Practice Reporting Committee

Minutes

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| Date: Tuesday 5/24/16 |  | | Start/End Time: 8:00 – 9:30 am | | |
| **Location**: RIQI 50 Holden Street, Providence RI (Washington) |  | | Call in number: 508-856-8222 Code: 2525 (Host: 2116) | | |
| Meeting Information: | |  | **Attendees** | | |
| **Meeting Purpose/Objective:**  Best practice sharing amongst CTC NCMs and Practice Reporting  **Attachments:**  CAHPS power point  2016 Quality measures for reporting  CTC dashboard  SIM measurement alignment  NCQA expectations for reporting (based on 2014 standards) | |  | Patty Kelly-Flis, WellOne  Andrea Galgay, RIPCPC  Marie Sarrasin, RIQI  Scott Hewitt, Brown  Marna B Heck-Jones, Anchor Med  Michele Wolfsberg, Tufts Health Plan  Dawn Buckley, SCIM  Kim Townsend, Pediatric Associates  Rob Mencunas, RIPCPC  Jessica Nadeau, University Medicine  Neerja Sud, IMP  Solmaz Behtash, RIQI  Crystal Carpenter, CNE Kent Primary Care  Raquel de Cardenas, UIM  Candice Ndukee, Tri-town  Gary / John Chaffee, DO LTD  Cynthia Southern, Thundermist  Jamie Handy, Assoc in Primary Care Med  Carmela Tucciarone, Brookside Fam Med  Patricia Dexter, South County Health | Susanne Campbell, CTC  Hannah Hakim, PCMH Kids  Candice Brown, CTC  Nancy Latendresse, NMA  Kimberly St. Jean, CCMA  Melissa Deluca, MARI  Andrea Leon, FCC / IMC  Cori Robinson, CCAP  Alysha Gutkoski, WMC  Heidi Perreault, BCBS  Chrystal Boza, BCBS  Lauren Morton, BCBS  Gina Eubank, CCAP  Lois Teitz, CCAP  Gina Ankner, Women’s Med Collab  Lynda Greene, Wood River  Jayne Daylor, South County Health  Louisa P. Jones, Lifespan PCMH Kids  Paul Labonte, Southcoast Health  Deborah Andrade, CharterCare |  |
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| # | Owner / Time | Comments |  |
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| 1 | Patty Kelly-Flis  Andrea Galgay  PR co-chairs  5 minutes | **Welcome**   * Introductions * Review agenda | **Action Items** |
| 2 | Andrea Galgay  Patty Kelly-Flis  25 minutes | **Review of revised quality measure specifications**   * **OHIC/SIM plan for measurement harmonization and revised measurement specifications**    + Changes to measures: Practices no longer have to report on non-contractual measures, from CTC’s standpoint but they must also consider that though not required by CTC, they are used for NCQA and potentially other functions (CMS)   + Overarching Principles and Definitions     - Outpatient Visit Criteria: CCM is the telephonic code     - Practices using Shared EHR systems: for Numerator events, source can include “completed elsewhere”   + Adult BMI Assessment description was switched to HEDIS specs – contractually you do not have to report on the follow-up, but we hope that you do     - Numerator Statement: only 1 needed during 2-year look back     - Acceptable Exclusions: applies to the denominator   + Screening for Clinical Depression – follow up plan requirements     - Re: additional evaluation for depression (at the same visit) does satisfy the measure   + Controlling High Blood Pressure     - Denominator Statement: determine if the patient was diagnosed in the last 6 months: if yes, do not need to include them;     - BP Documentation: Last reading of the measurement year   + Tobacco Cessation Intervention * OHIC expectation for reporting : start to use for July 1 report if at all possible   + October reporting, these will be the expectation     - Practices should try to modify measures as soon as possible and attempt reporting for July       * Annotate if you went with the old or new measures * **Reduction of measurement reporting burden around measures not used for contract adjudication**    + As of July 2016, Practices only have to report on 5 Measures     - BMI and Tobacco have a 24 month look back     - All other measures have a 12 month look back     - Depression screening is 1 per year * **PCMH kids measurement plan and clarification**    + Developmental Screening – updated language     - **Report is due 7/11/2016 –** Marie Sarrasin is setting up PCMH-Kids Practices on the portal to enter numerator and denominator data * **United update on NCM engagement reporting**  1. United HealthCare- Medicaid will be transitioning to receiving NCM activity reports on a QUARTERLY basis.  