

PCMH Quality Metrics Subcommittee
Meeting Summary
September 9, 2015

Attendees

Dr. Pat Morrow, BCBS of MT

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

Lisa Schmidt, MT DPHHS, Public Safety Division, Tobacco Prevention Program

Heather Zimmerman, MT DPHHS, Public Safety Division, Coordinated Chronic Disease Program

Mary LeMieux, Montana Medicaid

Anna Buckner, Montana Medicaid

Beki Wehner, MT DPHHS, Immunization Section

Jan Bechtold, Billings Clinic

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

Paula Block, MPCA

Tara Callaghan, Providence Health System

Jody Haines, Providence Health System

Kristen Pete, Glacier Medical Associates

Kelly Tiensvold, Kalispell Regional Medical Center

Patty Kosednar, Health Technology Services

Dr. Rob Stenger, Providence Health System

CSI Staff

Amanda Roccabruna Eby

Catherine Wright

Christina Goe

Prior to the subcommittee meeting, Amanda distributed drafts of the 2016 Reporting Form, 2016 QM Reporting Guidance, and the 2016 Patient-Level Data Elements and Dictionary. The drafts included comments and edits from the epidemiologists at DPHHS. The meeting focused on reviewing the Draft 2016 QM Reporting Guidance (Attachment 2).

Blood Pressure

Amanda pointed out that the PQRS language had different denominator language than the Montana program used last year because it refers only to patients who received a hypertension diagnosis in the first 6 months of the reporting period. The group agreed to keep the change because it is a certification requirement of all 2014 certified EHRs to produce canned CQM MU reports, which have the same denominator as PQRS. Patty Kosednar will send Amanda wording to add to the Guidance to direct PCMHs on how to use these reports. Dr. Morrow pointed out that the measure denominator was missing many of the ICD-9 and ICD-10 codes. Amanda will add the missing codes.

Sampling Option

Amanda raised the issue of the sampling option with the subcommittee because it was a contentious topic last year and only one clinic used it this past reporting cycle. The subcommittee agreed that since that option was not used more, it isn't necessary now and can be reconsidered as an option for when the program goes to only patient-level data in 2017. Dr. Stenger moved and Paula Block seconded a motion to remove the sampling option for this year only. The motion passed unanimously.

Tobacco

Amanda began the measure guidance discussion by pointing out that if the program only used the PQRS specifications without requiring anything extra, they would not capture the amount of tobacco users out of the total clinic population, which was reported in the last reporting cycle. Since the PQRS measure is a two part measure that is combined into one number, clinics have to find that number, but don't have to report it. Since she thought the stakeholders valued this data element, she drafted the guidance for tobacco so that it was identical to PQRS but also requested an additional custom report of how many users there are in the clinic. Dr. Gomersall commented that the Guidance should only require the exact PQRS specifications and anything additional should be optional for clinics to report. Amanda explained that if that data element is made optional then it would really only be useful for feedback to the clinics for quality improvement. Optional reporting could not be used for program year-to-year comparative analysis because the data would differ from the baseline data in year one.

The discussion of extra information outside PQRS raised concern with all the other measures as well because the Reporting Form requests the amount of patients with hypertension out of the total clinic population, the amount of patients with a diabetes diagnosis out of the total clinic population, and the amount of patients screened positive for depression out of the total clinic population. All of those requests are not part of PQRS requirements.

Amanda asked the stakeholders to comment on how easy or difficult it was for their clinic to capture the additional information for the measures and how, if at all, valuable it was to them to have that data fed back to them for quality improvement efforts. Tara Callaghan commented that it was fairly easy for her clinic to capture the additional information for each measure, while she could not speak for other clinics. However, she did not think that was a very valuable part of the feedback reports to the clinics because it is so difficult and would take so long for a clinic to reduce their number of hypertension or diabetic patients. Even with quality improvement projects implemented, those are too difficult of numbers to impact because patients will always have the diagnosis. Ultimately, it is more important to show the improvement in blood pressure and A1C control in those patients. Dr. Stenger commented that those extra data elements are not clearly defined enough for apples-to-apples comparison anyway because clinics may have defined their total population differently.

Several stakeholders commented that CSI needs to look at the Quality Metric rule and the rule should be changed if additional information outside of PQRS is required. Some attendees suggested requesting the extra data elements, making them optional, and giving an explanation of why it is important information and many clinics may report it. Dr. Stenger thought that if the Guidance adheres to PQRS only without the extra data, the program data collection would not impair the Commissioner's ability to message on the program about improvement on measures.

After the subcommittee meeting, CSI staff sent the following email to the subcommittee regarding the discussion that day:

After internal discussion at CSI regarding the requests for additional data elements currently in the draft guidance, we have decided to remove the requests in order to maintain alignment with PQRS specifications as indicated in rule. This eliminates the need for custom reports to be created for any of the measures.

Before the next meeting, I will revise all the guidance documents according to the discussion today by removing extra data requests outside PQRS, removing language on a sampling option, and adding the missing ICD-9 and ICD-10 codes for blood pressure.