

PCMH Quality Metrics Subcommittee
Meeting Summary
October 12, 2016

Attendees

Dr. Rob Stenger, Partnership Health Center and Council Chair
Dr. Janice Gomersall, Community Physicians Group
Kathy Myers, DPHHS – Chronic Disease Prevention and Health Promotion Bureau Chief
Anna Buckner, Montana Medicaid
Mary LeMieux, Montana Medicaid
Heather Zimmerman, MT DPHHS-Chronic Disease Prevention and Health Promotion Bureau
Jessica Cotton, Southwest Community Health Center
Christina Schreckengost, Bozeman Health
Mae Brainard, Bozeman Health
Carly Borth, Bozeman Health
Patty Kosednar, Health Technology Services
Ashley Coldiron, Southwest Montana Community Health Center
Cindy Haligan, Billings Clinic

CSI Staff

Amanda Roccabruna Eby

The subcommittee reviewed and discussed the third draft of the 2017 quality metric reporting guidance, which includes the edits and suggestions made at the September subcommittee meeting. Each attachment within the packet was reviewed by the committee and CSI staff check for additional comments.

Cover Sheet

Amanda had made edits changing all references to the reporting deadline from March 31 to April 30, pending the Administrative Rules of Montana change the council voted on at their September meeting. Patty Kosednar suggested a different webpage for the link embedded in “CMS electronic Clinical Quality Measure (eCQM) standards.” CSI will update the link to the list of 2016 eCQMs.

Reporting Form (Attachment 1)

Since language describing the denominator population of each measure was removed from the Data Dictionary (Attachment 2), the language, “in the denominator population” was recommended to be added to the “Option 1” description on Page 1.

Guidance (Attachment 2)

Since the last meeting, CSI had added links to the CMS eCQM webpages for each measure.

In the Immunizations measure, it was suggested to move the bolded, “by their second birthday” from the last bullet point to the top of the list. There was discussion regarding the need for the denominator criteria regarding medical contraindications and refusals. Dr. Stenger asked if the language was even necessary. CSI staff responded that in the past two years, no clinics have reported this data. More importantly, the subcommittee wanted to verify that the criteria aligned with the flow chart. Patty Kosednar noted that the flow chart did not seem to accurately reflect the denominator criteria language

for medical contraindications and refusals. While some attendees thought the language should be removed based on that discrepancy, the ultimate decision was to leave it in case a clinic does have that information to report.

A subcommittee member noted that the link to the depression CMS eCQM webpage was broken. Patty Kosednar would send Amanda the correct link to fix.

Data Dictionary

Since the last meeting the following changes had been made:

- Where necessary, in the Type column, “Numeric” was changed to “Date”
- Slashes were added to the dates in the Value/Format column
- The “Width” for the “Date” rows were changed from 8 to 10 with the addition of the slashes
- The denominator language for each metric was removed from the Metric column
- The Childhood Immunization Status metric name was updated
- Rows for Hep A, Rotovirus, and Flu were added
- An new row for “Was the patient screened for depression?” was added to the depression measure

The subcommittee agreed with all of the edits and two additional edits were made to the depression section:

- “NA (was not screened for depression)” was added to the possible values for the PSN row
- “NA (was not screened for depression or did not screen positive)” was added to the possible values for the FUP row

Dr. Rob Stenger called for a vote on the complete guidance packet. The subcommittee voted unanimously to approve the packet, with the edits discussed, and forward it to the council for their approval.