

Montana Patient-Centered Medical Home Program Technical Assistance

January

- Dr. McCall attended a meeting of the PCMH stakeholder group (telephonically) to introduce the project.

February

- Submitted a draft memorandum for quality of care measures.

We reviewed the quality of care guidance sent to PCMHs for the March 31, 2015 reporting and drafted a memorandum that compared the detailed PQRS specifications (which is the source document for the current guidance for the four quality of care measures), highlighting the differences between the two sets of specifications, and identifying areas of potential enhancements for this reporting period versus the next reporting period.

- Submitted a draft memorandum for utilization measures.

We created a worksheet to be used as a guide in a discussion with the payers on how they plan on handling technical issues related to producing a count of emergency department (ED) visits and hospitalizations. Examples of technical issues that are often encountered by health services researchers when creating utilization measures include (1) whether ED visits that lead to a hospitalization be included or not in the count of total ED visits; (2) how are observation beds counted – with ED visits or hospitalizations?

- Held a meeting with Amanda and Christina to review the draft documents. We revised the documents subsequent to that meeting and submitted a revised utilization measure memorandum to Amanda. Amanda will schedule a telephone conference call with the four payers to review the document, preferably this week. It is likely that all four payers have started extracting and aggregating the utilization measures therefore no additional guidance can be provided before the March 31st submission. Thus, this document will serve as documentation of how the utilization measures for this reporting period are being created and as a working document for providing additional reporting guidance for 2016 reporting.
- We are exploring with our privacy officer what are necessary privacy requirements (BAA, DUA, etc) to receive aggregate and patient-level data from the Montana Department of Health for use in our usability assessment.
- Work has begun on compiling information on different attribution methods that could be used by the payers for 2016 reporting and will identify relative strengths and weaknesses of alternative approaches. We are also compiling information on alternative sampling strategies for future reporting of quality of care measures from providers.