes**, BCBS

**Dr. Gary Mihelish**, NAMI Patient Advocate

**Janice Mackensen**, Mountain-Pacific Quality Health

**Dr. Jonathan Weisul**, Allegiance Benefit Plan Management

**Jody Haines**, Providence Health System

**Kris Juliar**, AHEC/Office of Rural Health

**Bill Warden**, Lobbyist for St. Peter's, Benefis and Bozeman Deaconess Hospitals

**Mike Foster**, Regional Director of Advocacy, St. Vincent Healthcare/Montana Catholic Hospitals

**Lara Shadwick**, American Cancer Society

**Kristin Pete**, Glacier Medical Associates

**John Butz**, Pfizer

**Aimee Grmoljez**, attorney, Crowley Fleck

**Mary Lemouix**, Medicaid Division, Department of Public Health & Human Services

## **CSI Staff Present**

Amanda Roccabruna Eby  
Adam Schafer  
Catherine Wright (Minutes recorder)  
Christina Goe (via phone)

## **Welcome, introductions, agenda review, announcements, minutes approval**

Meeting called to order at 1:05 pm. Amanda Eby conducted roll call. Dr. Griffin began with a brief discussion on the structure and organization of the PCMH stakeholder council and renewed efforts to formalize committee processes and procedures to improve communication between the Commissioner's staff and stakeholders. Mary Noel moved and Todd Lovshin seconded a motion to approve the May 21, 2014 minutes. The minutes were approved unanimously.

## **Review and Discuss Work Plan**

Dr. Griffin began the discussion with a review of the PCMH model design. He asked:

Does the program formulate specific parameters for the patient group or does the program accept all providers whether or not the provider has a contract with the payer?

Stakeholders shared their insights, concerns and preferences:

Dr. Roberts clarified: Should the council determine that all providers can participate even without payer contracts? Western Montana Clinic does PCMH because it is the right thing for them to do, regardless of payment. It is too early for the co-op to know what they will do.

Dr. Severa commented that while there are different ways to become a PCMH the payment model is essential. Practices want to see which payers are in the game even if they are not ready to contract with them.

ACTION ITEM Per Todd Lovshin, Further discussion is needed regarding whether payers should develop one payment methodology or continue with current situation of different payment models.

Carla Cobb: what is the best way to compile useful data?

Janice Gomersall: More innovation allowed in the beginning would be good for practices to identify their strengths and payers could then choose who to contract with based on their innovation.

Todd: Remember that the law has a sunset date and there is limited time to prove benefits of PCMH; therefore it would be better to have more structure from the beginning.

Severa: Yes, fewer variables would be better for practices so we can show the legislature this is a good thing.

There was more discussion concerning reporting standards and utilization measures, comments included:

Dr. Weisul: Allegiance has payment database and can compare PCMH vs non-PCMH but there is no consistency between payer methods and a major consideration is whether payers will share data.

Dr. Sofianek commented on the need to determine the programs definition of success as far as measuring improved metrics and lowering costs. He asked how we could analyze utilization to show ROI to 3<sup>rd</sup> party payers. He wondered what other metrics can be used to measure cost-control. He also asked whether state specific data is available for benchmarking quality metrics. Per Todd Harwell only for some metrics and the data is mostly regional not state specific.

There was some discussion about whether practices provide PCMH services only to the patients attributed to a payer they receive PCMH payments from or if they provide the PCMH services to all patients. Dr. Sofianek, Kristin Pete, and Paula Block all agreed that they provide the same services to all

patients regardless of insurance or payment, and they have to report on all patients to the federal government.

Dr. Weisul mentioned CMS chronic care coordination payments in 2015 for non-physician services and asked whether PCMH could follow that model.

Todd Lovshin commented that reporting is going to have to be a partnership between payers and providers. Utilization measures should be discussed at the next Payer Subcommittee meeting. Dr. Weisul agreed that the payers need to discuss attribution methods and utilization measures. Carla Cobb added that the group should look at what they think is effective based on experiences of PCMHs so far, what interventions have more impact on cost and health moving forward.

