

PCMH Quality Metrics Subcommittee  
Meeting Summary  
November 12, 2015

Attendees

**Dr. Rob Stenger**, Partnership Health Center  
**Tara Callaghan**, Providence Health System  
**Kristen Pete**, Glacier Medical Associates  
**Jan Bechtold**, Billings Clinic  
**Carol Winchell**, Billings Clinic  
**Kelly Tiensvold**, Kalispell Regional Medical Center  
**Paula Block**, MPCA  
**Anna Buckner**, Montana Medicaid  
**Mary LeMieux**, Montana Medicaid  
**Kelley Gobbs**, Montana Medicaid  
**Todd Harwell**, MT DPHHS- Public Health and Safety Division Administrator  
**Kathy Myers**, MT DPHHS- Chronic Disease Prevention and Health Promotion Bureau  
**Heather Zimmerman**, MT DPHHS- Coordinated Chronic Disease Program  
**Dr. Pat Morrow**, BCBS of MT  
**Justin Murgel**, PacificSource Health Plans  
**Juliet Rubini**, Mathematica

CSI Staff

Amanda Roccabruna Eby  
Catherine Wright  
Christina Goe

Prior to the meeting, Amanda distributed Draft 5 of the Guidance Packet, which highlighted each of the edits made since the last subcommittee meeting. The subcommittee discussed each of the attachments in the Guidance Packet.

Edits made since the October meeting included the following:

- Reporting Form and Guidance- denominators in the tobacco and depression measures have additional language differing from PQRS to specifically include “patients who had one visit during the measurement period.”
- Reporting Form- new formatting for immunizations measure
- Revised cover sheet
- Revised excel template for patient-level reporting

Cover Sheet

There were only minor wording changes made from the 2015 version to explain the new optional depression screening measure and reporting requirements that will change in 2017. The subcommittee approved the cover sheet.

Reporting Form

The subcommittee approved the additional language differing from PQRS for the tobacco and depression denominators. They suggested to add the same language, “with a visit during the

measurement period” to the immunizations measure. The group also approved the new format for the immunizations measure and noted that every ‘a’ needed to change to ‘1.’

### Guidance

Attendees recommended removing the word “medical” from the denominator in the immunizations measure to be consistent with wording in the other attachments. They also approved the additional language differing from PQRS for the tobacco, depression, and immunizations denominators. The subcommittee discussed an unresolved issue of the list of patient eligibility exclusions in the depression measure denominator and clinics not being able to account for bullets 3-5 because they are not in structured data fields in an EMR like the first two which have diagnosis codes. Juliet Rubini of Mathematica had submitted guidance for how clinics could run reports and noted that they are not actually “exclusions” but “exceptions.” Her guidance is linked [here](#).

Amanda asked clinics to respond to Juliet’s guidance and explain how they currently handle the patient eligibility list when running PQRS reports for the depression measure. Billings Clinic explained that they use the PHQ2 and a follow-up plan and do not account for the patient eligibility exclusions because they screen everyone regardless. While they screen everyone and do not even exclude patients with a Depression or Bipolar diagnosis, patients with those diagnoses may or may not be excluded from a report; they were uncertain. Juliet commented that many clinics would likely have to conduct a manual chart review in order to run a report with all the patient eligibility exclusions. Paula Block suggested removing the list to make the measure easier for clinics to do. While some agreed with this, there was also the concern of it being just as difficult for clinics to change that are already running reports with the exclusions. Juliet commented that the last 2 bullets are uncommon and would not affect many patients. Billings Clinic commented that the list of patient eligibility exclusions is the same for the Medicare Shared Savings Program.

In order to make the measure feasible for both clinics that are and aren’t able to run reports with the exclusions, the subcommittee decided to leave them all in, but add a note explaining that clinics should still submit data on the measure as they are best able, even if they are not able to make the exclusions. Clinics should then also note which if any exclusions they made in their report when they submit it so the variance can be accounted for in analysis.

### Patient-Level Data Elements and Data Dictionary

Subcommittee members suggested changing the data element for the immunizations measure “date immunization was administered” to “date of immunization assessment.” After the meeting Paula Block notified others that MPCA IT staff were concerned about how a report could be run this way because the date of an immunization assessment is not in a structured data field. After consulting with epidemiologists and other subcommittee members, CSI left the table with “date immunization was administered,” including a separate row requiring a date for each immunization.

### Excel Template for Patient-Level Data Reporting

The subcommittee approved the updated version for 2016.

Dr. Stenger called for a vote to approve the Draft 2016 Quality Metrics Guidance Packet, with the edits that were discussed. The subcommittee unanimously approved the Packet for recommendation to the council.