

Medical Home Advisory Council Meeting
October 29, 2009, 9:30-11:30
Nebraska State Office Building, Conference Room LLD

Council Members Present: Dr. Lissa Woodruff, Dr. Thomas Werner, Dr. Nancy Knowles, Dr. Donald Darst, Dr. Jane Carnazzo, Dr. Martin Hickey, Dr. Bob Wergin, Senator Mike Gloor

DHHS Staff Present: Vivianne Chaumont, Jenifer Roberts-Johnson, Pat Taft, Margaret Brockman, Aishah Witte, Margaret Kohl,

Director Vivianne Chaumont convened the meeting to order at 9:39. She welcomed everyone to the first Medical Home Advisory Council meeting and thanked the group for agreeing to serve on the Council. She noted that she is very excited and feels the pilot has good potential. Director Chaumont then turned the floor over to the group and everyone in the room introduced themselves. After introductions, Director Chaumont said that the Advisory Council will play a crucial role in this pilot advising on how to develop every aspect of the initiative. She looks forward to input and advice from the Council on everything from reimbursement to where the pilot will take place and what kind of services will be included.

Director Chaumont turned the floor over to Jenifer Roberts-Johnson, Medicaid Acute Care Programs Administrator. Ms. Roberts-Johnson first reminded the group that the meeting must comply with the Open Meetings Act. The Council members were provided with a copy of the Act along with their other meeting materials. She asked for approval of the agenda and as no agenda changes were necessary, the agenda was officially approved. She also indicated that a Chairperson would need to be selected for the Council and this would be done later in the meeting. All meeting votes will be done by a roll call except for the vote for Chairperson, where a secret ballot is permitted.

The Council members were provided a summary of LB369 as well as the complete bill. Director Chaumont reported that the intended purpose of the legislation is to improve access to care and contain costs for the Nebraska Medical Assistance Program. The implementation deadline is January 1, 2012 and the final pilot report is due the legislature by June 1, 2014. She furthered that as a part of this legislation, the Nebraska Medicaid program is charged with creating a medical home in one or more locations in the state.

Director Chaumont reported that the core team for the pilot, Jenifer Roberts-Johnson, Dr. Robert Wergin, Pat Taft, and Sen. Gloor, went to a training in Baltimore where they received a great deal of information on national initiatives. This training was part of a grant received by Nebraska from the National Academy for State Health Policy (NASHP). There were no funds associated with the grant, only technical assistance.

Director Chaumont indicated that the other available funding source is the Nebraska Medicaid program but the Centers for Medicare and Medicaid Services (CMS) needs to approve all reimbursement plans to ensure receipt of the federal match funding. Nebraska Medicaid will be responsible for obtaining CMS' approval as needed. Ms. Roberts-Johnson reported that Pat Taft, co-coordinator for the pilot, is taking the lead on finding and applying for available grants.

Both Dr. Wergin and Dr. Hickey talked about grants that may be available from the Agency for Healthcare Research and Quality (AHRQ) and the federal Department of Health and Human Services.

Ms. Roberts-Johnson briefed the group on the NASHP training in Baltimore. Before going to the training, the core team was feeling a little bit behind but then discovered that Nebraska already has some initiatives in place that other states are considering part of their medical home initiatives. Enhanced Care Coordination (ECC) is one resource already in place. Medicaid clients with \$50,000 a year or more in claims are referred in to the program where a case manager will help the client make it to their medical appointments and assist with compliance by phone to avoid inpatient hospitalizations and emergency room visits. There are 2,000 Medicaid clients eligible for the ECC program and 400 are currently enrolled. The other resource is the Primary Care Case Management model. BlueCross BlueShield (BCBS) is the contractor for this and the program will expand into ten additional counties on November 1, 2009. BCBS case managers send out health information and provider listings to participants in the program.

Ms. Roberts-Johnson reminded the group that there was no fiscal note attached to LB396 and there is no new funding available. She hopes that additional funding will be procured down the road to facilitate the implementation and success of the pilot. The Council was provided with a list of medical home resource teams to provide information and help with best practices. Pat Taft and Margaret Brockman will coordinate with the resource teams.

