PCMH Quality Metric s Subcommittee Meeting
November 5, 2014

Attendees
Kristen Pete, Glacier Medical Associates
Dr. Larry Severa, Billings Clinic
Todd Harwell, Public Health and Safety Division, Department of Public Health & Human Services
Dr. Steve Helgerson, Public Health and Safety Division, Department of Public Health & Human Services
Anna Buckner, Montana Medicaid
Erwin Austria, BCBS of MT
Desa Osterhout, BCBS of MT
Dr. Pat Morrow, BCBS of MT
Dr. Janice Gomersall, Community Physicians Group, Mountain View Family Medicine and Obstetrics

CSI staff began the meeting by giving a recap of the recommendation the council gave to the Commissioner at their last meeting regarding the reporting guidance for the Montana specific measures. The Commissioner accepted the recommendation. Amanda polled attendees for feedback to create a process for the aggregate reporting group and the patient-level reporting group. She asked attendees what direction they thought their organization would be taking for the first year of reporting – aggregate or patient-level data.

Kristin Pete said Glacier Medical Associates was still teetering on whether to do patient-specific or aggregate reporting, but they will most likely do patient-specific reporting.

Larry Severa said he had recommended to staff at Billings Clinic that they do patient-level reporting but he hasn't heard back from them on it yet.

Dr. Griffin said St. Peter's will do patient specific reporting as well.

After much discussion on how to move forward with the "pilot group" doing patient-level reporting, the subcommittee decided they will work on guidance for both types of reporting for consistency. The subcommittee will set the standards for each type of reporting guidance, that they will recommend to the council and the patient-level guidance will be the standard for all by 2017.

Dr. Helgerson said the Commissioner will need to know how to determine whether the aggregate data reports were derived from a sample or an entire population. Amanda posed the question to the subcommittee whether aggregate reporters should do samples or not and if so, how should those sampling be dealt with.

Kristin Pete commented that sampling is a broad way of choosing a population, and could produce fair useable data. She proposed that sampling could be an option for 1st year aggregate reporters, but remove that option in the second year.

Larry Severa asked if the step wise approach of the sampling strategy should be discussed with the council and possibly re-vamp the recommendation.

Dr. Griffin and CSI staff responded that while the subcommittee will inform the council of what they decide, the council should not need to change their recommendation.

Dr. Morrow raised the concern of ensuring the data supplied by each clinic is valid. He recommended that CSI needs to strategize effective communication to clinics to motivate them about reporting.

Todd Harwell posed that if a practice doesn't have automatic EMR commands to run aggregate reports, then they would have to look at the patient-level data anyway to run the aggregate reports. They would just have to add a few extra variables such as gender and date of visit.

This scenario began a discussion about the notion that if a practice is going through patient-level data to determine a sample for an aggregate report, then they should be reporting the patient-level data.

Kristin proposed an alternative stepwise approach for the group to consider that removed the option of sample aggregate reporting:

- 1st year – entire patient population aggregate report
- 2nd year – sample of patient population, patient-level data report
- 3rd year – entire patient population, patient-level data

CSI staff explained the scenario again and asked if all in attendance were okay with removing the aggregate sampling option. There was consensus to recommend Kristin's proposal, not allowing sampling aggregate reports. Dr. Gomersall joined the discussion late but agreed that three options would be better than four.