

PCMH Quality Metrics Subcommittee Meeting
August 12, 2014

Attendees

Dr. Pat Morrow, Blue Cross Blue Shield of Montana
Dr. Jonathan Griffin, Chair, St. Peter's Hospital
Paula Block, Montana Primary Care Association
Lisa Underwood, Montana Primary Care Association
Todd Harwell, Public Health and Safety Division, Department of Public Health & Human Services
Dr. Steve Helgerson, Public Health and Safety Division, Department of Public Health & Human Services
Dr. Rob Stenger, St. Patrick's Hospital Grant Creek Family Practice
Dr. Jeffrey Zavala, St. Vincent's Hospital
Dr. Thomas H. Roberts, Montana Health Co-op
Janice Mackensen, Mountain-Pacific Quality Health
Mary LeMieux, Medicaid Division, Department of Public Health & Human Services
Jo Thompson, Medicaid Division, Department of Public Health & Human Services
Craig Hepp, Billings Clinic
Dr. Janice Gomersall, Community Physicians Group, Mountain View Family Medicine and Obstetrics

CSI Staff

Christina Goe
Amanda Eby
Cathy Wright

Dr. Griffin began the meeting asking for an update on the status of aligning measures with PQRS measures. Todd Harwell explained the recommended changes that had been made to the guidance since the last meeting, particularly things that different from PQRS, but different to make the measure reporting easier. The changes included:

- Removed the "inpatient" component related to the HTN and A1c measures.
- Removed the equal sign from the HTN measure, so it would be <140/<90 and not < or = to.
- Removed Quit Line referral.
- Added date fields for measures, e.g. when blood pressure was taken.

Measures will be aligned with the PQRS 2014 set, there should be little variance in PQRS measures from year-to-year. The NQR number in the PQRS set will change from year to year but not the measure itself. Dr. Morrow explained that BCBS will only need to make some small changes to their current measure reporting requirements to align them with PQRS. They will comment on the rule to make the effective date align with their contract date (January 1, 2015).

The group reviewed the ICD diagnosis codes and recommended each individual code be specified rather than the range proposed in the guidance.

The subcommittee agreed that practices should report on their entire patient population unless they are either still on paper charts or in the process of transitioning from one EMR to a different EMR. Reporting on an entire population would be easier for those with an EMR, while doing a random sample would be easier for those practices still on paper charts without an EMR. In addition to clinics still on

paper charts, a clinic in the process of transitioning from one EMR system to another would also want to do their own random sampling rather than report on their entire population. Attendees agreed that the random sampling method needs to be clearly defined ahead of time for practices. A PCMH intending to use a random sample should contact CSI in advance to get their sampling method approved. State public health officer, Dr. Steve Helgerson confirmed that as long as the practice's sampling strategy is random, the credibility of the data will be maintained when evaluated with other practices that submit data on their entire population.