Ms. Taft provided the Council with the appropriate forms for reimbursement for mileage and parking.

Ms. Taft discussed the technical assistance grant received from NASHP in greater detail and went over the highlights of what Nebraska will receive as a part of this award. The Council was provided with the application for the award and other related documentation.

Ms. Roberts-Johnson then led a discussion related to establishing a state definition of a medical home. The group was provided with information on other states' definitions furnished by the Consortium. It was stressed that the definition should likely be the starting point and should be in place before selection of a location. There was an ensuing discussion on how to ensure that the providers who agree to participate in the pilot are properly incentivized so they do not lose any revenue because of their participation in the pilot. There was also discussion on not setting very stringent participation requirements to facilitate the selection of a practice for the pilot and avoid any issues with requiring practices to meet a set of qualifications up front. However, size of the Medicaid population, the number of providers in the practice, and the ultimate desired outcome for the pilot in terms of impact on specific populations should still be considered as part

of the selection process. Ms. Roberts-Johnson also emphasized that the practices and providers should want to volunteer for the program and will not be required to participate.

Dr. Woodruff requested data on Medicaid expenditures by diagnosis and information on Medicaid populations by county. There were also calls for Medicaid expenditure information by service line including long-term care and pediatrics by county. Ms. Roberts-Johnson said that the Medicaid department could help with this information as available.

Sen. Gloor noted that the pilot should provide at the very least the outlines of a medical home that is shovel ready so when the funds become available, Nebraska is ready to move ahead and easily qualify for the funds.

Dr. Werner proposed using the definition of a medical home that was provided and move on with a discussion on stakeholder involvement. Sen. Gloor added that the definition has existed for a long time. Dr. Wergin then talked about how his understanding of the definition of a medical home transformed after the training in Baltimore and referenced North Carolina's experiences in developing their medical home project.

Ms. Roberts-Johnson instructed the council members to provide any information they want to share with the group to Pat Taft for distribution.

Discussion followed on the future involvement of large private payers, the need to attract and retain more primary care doctors, and the benefits of having two medical schools in Nebraska.

Ms. Roberts-Johnson allowed for a 15-minute meeting break at 10:41 a.m. and reconvened the meeting 10:46 a.m.

Ms. Roberts-Johnson called for the selection of a Council Chairperson and reminded the group that they are able to elect the Chairperson by secret ballot. The Council members affirmed the decision to vote for the Chairperson in this manner. She then turned the floor over for nominations. Dr. Werner nominated Dr. Wergin. Dr. Wergin nominated Dr. Hickey but Dr. Hickey respectfully declined his nomination. Dr. Darst nominated Dr. Werner.

Ms. Roberts-Johnson called for an end to the nominations. Dr. Hickey seconded the call to end the nominations.

The Council members voted and elected Dr. Werner six to one.

Dr. Werner then asked the group how frequently they would like to meet. It was determined that sooner and more often up front would be best especially in terms of applying for additional funding for implementation. Longer meetings were also preferred for those who have to travel. The group decided to meet in Lincoln on an ongoing basis. The next meeting will be November 17 at 12:00 p.m. and the following meeting was scheduled for December 2 at 12:00 p.m.

Dr. Werner queried the group about the agenda and goals for the next meeting including deciding on the definition of a medical home, concentrating on who the stakeholders are and what their

interactions are, as well as which populations to consider for the pilot. Sen. Gloor stated that the Council should start talking about reimbursement models early on as well.

Ms. Taft requested that information requests filter first through Dr. Werner and he agreed to this.

Dr. Wergin then added that he had preemptively done a few things including beginning talks with UNMC to help with data needs for the necessary evaluations required as part of the Technical Assistance award. Dr. Hickey affirmed that they would be a good resource for free data analysis and Sen. Gloor also encouraged this future partnership.

Dr. Werner adjourned meeting at 11:26.