



PATIENT-CENTERED MEDICAL HOME STAKEHOLDER COUNCIL
Meeting Minutes : July 20, 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
Jody Haines, Providence Medical Group
Jessica Cotton, Southwest Community Health Center
Kristen Schuster, Glacier Medical Associates
Carla Cobb, RiverStone Health
Erwin Austria, Blue Cross Blue Shield of Montana
Mary LeMieux, Montana Medicaid, DPHHS
Lara Shadwick, Mountain Pacific Quality Health Foundation
Bill Warden, Hospital Lobbyist
Sen. Mary Caferro, State of Montana

Members Absent

Paula Block, Montana Primary Care Association
Justin Murgel, PacificSource Health Plans
Todd Harwell, Public Health and Safety Division, DPHHS
Dr. Patrick Van Wyk, Veterans Affairs Montana Health Care System (Ad Hoc Member)

Interested Parties Present

Stacey Anderson, Montana Primary Care Association (*proxy for Paula Block*)
Jennifer Hensley, PacificSource (*proxy for Justin Murgel*)
Dr. Gary Mihelish, Mental Health Advocate
Lisa Underwood, Montana Primary Care Association
Patty Kosednar, Health Information Technologies
Jan Bechtold, Billings Clinic
Mike Foster, Montana Catholic Hospitals

CSI Staff Present

Amanda Eby
Catherine Wright
Christina Goe

Welcome, agenda review and minutes approval

The meeting was called to order at 1:04 pm. Amanda Eby conducted roll call. Dr. Stenger asked members to review the June minutes and provide any comments. Mary Le Mieux asked that since she was not at the June meeting to replace her name with Kelley Gobbs in the Payor discussion section. Dr. Severa moved to approve the June 2016 stakeholder council meeting minutes. Kristen Schuster seconded the motion. The minutes were unanimously approved.

Amanda announced that the Commissioner's PCMH Public Report was posted on the CSI website July 15. On Monday, the CSI issued a press release and several news stories were written.

Quality Metric Subcommittee Report

Dr. Janice Gomersall summarized the July 13 quality metric subcommittee meeting. At that meeting she presented recommendations from council leadership based on an earlier discussion with Dr. Stenger, Patty Kosednar, Kathy Myers, and CSI staff. Briefly, the recommendations included the following: aligning measures with CMS standard measure descriptions, continue to allow both aggregate and patient-level data reporting, and work toward using QRDA format for all PCMHs to be able to report data directly out of their EMRs. The subcommittee also began a discussion about possibly changing the patient-level data elements to align with CMS standards. The patient-level data elements currently requested by the Montana PCMH program are not required by PQRS.

The following language was presented to the stakeholder council for vote:

1. Current quality metric reporting guidance for PCMHs states that PCMHs will be required to report patient-level data in 2017 for the 2016 calendar year measurement period. The subcommittee recommends that the requirement is delayed and PCMHs are allowed to continue to report aggregate data for two additional years until 2019 (for the 2018 calendar year measurement period). If clinics are able to report patient-level data to the program, they should continue to do so. Until EMR functionality improves and HIE developments progress further, the aggregate data can monitor the goals of the program and quality improvement of PCMHs. The feasibility of patient-level data reporting and consideration of the requirement should be regularly considered by the subcommittee and council. The Montana PCMH Program should align patient-level data elements with CMS data elements to make patient-level data reporting more streamlined and easier for more practices to work toward.
2. The subcommittee recommends the Montana PCMH Program's quality measures align with CMS standard measure descriptions. Each measure should align with CMS eCQM standards or electronic clinical quality measure standards. Currently, the immunization measure is the only measure that needs to be changed to align with the CMS standard measure.

Dr. Stenger made a call for a motion to accept the subcommittee recommendations. Janice Gomersall made a motion and Jessica Cotton seconded the motion.

ACTION: The stakeholder council voted unanimously to accept the changes and refer the recommendations to the Commissioner for her final approval.

Stacey Anderson thanked the subcommittee and staff for their time and efforts to make these program adjustments.

