

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

Members not in attendance: None

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

Approval of October 13th Meeting Minutes and Approval of Agenda

The meeting convened at 1:08 pm. The agenda and the meeting minutes were approved as written.

Staff Update

Ms. Taft reported that the Medicaid State Plan Amendment was submitted to the Centers for Medicare and Medicaid for approval for this pilot. As a follow-up to the discussion at the last Council meeting regarding the extent of TransforMEDs technical assistance to be provided on-site, she reported that TransforMED would be very flexible regarding site visits and that it would be based on what the practice requests. Ms. Taft reviewed the timeline: selected practices notified no later than November 22; written agreements with the pilot practices completed during December; January 11 will be the Kickoff/Orientation; and implementation planned for February – depending on the outcome of the CMS approval and regulations approved.

Dr. Wergin asked about the replacement for Dr. Hickey on the Council. Sen. Gloor said that he felt strongly that it needed to be someone with Hospital Administration experience and felt it would be best to wait and see where the pilot sites are located.

Blue Cross Blue Shield (BCBS) Update

Dr. David Filipi was unable to attend the meeting. Ms. Taft provided the following update on his behalf. They are still visiting and orienting the 14 chosen clinics; only one office will enter all their data for all patients to MDdatacor; and half of the clinics have now connected to MDdatacor. Their group is proposing to the BCBSNE executive committee to expand program to 200 clinicians from their current 79.

Pilot Practice Selection

Since Dr. Werner's practice is a finalist, he recused himself from the discussion and voting and passed the gavel to Dr. Darst who took over as Chairman.

Sheila Richmeier and Colleen Stack with TransformMed participated in a conference call with the Council. They discussed in detail their recommendations on Nebraska Medicaid PCMH finalists based on their review of the application and the follow-up questionnaire completed by the practices. They had two primary points of focus: Length of the pilot and interest of the physicians. With the 6 month timeframe to achieve the Tier 1 standards, they proposed practices that were ready for quick change, based on commitment to the medical home concept by the physicians, teamwork, leadership and communication. They recommended Plum Creek Medical Group and Kearney Clinic. The proposed western collaboration of Regional West Physicians Clinic and Community Action Partnership of Western Nebraska Health Center was their third selection. Grand Island Clinic was not recommended as an option due to the extent of change in culture that would be needed and the pilot timeframe would be too short to accommodate that.

Ms. Taft reported the review team's recommendations. Plum Creek was the definite first choice. The review team was torn between Kearney Clinic and the western collaborative (Regional West / CAPWN).

As the Council began their discussion, Dr. Werner asked that Grand Island Clinic be eliminated for consideration as a finalist based on the information from TransformMED.

MOTION: Dr. Carnazzo moved to eliminate Grand Island Clinic as a finalist for the pilot program. Dr. Woodruff seconded. Voting yes: Carnazzo, Woodruff, and Knowles. Voting no: Wergin.

The Council's discussion centered on Plum Creek and Kearney as strong candidates, but concern was expressed about the ability of Regional West and CAPWN to be successful in attempting a collaboration. Primary concern was the implementation of an EMR at the same time as trying to convert to a Medical Home given the national research that indicates that it is too stressful for a practice and many do not succeed. Another issue was Regional West's multiple sites. The Council concluded that they wanted to pick the sites that would do the best job possible to further the Medical Home concept in the state.

MOTION: Dr. Woodruff moved to recommend first choice of Plum Creek and second choice of Kearney Clinic for the Medical Home Pilot. Dr. Carnazzo seconded. Voting yes: Woodruff, Carnazzo, Wergin, Knowles, and Werner. Voting no: None.

At this time, the Dr. Darst passed the gavel back to Dr. Werner as Chairman.

Documentation for Standards

Ms. Brockman and Ms. Kohl presented the proposed Validation Process and Documentation Requirements for Tier 1 and Tire 2 Standards for feedback from the Council.

The Council proposed some adjustments to the documentation and recommended some minor wording, non-substantive, changes to the Standards.

- 4.1 and 4.2 switched in order.

- 5.1 wording changed to delete the wording, “one or more patient representatives” and add ”with input for the team from a patient advisory group.”
- 6.4 wording changed to add “home health”
- 6.7 and 6.8 be switched in order

Next Meeting

The next meeting may be Tuesday January 11th. The Kickoff for the Pilot Practices will be held at Wilderness Ridge, tentatively scheduled from 9:00 – 4:00, and if there is a Council meeting, it would be brief and run concurrent with the event at the same location. A meeting was scheduled for Wednesday March 9th, with anticipated quarterly meetings after that since all of the design work has now been completed by the Council.

Public Comment

There was no public comment at this meeting.

Other Comments

Dr. Darst expressed these thoughts on the future:

- What do we do to help subsequent practices convert in the future, after we have demonstrated success in the Pilot? The Pilot is being done with “early adopter” like practices that already understand and operate with the underpinnings of PCMH. Continuous quality improvement, use of registries, input of work flow from the staff, easy access for patients and the like. The social/philosophical change will be harder on those in the middle ground. The urgency for conversion will increase of other 3rd party players besides Medicaid and BCBS start doing PCMH, but until then, getting additional practices to convert solely for Medicaid will be a bigger challenge than the pilot. Will we have an infrastructure to help the conversion? Will there be ongoing expense to extend the engagement of TransformMED past the Pilot time? What can be done internally?
- Can we get a forum of some sort set up to share patient management tools? I would like to see the ability to share disease registry reports, and share workflows of how practices take the registry information and translate that into interventions with the patients that actually work. Same thing with QA processes and actual in-office workflows that are efficient.
- One of the intimidating PCMH issues is that so much is new, it seem that we are always inventing the wheel. If the early practices allowed their work product to be shared with others in the state, the second wave practices could pick and choose from these to adapt to their own situations. The learning curve would be a little more flat, and buy in would be quicker.

- This would snowball, and some of the original adopters may find their workflows need to be updated based on the enhancements others have made on their original attempts and the improvement process continues on and on.

Dr. Werner adjourned the meeting at 4:36 p.m.