



Medical Home Advisory Council Meeting  
 Good Samaritan Hospital - Kearney  
**MINUTES – August 28, 2012**



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

Members not in attendance: Dr. Woodruff, Dr. Darst, Dr. Wergin,

DHHS Staff in attendance: Pat Taft, Margaret Brockman, Susie Lyness

Approval of May 23, 2012 Meeting Minutes and Approval of Agenda

The meeting convened at 10:10 am. The meeting minutes for May 23<sup>rd</sup>, 2012 were not approved as there was not a quorum, and will be on the agenda for the next meeting.

Staff Update

Pat Taft will be retiring from DHHS in September. The Council members recognized Pat with a beautiful flower arrangement. Ms. Taft expressed her gratitude.

Margaret Brockman and Pat Taft presented the staff update.

- PMPM - \$403,572 and average monthly clients of 7243 (Kearney 5179; PC 2064)
- TransforMED contract: work with practices ends 9/21 – they will provide a preliminary final report, then conduct final patient/provider/staff surveys to include findings in final report out after March 2013.
- Managed Care Expansion
  - Full risk physical health managed care did implement July 1, 2012. Arbor Health Plan and CoventryCares are the managed care plans;
  - UnitedHealthcare Community and CoventryCares are still the managed care plans offered in Service Area 1 (original 10 counties)
  - Clients who were enrolled July 1 will have the opportunity to change their health plans for any reason through September and then will be enrolled in that health plan until their anniversary open enrollment June 2013;
  - Both health plans will continue to build their networks as gaps and or needs are identified;
  - Managed care update:
    - o Additional DHHS staff have been assigned to Managed Care work
    - o Quality will become a focus with the additional 3 staff devoted to Quality;
    - o DHHS is applying for a Technical Assistance Grant around the CMS Adult Core Quality Measures;
    - o DHHS is working on an RFP for release in October for a full risk behavioral health managed care contract to implement July 1, 2013;

- There is be a focus on coordination of care for the BH and PH managed care plans for their clients and for the BH contractor to coordinate the client care across multiple systems.
- After July 1 implementation, noticed a dip in numbers of clients attributed to the pilot practices which was due to clients leaving Medicaid and/or no longer residing in the pilot or contiguous counties, therefore mandatory to managed care

No BCBS update from Dr. Filipi for this meeting

#### Arbor Health PCMH Model Presentation

Dr. Tonniges, Medical Director for Arbor Health, presented an overview of their plans for developing PCMH as an MCO. The idea of a Virtual Foster Care Medical Home was introduced as well as the idea of county-wide Family Medicine Clinics in McCook, York, Scottsbluff and Neligh. Sen. Gloor asked if Arbor had a big enough network to make the foster care piece work and Dr. Werner wondered what the incentive for practices that have only 3 – 5 patients that are in the foster care system would be. They felt that it was a too small and migrant population for a successful medical home.

#### TransforMED Update

Colleen Stack provided an update from TransforMED.

Plum Creek Medical Group continues to see improvement in their numbers. She felt that there was a lot more engagement by the physicians and continued efforts to improve their diabetic registry. It was noted that Plum Creek had achieved the Tier 2 standards, and that they were continuing with improvement in patient engagement and mutual responsibility in regards to care management. Kearney Clinic is in the process of implementing their EMR in addition to the patient registry. Colleen felt that both systems would be beneficial for care coordination. Colleen felt both practices have done a really good job of education patients on not over-utilizing emergency room visits, preventative planning and disease prevention. The Care Coordinator for both practices completed an on-line training course on Guided Care through John Hopkins.

At the end of July, TransforMED conducted a site visit at each practice. They discussed implementing dashboards – measurements for improvement and ways to monitor their progress.

On September 6<sup>th</sup>, they will be holding a full day learning collaborative in Kearney, “Care Management Training” for both practices. Part of the discussion will also include sustainability of the medical home and what needs to be done to move forward.

Colleen ended by thanking the Council for using TranforMED, felt that the Council had done a good job of picking these two practices, and said to expect their final report by mid-March 2013.

#### Review of DHHS Data

Margaret Brockman and Pat Taft reviewed the latest DHHS Data Quarterly Claim Reports. Stacey Dangler (DHHS) also joined the meeting via telephone. Stacey is taking over the data analysis, and will be an integral part of the final report. It was determined that Table 8 was the

only table that showed significant change and showing that utilization of generic drugs had gone up.

### Discussion with Pilot Practices

Dr. Ken Shaffer, Peggy Dobish, and Serena Phillips of Kearney Clinic were present for the Pilot Practices discussion. Dr. Shaffer feels that their practice has changed dramatically, and that TransforMED has been very helpful. The clinic is looking forward to the learning collaborative for the practices next week which is being coordinated by TransforMED in Kearney. They have been thinking about the possibility of needing a “Health Coach” – someone to go into patients’ homes who have limited resources.

Care Coordinator, Serena Phillips reported that there have been team meetings with the hospital in regards to care management for diabetes, home health, and oncology. She felt that these meetings have been a huge asset to the community. She has continued to follow up on the clinic’s diabetic patients, calling every two weeks and getting them into the office every three months. They are trying to continue educating and building relationships with these patients. There are still some non-compliant patients, but there has been great strides made in this area.

Dr. Werner asked the panel, “What are the greatest positives?” and “What area needs more work?” They felt that the transformation took a long time – more paperwork, large learning curve, but now the hard work is starting to pay off, and they are seeing slight improvement. The nursing staff is starting to see results; the business area is starting to see consistency and realize that “change” is beneficial for the future (electronic registry). Dr. Shaffer said that switching to “Dr. First” pharmacy improved his practice – generics vs. non.

Dr. Joe Miller, Rusty Sutton, and Carol Meyer were in attendance for Plum Creek. Dr. Miller said that it has been a great trip so far and it has made a huge difference in their practice. They started out as seven practitioners working in a practice, now they are a team. The Care Coordinator role has been very important with follow-ups. In fact, the hospital is hiring a Care Coordinator or their own because of the success of Plum Creek’s.

Rusty and Carol felt the most challenging piece was making sure that the data was consistent to build an accurate report. Had to retrain doctors and nurses to make sure everyone was on the same page. Once they did start getting accurate data, they shared those numbers with the staff which created a healthy competition amongst them.

Dr. Werner asked the practice, “What could the State do differently to make this easier?” Dr. Miller felt that all the hard work on procedural set-up that Rusty and Carol worked on should be shared with other practices. It would save a lot of time and doesn’t need to be replicated. He also believed that practices need to know what they are getting into, educated prior to implementing change. He also stated that they couldn’t have done it without the financial assistance from the state.

Dr. Werner expressed that clinical and anecdotal data from both practices will be helpful for the final report to the legislature in addition to the states data.

Sen. Gloor informed the Council that a hearing had been set for LB 1100. This is a legislative review regarding encouraging the growth of patient centered medical homes in the health insurance industry, the medical community and the business community in Nebraska. This type of hearing is an informational meeting to determine if a bill should move forward in the upcoming session.

Next Meetings

The next meeting is scheduled for Wednesday, October 24, 2012 at 1:00pm in Lincoln. A subsequent meeting was not scheduled at this time.

No Public Comment

Dr. Werner adjourned the meeting at 2:40 p.m.