



PATIENT-CENTERED MEDICAL HOME STAKEHOLDER COUNCIL  
Meeting Minutes :: February 17, 2016  
CSI Basement Conference Room - Helena (and via phone)

**Members Present**

**Dr. Rob Stenger**, Chair, Partnership Health Center  
**Dr. Janice Gomersall**, Vice-Chair, Community Physicians Group  
**Dr. Larry Severa**, Billings Clinic  
**Carla Cobb**, RiverStone Health  
**Bill Warden**, Hospital Lobbyist  
**Erwin Austria**, Blue Cross Blue Shield of Montana  
**Mary LeMieux**, Montana Medicaid, DPHHS  
**Kristen Pete**, Glacier Medical Associates  
**Jody Haines**, Providence Medical Group  
**Paula Block**, Montana Primary Care Association  
**Lara Shadwick**, Mountain Pacific Quality Health Foundation  
**Sen. Mary Caferro**, State of Montana  
**Dr. Patrick Van Wyk**, Veterans Affairs Montana Health Care System (Ad Hoc Member)

**Members Absent**

**Justin Murgel**, PacificSource Health Plans  
**Todd Harwell**, Public Health and Safety Division, DPHHS  
**Jessica Cotton**, Southwest Community Health Center

**Interested Parties Present**

**Dr. Jonathan Weisul**, Allegiance Benefit Plan Management  
**Dr. Gary Mihelish**, Mental Health Advocate  
**Mike Foster**, St. Vincent Healthcare/Montana Catholic Hospitals  
**Patty Kosednar**, Health Technology Services

**CSI Staff Present**

Amanda Eby  
Catherine Wright  
Christina Goe

### **Welcome, minutes approval, and announcements**

The meeting was called to order at 1:04 pm. Amanda Eby conducted roll call. There were several announcements. First, welcome back Amanda. Amanda reminded the stakeholder council about attendance requirements. According to the PCMH Charter, *“PCMH Council members are expected to attend Council meetings. Members failing to attend 50% will be contacted by the chair to determine interest in ongoing membership”*. Jody Haines was introduced as the new representative from Providence Medical Group. She has been active with the Providence PCMH transformation process and looks forward to getting more involved. She replaces Tara Callaghan. The next SIM meeting is March 8. Early Bird registration for the MPCA Symposium closes Feb. 29.

Dr. Stenger reviewed the agenda topics. Dr. Stenger asked members to review the minutes and provide any comments. There were no comments. Dr. Stenger called for a motion to approve the minutes. Dr. Severa moved to approve the January 2016 stakeholder council meeting minutes. Paula Block seconded the motion. The minutes were unanimously approved.

### **Report from Payors on PCMH Implementation**

Erwin Austria reported that, in the past year, **BCBS** has lost 2 PCMH clinics, but also gained 2 new ones, bringing the total number of PCMH clinics to 13 and total members covered to 23,432. Other statistics include 390 primary care providers. BCBS continues to actively recruit new clinics and expand the program and they are working on incorporating the HELP (Medicaid Expansion) population into their PCMH program.

Dr. Weisul reported that **Allegiance** operates according to a complex care coordination reimbursement system to primary care physicians, which targets higher risk individuals and uses CMS Medicare care coordination codes. Their PCMH program started with 3 large employers and has grown to include many more employers, covering approximately 80-90,000 patients, mostly in the self-funded market. They plan to add the State of Montana members later this year. Future goals include reimbursements for other FTE staff, such as clinic care coordinators, behavioral health specialists, pharmacists, etc., creating modules in EMRs to streamline the ability to submit bills and improving patient education on the value of the PCMH care coordination model.

Mary LeMieux of **Medicaid** reported that since launching their PCMH program in January 2015 the 5 pilot providers now cover more than 7,000 lives. They are still working on a better data solution to get the PCMH measure data analyzed.

She reminded the council of the 5 participating clinics:

- Partnership Health Center - Missoula
- RiverStone Health - Billings
- St. Peter's Medical Group - Helena
- Bullhook Community Health Center - Havre
- Glacier Community Health Center - Cut Bank

Monthly meetings between the clinics and DPHHS are useful to discuss problems/concerns and to share best practices, as well as mutual data sharing. Reimbursement is a per member per month care coordination fee, plus additional PMPM fees for one or two plus chronic diseases. They will receive final reports on 2015 from clinics at the end of March and use those to then determine benchmarks for the next year, issues in the program, and outliers to then make program structure adjustments as necessary.

