PATIENT-CENTERED MEDICAL HOME STAKEHOLDER COUNCIL
Meeting Minutes
July 15, 2015
CSI Conference Room - Helena (and via phone)

Members Present
Dr. Rob Stenger, Vice-Chair, Providence Medical Group
Carla Cobb, RiverStone Health
Dr. Janice Gomersall, Community Physicians Group, Mountain View Family Medicine and Obstetrics
Dr. Patrick Van Wyk, St. Peter's Hospital
Lara Shadwick, Mountain Pacific Quality Health Foundation
Kristen Pete, Glacier Medical Associates
Tara Callaghan, SW Community Health Center
Paula Block, Montana Primary Care Association
Todd Lovshin, PacificSource Health Plans
Bill Warden, Hospital Lobbyist
Todd Harwell, Public Health and Safety Division, DPHHS
Sen. Mary Caferro, State of Montana (Ad Hoc Member)

Members Absent
Dr. Jonathan Griffin, Chair, Blue Cross Blue Shield of Montana
Dr. Monica Berner, Blue Cross Blue Shield of Montana
Dr. Larry Severa, Billings Clinic
Jo Thompson, Montana Medicaid, Department of Public Health & Human Services

Interested Parties Present
Patty Estes, Blue Cross Blue Shield of Montana
Kelley Gobbs, Montana Medicaid
Dr. Gary Mihelish, Mental Health Advocate, retired dentist
Karen Gray Leach, St. Vincent Physician Network
Kelly Tiensvold, Kalispell Regional Health Center
Jan Bechtold, Billings Clinic
Patty Kosednar, Mountain-Pacific Quality Health
Janice Mackenson, Mountain-Pacific Quality Health Foundation

CSI Staff Present
Amanda Roccabruna Eby
Christina Goe
Catherine Wright

Welcome, minutes approval, and announcements

The meeting was called to order at 1:02 pm. Amanda Eby conducted roll call. She thanked those in attendance especially due to busy summer schedules. Dr. Stenger called for a motion to approve the minutes. Paula Block moved and Bill Warden seconded a motion to approve the June 2015 stakeholder council meeting minutes. The minutes were unanimously approved. CSI staff then addressed the issue of the role of Proxy Members on the Stakeholder council. Basically, standards need to be set about how often a proxy should/can attend meetings. CSI will prepare a proposal and present to the council for further discussion at the August meeting.

Update on Public Report

Amanda Eby announced that the Public Report will now be distributed in mid-August, rather than the previous early July date. CSI staff decided that coordinating the preparation of the sections and sources of input (CSI, DPHHS, and Mathematica) would require more time to produce a quality report. She reviewed the outline and gave a section-by-section status update. She also reminded the group that the public report lays the foundation for the 2016 Report to the Legislature.

A draft will be emailed to council members for review and comment one week prior to the August meeting, August 12th.

Update on Provisional Practices

Amanda gave an update on the status of the provisional clinics that had received a 6-month extension in January. The following 8 clinics were either unable to complete their NCQA application in time or their application did not get enough points to achieve recognition by the June 30th deadline and have now withdrawn from the program:

- Community Physicians Group - Mountain View Family Medicine and OB
- Community Physicians Group - Missoula Valley Pediatrics
- Community Physicians Group - North Reserve Primary Care
- Community Physicians Group - Parkside
- St. Vincent's Physician Network – North Shiloh Clinic
- St. Vincent's Physician Network – West Grand Clinic
- St. Vincent's Physician Network – Hardin Clinic
- Acorn Pediatrics

BCBS is in the process of terminating contracts with the clinics that withdrew from the program. CSI will work with all the withdrawn clinics for a smooth transition back into the program when they are able to re-apply.

Work Plan/Timeline Discussion

Amanda Eby reviewed the work plan and mentioned that edits from the June meeting had been made to the timeline plus a few internal adjustments. In particular, she noted that the Comprehensive Application sub-group (Dr. Griffin, Patty Estes/Dr. Morrow, Kristin Pete and Todd Harwell) will meet in early August to review and develop new questions (instead of July) and that the publication of the Public Report was delayed to late August. Todd Lovshin made a motion to approve the Timeline as amended. Paula Block seconded. The timeline was approved unanimously.

Consideration of Adding a 5th Quality Metric

Dr. Stenger began the discussion about whether or not to add 5th Quality Metric to the 2015 reporting guidance. First, does the stakeholder council want to add a metric? And if so, which one? Stenger asked if any members *opposed* the concept. There was a brief discussion about whether it is too soon in the program and whether it would be better to wait another year or two. Mary Caferro strongly supports adding a measure and for it to be depression screening; while many stakeholder council members

support adding a measure, a few others expressed concerns and are "lukewarm" about the proposal. One council member commented that when voting "yes" to add another measure, she does not want another measure to be added every year. Another member requested considering expanding current measures such as immunizations to include adults, instead of adding a different measure. However, council members generally understand the value of adding a 5th metric but the concern about reporting complications was reiterated. Ultimately, if a 5th metric is added it needs to be one that is easy to collect and doesn't' require clinics to create manual reports to extract the data.

