CTC-RI – Data and Evaluation Committee

Minutes

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| Date: Tuesday, April 5, 2016 | | |  | Start/End Time: 7:30 to 9:00 am | | |  | |
| **Meeting Location: Memorial Center for Primary Care (111 Brewster Street, Pawtucket, RI)** | | |  | Call in number: 508-856-8222 Code: 4574 | | |  | |
| MEETING INFORMATION: | | |  | **Attendees (8838)** | | | | |
| Meeting Purpose/Objective: Planning and coordination of CTC data and performance-related activities. | | |  | Chris Hansen  Deb Hurwitz  Hannah Hakim  Ira Wilson  Michael Mobilio  Pano Yeracaris | Patty Kelly-Flis  Peter Hollmann  Susanne Campbell | Phone:  Bill McQuade  Jim Lucht  Joe Burton  Marie Sarrasin  Mike Hill | | |
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| Item # | Statement / Owner / Time | Comments | | | | | | Action # |
| 1 | **P. Hollmann**  **J. Buechner**  **(5 minutes)** | **Welcome and Review of Agenda** | | | | | |  |
| 2 | **J. Burton**  **(20 minutes)** | **Utilization Data Update**   * Utilization results are final with all three cohorts showing relative reductions in inpatient admissions, and cohort 1 and 2 exceeding the 5% threshold. This was after pulling out the duals population, due to a disproportionate amount in the comparison group. These data will be used to adjudicate contracts, based upon contractual performance standards. | | | | | |  |
| 3 | **S. Campbell**  **(15 minutes)** | **NCM Measurement**   * There are two pieces to the NCM measurement process; phase 1 – using a common definition of high risk patients (IP,ED, poorly controlled conditions); phase 2 – plan identified high risk patients. Are there ways to simplify the reporting? We know how often the lists are updated from the plans and practices, but how much does the list change each quarter? There is an issue with NCMs performing list management and losing time on patient care, so any stability on the lists would be a major help to practices. * With the new requirements for PCMH, from OHIC, it doesn’t hurt to keep practices reporting these measures. | | | | | |  |
| 4 | **H. Hakim**  **(20 minutes)** | **PCMH-Kids Measures**   * Practices have reviewed current measure specifications, which have been reviewed by practice reporting. Practices are trying to run their first reports, due the end of Q2 2016. * BMI will be reported as three measures. However, it will be rolled up into one measure for performance purposes. Screening will also be rolled up, making for two measures. * Targets will be set in October, based upon reporting. | | | | | |  |
| 5 | **P. Hollmann**  **J. Buechner**  **(20 minutes)** | **Follow-up from OHIC Measurement Specifications meeting**   * A measure set has been agreed to, although not exactly the same as CTC. * They reviewed BMI and Depression measures. SIM recommended the use of HEDIS, with one age group and only a measure tracking if BMI was recorded. Practices can report a percentage for those 20 and older, but a growth chart for those 19 and below. What will be done with family physicians that have patients 17 and under. * For Depression Screening, looking at an NQF measure, they decided to use adults (18+), while including follow-up. * CTC-RI specifications differ slightly from the SIM/OHIC specifications. We need to consider changes to the CTC-RI specifications. Once the OHIC process is finished, a subgroup of this committee needs finalize the specifications for CTC. | | | | | |  |
| 6 | **S. Campbell**  **(5 minutes)** | **Medicare Program Measure Selection**   * This item was tabled for a future agenda. | | | | | |  |
| 7 | **P. Hollmann**  **J. Buechner**  **(5 minutes)** | **Next Meeting/Next Steps**   * CAHPS results are out to practices for review. Clinical quality measure results will be reported for 04/15. At the next session the Committee will confirm reporting on utilization, quality, and patient experience. Once these data are finalized, the Committee will review thresholds and 2016-2017 reporting. * Next meeting to be held on Tuesday, May 3, 2016 | | | | | |  |

| ACTION ITEM LOG | | | | | |
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| Date Added | Action Number | Assignee | Action /Status | Due  Date | Date  Closed |