The group ultimately agreed that all practices can sign-up and report on designated measures and payers must provide a description of payment model and report on utilization metrics. The payers will discuss utilization measures further at their next subcommittee meeting, and the providers will discuss the metrics. Todd Lovshin, Dr. Morrow, and Mary Noel all agreed to share the requested payer information on attribution model, who they contract with, payment model, and utilization measures.

A member asked to review the purpose of the Work Plan: Amanda Eby reminded the group that the work plan was developed at the request of stakeholders. (See 5-21-14 PCMH stakeholder council meeting minutes: *Dr. Griffin responded that these complaints are why the council needs to revisit goals and develop a work plan. The council needs a strategic plan with structure, definitions, direction, and clarity on the direction and purpose of the Montana PCMH Program. Dr. Griffin explained the work plan can be developed with the council's input.*) The Work Plan is mainly to be used for guidance and deadlines for the next 2.5 years. Todd Lovshin suggested the group focus on immediate summer deadlines, especially finalizing the draft rules.

Adam Schafer explained that the commissioner needs the counsel to make recommendations to her about the PCMH program, because, at the end of the day, she has the final say in what happens with the program.

ACTION ITEM: Amanda will send the council members the PCMH definition from the last council and mission statement for review and comment and a summary of the work plan.

### **Payer Subcommittee: Discussion of proposed payer standards**

Todd Lovshin summed up the discussion points from the last Payer Subcommittee meeting and asked for provider feedback on the need for a standard payment model in the program.

Janice Gomersall said she was okay with payer flexibility as long as practices on receiving PCMH payments.

Dr. Weisul reminded providers that large employers don't want to pay for patients that aren't their members.

Dr. Severa commented that Paul Grundy had emphasized that PCMH works and improves entire population's health, thereby lowering costs for employers.

Dr. Weisul said that payers and employers know about PCMH and have data on them in Montana. Dr. Sofianek replied that education is needed on how to talk to large employers about PCMH.

Adam Schafer pointed out that the Work Plan includes discussion for education and outreach efforts to share the message of positive PCMH outcomes. He said CSI will work to develop and execute the education and outreach, while reminding the council there is no appropriation for such efforts.

ACTION: Amanda requested that payers send her an email with any comments for the amended payer rule.

### **Quality Metrics Subcommittee: Discussion on reporting standards and guidance**

*From the subcommittee report 6.12.14:*

After much discussion on possible strategies to adjust the measures and their reporting parameters to make them less burdensome on practices, CSI proposed making the following changes to the rule and guidance:

- Practices can choose at least three of the four measures to report data on to the commissioner.
- Data will only be used in aggregate without ever specifically naming patients or practices in reports to the legislature or others.
- The measures align exactly with PQRS, except that immunization reporting includes all 2-year-olds up to the age of 3.
- Pediatric practices need only report on one quality measure, immunizations.
- Practices that report on ADULTS ONLY, would not include immunizations, but those that report adults and children (Family Practice), could choose to report on immunizations.
- Payers who participate in the PCMH program will have to align with these four measures at a minimum, if their payment model includes quality measure based incentives.
- Data on the measures may not necessarily be used in the March 2015 report.

The attendees agreed unanimously with the proposed approach. Providers commented that they felt better about alignment and flexibility that recognizes that PCMH is a journey for practices.

Christina Goe reviewed the most recent amendments (see above) to the [draft rule](#).

Todd Harwell will send edits for 3 (1) and Dr. Morrow will clarify the language in 3(6). There is still time to consider further edits and tweaks to the rule.

ACTION: Any additional feedback is due **to CSI by July 9, 2014**.

An updated rule will be considered at the next meeting.

### **Public Comment**

None

### **Future meetings**

The Payer subcommittee is tentatively scheduled for the week of July 7<sup>th</sup>. The Quality Metrics subcommittee will meet July 10 at 10:00 am.

The next PCMH stakeholder council meeting is July 16<sup>th</sup>.

Meeting adjourned at 2:57 pm.