A motion was made *to add a 5th metric*. Bill Warden moved and Carla Cobb and Patrick Van Wyk seconded. The motion passed unanimously. For reference, Amanda will send to the stakeholder council the depression screening data from the 2014 Comprehensive Application.

A brief discussion continued on *which metric* to add. For the sake of discussion, Dr. Stenger solicited alternative metric ideas other than depression screening. Colorectal cancer and BMI measurements were suggested, but the majority opinion leans toward depression screening. Lara commented that she has found in previous health projects that you can get more movement, quicker, on depression screening than you can on colorectal cancer screening. Paula commented that CHCs do it because it gets more to the root of addressing health issues of a population. Gary Mihelish commented that a speaker at a recent mental health conference has a worldwide tool for depression screening that he could share and the providers could consider implementing. He also reminded the council of the following statistics to support the need for depression screening: the World Health Organization states that by 2020 depression will be the number one cause of disease; Montana is the number one state in the country for suicide; number one for suicide in correctional facilities; 77% of clinics already reported that they are able to electronically report the percentage of their patients that are screened for depression; and 47% of clinics are able to electronically report the amount of patients with a follow-up plan after screening positive. Council members discussed that they would have to decide how extensive the measure would be for the first year and may only include screening rather than the follow-up plan for the first year.

A motion was made to *add depression screening as the 5th metric.* Bill Warden moved and Patrick Van Wyk seconded. The motion passed unanimously.

Education Subcommittee Report

The Education subcommittee did not meet in July. The group will review the Patient Advisory Council comments from multiple hospitals on the draft education materials at their August meeting.

Quality Metrics Subcommittee Report

Dr. Gomersall gave the subcommittee report. At their July 8 meeting the subcommittee focused on the quality metric guidance analysis from Mathematica which compares the Montana program guidance to PQRS specifications to determine what changes to make in 2015 for the tobacco measure and the immunization measure. First, the subcommittee voted to keep the immunization specifications the same but to add clarifying language to the 2015 guidance that clinics should include their refusal patients in their number of non-immunized patients, but exclude their medical contraindication patients. Next, they voted to adopt, verbatim, the 2015 PQRS specifications for tobacco, in the 2015 MT guidance.

Payor Subcommittee Report

At the June 24 meeting, Mathematica staff gave an in-depth review of the 4 payor slides presented at the May stakeholder council meeting. Two slides illustrate how payors varied in types of reporting for ER visits, observation bed stays, and hospitalizations; and two other slides gave recommendations for the

next reporting cycle. The consultants emphasized the need for alignment with each other and better consistency in the type of facilities included. Next, Amanda asked each payer to weigh in on their interest and capability to meet the recommendations.

Payor Updates on PCMH Implementation

Kelley Gobbs gave the Medicaid report. Currently there are 5 provider contracts covering 5,200 members. Outreach is required with 20 days. A workgroup has met with providers monthly since March. The council asked a few questions. Kelley will follow-up with the answers to the committee.

[This follow-up was sent to the stakeholder council July 21:

1. Who are the providers enrolled with our PCMH Program?
    - Partnership Health Center in Missoula
    - RiverStone Health in Billings
    - St. Peter's Medical Group in Helena
    - Bullhook Community Health Center in Havre
    - Glacier Community Health Center in Cut Bank

Medicaid PCMH program was offered to a limited number of providers in order for DPHHS to work out data issues prior to offering the program statewide.

2. What are the rates Montana Medicaid PCMH pays at each level?

Level 1- Preventative- $3.33 per member per month; Level 2- single chronic condition of Asthma, Hypertension, or Depression- $9.33 per member per month; Level 3- more than one chronic condition from level 2 or IVD (ischemic vascular disease) or Diabetes- $15.33 per member per month

3. How is PCMH being integrated into Medicaid Expansion in Montana?

Currently, our PCMH project is stand alone at this time and will be evaluated after we have program experience.]

Patty Estes gave the update for BlueCross BlueShield. Their program began in 2009 and the BCBS PCMH 2015 contract year is just underway (July-Jun), covering 26,000 fully-insured members. The federal employee health plan and other self-funded plans are considering their PCMH program. Contracted PCMH providers receive monthly patient registry reports and metric rate reports on 38 data points, against 27 benchmarks. From 2012-2013, there was a 66% rate of improvement in metrics. An annual physician advisory committee meets in late July. BCBS is also considering an ACO arrangement and oncology and orthopedic value-based programs.

Future Meetings

Due to a cancelled July 9 meeting, the payor subcommittee will meet July 23 at 10 am at the CSI. The **Education** subcommittee meets August 5 at noon. Then, due to the conflict with the NCQA 2014 standards training in Helena, the **Quality Metrics Subcommittee** will meet on August 6th at 12 pm. The **Payor Subcommittee** will not meet in August. And as a reminder, all council members and interested parties are invited to attend.

The next PCMH Stakeholder Council meeting **is August 19th 1:00 – 3:00 pm at the CSI office in Helena.**

Public Comment

Mary Caferro thanked the council for adopting the 5th metric and reminded the group that the patient is the most important part of this effort.

Meeting adjourned at 2:25 pm.