

Patient Centered Medical Home Stakeholder Council
Meeting Minutes
April 15, 2013
CSI Conference Room, Helena, and by phone

Members present

Dr. Jonathan Griffin, Chair, St. Peter's Hospital
Carla Cobb, RiverStone Health
Dr. Monica Berner, Vice-Chair, Blue Cross Blue Shield Montana
Mary Noel, Medicaid Division, Department of Public Health & Human Services
Todd Harwell, Public Health and Safety Division, Department of Public Health & Human Services
Sen. Mary Caferro, State of Montana (Ad Hoc Member)
Dr. Jeffrey Zavala, St. Vincent's Hospital
Paula Block, Montana Primary Care Association
Rep. Ron Ehli, State of Montana (Ad Hoc Member)

Members absent

Dr. Joe Sofianek, Bozeman Deaconess Health Group
Dr. Larry Severa, Billings Clinic
Dr. Thomas H. Roberts, Montana Health Co-op
Richard Opper, MT Department of Public Health and Human Services (Ad Hoc Member)
Dr. Janice Gomersall, Community Physicians Group, Mountain View Family Medicine and Obstetrics
Dr. Jay Larson, South Hills Internal Medicine
Todd Lovshin, PacificSource Health Plans
S. Kevin Howlett, Tribal Health and Human Services, Confederated Salish & Kootenai Tribes
Lisa Wilson, Montana Family Link

Interested Parties

Patrick Van Wyk, Psychological Resident at St Peter's Hospital
Kim Van Wyk, Mountain-Pacific Quality Health
Dr. Gary Mihelish, NAMI Patient Advocate
Janice Mackensen, Mountain-Pacific Quality Health
Barbara Wirth, NASHP
Mary Takach, NASHP
Dr. Jonathan Weisul, Allegiance Benefit Plan Management
Jody Haines, Providence Health System
Lois Steinbeck, Legislative Fiscal Division
Bill Warden, Lobbyist for St. Peter's, Benefis and Bozeman Deaconess Hospitals
Mike Foster, Regional Director of Advocacy, St. Vincent Healthcare/Montana Catholic Hospitals
Lara Shadwick, American Cancer Society
Denise Henkel, The Joint Commission
Brad Putnam, HealthShare Montana
Kris Juliar, AHEC/Office of Rural Health

CSI Staff Present

Amanda Roccabruna Eby
Christina Goe
Emily Samhammer – minutes recorder

Welcome, introductions, agenda review, minutes approval

Amanda introduced the guest speakers at the meeting from the National Academy for State Health Policy, Barbara Wirth and Mary Takach. Amanda reviewed the agenda and asked for additions, there were none. During review of the minutes, Carla Cobb noted that there was one correction that needed to be made. In the first paragraph of Carla's presentation at the March meeting, "PhD" needed to be changed to "PharmD." Mary Noel moved and Carla Cobb seconded a motion to approve the minutes as amended. Minutes were approved unanimously.

Report from the Payer Subcommittee

The subcommittee reviewed information posted on NASHP's website on payer requirements in various states' PCMH programs. The information was too cumbersome to tackle in a meeting. Therefore, the subcommittee decided to hold off on discussing options until CSI staff had more time to refine the research down to a few examples that would be most relevant to Montana's situation. PacificSource is preparing to launch PCMH contracts with two to four practices this summer. BCBS of MT is in the process of renewing contracts with 12-13 practices. The new contract includes the requirement to be qualified or provisionally qualified by CSI in the Montana PCMH Program. Medicaid decided to use the 1930A state plan amendment instead of the 1958B waiver for their PCMH program because it will be less of an administrative burden. The subcommittee had preliminary discussions about how to promote the Montana PCMH program.

Report from the Quality Measures Subcommittee

The subcommittee only met very briefly to review the draft language for the reporting rule to be filed by CSI next month. They also discussed plans for drafting the accompanying guidance to go with the rules instructing practices on how to report the information to CSI.

Discussion on the Draft Rule for Quality Measures

The rule is pretty straight forward since it reflects all the wishes of the council for the measures to be standardized and aligned with other reporting requirements. There will be a standardized process for DPHHS to collect the data. The purpose of the rule is to focus on collecting and reporting on certain information that focusses on broadly improving public health. The measures achieve goals for both the public health department and CSI by evaluating the PCMHs preventive care and focusing on statewide health issues. Once the rule notice is filed there is a 30 day period before the hearing and adoption notice. CSI intends to file the proposed rule with the Secretary of State's office at the end of April or early May depending on the rule filing schedule and how it aligns with Christina's schedule.

Senator Caferro asked about screening for post-partum depression or just depression in general and whether or not it was discussed by either of the subcommittees since the presentation on the issue at

the last council meeting. She asked which set of rules it could be included in and if depression screening could go in the rules. There are rules on quality measures and there will be rules on payer standards. We are not ready to propose the payer standards rules yet. Dr. Griffin and CSI responded to Senator Caferro with the explanation that since at this time it is unknown what kind of reporting capability practices have for depression screening it would not be in the rules. Dr. Griffin said there would be an evolution of the quality measures for the Montana PCMH Program and depression screening could be included in the future. Sen. Caferro again expressed her concern about the importance of depression screening. Dr. Griffin and other council members agreed with her on the importance of the issue. Dr. Griffin explained that depression is not any less important than other clinical measures, but we don't want to burden practices with reporting on something they aren't ready for yet, especially if the practice doesn't have a plan in place beyond the screening.

[Strategies to Better Support Team-Based Care in PCMH Initiatives, presentation by Mary Takach](#)

Team –based care enhances the focus on comprehensiveness and coordination. Utilization measures can be a strong indication of the quality of care provided. Many states are seeing the value of direct consumer education on PCMH, NASHP can help with examples of what other states have done. Minnesota has focused on including consumers in their initiative. They have consumers on their board that approves PCMH practices.

Public Comment

None

Next Meeting

The next meeting will be Wednesday, May 21, 2014, at 1:00pm. CSI will be taking suggestions for more presentations from stakeholders on their role/perspective in a PCMH.

The meeting adjourned at 3:54pm.