

Members in attendance: Dr. Werner, Dr. Carnazzo, Dr. Wergin, Dr. Knowles, Dr. Woodruff, Ken Klaasmeyer

Members not in attendance: Dr. Darst, Sen. Gloor

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

Approval of November 3rd Meeting Minutes and Approval of Agenda

The meeting convened at 1:10 pm. The agenda and the meeting minutes were approved as written. Ken Klaasmeyer was welcomed as the new hospital representative member.

Discussion: Pilot Orientation held February 22, 2011

Dr. Werner asked the council members who attended the Pilot Orientation for their thoughts on the Kick-Off. Everyone had positive comments, and was impressed with the large amount of people that the two practices brought, especially the Kearney group. Dr. Klitgaard, Medical Director from the Myrtue Medical Center Clinics in Harlan, Iowa was thought to be very good, and added a realistic perspective for the practices to hear. Colleen Stack from TransforMed was also mentioned for her positive contribution.

Staff Update

Ms Taft and Ms Brockman presented the staff update.

- Regulations signed by Governor.
- Per member per month payments for February and March made to both practices; the total monthly is about 7000 clients
- Care Coordinator positions both hired and have begun work - RN for Kearney Clinic; LPN for Plum Creek.
- Patient Registry for Kearney. They are still looking at options – EMR Lite through NeHII is one possibility. Council suggested additional methods for locating high need patients - Dr. Wergin suggested Medicaid's billing system could be used, and Mr. Klaasmeyer suggested that medication and lab test billings
- NeHII has offered a reduced rate for the pilot - the practices are still considering participation in NeHII

Report: TransforMED on Assessment Phase

Colleen Stack with TranforMED provided a report and briefed the Council on their findings from their practice assessment process that included an on-site assessment. She noted that Kearney Clinic, while a big office, is very organized. They are working on the main standards and trying to standardized doctor protocol within the office. They recently held a retreat for all of the physicians to discuss medical home.

Plum Creek is a much smaller office, more compartmentalized, but their communication is at a high level. They are very patient oriented and closely involved with the hospital in Lexington. They are working on more robust EMR's and expanding their disease registry. Their primary focus is completing the standards with TransforMED's assistance.

Ms. Stack felt both practices were doing well and that their leadership teams were well engaged. She felt the webinars had been successful and she will be continuing the weekly telephone meetings.

Dr. Werner asked Ms. Stack what the single greatest challenge to address in each practice would be. Ms. Stack felt this was difficult to answer, but care management and care coordination for both practices was high on the list. It could be more difficult for Kearney as a large clinic to put teams in place, and that is where communication and coordination could come into play.

Ms. Stack will have more information for the Council at their next meeting.

Blue Cross Blue Shield (BCBS) Update

Dr. David Filipi was unable to attend the meeting. Ms. Taft will be in contact with him, and correspond with Council electronically with any updates.

Discussion: Options for Interface with Behavioral Health

Ms. Taft brought forward the discussion of interfacing medical home with substance abuse and behavioral health. There has been national attention on this subject, as well as local advocates testifying at the pilot regulations hearing in favor of this. The intent of the legislation was to focus on primary care initially with the medical home pilot, but Ms. Taft was asking for some thoughts as to how we might integrate behavioral health in the future. Dr. Knowles described how her practice now has a psychologist from Munroe Meyer Institute that comes in to their office once a week for a whole day and meets with patients there. Munroe Myer Institute sets their own appointments, so not very work intensive for Dr. Knowles' staff. Dr. Werner said that they have a similar situation like this in Grand Island. The Council thought maybe in next phase more could be done on this issue. We could start by asking the practices "what do you do to help your depressed and anxious?" Ms. Taft will query the practices to see if there is any active interface with mental health currently.

Legislative Bills/Issues

Sen. Gloor was unable to attend, but Margaret Kohl provided the update in his absence. The budget is the big topic for this session. There are no bills directly effecting medical home pilot, but Medicaid in general has some activity. Ms. Kohl did acknowledge that Vivianne was able to

save some money back for the pilot, and was grateful for that. Savings from, and expanding of managed care is a hot topic with the budget, as well as increase in co-pays for patients. Legal, permanent residents in the country for less than five years will no longer be covered. At this point, the discussion is to reduce provider rates by 2 ½ % cut, but not for primary care.

Discussion: Evaluation/Data Reports Planning

Ms. Brockman distributed a handout that detailed the proposed reports to generate for use by the practices, Council and DHHS. There was much discussion about #13, “Percent of prescriptions for generic drugs” as to why it was included on the list. This is included as this is one of the pilot measures and is also an area where we expect savings. There were also comments that #7 through #13 should be done every six months as opposed to once a year as now indicated to have more timely information to make changes. It was also suggested that #2, “Patient – appointment scheduled on day requested” should be evaluated every six months so the practices can make changes as needed. The patient survey extracting this information will not be increased in frequency, but Ms. Taft suggested that it will likely be measured by the practice as one of the internal processes as they begin to evaluate their office procedures.

Discussion: Stakeholders Group Development

Ms. Taft revisited the subject of a Stakeholders Group, which had been in some initial plans for the pilot as a best practice. We were waiting until we knew where the pilot practices would be located and in the interim utilized the Council as the stakeholders group. At this point, the practices do not see value added with a stakeholder’s group mid-state. She wanted to know if the Council felt that a stakeholders group would be of value to the Council at this point and they did not. However, the consensus was that maybe 18 months from now would be a better time to think about something like this if there is interest in expansion. There would be more data regarding the pilot and a stakeholders group could provide input into expansion. The idea of inviting some physician members from NMA as an agenda item for the next meeting was suggested as a good first step.

Next Meeting

The next meeting is scheduled for Tuesday, August 2, 2011 in Kearney, starting at 10:00 am. It was discussed that the two practices would like to be part of this meeting and the Council thought Kearney would be a good meeting place. Dr. Woodruff offered to speak with the hospital director regarding a meeting place and will let Ms. Taft know the details.

Tuesday, November 2, 2011, was also scheduled for the following meeting, start time 1:00 pm in Lincoln.

Public Comment

Two Pfizer representatives were present and expressed their gratitude for letting them sit in on the meeting. They are excited about the challenges ahead and felt that these were great discussions.

Dr. Werner adjourned the meeting at 4:10 p.m.