

Medical Home Advisory Council Meeting
May 11, 2010
Nebraska State Office Building - Lincoln

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

Members not in attendance: None

DHHS Staff in attendance: Margaret Brockman, Paula Hartig, Heather Leschinsky, and
Pat Taft

Approval of April 7th Meeting Minutes and Approval of Agenda

Dr. Werner convened the meeting at 1:05 pm. The agenda was approved but the meeting minutes needed correction showing that Dr. Woodruff was in attendance.

Staff Update

Ms. Taft welcomed the Council to the State Office Building where they will be meeting going forward. She reported that the next meeting with BlueCross BlueShield (BCBS) had not yet been set up but is hoping that it will be by the next meeting.

She also reported that the DHHS Financial team is looking at the cost impact for Per Member Per Month Payments (PMPM) and based on the reaction from the Council at the last meeting, they are also looking into the feasibility of incentive payments including an enhanced Fee For Service (FFS).

Who Can Be a PCP?

Ms. Taft asked who should be included in the definition of a Primary Care Provider (PCP) and read Iowa's adopted definition to the Council. Dr. Knowles affirmed that the Iowa definition is the usual and standard definition. It was agreed that specialists, chiropractors, and nutritionists would not qualify. There was discussion on whether or not the physicians need to be board certified and it was concluded that certification should not be a requirement for participation in the pilot. There was some discussion on nurse practitioners. Sen Gloor provided the definition from the legislation. He feels that nurse practitioners and physician assistants were included as the staff of the medical doctor in the legislation definition.

MOTION: Dr. Knowles moved to employ the definition of a primary care provider used in the medical home legislation: a physician licensed under the Uniform Credentialing Act and practicing in the area of general medicine, family medicine, pediatrics, or internal medicine. Dr. Darst seconded. Voting yes: Carnazzo, Darst,

Hickey, Knowles, Werner, and Woodruff. Voting no: None. Abstaining: Wergin (had not yet arrived at the meeting)

Provider Solicitation and Selection Process:

Ms. Taft reviewed the RFI process. She suggested a simple, 1-2 page communication regarding the RFI be directly mailed to the practices with reference to the full RFI posted on the DHHS website. It was also recommended they mail to the practitioners instead of the practices so they get to the right people. Dr. Woodruff suggested including the Council's contact information. Dr. Werner suggested and the Council agreed that they would split up the list of practices and make personal contact with them.

The Council suggested that the cover letter be signed by Director Chaumont, Sen. Gloor, and Dr. Werner as the Council Chair. Dr. Knowles expressed some hesitation in having three signors but agreed that the letter should be signed by people outside of DHHS. Ms. Taft noted that a logo is also being created for the Medical Home Pilot and will be used for the mailing.

Dr Hickey recommended contacting professional societies to get their endorsement. Ms. Taft said that DHHS staff is working with their communications staff on a press release as well as write-ups to send to professional organizations that could be included in newsletters.

Ms. Taft suggested setting up video conferences in lieu of formal meetings with travel, allowing for people to ask questions. She asked if one or more Council members would be willing to participate in these. Dr. Woodruff volunteered to organize a meeting for central Nebraska and noted that she has been talking about the pilot in Kearney.

Ms. Taft suggested the use of the terminology Request for Interest instead of Request for Information to create more of a commitment and this was agreeable to the Council. The Council member listing will be included and the council members suggested using their office phone numbers and email addresses for the contact information.

Ms. Taft reported that the 30 day submission of claims requirement was removed and "submitted in a timely manner" to facilitate data collection for the pilot was used in its place. Medicaid may also have dedicated staff to possibly give priority to claims. The Council recommended a 60 day submission requirement after discussion.

Ms. Taft then asked about including the requirement for a patient advisory committee. Dr. Knowles talked about her experiences with patient advisory councils. Patients, parents of patients in this case, are selected by the practice. The little suggestions made often make a big difference but they can also give grandiose and costly recommendations. She feels comfortable with this type of committee. Sen. Gloor advised that they are only as good as the effort put into them and a discussion on the focus on the committee ensued whether it be access, service, or otherwise. Ms. Taft reported that it was important to keep it very open and flexible in nature, with the interaction potentially occurring through blast emails. Dr. Carnazzo wanted the

clarification made that the patient advisory committee meetings do not have to be physician attended. Dr. Woodruff suggested potentially using the patient advisory committee instead of the patient survey.

Ms. Taft asked if the Council wants practices to participate in a self-assessment process and when it would occur. Discussion ensued on whether or not to include the language in the RFI and the Council felt that it should be voluntary and not part of the application process.

Dr. Knowles noted that the language “provide necessary reports to DHHS” would be concerning and Dr. Hickey affirmed this. He recommended using something like “a willingness to work with the State to evaluate the Medical Home pilot.”