Legislative Work Group

The work group met July 14. Dr. Stenger summarized the meeting. First, the CSI reminded the work group of the earlier decision to pursue simple legislation to remove the sunset provision from the PCMH Act as part of the CSI agency's legislative package. Next, several work group members shared comments. In conclusion, Jesse Laslovich (CSI Chief Legal Counsel) and Christina Goe told the work group that they could develop draft bill language in September; other changes can then be made through the agency rule-making process. Further alterations to the program such as data analysis, staffing, and funding can be explored through the agency budget. The bill will be pre-introduced by October 1 as agency legislation and a sponsor will need to be found for the bill after the election.

Review Program Rules and Discuss Process for Rule Changes

Due to a short time frame, CSI staff requested that the stakeholder council review the PCMH Administrative rules (ARM 6.6.49) and submit any comments prior to the August meeting. Further review and discussion will be on the August agenda. By September, the CSI will prepare a draft of rule changes for approval by the stakeholder council. CSI will plan to file the rule changes in October and then they will be final by the end of the year.

Independent Study Update

The stakeholders received a draft of Dr. Bryce Ward's Independent Study on July 13. Dr. Stenger reminded the stakeholder council that they do not have editorial control but can correct factual errors and suggest missing content. Stakeholders were strongly encouraged to attend the Children, Families, Health, and Human Services Interim Committee meeting August 25 at 1:00 pm. There will be fifteen minutes for public comment.

He asked if stakeholders had any comments to share. Erwin Austria, BCBS, had the following comments:

- Omission of BCBS 2009 pilot
- The impetus for the legislation is described as being a safe harbor for payors. However:
 - Study does not address the lack of growth of payor participation;
 - The study does not address that PCMH is non-discriminating, and thus, the PCMH programs that participating payors have in place is, in effect, benefitting other non-participating payors as well

Amanda laid out the timeline for the Independent Study:

August 3: Deadline for additional stakeholders comments

August 10: Submit to interim committee staff

August 25: Dr. Ward presents to the committee; stakeholders attend meeting

Education Subcommittee Report

The Education Subcommittee did not meet in July. However Amanda has been compiling provider resources and a draft of the webpage is ready. She asked for any further content. Stacey Anderson recommended Paula Block as a good resource.

Next, the stakeholder council had a discussion about the future role of the subcommittee. It was suggested that the subcommittee consider expanding their education efforts to providers. The August meeting is canceled and the group may reconvene in October for education to current PCMH providers.

SIM Update

Christina made a PCMH presentation at the July 12 SIM meeting. Other topics included CPC + updates, Caravan Health presentation and an Indian health care presentation. Read the meeting slides [here](#). Commissioner Lindeen also gave an update on the uninsured in Montana. (Read more [here](#).)

The SIM grant ended in June but the council will continue to meet through November 2016.

The council discussed the following possible topics for August and September Meetings

- CPC+ Update
- Update on HIE pilot from BCBS
- MACRA/MIPS explanation
- Presentation from National Rural Accountable Care Consortium on the critical access hospital Medicare ACO in Montana
- MT Healthcare Foundation – Behavioral Health Integration Task Force
- Update on ECHO

Additional topic suggestions included the role of PCMH in a clinically integrated network (CIN).

Future Meetings

The Stakeholder Council's next meeting is **Wednesday, August 17 at the CSI office in Helena**. The next **in-person** PCMH meeting is **September 14**. (Please note this is one-week prior to the regularly scheduled meeting time.) The **Quality Metrics** subcommittee will meet **August 13 at noon**. The **Education** subcommittee will not meet in August.

Amanda requested that stakeholders review the PCMH timeline posted on the CSI PCMH web page and provide any comments about the remainder of the 2016 schedule.

And, as a reminder, all council members and interested parties are invited to attend all meetings.

Public Comment

Dr. Mihelish reminded stakeholders that the consumer/patient has a responsibility to be informed and proactive. As chair of the Montana Mental Health Trust he wanted to let everyone know that the trust recently issued a RFP for implementing evidence-based practices of integrated behavioral health for patients with co-occurring mental health disorders, substance use treatment and co-occurring disorders.

Meeting adjourned at 3:00 pm.