The Medicaid high risk reports are posted to the portal on a quarterly basis (January, April, July, October). The report that is downloaded from the portal can be worked throughout the quarter, and will be due the 20th of the month following the close of the quarter (January, April, July, October).  Example: April’s report is pulled, worked through the quarter, and sent in by July 20th.   Completed reports should be sent via secure email to [mcaidreports@uhc.com](mailto:mcaidreports@uhc.com).  The next time a Medicaid report will be due is July 20, 2016.   1. Practices no longer have to complete reports for NCM activity for the commercial population.  Please continue to use the high risk reports that are available in the portal to identify patients per your practice’s usual protocol. | **1**  **2**  **3** |
| 3 | Susanne Campbell  Marie Sarrasin,  10 minutes  Marie Sarrasin and practices | **Review of CTC Dashboard and contract adjudication**   * Discussion   + The Contract Adjudication schedule is different for PCMH Kids, and will begin in the Fall 2016   + PCMH Kids measures are being clarified with developmental screen OK during the measurement year;   **2015 CAHPS survey results**   * **Practice discussion**    + How’s Your Health (web based tool) is better to increase low response rates because patients get the survey at every physical     - Can be used for NCQA Measures: Access, Quality Improvement & Patient Experience   + Poor scoring can be attributed to low response rates and those that are responding are a small number of unsatisfied patients * Access : CCAP, Gina Eubank   + Added Providers to their staff   + Phone system     - Instituted Call Center contact persons at each site to ensure calls got through timely to book appointments     - If/when call volumes are high everyone answers the phone * Communication : Women’s Medicine Collaborative, Alysha Gutkoski   + Monthly meetings with Providers, with full transparency regarding their numbers   + Patient Advisory Council     - Obtain patient feedback on policy improvements and foster environment that patients voices are being heard   + Staff Huddles   + Training series on Phone Etiquette   + Patient Portal access for patients to ask questions and provide their availability to book an appointment     - Currently undergoing an Epic upgrade, then will turn on patient portal appointment booking feature   + Calling Patients to follow-up on ER visits   + Plan of Care after visits     - Providers and patients discuss goals and how to accomplish them * Shared decision making : Medical Associates Melissa DeLuca   + Patients were asked the question: What else can we do for you?     - the entire staff (reception to the providers) would ask to get the patients engaged | **4**  **5** |
|  | Andrea  5 minutes | **Next meeting 6/28/16 8:00AM to 9:30AM RIQI** |  |
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**ACTION ITEM LOG**

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| **Added** | **Ref. #** | **Assignee** | **Action /Status** | **Due** | **Closed** |
| 5/24 | 1 | Andrea | Review the Follow-up Plan requirements, confirm that #1 is accurate and report back to Committee |  |  |
| 5/24 | 2 | Andrea | Add table to the Measure Specs to add criteria for look back periods |  |  |
| 5/24 | 3 | Marie | **Send webinar link to PCMH-Kids Practices to show how they can access the portal and enter their data** |  |  |
| 5/24 | 4 | Marie | **Present analysis of Small vs. Large Practices at a future Practice Reporting Committee Meeting**  **Will re-check median for PCMH kids** | TBD |  |
| 5/24 | 5 | Susanne | **Obtain more info from NCQA regarding How’s Your Health ; follow up with United around posting dates for high risk patients** |  |  |
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