Ms. Taft asked how the RFI could be reformatted to make it more inviting to the practices. Dr. Hickey recommended language referencing this wonderful opportunity as an opener and said it should introduce the idea of helping to solve problems within their practice. Dr. Knowles said it should not be too detailed but just enough to hook them. Dr. Wergin expressed additional concerns on how something from the State would be received.

Dr. Wergin asked when it would be appropriate to introduce the relationship with BCBS. Ms. Taft responded that if the relationship with BCBS is solid at the time the RFI is issued, they will include language as appropriate. It could also be readdressed after the sites are selected or after the RFI process.

Dr. Wergin discussed the EMR money available and the Wide River initiative. He asked if it would be okay to explore the possibility of collaboration with Dr. Rauner and Wide River but said that he is not looking to include this in the RFI. He believes they will bring more money to the table. There was no objection.

Dr. Carnazzo and Dr. Woodruff suggested putting language in the cover letter indicating that the practice had an appropriate number of Medicaid clients. There was additional discussion on how to address smaller practices and whether or not it would be advantageous to have multiple practices work together in smaller communities or if there would be leadership conflict issues.

Ms. Taft addressed the RFI review process and possible conflict of interest concerns that may arise if members of the Council’s own practices submit RFIs. Dr. Woodruff noted that she would recuse herself from voting on practice selection if her practice or community was involved but she would still want to participate in the Council advisement processes. Dr. Hickey advocated for this continued participation as well given that the doctors all bring a wealth of local knowledge of the practices that will likely participate. This Council affirmed that if a Council member’s practice and/or another practice from the community is an applicant, he or she must recuse oneself from voting. They also indicated that they wanted to review the applications, but preferred that DHHS complete some initial screening of the RFI based on uniform criteria and provide

a summary sheet. There was an interest in doing interviews and site visits with the finalists. The site visit could possibly be done by the contracted practice transformation vendor.

Dr. Filipi presented on the NMA/BCBS medical home project. He reported that United is not interested in participating at this time but Coventry is interested. The medical home initiative will focus on savings from use of generic drugs and chronic disease management. He emphasized that it would be best for the medical home projects to work together. Dr. Wergin expressed some hesitation in collaborating given that their project is more disease management focused. Dr. Filipi said he would continue to participate in the meetings and will attend the June meeting.

Involving Stakeholders

Ms. Taft indicated that she had been struggling somewhat with stakeholder involvement because traditionally in projects like these, there is generally more up front stakeholder involvement than this project has had so far. She feels that it would not really be appropriate to set up a stakeholder meeting before the Council's recommendations were more finalized. She recognizes that the Council is an excellent stakeholder group and asked the Council for their thoughts. Community awareness was stressed. Dr. Carnazzo suggested mailings or other methods of informing the communities about medical homes so they understand the concept. Dr. Knowles felt that the personal calls made to the practices could help further this understanding.

Dr. Darst drew a diagram on the board including the different stakeholder groups and their roles in the process. He talked about setting up agreements with others involved and providing additional documentation including white papers on medical homes to groups of stakeholders. He stated that it is an educational process for stakeholders and providing detailed information would be beneficial. Dr. Hickey added that it will be important to involve the local political leadership in the communities participating as well as the three insurers. He said that engaging the hospitals is of primary importance. Sen. Gloor said that including the Medicaid and hospital discharge caseworkers would also be key and Dr. Hickey affirmed this.

Dr. Wergin suggested a pre-RFI letter be issued with detailed information providing a general education on a medical home so the practices can realize what is involved and how their practices could benefit.

Measurements for Pilot Outcomes

Ms. Hartig and Ms. Leschinsky presented handouts including the five outcomes updated with the suggestions from the last meeting. They asked the Council if anything was glaringly missing from the documentation. There was discussion on patient perceptions of wait times and emergencies and how they could be subjective. The sample patient survey questions were reviewed in detail. The Council also discussed how the team concept works and should be measured since it may not be feasible for patients to always

see the same doctor and the patient will likely be seen by a lower level or other provider on different occasions. Whether or not to measure how often a patient sees their actual primary care physician or just any provider within the practice when they had a need was discussed. The personal doctor language in the survey was questioned but the Council ultimately decided to keep this question intact.

Ms. Hartig asked for guidance on questions for the provider satisfaction survey. The Council liked the sample provider questions submitted. The provider survey will be reviewed in greater detail at a later date.

Set Future Meetings

The next meetings were scheduled for June 2, July 6, and August 10. Dr. Werner reported that the next meeting in June will focus on the financial aspects of the pilot including payment structure and methodologies. Dr. Knowles and Dr. Werner were interested in additional information on generic drug savings from a Medicaid perspective and Dr. Wergin mentioned that the Drug Utilization Review group would have good data.

Public Comment

There was no public comment and Dr. Werner adjourned the meeting at 5:05 pm.