

PCMH Quality Metrics Subcommittee  
Meeting Summary  
July 13, 2016

Attendees

**Dr. Janice Gomersall**, Community Physicians Group  
**Dr. Rob Stenger**, Partnership Health Center  
**Kristen Schuster**, Glacier Medical Associates  
**Kathy Myers**, MT DPHHS-Chronic Disease Prevention and Health Promotion Bureau  
**Todd Harwell**, MT DPHHS-Public Health and Safety Division Administrator  
**Patty Kosednar**, Health Technology Services  
**Anna Buckner**, Medicaid  
**Heather Zimmerman**, DPHHS  
**Jan Bechtold**, Billings Clinic  
**Christopher Lee**, Billings Clinic  
**Paula Block**, MPCA  
**Stacey Anderson**, MPCA  
**Carol Winchell**, Billings Clinic  
**Desa Osterhout**, Blue Cross Blue Shield of Montana

CSI Staff

Amanda Roccabruna Eby  
Catherine Wright  
Christina Goe

The meeting began with Dr. Janice Gomersall (council Vice-Chair) presenting recommendations from council leadership based on a discussion the week prior including her, Dr. Stenger, Patty Kosednar, Kathy Myers, and CSI staff. The recommendations were intended to address the reporting issues PCMHs are experiencing and how the subcommittee should guide the program forward regarding reporting requirements. The document summarizing the recommendations is linked here. Briefly, the recommendations included the following: aligning measures with CMS standard measure descriptions, continue to allow both aggregate and patient-level data reporting, and work toward using QRDA format for all PCMHs to be able to report data directly out of their EMRs.

First, the subcommittee discussed the patient-level data reporting requirement coming in 2017 and the council leadership's recommendation to continue to allow aggregate data. Kristen Schuster commented that aggregate data is sufficient to monitor the goals of the program and quality improvement in the program so it should continue for the next few years until patient-level data reporting is more feasible. Dr. Rob Stenger commented that the bulk of the patient-level data work is being done by the clinics already submitting it, CSI staff, and public health staff so if they are okay with doing that work then they should be able to continue to report that way. Heather Zimmerman commented that if the patient-level data elements can be standardized to align with CMS data elements then more clinics should be able to report patient-level data. There was a final request for subcommittee comment and there was no opposition. Paula Block suggested allowing practices to change their reporting method. **The group had consensus to recommend to the council to continue to allow both types of data reporting and to defer to the council on the timeline for specifically revising when to work toward a new goal of 100% patient-level data reporting.**

Second, the group discussed the confirming alignment with CMS ECQM standard measure descriptions, not the PQRS standards. While this was part of the council leadership's recommendations that Janice outlined, the 2016 reporting guidance had already aimed to align with CMS measures. The corresponding CMS measure to each MT PCMH Program measure was listed with each metric in the guidance (i.e. Controlling High Blood Pressure CMS 165v3). However, it is important that the MT PCMH measures continue to align with CMS by adjusting accordingly to changes made by CMS. Also, the immunization measure is a CDC, not a CMS measure. Paula Block commented that UDS measures (which CHCs report) are moving to align with CMS so they will soon have the same standard as other clinics. Paula offered to send information on the immunization measure to Patty so they could work together on alignment. **The group had consensus to recommend to the council to maintain alignment of the current measures to CMS ECQM standard measure descriptions and to bring the immunization measure into alignment with the CMS immunization measure. These recommendations require changes to the PCMH rules.**

Lastly, the group discussed the recommendation to define patient-level data elements to align with CMS standards. The patient-level data elements currently requested by the Montana PCMH program are not required by PQRS. The only patient-level data elements PQRS requires are Patient ID, race, ethnicity, gender, payor, and if the patient meets the performance criteria of the measure (if yes, they will be included in the measure). UDS does not require any patient-level data reporting, only aggregate reporting, but requires separate reports for satellite clinics within a health system. Patty suggested and others commented that if the MT PCMH Program only requests exactly what CMS is requesting then there will be a better chance of receiving accurate reports. If functionality could be turned on in all PCMH EMRs to eventually produce QRDA patient-level reports then hopefully those reports could be automatically pulled and submitted to the state program as well as other entities. Paula Block relayed a comment concerns from MPCA that the QRDA format would not be appropriate for patient-level data reporting. The issue of the patient-level data elements requires further discussion by the subcommittee.

***After the subcommittee meeting CSI staff worked with council leadership to develop the following recommendations to the council to be voted on at the July 20<sup>th</sup> meeting:***

1. Current quality metric reporting guidance for PCMHs states that PCMHs will be required to report patient-level data in 2017 for the 2016 calendar year measurement period. The subcommittee recommends that the requirement is delayed and PCMHs are allowed to continue to report aggregate data for two additional years until 2019 (for the 2018 calendar year measurement period). If clinics are able to report patient-level data to the program, they should continue to do so. Until EMR functionality improves and HIE developments progress further, the aggregate data can monitor the goals of the program and quality improvement of PCMHs. The feasibility of patient-level data reporting and consideration of the requirement should be regularly considered by the subcommittee and council. The Montana PCMH Program should align patient-level data elements with CMS data elements to make patient-level data reporting more streamlined and easier for more practices to work toward.
2. The subcommittee recommends the Montana PCMH Program's quality measures align with CMS standard measure descriptions. Each measure should align with CMS eCQM standards or electronic clinical quality measure standards. Currently, the immunization measure is the only measure that needs to be changed to align with the CMS standard measure.