Practice Transformation Committee

Minutes

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| Date: Thursday, February 18 2016 | | |  | | Start/End Time: 7:30 to 9:00 am | |  |
| **Meeting Location**: Washington Conference Room, RIQI  50 Holden Street, Providence, RI 02908 | | |  | | **Call-in number**: 508-856-8222 **Code**: Participant code 2525 (Host 2116) | | |
| Meeting Information: | | | |  | **Attendees noted with an \*** | | |
| **Meeting Purpose:** To Share Practice Transformation “best practice”  **Attachments/handouts**   * PCHC Power point presentation * OHIC ED cost containment standards/NCQA standards * OHIC 2016-2017 Care Transformation Plan adopted 2/10/16 * OHIC GAP analysis | | | |  | Andrea Galgay, Co-Chair \*  Joanna Brown, Co-Chair\*  Hannah Hakim, PCMH-Kids\*  Deb Hurwitz, CTC  Pano Yeracaris, CTC  Susanne Campbell, CTC\*  Candice Brown, CTC\*  Mike Spoerri, PCHC\*  Ralph Chartier, PCHC\*  Yvette Chartier, UIM\*  Jayne Daylor, SCH\*  Peter Pogacar, E.G. Pediatrics\* | Nancy Latendresse, Nardone Medical\*  Cameron Grant, Brown\*  Suzanne Herzberg, BPCTI\*  Chrystal Boza, BCBSRI\*  Chris Furey, Brown\*  Scott Hewitt, Brown\*  Vickie Lamoureux, Thundermist\*  Mary-Carol McMahon, Anchor\*  Whitney Derby, Thundermist\*  Patricia Kelly-Flis, WellOne\*  David Gorelick, UM\* | |
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| # | Owner / Time | Topic | | | | | |
|  | J Brown/A Galgay  5 minutes | **Welcome, Introductions, and Review of Agenda** | | | | | |
|  | Mike Spoerri  Ralph Chartier  30 minutes | **Providence Community Health Center (Startup Practice)**  Lean Project: ED Utilization and follow up     * Calls are documented within Task in the EHR * **Challenges**   + Providers are not always correctly identified by patients in the ED     - Practices can register with Lifespan for free to receive ED alerts – service is called Lifespan Link   + Few patients have email addresses – however, new phone system will be installed that will enable text messaging capabilities to reach patients   + Auto-Attribution by Health Plans     - Group Discussion       * Practices have received attributed patients from NHPRI with no address information       * Patients have been attributed to Practices with 6 month+ next available appointments       * Is a patient really a patient when they have never had a relationship with a Practice? | | | | | |
|  | Susanne Campbell  15 minutes | **OHIC Standards: ED**  **NCQA 2014 Standards :** Transition of Care, Performance Improvement Utilization/Care Coordination  **Discussion**   * Sarah Nguyen will attend meeting in April for an Implementation discussion * Need to clarify if all CTC Practices (Start up, Transition and PY 1) that have NCQA PCMH Level 3 are intended to be included by the Payers and what this means to practices around when they will need to attest to the OHIC Cost Management strategies * Need to clarify the 80% of passing the standards (i.e. when the directions say “must meet all functions”, if waived for Year 1 “counts” towards meeting the 80%) * Payer list : Payers are supposed to identify which practices they are intending to include in PCMH; This information has not yet been published   + Chrystal Boza will request same from BCBSRI * Practices will want to look at the functions and problem solve which items can be tracked in the EHR (i.e. when a patient has an ED visit/when a patient has a follow contact post ED visit) * Things to consider   + Who are the High Risk Patients   + Care Team – Nurse; or Care Coordinator for Pediatrics   + Function states that the practice has established a methodology for assignment as to who is on care manager caseload.   + Feedback     - Practices should consider a methodology for assignment using criteria around impact ability (i.e. if a patient is on payer high risk list based on high cost of chemotherapy drugs and is being followed by oncologist, this may be a criteria used for not having patient assigned for regular care management services     - Practices want the health plans to show the value of targeting their high risk lists       * Data has been collected by the Health Plans for 5 years       * How do patients disappear from the list?       * Payers list is not always accurate     - How can Practices define what is “mutually agreeable” with the Health Plans?     - What is the Practice’s process for identifying how to make the list impactable? | | | | | |
|  | Andrea  Joanna  Susanne  30 minutes | **OHIC GAP analysis**   * What resources (sample policies, procedures, workflows, compacts) can practices share? * What resources do practices need to meet OHIC cost containment strategies?   + Group Discussion     - Attendees will provide the Committee members with samples of their Practice’s policies, workflows, etc. | | | | | |
|  | J Brown/A Galgay  5 minutes | **Next Meeting/Next Steps:** April 21, 2016 - 7:30AM to 9:00AM RIQI  Upcoming Events  **Breakfast of Champions**: Preparing for MACRA on March 11, 2016 - Location: Shriner’s, 7:30AM to 9:30AM Imperial Room, 1 Rhodes Place Cranston RI – Details: [**https://www.eventbrite.com/e/clinical-practice-champion-quarterly-learning-session-tickets-20943597865**](https://www.eventbrite.com/e/clinical-practice-champion-quarterly-learning-session-tickets-20943597865)  **Department of Health Sponsored Event**: Blood Pressure Self-Monitoring Michael Rakotz MD March 24, 2016 8:30AM to 11:00AM | | | | | |

| ACTION ITEM LOG | | | | | |
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| Date Added | Action Number | Assignee | Action /Status | Due  Date | Date  Closed |
| 2/18 | 1 | Chrystal | Provide update/list of Practices that have been identified as PCMH |  |  |
| 2/18 | 2 | Susanne Candice | Obtain update from Michael Mobilio re: whether the additional Access columns in the Provider file will be sufficient for reporting Access measures to BCBS too |  |  |
| 2/18 | 3 | Practices | Share sample Practice policies, workflows, etc. |  |  |
| 2/18 | 4 | Susanne | Confirm with OHIC how to calculate 80% of Requirements for Practices and when practices need to complete the cost management strategy attestation |  |  |