

Quality Metrics Subcommittee Meeting Summary
July 8, 2014

Attendees

Dr. Jonathan Griffin, BCBS of MT

Dr. Pat Morrow, BCBS of MT

Erwin Austria, BCBS of MT

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

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

Betsy Seglum, Glacier Community Health Center

Jan Bechtold, Billings Clinic

Mary LeMieux, Montana Medicaid

Kelley Gobbs, Montana Medicaid

Jim Murphy, MT DPHHS, Immunization Section

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

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

CSI Staff

Amanda Roccabruna Eby

Cathy Wright

Christina Goe

The focus of the subcommittee meeting was to use the Mathematica memorandum on the quality metric guidance analysis to compare the program guidance to PQRS specifications and determine what changes to make in 2015 for the tobacco measure and the immunization measure.

Immunizations

The issue with this measure was not alignment with PQRS or CHIPRA since the intent of the council was to align instead with UDS and the National Immunization Survey. Mathematica had noted the problem of the Montana guidance was indicating that cases of medical contraindication or refusal would still be calculated in the denominator which will affect the provider's rate. While stakeholders found it important to track data on children that are not immunized due to medical contraindication or refusal, the data is problematic because not all clinics were able to separate those cases out from other non-immunized children. Only about half of the clinics reported this information separately.

Jim Murphy of the state immunization program reported that based on daycare and school data, the statewide average is 3% of non-immunized children are because of refusal and 1% are because of medical contraindication. The PCMHs will be able to capture more of the population since they include kids not in daycare or public schools. Jim also reported that national measures do not include these two categories in the overall denominator. Dr. Griffin noted the importance of knowing the overall number of non-immunized children as well as tracking the refusals and medical contraindications. Dr. Morrow commented that BCBS has had success with having clinics report the refusals in the denominator but not the medical contraindications so that they don't count against the provider's incentive payment. Betsy Seglum spoke for the CHCs; most of them use the E-Clinical Works EMR and their refusal patients are included in the denominator but their medical contraindication patients are not.

Todd Harwell moved and Dr. Griffin seconded a motion to keep the immunization specifications the same but to add clarifying language to the 2015 guidance that clinics should include their refusal

patients in their number of non-immunized patients, but exclude their medical contraindication patients. The motion passed unanimously.

Tobacco Use and Cessation Intervention

The PQRS tobacco measure is a single measure, while the MT guidance separates into two measures. PQRS uses the word “screened” while MT guidance uses the word “documented” in the language of the numerator. “Screened” is more specific and gets to the intent of the measure, identifying if the providers are screening patients. The MT guidance was also missing some encounter codes that are in PQRS. There was much discussion about the advantages or disadvantages of a one or two step measure, providing one or two separate numbers. Billings Clinic reported that the PQRS reporting they do as an ACO gives one number rather than two. Betsy Seglum reported that the UDS reporting that CHCs do also combines two steps into one, very similar to the PQRS specifications. Dr. Morrow noted that clinics must perform the two steps anyway to get to the one number.

Dr. Morrow moved and Dr. Gomersall seconded a motion to adopt, verbatim, the 2015 PQRS specifications for tobacco, in the 2015 MT guidance. The motion passed unanimously.