



Medical Home Advisory Council Meeting
 Nebraska State Office Building - Lincoln
MINUTES – May 23, 2012



Members in attendance: Dr. Carnazzo, Dr. Knowles, Dr. Werner, Dr. Woodruff, Sen. Gloor

Members not in attendance: Ken Klaasmeyer, Dr. Darst, Dr. Wergin

DHHS Staff in attendance: Pat Taft, Margaret Brockman, Susie Lyness, Kim Collins, Dr. Alan Nissen

Approval of February 28, 2012 Meeting Minutes and Approval of Agenda

The meeting convened at 1:12 pm. The agenda and the meeting minutes were approved as written. Dr. Werner informed the Council that Ken Klaasmeyer would be retiring next month. It will be up to Governor Heineman if his position on the Council will be replaced or not.

TransforMED Update and Data Review

Colleen Stack and Megan Rackish with TransforMED reviewed by phone the recent PEAT (Patient Experience Assessment Tool) data collected by TransforMED. Megan indicated that the data collection process takes about four months, and the number of Medicaid respondents went from 51% to 41% with the last survey. All questions were the same, with the exception of question number 23, which was modified at the Council's request. This question is in regards to how many days of work or school were missed due to illness, which was broken down into smaller increments.

Changes in the data were extremely minimal. Practice A saw an increase in satisfaction on 17 of the 20 questions, and Practice B had an increase on 11 of the 20. The recommendation to the practices is to review those data points that are below 80% and see what can be done. The PCMH dimensions decreased slightly for both practices, but remained fairly consistent, nothing to be alarmed with.

Colleen asked the Council about the results of their site visits in April. Dr. Werner said that in general everyone was impressed. They felt that the doctors were engaged in the process, not just one or two, but the whole group. Sen. Gloor felt that there is a learning curve, which can be difficult, but felt that the practices were now through the worst of it.

The Council urged Colleen to ask the practices what they want to work on with her before the TransforMED contract ends in September.

Coventry Cares PCMH Model Presentation

Deb Esser, MD, VP of Medical Affairs for Coventry Cares of Nebraska, presented their Patient Centered Medical Home (PCMH) model for statewide managed care. The DHHS contract requires that each MCO develop and support two PCMH's each year of the contract, but Coventry may have more than that as there is a lot of interest from practices. The Coventry PCMH is patterned after the Nebraska Medicaid PCHM Pilot Program that this Council put forward. Dr. Esser complimented the Council on their excellent work. The Coventry program right now is for Medicaid patients only, but they are pushing for the commercial side as well. There is a possibility that Kearney and Plum Creek will be incentivized by Coventry Cares once the Medicaid pilot expires. Dr. Esser felt that Nebraska is way ahead of other states by including the PCMH requirements in their contract.

Staff Update

Margaret Brockman and Pat Taft presented the staff update.

- Thanked the Council members for going to site visit. It meant a lot to everyone.
- Total PMPM paid to date: \$320,544
- Average monthly clients in pilot: 7308 (Kearney 5219 and Plum Creek 2089)
- Provided handouts from both clinics on what they have accomplished so far.
- LR 515 – will see if a hearing is held. If so we will be asked to provide testimony. Sen. Gloor said this could be well into the fall.
- Statewide Managed Care enrollment begins June 1st. MCO's have until October 1st to turn PCMH plans in. Pilot practices are being protected i.e. patients attributed to these practices since February 2011 will not be mandatory managed care.
- BCBS report sent by Dr. Filipi via e-mail:
 - Crete Medical Center and Avera Family Physicians in O'Neil have been added to the Primary blue PCMH
 - The College of Pharmacy and Walgreens are approaching central Nebraska practices in Primary Blue to learn whether engaged pharmacists will improve compliance and outcomes for hypertensive patients. BCBSNE is making the introductions, but the decision belongs to the practice.
 - Large national employers are demanding more quality transparency on provider directories. To conform, BCBSNE are identifying practices which are PCMH and are assigning 1 to 3 "stars" based on a group practice obtaining a Hgb A1C over the past 12 months from diabetic patients. To be measured, a group practice must have 3 more than 28 diabetic patients for statistical strength. Primary Blue practices will be compared with all primary care practices throughout the state, not just those in Primary Blue
 - MDDatacor has been purchased by BCBS of North Dakota
 - We finished the pilot in December 2011, and this is the real deal. We had published in our provider newsletter that we were accepting qualified practices who submit an acceptable RFI answering questions based on NCQA principles. They will continue to accept new applications from practices until June 30.

Review of DHHS Data

Kim Collins reviewed the most recent quarterly reports based on DHHS Claims. Kim indicated that there were no surprises, and reminded the Council that providers have up to a year to turn in claims, so data is still weak. It looks like the data is in for most of for the first quarter for 2011 and could be compared to the Baseline year quarterly average although no statistically significant at this point in time.

She handed out the first draft of the Medicaid only analysis for the PEAT Year 1 and satisfaction shows a slight increase in satisfaction. All of the dimensions of PCMH i.e. access, quality of care, patient involvement and patient satisfaction who increase over baseline.

Updates on Pilot Practices

Peggy Dobish, Clinic Administrator for Kearney Clinic and Dr. Ken Shaffer, updated the Council on progress there. They had a physician's retreat in mid-April where they discussed projects, goals, and possible incentives. They had a good review and buy-in. They could see benefits of changes. Serena Phillips, their Care Coordinator, is getting more involved with chronic patients. The team meets weekly, with the goal of moving to the next tier. Every other Thursday they have a phone conference with Colleen that has been very beneficial. Dr. Carnazzo suggested that they make a specific list of what needed to be worked on in the next four months and beyond for Colleen.

Pat read an e-mail from Chrystal Dowling, Care Coordinator for Plum Creek, indicating they have started a new activity where the physicians have given her chronic patients to work with and she is seeing results. In addition, the hospital is including her in their meetings to discuss readmissions so she can be proactive in follow-up

Next Meetings

The next meeting is scheduled for Tuesday, August 28, 2012 at Kearney Good Samaritan Hospital from 10:00 am – 3:00 pm. The practices will be invited to attend. The following meeting is scheduled for Wednesday, October 24, 2012 at 1:00 pm, in Lincoln.

No Public Comment

Dr. Werner adjourned the meeting at 3:52 p.m.