Patient Centered Medical Home Stakeholder Council
Meeting Minutes
July 16, 2014
CSI Conference Room, Helena, and via phone

Members present
Dr. Jonathan Griffin, Chair, St. Peter's Hospital
Dr. Monica Berner, Vice-Chair, Blue Cross Blue Shield of Montana
Paula Block, Montana Primary Care Association
Carla Cobb, RiverStone Health
Mary Noel, Managed Care Bureau, Department of Public Health & Human Services
Todd Harwell, Public Health and Safety Division, Department of Public Health & Human Services
Dr. Jay Larson, South Hills Internal Medicine
Dr. Joe Sofianek, Bozeman Deaconess Health Group
Dr. Janice Gomersall, Community Physicians Group, Mountain View Family Medicine and Obstetrics
Dr. Larry Severa, Billings Clinic

Members absent
Todd Lovshin, PacificSource Health Plans
S. Kevin Howlett, Tribal Health and Human Services, Confederated Salish & Kootenai Tribes
Lisa Wilson, Montana Family Link
Dr. Thomas H. Roberts, Montana Health Co-op
Dr. Jeffrey Zavala, St. Vincent's Hospital
Sen. Mary Caferro, State of Montana (Ad Hoc Member)
Rep. Ron Ehli, State of Montana (Ad Hoc Member)
Richard Opper, MT Department of Public Health and Human Services (Ad Hoc Member)

Interested Parties
Janice Mackensen, Mountain-Pacific Quality Health
Dr. Jonathan Weisul, Allegiance Benefit Plan Management
Jody Haines, Providence Health System
Craig Hepp, Billings Clinic
Kris Juliar, AHEC/Office of Rural Health
Bill Warden, Lobbyist for St. Peter's, Benefis and Bozeman Deaconess Hospitals
Mike Foster, Regional Director of Advocacy, St. Vincent Healthcare/Montana Catholic Hospitals
Kelly Gallipeau, Kalispell Regional Health Center
Lara Shadwick, American Cancer Society
Kristin Pete, Glacier Medical Associates
Aidan Myhre, Pfizer
Mary LeMieux, Medicaid Division, Department of Public Health & Human Services
Tawnie Sabin, Frontier Medicine Better Health Partnership
Lisa Underwood, Montana Primary Care Association
Patrick Van Wyk, Psychological Resident, St. Peter's Hospital

CSI Staff Present
Amanda Roccabruna Eby
Christina Goe
Adam Schafer
Catherine Wright (Minutes recorder)

Welcome, introductions, agenda review, announcements, minutes approval

Meeting called to order at 1:03 pm. Dr. Griffin conducted roll call. There were no announcements. Mary Noel moved and Paula Block seconded a motion to approve the June 18, 2014 minutes. The minutes were approved unanimously.

Discuss Mission Statement

CSI staff reminded the group the mission statement should capture the Stakeholder Council's *vision* for the program while staying within the parameters of the PCMH definition in the law. Paula Block shared the following "Mission Statement" Guidelines:

1. *What we do?*
2. *How do we do it?*
3. *Whom do we do it for?*
4. *What value are we bringing?*

Some ideas that were discussed included convene stakeholders, promote policy, maintain the law, provide guidance to the commissioner who provides the anti-trust protection, collect and disseminate data and outcomes on the program to distribute to the public and legislature.

Dr. Berner suggested the council also consider a "Charter" which outlines the expectations for the Council, etc. She will send a sample Charter to Amanda for distribution. The mission statement can be more concise if it is included as part of a charter that also details meeting logistics and other guidelines for the council.

ACTION ITEM: *Dr. Griffin will develop a 1st draft of a Mission Statement. Carla Cobb, Mary Noel, Janice Mackenson and Dr. Berner volunteered to review, discuss, and prepare a final draft for review at the August meeting.*

Discuss Work Plan and Timeline

CSI unveiled the new "visual aid"/timeline for the work plan with a focus on upcoming deadlines between now and the March 2015 report to CSI. Paula Block wondered specifically what happens to a practice that is provisionally qualified if it doesn't meet the December 2014 deadline to receive recognition from NCQA or other accrediting body. The council discussed several considerations, including how long it takes a practice to receive recognition. Most attendees agreed that 6-12months is a very aggressive timeline, and 12-15months is a more realistic timeline. Paula Block stressed the value of "rolling" acceptance into the program. Christina Goe reminded the group that ongoing flexibility is built into the rule. Practices can apply for provisional qualification at any time and have to meet the 12 month deadline for qualification.

Dr. Berner commented on the importance of having a hard and fast deadline for practices so that payers have clarification on which they can contract with when and so that a practice does not remain provisional indefinitely. Dr. Griffin asked about the benefit of allowing a grace period for provisional practices. A reasonable timeframe of 18 months for provisional practices was considered, allowing them a 6 month grace period beyond the current 12 month timeframe.

