

Multi-payer patient-centered medical home stakeholder group

Senator John Wightman and Senator Mike Gloor

Meeting date: Friday, December 5, 2014, 1:00 to 4:00 p.m.

Meeting place: Room 1524, State Capitol Building, Lincoln, Nebraska

Persons in attendance

Senator Gloor; Dr. Steve Lazoritz, Arbor Health; David Palm, University of Nebraska Medical Center; Dr. Bob Rauner, Healthy Lincoln \Sepa\NMA; Dr. Ken Schaffer, Medical Directors United, Kearney, NE; Dr. Joann Schaefer, Dr. David Filipi, and Clint Williams of BC/BS; Heather Leschinsky, Nebraska Medicaid; Matt Milam, and Mike Horn of United Healthcare; Margaret Kohl, Staff Senator Gloor; Roger Keetle, Staff Senator Wightman; Bryson Bartels, DHHS; Don Darst, Midwest Regional Health Services; Margaret Brockman, DHHS-Office of Rural Health; Tina Morlan, AHP; Janine Fromm, MD and John Wendling of Magellan Health Care; Sarah Hotovy, and Joleen Huneke, SERPA-ACO; Dr. Joseph Miller, Plum Creek Family Physicians, Lexington, NE; Robin Linsenmayer, Arbor Health and Elizabeth Hurst, Nebraska Hospital Association; Dr. Deb Esser, Aetna.

By Conference call: Nancy Knowles, MD; Corinne Smith, Arbor Health, and Mary McConville, CoOpportunity Health; Tony Sun, UHC; Nancy Thompson and Jennifer Genua of the Community Health Center Association and Pat Lopez, Friends of Public Health

Minutes of the meeting

- A. Welcome and Introductions: Senator Gloor welcomed the attendees who then introduced themselves.
- B. Anti-trust statement: Senator Gloor presented the antitrust statement to set the rules for the discussion.
- C. CDC grant program introduction by NDHHS, Division of Public Health: Jamie Hahn, Manager, Chronic Disease Prevention and Control Program presented a PowerPoint presentation that is attached as exhibit "1".
1. Discussion of Community Health Workers (CHW) qualifications:

CHWs are not currently licensed by the DHSS but a group is meeting to discuss standards for such workers. UNMC has developed standards for CHWs and they are under review for adoption by this study group. Dr. Miller commented CHW must be persons who belong to the community of patients or ethnic group in order to be successful and that overregulation of CHWs might kill the effectiveness. Many other attendees agreed with this comment.
- D. Formation of a committee to review and update Nebraska Medicaid PCHM standards:

Heather Leschinsky, Nebraska Medicaid asked the attendees to contact her if they wish to

volunteer for a committee to review and revise as necessary the standards for Nebraska Medicaid PCHMs. It has been suggested that it may be time to add another level.

1. Integration of behavioral health Services: In order to satisfy new requirements to integrate behavioral health services into managed care, Magellan, the current behavioral health contractor, will be a stakeholder in future meetings. Mental and behavioral health care costs must be addressed but it will be difficult to implement. It was restated that all payers need to be consistent in their requirements or else it will increase everyone's cost of providing services. Dr. Ken Shaffer commented that the Kearney Clinic has integrated behavioral health services into their primary care clinic. Dr. Miller commented that is clinically more effective if the behavioral health services are available at the medical office clinic. A problem under the current reimbursement system is that if suicidal patient is seen by a physician, no payment is made if the patient is seen by the mental health provider during the same visit. The visit to the behavior health provide must be a separate visit at a separate time. The requirement of a second visit should be eliminated in such cases.

Dr. Sun commented that the State of Kansas is developing a Mental Health Home for the SMI in the Medicaid program. In this program the behavioral health provider's office is the home base of the patient's care.

E. Reports from insurers in their participation in PCMH:

Aetna: Dr. Deb Esser reported on behalf of Aetna. See attached PowerPoint. (Exhibit "2")

CoOpportunity: Mary McConville reported that this was the first year of operation of CoOpportunity in the State of Nebraska. At this point 97,605 people are insured in Nebraska. The company does not have any PCMHs at this point but foundational agreements have been executed with eight physician clinics. They will continue to build on value based payment approaches. At this point they are a small company that lacks the infrastructure and staff for more innovative programs.

Arbor: Arbor received a best practice award and Robin presented a PowerPoint presentation which is attached as exhibit "3".

Blue Cross Blue Shield: See handouts attached as exhibit "4". It was stated that employers want to see more data to prove the value of PCMHs. Going forward their new "VISO" program will provide more information to track costs. Communication is a big problem between hospital health information systems and clinic health information systems. Better communication would assist in reducing re-admissions. They found that a level 3 NCQA clinic was their worst PCMH performer and that a physician group without a formal program was the best PCMH performer. They are in the process of developing an educational program based upon best practices. It was stated that performance scores should be shared with physicians so that they will compete for the best performance scores.

United Health Care: See exhibit "5". UHC has an urban self-insured client program with "value based" contracts with incentives. The contract with 19 clinics that are NCQA certified. National accounts have not contracted to provide PCMHs for their groups and cannot be

forced to do so.

Dr. Sun commented that UHC has the oldest quality measurement system in the industry and the data is on line for all to see. It was commented that the UHC system relies on claims data which can be old information that comes too late to influence physician behavior.

It was reported that physicians need timely measurement data and incentives for positive change. Risk adjustment factors and data communication are essential for acceptance of the results by the physicians.

Dr. Bob Rauner presented information from the perspective of SERPA on how the multi-payer structure is and isn't working for their ACO. In their experience, health outcomes show improvements in quality of care and patient experience but not all payers are participating in PCMH reimbursement for PCMH activities. Sustainability of their program is in question until all payers participate. He gave examples of other state programs PMPM reimbursements. See exhibit "6."

F. Information Exchange:

1. Legislation will be proposed: Senator Gloor reported that some type of legislative will be introduced next session to continue to provide the Stakeholders with limited anti-trust immunity and to provide a means to provide access to the Legislature's meeting facilities. A draft of the bill or resolution necessary will be circulated to the attendees.

2. CMS Practice Transformation or Support and Alignment network grant. It was announced that a grant application will be submitted from Nebraska to help provide assistance to physicians to develop PCMHs.

G. The next meeting date will be decided by polling the membership by email.