Justin Murgel was unable to attend today's meeting. Amanda will forward to the stakeholder council the email from **PacificSource** with their update. (Here is the update):

“PacificSource continues to work on their implementation of PCMH with Billings Clinic. This continues to be an ongoing collaboration. We entered into the agreement on 11/1.

Processes and implementation began with information sharing on PCP and Chronic Illness.

Currently have 1324 Lives assigned or attributed to the PCMH. The highlight is the collaboration in getting this going and discussing how we can continue to grow and enhance the process.

We have been discussing with other clinics throughout the state with the goal to have more PCMH agreements in place in the next couple of months.”

### **Discuss the Independent Study**

The Independent Study work group met briefly, by phone, on February 4. Dr. Stenger gave the meeting update and other progress. In early February, Dr. Stenger sent a questionnaire to the two potential authors, Dr. Bryce Ward of the Bureau of Business and Economic Research at the University of Montana and Dr. Chris Whaley of the University of California Berkeley. To date, only Ward has responded to the questionnaire. Without more information the Work Group did not have much else to discuss. Dr. Whaley does not have funding for the research project.

The CSI announced that although the agency has no obligation to fund the Independent Study, as the administrators of the program the CSI can cover the modest cost of \$6000-\$10,000.

The next work group meeting is February 25 at noon. The goal is to select an author and make a recommendation to the stakeholder council and conduct an email vote before the March stakeholder council meeting.

### **Education Subcommittee Report**

The Education Subcommittee met on February 3. Bill Warden gave the report. The subcommittee was presented with preliminary results from the CSI Patient Education Tool Kit survey sent to clinics the last week of January. Only 10 clinics responded to the survey. Based on these limited results, there was a mixed response to the patient education materials. Overall the materials received high marks for appearance, but several clinics found the information redundant and the poster was of limited value due to other information already posted and a lack of quality printers. The CSI will follow up with clinics that did not receive materials and the subcommittee will continue to discuss patient education at future meetings.

Other discussion addressed improving the CSI website optimization for better search results. Also, the new PCMH clinic locator interactive map was reviewed and committee members suggested a few changes to prevent favoritism to clinics listed first. However, the map software program may be limited in the way it displays the clinic pop-ups.

### **Quality Metric Reports and Technical Assistance Update**

CSI reported that Community Health Partners has submitted 4 aggregate reports for their clinics. The CSI also sent the first reminder to clinics last week. Reports are due March 31.

Patty Kosednar, HIT consultant with Health Technology Services, delivered an update on the progress to date of the technical assistance offered to PCMH clinics. Initial goals for 2015/16 include the following:

2015 - Establish and validate baseline data for 2015 reporting year submission

2016 – Work with recruited clinics to establish QI initiatives for improvement on 1 or more measures

2016 –Technical assistance for retrieval of patient level data

Other progress points:

- Initially recruited 33 MT PCMH clinics for TA
- Created reports and helped validate baseline data for 19 clinics
- Provided workflow and QI guidance based on baseline data with aims for improvement
- Transferred TA responsibilities for all FQHCs to the Primary Care Association on 1/6/2016
- Working with remaining 23 clinics on prep for data submission of 2015 data

### **Future Meetings**

The Education subcommittee will meet **March 3 at noon**. (After the meeting, a rescheduling notice was sent to the subcommittee members for a time change to 1:00 pm.) The Independent Study Work Group will meet **February 25 at noon**. The first meeting of the Legislative Work Group has been postponed in order to focus on finalizing the Independent Study author selection. Quality Metrics subcommittee will meet **April 13 at noon** and the Payor subcommittee will meet **April 14 at 1:00pm** and quarterly thereafter. (Exact months to be determined.) And, as a reminder, all council members and interested parties are invited to attend.

The next PCMH Stakeholder Council meeting is **March 16<sup>th</sup> from 1:00 – 3:00 pm at the CSI office in Helena.**

### **Future Topics for Discussion**

The following suggestions were offered:

- Clinic presentation on best practices at the March meeting
- Ask Minnesota state staff to share results of their report outlining successful PCMH implementation, improved outcomes and cost-savings at April meeting
- Patient experience, before PCMH and after PCMH, if possible, at April/May meeting

Christina also announced that the Governor's SIM Council approved a PCMH provider presentation at a future meeting.

### **No Public Comment**

Meeting adjourned at 2:45 pm.