Dr. Griffin reminded the group of the importance of having specifics in the timeline for looking at before and after intervention when evaluating the program. Data for 2014 will create a baseline measurement. For this first year of reporting, the data requirements should be simple for both payers and providers, using those practices which have been in the program for equal time. Todd Harwell commented that

the department of health could be flexible in how they analyze the data and only look at those practices that were in the program for the entire reporting timeframe. They could separate the provisional from the qualified practices when analyzing their quality metric data.

Todd Harwell suggested adding to the work plan to check in with provisional practices regularly. He also added that there should be a reminder added to the preliminary application and provisional qualification letter for practices to contact the CSI if they know they won't make the 12 month deadline.

ACTION ITEM: *The CSI will survey the provisional practices to gauge their overall status and determine how many will need more time beyond December 2014 to receive recognition. The amount that need more time is necessary to determine next steps. The CSI will review the language in the current rule regarding provisional qualification. Then staff will develop and recommend an amended timeframe for discussion at the August council meeting.*

There was discussion on where collecting utilization measure data should go on the timeline of the work plan. Many council members agreed utilization data should be collected and tracked as part of the program. Dr. Griffin thought that utilization measure data reporting should be added to the current payer standards being considered for rules. Dr. Berner and Mary Noel both agreed to add utilization measure reporting to the first payer rule.

Janice Mackensen of Mountain Pacific Quality Health said the Quality Improvement Organization (QIO) could provide Medicare utilization data. Craig Hepp of Billings Clinic suggested that data collection and reporting to the legislature show two main things: did PCMHs in Montana reduce utilization by patients and did they maintain minimum quality of care. Carla Cobb suggested creating learning collaborative of best practices and patient stories to share in reports. CSI could ask for advice from the Patient-Centered Primary Care Collaborative on evaluating and reporting on the program.

Quality Metrics Subcommittee Report

Dr. Griffin reviewed the Amended Rule on Quality Measure Reporting. The most recent changes were mainly to align with PQRS, including the tobacco measure. The timeline and deadline for reporting was also changed. The guidance can continue to change without changing the rule.

Lara Shadwick of the American Cancer Society requested further clarification on the use of "aggregate information only "(3) (5). She shared concerns about how without specific practice reporting, the consumer will be unable to compare quality between PCMHs and choose which PCMH they want to use. Council members responded that if provider information was identified publically, providers would not participate. CSI staff commented that while having that level of transparency should be a goal for the future, the program is too early for that now.

Todd Harwell commented that the flexibility for practices to choose 3 of 4 measures will make data analysis more challenging. Dr. Griffin suggested requiring that practices have to report the same measures every year. Mary Noel commented that it is important for the council to consider adding more measures in subsequent years, such as depression screening.

ACTION ITEM: Add clarifying language to the rule. *Todd Harwell made the following motion: For the sake of accurate measurement, a practice must use the same 3 measures, year-year, through 2016. The council can reconsider this provision in 2017. Dr. Berner seconded the motion, the motion passed unanimously.*

ACTION ITEM: Final edits to the rule will be posted for 1-week, for council review and comment. Then Council will be asked for a final vote via e-mail.

Amanda also invited any interested council member to join upcoming Quality Metric subcommittee meetings to share other ideas and input. It was also mentioned that a deadline of September was set for completion of the guidance.

Todd Harwell reviewed the changes that had been made to the guidance since the last council meeting. The childhood immunization measure changed and is not aligned with PQRS because Rotavirus does not have a catch-up schedule and no Hepatitis A. Craig Hepp of Billings Clinic asked about how to define the population, how practices will know who to report on, who belongs to the medical home. He thought inclusion for potential measurement becomes the biggest problem for data collection, not the measures themselves.

Payer Subcommittee Report

Dr. Griffin reviewed the committee meeting notes, specifically noting that the payment model for a PCMH will be affected by each PCMH's activities. Dr. Griffin established firm commitment from payers in the program on the current draft standards. There was also agreement to include utilization measures in this first rule for payers. The group was also reminded that payer transparency will be balanced with contractual privacy; dollar amounts and who payers contract with will not be considered. Dr. Griffin read off a list of possible options of payment that could be listed in the payer rule:

1. Recognition stipend;
2. Quality improvement incentives;
3. Shared savings;
4. Care coordination;
5. Chronic disease management;
6. Care manager salary;
7. EHR utilization;
8. Health information technology support.

ACTION ITEM: Stakeholders/interested parties should submit to Amanda Eby any ideas to add to the list of possible types of payment.

Public Comment

None

Future meetings, upcoming deadlines

The Payer and Quality Metrics subcommittees are tentatively scheduled for August 12 & 13. The times for each meeting will be announced via email when they are confirmed. The next PCMH Stakeholder Council meeting is August 20th at the CSI.

Meeting adjourned at 2:53 pm.