

Medical Home Advisory Council Meeting
July 6, 2010
Nebraska State Office Building - Lincoln

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

Members not in attendance: none

DHHS Staff in attendance: Aishah Witte, Margaret Brockman, Pat Taft

Approval of July 6th Meeting Minutes and Approval of Agenda

The meeting convened at 1:04 pm. The agenda and the meeting minutes were approved as written.

Blue Cross Blue Shield (BCBS) Update

Dr. Filipi provided an update on BCBS's medical home activities. The BCBS management group approved a medical home pilot study to include 80 physicians and mid-level practitioners with a rural Nebraska focus. They will provide the practices with the MDdatacor product with incentives based on patient mix and quality incentives based on percentage of generic drug use, testing, and other preventive measures. The Council members asked questions on the specific aspects of the pilot particularly in reference to generic drug use.

Staff Update

Ms. Taft provided an update on the meeting that took place between DHHS and BCBS to discuss their partnership. Lisa Fisher will be the BCBS contact.

Dr. Werner informed the Council of the legal decision determining that if any of the doctors in the group are interested in participating in the pilot, they will need to recuse themselves from discussion and voting. This applies mostly to Dr. Woodruff and Dr. Werner.

Payment Methodology

Dr. Werner told the Council that a formal recommendation on payment methodology was needed today. Based on available an ability for this to be cost neutral, there are two options; a \$4 PMPM with enhanced fee for service codes or a \$5 PMPM with no enhancement. There was some discussion on what the managed care companies contracted with DHHS are being paid. Dr. Carnazzo expressed reservations with paying

the enhanced fee for service codes given that it may provide an incentive for those codes and is antithetical to the concept of a medical home. Discussion ensued on when the different levels of payment would commence relative to the levels of a medical home met achieved by the practices and Ms. Taft clarified that the PMPM would begin when the practice met the minimum standards.

The Council had a generally unfavorable reaction to the two options presented. The time commitment involved for physicians and a cost benefit analysis for the physicians in the practice discussion took place. It was preferred that there was an immediate incentive for the practices because there were concerns with the practice having to invest a significant amount of staff time and effort with no initial return. Whether or not there should be penalties for lack of progression towards the different levels of a medical home was discussed. Dr. Carnazzo did not feel there should be a penalty assessed.

Dr. Carnazzo proposed that the PMPM start the day the practice is signed on for the Medical Home project. The practice then has six months to achieve Tier One (minimum standards.) When they achieve Tier One whether it is at that six month mark or at some earlier or later point, they will begin receiving the enhanced fee for service payment. They then have six more months to achieve Tier Two (advanced standards). If cost savings have been achieved after one year and achievement of Tier Two, the practices could receive an enhanced PMPM or fee for service payment.

MOTION: Dr. Woodruff moved to accept Dr. Carnazzo's proposal for the payment methodology. Dr. Hickey seconded. Voting yes: Carnazzo, Darst, Hickey, Knowles, Wergin, Werner, and Woodruff. Voting no: None.

Medical Home Minimum Standards

The Minimum Standards with adjustments noted by the Council at the last meeting were reviewed and no further adjustments. Consensus was to forward to Vivianne for approval.

Request for Interest (RFI – Practice Solicitation)

Ms. Taft provided information on the Request for Interest (RFI) for Practice Solicitation to the Council. The initial draft was shared at the last meeting. There will be two communication cover letters; one with a longer letter that will go out separately to all providers, the other shorter letter would be posted on the website or potentially mail as well. Joan Anderson of the Lancaster County Medical Society reviewed the letters as well as Kathie Osterman who is the head of communications for DHHS. There were a couple of technical questions from the Council on the RFI including why the decision was made to have the practice include their Medicaid population numbers. There was also discussion whether or not to include the minimum standards, how they should be presented, and the reaction the practices may have when they see that information. Ms. Taft hoped that the personal contact by the Council members could help allay concerns in

addition to the two telephone conferences planned where potential practices may ask questions of the Department.

MOTION: Dr. Wergin moved to accept the Practice Solicitation RFI. Dr. Carnazzo seconded. Voting yes: Carnazzo, Darst, Knowles, and Wergin. Voting no: None. Recused: Werner and Woodruff. Absent: Hickey.

Request for Proposals (RFP – Practice Transformation Technical Assistance Contractor)

Ms. Taft reported that there are efforts underway to develop a set of criteria for reviewers to use when scoring the Practice Transformation Technical Assistance RFPs. The RFP could be released by the week of July 12, 2010 if it successfully makes it's through the DHHS approval process. Bids must be in by August 4, 2010. Ms. Taft provided some clarifications on the vendor's role and expectations for their services as well as general timeline concerns.

Care Coordinator Staffing

Ms. Taft began the discussion by asking about division of time for the care coordinators. It was discussed whether or not an existing practice staff member could take on the care coordination role and what stipulations would be needed in this case.

Set Future Meetings

It was decided to forgo meeting in August but the necessity of having a quorum at the September 13, 2010 meeting was stressed. The meetings for the remaining of the year are scheduled for October 13 (if needed), November 3, and December 1.

Public Comment

Dr. Filipi emphasized the importance of selecting a highly organized practice with effective leadership that is nimble to change so there are no bureaucracy issues to impede the transformation.

Dr. Werner adjourned the meeting at 5:02 p.m.