

Senator Mike Gloor  
PCMH Stakeholder meeting minutes  
October 2, 2015 1:30 pm to 3:30 p.m.  
Room 1524, Nebraska State Capitol Building

In attendance:

Senator Mike Gloor - District 35	Sara Hotovy, SERPA
Margaret Buck, Leg. Aide to Senator Gloor	Matt Schafer, Mueller Robak for NMA
Dr. Deb Esser, Blue Cross Blue Shield	Elizabeth Hurtz, NHA
Heather Leschinsky, Nebraska Medicaid	Bruce Reiker, NHA
Dr. Matha Arun, Aetna Better Health	Dr. Michael Hein, Regional Provider Network
Dr. Steve Lazoritz, Arbor Health	Dr. Steve Russell, Complete Children's Health
Dr. Mike Horn, United HealthCare	Brandon Grimm
Dr. Dale Michels, SERPA	Pat Lopez, Public Health Districts
Dr. Bob Rauner, Healthy Lincoln	Bryson Bartels, NDHHS
Dr. Tony Sun, United HealthCare	Chris Moran, NE Academy of Nutrition/Dietetics
Senator Mark Kolterman	JP Sabby, Neb. Dpt. Of Insurance
Senator Sue Crawford	Robert Bell, Neb. Dept. of Insurance
Dave Palm, UNMC College of Public Health	Rich Lombardi, American Communications
Fred Knapp, NET	Dr. Kevin Nohner, Uninet.
Dr. Ed Truemper, Children's Hospital	
Brad Hove, Blue Cross Blue Shield	
Jolene Huneke, SERPA	

A. Welcome & Introductions

B. Anti-Trust Guidelines were read.

C. Presentation on Community Health Workers by Pat Lopez, Public Health District

- Public Health Committee conclusions/recommendations:
  - Adopt official title for community health workers
  - Bring key stakeholders together
  - Implement some sort of health care delivery models
  - More work with employers
- Building a curriculum for community health workers
- Considering a registry

Further discussion:

Population health and capturing the value of community health workers  
The Arbor/ BCBS pilot research program being held in Central Nebraska using community Health workers and smart phone technology with pregnant women

The Office of Rural Health curriculum for community health workers  
Inclusion of EMTs as community health workers?  
Community health workers were responsible for the elimination of polio in India

Pat informed the group that there were 2 modules for CHW. One was at the community college in Norfolk but is no longer available. The other one is at NDHHS that focuses on diabetes and chronic disease. She mentioned that the community colleges want to create CHW into an Associates degree but CHW doesn't need to be at that level. They are building a "core curriculum," working with College of Public Health.

#### D. Health outcome measures subcommittee progress report

Dr. Bob Rauner:

Importance of common health outcomes:

- Create a menu set to minimize overhead of clinics
- Effectiveness of implementation and allows a focus for the clinic
- Apples to apples comparison

Dr. Rauner presented a comparison of the three ACOs in Nebraska and reviewed the draft Adult Health Outcomes recommended by the subcommittee. He described them as basically the Medicare measures used for ACO performance standards. He estimates the three ACOs already cover 25% of the state so we should coordinate with these outcomes.

Margaret Buck reviewed the draft Pediatric Health Outcomes and Prenatal Health Outcomes. Feedback from stakeholder group:

- Include the crosswalk with HEDIS measures
- Rethink prenatal measure 2 & 3 or address timeline inconsistency
- Subcommittee to reconvene
- Request: retain medication reconciliation measure for pediatrics and use NQF # (adult)

#### E. Presentation and discussion of ideas for changes in Participation Agreement

Senator Gloor reviewed the history of PCMH in Nebraska and then reviewed the suggested changes in the agreement and the time frame of the agreement.

Dr. Lazoritz voiced support of continuing the participation agreement because the ongoing sharing of experience and recording is very important.

Senator Gloor and Margaret Buck that mentioned that employer involvement has been a challenge. Dr. Lazoritz recommended starting with Healthcare employers as some of the largest employers in the state. Senator Mark Kolterman offered insurance underwriters as a possible venue to reach employers.

