



PATIENT-CENTERED MEDICAL HOME STAKEHOLDER COUNCIL

Meeting Minutes

September 16, 2015

CSI Basement Conference Room - Helena (and via phone)

**Members Present**

**Dr. Jonathan Griffin**, Chair, Blue Cross Blue Shield of Montana

**Dr. Rob Stenger**, Vice-Chair, Providence Medical Group

**Dr. Monica Berner**, Blue Cross Blue Shield of Montana

**Dr. Larry Severa**, Billings Clinic

**Dr. Janice Gomersall**, Community Physicians Group, Mountain View Family Medicine and Obstetrics

**Dr. Patrick Van Wyk**, St. Peter's Hospital

**Bill Warden**, Hospital Lobbyist

**Todd Lovshin**, PacificSource Health Plans

**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 Harwell**, Public Health and Safety Division, DPHHS

**Sen. Mary Caferro**, State of Montana (Ad Hoc Member)

**Members Absent**

**Carla Cobb**, RiverStone Health

**Jo Thompson**, Montana Medicaid, Department of Public Health & Human Services

**Interested Parties Present**

**Susan Lynch**, Billings Clinic

**Jan Bechtold**, Billings Clinic

**Dr. Jonathan Weisul**, Allegiance Benefit Plan Management

**Anna Buckner**, DPHHS

**Mary LeMieux**, DPHHS, (for Jo Thompson)

**Jaclyn Kincaid**, Montana Primary Care Association

**Lisa Underwood**, Montana Primary Care Association

**Karen Gray-Leach**, St. Vincent Physician Network

**Patty Kosednar**, Mountain-Pacific Quality Health

**CSI Staff Present**

Amanda Roccabruna Eby

Christina Goe

Catherine Wright

### **Welcome, minutes approval, and announcements**

The meeting was called to order at 1:04 pm. Amanda Eby conducted roll call and made several announcements. The Letter of Interest request from Commissioner Lindeen to serve on the 2015-2016 stakeholder council was sent to stakeholders and interested parties Wednesday morning (today). The deadline for letters to be submitted to Amanda is September 30. The conference room has a new phone. Let us know if it works better than the older model. Dr. Griffin reviewed the agenda and called for a motion to approve the minutes. Dr. Van Wyk moved and Paula Block seconded a motion to approve the August 2015 stakeholder council meeting minutes. The minutes were unanimously approved.

### **Discuss the Revised Quality Metric Rule**

Christina Goe reminded the stakeholders that Commissioner Lindeen has the rulemaking authority and final approval. Christina prepared two different versions of the Quality Metric rule for discussion. Version #1 is the more lenient of the two. Meaning it has fewer requirements for the upcoming 2016 Report. Specifically it only requires three of the five measures in 2016 moving to four of five measures in 2017. Version 2 is stricter and offers less flexibility, namely that providers must report on 4 of 5 measures beginning in 2016. New language was added to both versions for the depression screening measure, the requirements for pediatric practices, and the requirements for payors. The Version #1 doesn't require pediatric practices to report on depression screening until 2018, while Version #2 requires it of them in 2016. Language was slightly amended for payors to clarify that those who require reporting on quality measures in their PCMH contract with providers must use the same data reporting requirements as prescribed by the commissioner.

Two upcoming filing deadlines are October 19 and November 2 in order to have the rule final before the end of the year.

Discussion included a clarification to the immunization wording to read "children who turned age 3 during the reporting period;" this is the accurate language used in the reporting guidance. Several providers expressed their support for Version #1 and commented on how difficult depression screening is to report on so the full year advance notice would be better to have rather than the few months clinics would have if reporting began on it in 2016. Several providers also commented that similar to how PCMH is more difficult for pediatric practices, the depression screening measure would be as well so we should be more lenient for them and allow them to wait until 2018. The measure is also difficult because it is a two-part measure including the follow-up plan and many clinicians struggle finding a structured data field in their EMR for the plan.

Dr. Griffin made a motion to approve Version 1 of the QM rule, as amended, for the Commissioner's approval. Paula Block moved and Pat Van Wyk seconded the motion. Version 1 was approved unanimously.

