



PATIENT-CENTERED MEDICAL HOME STAKEHOLDER COUNCIL
Meeting Minutes : August 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
Paula Block, Montana Primary Care Association
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
Todd Harwell, Public Health and Safety Division, DPHHS
Lara Shadwick, Mountain Pacific Quality Health Foundation
Bill Warden, Hospital Lobbyist
Sen. Mary Caferro, State of Montana

Members Absent

Dr. Larry Severa, Billings Clinic
Justin Murgel, PacificSource Health Plans
Dr. Patrick Van Wyk, Veterans Affairs Montana Health Care System (Ad Hoc Member)

Interested Parties Present

Dr. Jonathan Weisul, Allegiance Health
Jennifer Hensley, PacificSource (*proxy for Justin Murgel*)
Patty Kosednar, Health Technology
Kelley Gobbs, Medicaid
Kathy Myers, Public Health and Safety Division of DPHHS
Karen Grey-Leach, St. Vincent
Mike Foster, Montana Catholic Hospitals
Samantha Slaughter-Mason, OSU Center for Evidence-Based Practices

CSI Staff Present

Amanda Eby
Catherine Wright
Christina Goe

Welcome, roll call and agenda review

The meeting was called to order at 1:05 pm. Amanda Eby conducted roll call. Dr. Gomersall asked members to review the July minutes and provide any comments. Due to a guest speaker waiting on the phone, the vote on the July 2016 stakeholder council meeting minutes approval was delayed until the September meeting.

CPC+ Overview and Montana Action Plan

Samantha Slaughter-Mason, Oregon Science University project lead, who provided CPC Classic support in 3 regions, joined the meeting by phone to provide background on CPC+ and answer PCMH stakeholder questions. She briefly explained that CPC+ is a new model for payment reimbursement and practice transformation. Application deadline is September 15. Additional information can be found [here](#). The goal is to select 5000 practices across the 14 regions (nationally), or approximately 250 practices per region. There will be a robust system of resources dedicated to practices. Practices have to apply at the practice level, not the health system level. ACOs were previously not eligible, but now they possibly are. If a practice is accepted, they won't have to pay for technical support, CMS will provide support in each region.

While stakeholders had many questions, with the limited time available, Slaughter-Mason addressed the main ones:

- How does the Montana PCMH Program interact with CPC+? *It is the state's choice. Medicare brings valuable resources and payers will need to decide how to partner with them. Oregon used CPC to build off of work done by PCMH; CPC brings Medicare to the table and a robust practice transformation network.*
- Practices want to know if they have to align with Caravan (or other vendors) or can they apply on their own? *Caravan is not an official CMS contracted vendor. CMS contracted vendors will have the CMS logo on all of their materials.*
- How much of a role does the stakeholder council or Montana program play in supporting practices' applications? *She recommended the Montana PCMH program and stakeholder council reach out to practices, encourage them to review the application and consider applying. The CMS website has a tool kit and other resources to assist practices with the application process.*

Slaughter-Mason also offered herself as a resource. Her email is slaughsa@ohsu.edu.

Quality Metric Subcommittee Report

Dr. Janice Gomersall summarized the August 10 quality metric subcommittee meeting. The subcommittee reviewed and discussed the first draft of the 2017 quality metric reporting guidance. The ultimate objective for the 2017 guidance is to align with the CMS eQMs or electronic Clinical Quality Measure Standards, rather than the PQRS specifications used in 2016. Also, the immunization measure changed significantly from 2016 to now align with CMS117v4 rather than the CDC measure. The new measure is for two-year-olds instead of three-year-olds and it includes three more immunizations. At their September meeting, the subcommittee will review eQm flow charts for each measure that shows how to pull the correct patients for the numerator and denominator of each measure and they will discuss the patient-level data elements.

Legislative Work Group

The work group did not meet in early August. It is on the agenda today to give stakeholders a chance to comment. Erwin Austria, BCBS, agreed that PCMH legislation is valuable in terms of offering a forum for collaboration and discussion but the current legislative proposal (to remove the sunset provision and continue the program) is a barrier to provider participation due to the reporting requirements and lack of payer participation for implementing PCMH and providing enhanced reimbursements and incentives continue. BCBS supports value-based care but not simply a single statutorily supported PCMH model that inadvertently stifles innovation. Erwin concluded that BCBS is in favor of the sunset and thinks the proposed legislation is not needed to continue the efforts.

At that point, stakeholders questioned whether PacificSource is also in favor of the program sunset. Jennifer Hensley, PacificSource, stated that PacificSource is unconvinced about the need for the legislation (to remove the sunset) but is currently undecided and still internally articulating their position on the legislation.

Several of the healthcare providers and their representatives spoke up and stated that the PCMH program represented their only opportunity to collaborate and have a voice in the discussion of “value based health care.” Some of them expressed their disappointment concerning the lack of support for the program from the payers.

Discussion regarding possibilities for the legislation and administrative rules ensued among stakeholders briefly but it was agreed that a detailed discussion on both would occur at the next legislative work group meeting in hopes of developing changes to the program that could address the concerns raised.

Review Program Rules and Discuss Process for Rule Changes

At the July meeting, the CSI asked the stakeholders to submit any comments prior to the August meeting however no comments were received and no comments were made at the August meeting.

Independent Study Update

The final BBER Montana PCMH evaluation report was submitted to the interim committee on August 15. Amanda reminded stakeholders that they are 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. Mary Caferro asked if there is a strategy in place for stakeholders. She recommended that the presentation and comments be brief.

Due to a longer than expected discussion on the above summarized topics, today’s scheduled HIE pilot update from BCBS and the HTS technical assistance update are *postponed until the September meeting*.

Other possible topics for the in-person meeting:

- 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
- Role of PCMH in a clinically integrated network (CIN)_____

Future Meetings

The Stakeholder Council's next meeting is the **in-person** meeting **Wednesday, September 14 at the CSI office in Helena from 1:00-4:00 pm**. The **Quality Metrics** subcommittee will meet **September 7 at noon**. A **Legislative** work group will meet in early September. Amanda will poll the group to determine the best date and time. (Poll results September 8 from 11:30 – 1:00 pm.) The **Education** subcommittee will not meet in September. The **Payor** subcommittee is tentatively scheduled to reconvene in October.

The CSI also announced that the next SIM meeting is September 13 in Helena.

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

Public Comment

None

Meeting adjourned at 3:00 pm.