Department of Health & Human Services
DHHS
NEBRASKA

Medical Home Advisory Council Meeting
Good Samaritan Hospital - Kearney
MINUTES – August 2, 2011

Patient Centered Medical Home
NEBRASKA MEDICAID

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

Members not in attendance: Dr. Darst

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

Approval of April 19th Meeting Minutes and Approval of Agenda

The meeting convened at 10:10 am. The agenda and the meeting minutes were approved as written. Dr. Werner thanked Dr. Woodruff for arranging the Good Samaritan Hospital Board Room for this meeting.

Staff Update

Ms Taft and Ms Brockman presented the staff update.

- Council was reminded that Open Meeting Laws were in effect for this meeting
- Jenifer Roberts Johnson has left the Deputy Director for Medicaid and Long-Term Care position and has been replaced by Ruth Vineyard. Ruth has 15 years of experience with the Department and she was instrumental in developing the ACCESSNebraska program.
- Total expenditures to date for the PMPM is $71,508 & average # of clients/month is 7151
- Dr. Joe Miller and Ms Taft will be presenting on the Medicaid Medical Home Pilot at the Rural Health Conference Sept. 21 in Kearney
- Enrollment of Physician's Assistants has begun. PA's will be utilizing their own service rendering number under the group provider ID.
- Verification of Standards refresher. TransforMED will be doing the initial review and certifying the Tier 1 Minimum Standards have been met before sending to the Department for a formal approval. A certificate of completion is sent out by the Department to those practices completing the Tier 1 and/or Tier 2 Standards.
- Heather Leschinsky reported by phone that the planned RFP for statewide managed care is still in development and will have a component related to patient-centered medical home. Implementation date is July 2012 – there will be two MCO's – RFP should go out later this year.

Blue Cross Blue Shield (BCBS) Update

Dr. David Filipi updated the Council via telephone. The BCBS Association is establishing a national consensus of Medical Home – what will be measured. It will be in sync with NCQA guidelines. Their pilot ended on July 1, 2011 and the results aren't in yet, but it appears that about 80% made a strong effort to improve. For 2012, questionnaires will be sent out regarding interest in participation in the next phase of their pilots. BCBS is planning on doubling the size of participation and broadening the scope to perhaps include immunizations, preventive colonoscopies, pap smears, and cardiovascular disease. They

are going to be changing the parameters/per month, and there will be 150 slots for practitioners available for 2012.

Medical Home in the Private Sector

Dr. Robert Rauner, Nebraska Medical Association Patient-Centered Medical Home Committee, was invited to the meeting at the Council's request. Dr. Rauner briefed the Council on recent developments related to the work of the Committee to increase involvement of private payers in PCMH in Nebraska – so far only BCBS-NE has developed an initiative and Coventry and United Health Care have not. The Committee has had recent meetings with large self insured companies. (not sure you want to list these because it is public information). For more information on PCMH, Dr. Rauner referred the Council to the Patient-Centered Primary Care Collaborative website at www.pcpcc.net.

TransforMED Update and Date Review

Megan Rackish, Nebraska Project Manager, via telephone, reported to the Council on the results of the Patient Experience Assessment Tool (PEAT) baseline survey and the Provider and Employee Satisfaction baseline surveys conducted by TransforMED and completed by the two pilot practices. The Council questioned the section rating overall health and thought that the periods of time for missing work or school were too broad and should be changed to: 0 days, 1-5 days, 6-9 days.

Colleen Stack, Practice Enhancement Facilitator, was present to discuss how the project is progressing for the first six months. She said each practice is working very diligently and are very involved. She said that usually the first 3 months are spent focusing on change management and leadership development, but with Nebraska's short timeframe to meet standards, they didn't have time to spend on this and will do that next. The pilot standards however match closely with TransforMED's patient-centered model in helping them transition. The practices are trying to educate their patients about emergency room utilization, but there is a system issue unique to Nebraska (i.e. spend downs and patients using the ER to meet their obligation) that is making it difficult to prevent some ER visits. Care coordination has accomplished a lot for both practices, and they are both culturally sensitive to their patients. Both practices are doing an excellent job of continuity of care and whole person care. The next focus for the practices will be work flow efficiency and anticipating outcomes as well as cognizant of costs.

DHHS Pilot Outcome Baseline Data

Paula Hartig, Heather Leschinsky, and Emi Nyman-Giles presented the baseline data for the evaluation of the pilot via telephone. Reports centered on ER utilization, readmission to hospitals, specialty care, generic usage, high-tech radiology use. The Council would like a comparison group for future reports. It was suggested that the managed care plans should be able to provide comparison data.

Pilot practices discussion: General comments about experience and any system issues

Attending from Kearney Clinic: Dr. Ken Shaffer, Lead Physician for Pilot; Peggy Dobish, Clinic Administrator; Serena Phillips, Care Coordinator, Corlis Kozera.

Attending from Plum Creek Medical Group: Dr. Joe Miller, Lead Physician for Pilot; Rusty Sutton, CEO; Carol Meyer, Director of Patient Services.

Dr. Shaffer with Kearny Clinic started the discussion with these questions. "Did we know what we were in for?" No. "Did we grasp what we needed to do?" It took about a month - the Kick-off really did not prepare the Clinic on how to get everyone on board, and they felt like they got off on the wrong foot. They are very grateful for the patient registry as data is imperative. They felt that they were now much more team-based, and better at identifying their weaknesses. TranforMED has been a good resource. In looking at where they are going, they need to decide a way to better pick out their patients, those patients that cost the system a lot of money and to think how to coordinate their care better. Dr. Shaffer thanked the Council and Sen. Gloor for their work and said it has been a fun challenge.

Dr. Miller with Plum Creek also thanked the Council and Sen. Gloor for their hard work in making the Medical Home Pilot come to fruition. He said they did a phenomenal job in getting this set up. Dr. Miller felt that the team building piece of the first three months was missed out on because of having to meet standards by the six month mark. It was too much change, too fast. Plum Creek has been working with BCBS's MDdatacor diabetes disease registry. They have really been working on coordinating services, everyone is treated exactly the same. They continue to evolve and transform the practice. Ultimately everyone will have much better care. Things are going well, but have a long way to go.

System issues raised by both practices were discussed by the Council:

1) Medicaid clients going to ER to use that cost as spendown obligation for Medicaid. Can there be any changes to policy regarding share of cost?
2) Patients don't know that they are assigned to a certain doctor. Who is supposed to let them know? Question to TransforMED: "How do we get those patients to know who their doctor is? Colleen's response was you have to chip away at educating family and patients, such as "Dr. Miller is your physician, and you have access here always."
3) How to identify "High Risk" patients? This is a system issue, because providers and institutions have one year to file claims.

The Council expressed their appreciation for the work of the two practices.

Recommendation for DHHS RFP on Managed Care

There was much discussion and concern by the Council regarding the DHHS's upcoming RFP for Managed Care statewide that will be implemented for the remaining counties that are not currently under managed care. This will be effective 7 months prior to the end of the Medical Home Pilot. The following are the recommendations by the Council members.

a) Preserve the pilot as designed until completion January 2013 by excluding the attributed clients of the practices from the MCO oversight
b) In the RFP and subsequent contract, build in the ability to expand the PCMH model throughout the state.

Next Meeting

The next meeting is scheduled for Wednesday, November 2, 2011 at 1:00 pm in Lincoln. The following meeting will be Tuesday, February 28, 2012, with a start time of 1:00 pm.

No Public Comment

Dr. Werner adjourned the meeting at 2:50 p.m.