### **Quality Metrics Subcommittee Report**

Dr. Stenger gave the QM subcommittee report from their September 9<sup>th</sup> meeting. The subcommittee is in the process of reviewing the 2016 Guidance. The meeting focused on the review and discussion of the first two metrics in the Reporting Guidance, blood pressure control and tobacco screening and cessation intervention. Major decision points included the recommendation to remove the sampling option and to not request any additional information outside of PQRS that requires custom reports (mainly the total patient population numbers).

The subcommittee will have an extra meeting to work through the guidance before submitting it to Mathematica on September 23rd at 1:00 pm. Mathematica will provide feedback on the 2016 Guidance before the next QM subcommittee meeting Oct. 14.

### **Education Subcommittee Report**

Dr. Van Wyk gave a summary of the September 2 Education subcommittee meeting. The subcommittee reviewed the two revised versions of the education materials based on the patient advisory council feedback. Consensus in the subcommittee was to move forward with the simplified version. Stakeholders provided several edits to these final draft materials: on the rack card, “behavioral consultant” is preferable to “behaviorist”; add “healthcare” before provider and fix a grammar error in the first sentence.

Dr. Stenger made a call to move to recommend the 3 educational materials (poster, rack card and talking points), as revised, to the Commissioner for approval. Dr. Stenger made a motion and Paula Block seconded. The educational materials were approved unanimously.

### **Comprehensive Application and Progress Update**

Amanda gave the update and reminded the committee that the goal of the work group was to create 2 2015 “applications”: a new “Progress Update” for existing PCMH clinics and a slightly revised and improved Comprehensive Application for clinics new to the program. Amanda pointed out that the only differences between the two forms was that the Comprehensive Application included the General Practice information section and the EMR/EHR section that was not included in the Update since the Program already has that information on existing clinics and it would likely not change.

On Oct. 5, Amanda will send the new Comprehensive Application to 4 new clinics awaiting approval. And on Oct. 8 the Progress Update will be sent to current participating clinics with a deadline to submit the Update by October 29th.

Dr. Griffin made a motion to approve both the revised Comprehensive Application and the new Progress Update. Dr. Berner moved and Lara Shadwick seconded the motion. The committee approved the applications unanimously for recommendation to Commissioner Lindeen for her approval.

### **Payor Subcommittee Report**

Christina Goe *reviewed the edits* to the guidance made by the subcommittee at their September 10 meeting.

For Hospitalizations, the following recommendations were made:

1. Include all acute facilities.
2. EXCLUDE the following non-acute facilities: skilled nursing facilities (SNF) or swing bed designations, long-term care hospitals, medical and surgical rehabilitation hospitals, non-acute mental health, such as residential mental health treatment facilities, and birthing centers.
3. Include hospitalizations that occur outside of Montana.
4. Combine multiple components of care during a continuous episode into a single admission count as long as they are all inpatient care, (for example, transfers across acute care settings).
5. REMOVE newborn and delivery hospitalizations from the hospitalization rate.

Also, the Method for Measuring the Required Utilization Measures section was reviewed and approved as is. The Reporting Instructions section was reviewed and approved as is. Finally, regarding the

Recommended Attribution Method, the payors agreed to submit their own attribution methods for CSI approval.

The guidance is on track for approval at the October Stakeholder Council meeting.

### **SIM (State Innovation Model) Grant Update**

Christina Goe gave an update on the Governor's SIM grant. Stakeholders can learn about the grant and upcoming meetings and webinars and sign up for the SIM interested parties list at this link <http://dphhs.mt.gov/sim>.

The Governor will appoint council at their first meeting November 3.

### **Future Meetings**

In order to finish the review of the Quality Metric Guidance, the Quality Metrics subcommittee will meet again on September 23 at noon and then at their regularly scheduled time October 14. The Payor subcommittee will meet October 15 at 1:00 pm. The Education subcommittee has concluded their work and have no future meetings scheduled at this time. And, as a reminder, all council members and interested parties are invited to attend.

The next PCMH Stakeholder Council meeting is **October 21<sup>st</sup> 1:00 – 3:00 pm at the CSI office in Helena.** This meeting is the final required in-person meeting of the 2014-2015 Stakeholder Council. 2015-16 Stakeholder council members will be announced at that time.

### **No Public Comment**

Meeting adjourned at 2:40 pm.