#### F. Information Sharing

a. Margaret Buck presented a Map of Clinics. The list of clinics are a compilation of the clinics that participants had responded with to an email request. Dr. Lazowitz requested raw data from #'s on maps. Dr. Truemper suggested calculating the number of clinics per 100,000 population in each behavioral health districts or public health districts. Kevin Nohner suggested doing the calculation by full time FTE of providers and offered those statistics from his organization.

b. SERPA recognition by Medicare Shared Savings- 7<sup>th</sup> in quality outcomes out of the 358 clinics in the program across the nation.

c. Medicaid Managed Care RFP – Heather Leschinsky gave a brief update. Dental health will be carved out but pharmacy, mental and physical health and long-term care will be integrated. They are planning various committees that will include providers and stakeholders including a quality committee, provider committee and others. Discussion followed about data availability to providers and the necessity to have timely accurate information.

d. Other items of interest - US HHS grant announcement for TCPI (Transforming Clinical Practice Initiative) or PTN/SAN, Iowa Health Care Collaborative award includes Nebraska via Regional Provider Network. Dr. Michael Hein, RPN, gave a brief description of the grant. The grant includes: Iowa Healthcare Collaborative, includes Kansas, Oklahoma, South Dakota, Georgia. They will be offering training on quality improvement, team based care, data analytics - having data and knowing what to do with it, reporting back to practices and a learning community. 2,000 providers, 98 practices.

G. Set next meeting date & time – will survey for date.

Meeting adjourned.

- Time: 3:30 p.m.

# Nebraska Medicare Shared Savings Program ACO Quality Summary 2014

Bob Rauner, MD, MPH, FAAFP  
Legislative Chair, Nebraska Academy of Family Physicians

## Background:

Medicare has publicly released the results for all Medicare Shared Savings Program ACOs. You can access the raw data here - <https://data.cms.gov/ACO/Medicare-Shared-Savings-Program-Accountable-Care-O/ay8x-m5k6>. The full quality results of Nebraska's 3 Medicare Shared Savings Program ACOs (Alegent Health Partners, SERPA ACO and Midwest Health Coalition ACO) are shown on page 2. The 33 quality measures are grouped into 4 major categories/sources of data:

1. Patient Satisfaction (ACO 1-7). Source: Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey
2. Utilization (ACO 8-10). Source: Medicare claims data
3. Electronic Health Record Meaningful Use (ACO 11). Source: EHR Incentive Program
4. Clinical Quality Measures (ACO 12-33). Source: combination of Medicare claims data and physician medical records

## Summary:

1. Overall quality score:
  - a. Alegent/UniNet 87.76%
  - b. SERPA ACO 93.57%
  - c. MIPPA was in its pay for reporting year, so no summary score listed.
2. Patient Satisfaction ACO 1-7, all 3 Nebraska groups did well on this section.
3. Top Score in each of the 33 measures:
  - a. Alegent Health Partners 6
  - b. SERPA ACO 18
  - c. Midwest Health Coalition 9.

## Context for Multi-Payer Patient-Centered Medical Stakeholder Group:

The first joint voluntary Nebraska PCMH agreement used the 2013 and 2014 Medicare Shared Savings Program quality measure specifications for its list of adult measures. These provide a common method of comparison for Nebraska PCMH initiatives. Because all 353 Medicare Shared Savings Program ACOs in the United States will be using these quality specifications, we should consider using these measures for Nebraska initiatives to measure quality in adult populations. These 3 Nebraska ACOs already likely take care of >25% of Nebraskans, with several more ACOs likely to launch in Nebraska for 2016 and 2017. However, Medicare has revised the prior set of measures, so it would make sense to adopt the newer 2015 Medicare Shared Savings Program quality measure specifications for use in the future as adult measures for any Nebraska Multi-Payer Patient-Centered Medical Home initiatives. You can find more detail on these specifications here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/Ry2015-Narrative-Specifications.pdf>

- Note that for the 3 utilization measures Measure (ACO 8 - Readmissions, ACO 9 - COPD/Asthma Admissions and ACO 10 - Heart Failure Admission) and the Diabetes Poor Control measure (ACO 27 – Diabetes A1c Poor Control) a lower number is better.

ACO Legal Business Name	Alegent Health Partners, LLC	SERPA-ACO	Midwest Health Coalition ACO
States Where Beneficiaries Reside	Iowa, Nebraska	Nebraska	Nebraska, Iowa
Agreement Start Date	1/1/2013	1/1/2013	1/1/2014
Track	Track1	Track1	Track1
Successfully Reported Quality	Yes	Yes	Yes
Quality Score	87.76%	93.57%	P4R
ACO-1: Getting Timely Care	81.22	82.35	88.19
ACO-2: Provider Communication	93.89	93.48	94.46
ACO-3: Patient's Rating of Provider	93.57	92.22	93.35
ACO-4: Access to Specialists	84.01	84.62	85.44
ACO-5: Health Promotion and Education	56.53	56.25	55.78
ACO-6: Shared Decision Making	74.07	76.33	73.04
ACO-7: Health Status/Functional Status	74.19	73.07	71.86
<i>ACO-8: Risk Standardized Readmissions</i>	<i>15.1</i>	<i>14.68</i>	<i>15.25</i>
<i>ACO-9: Asthma/COPD Admissions</i>	<i>1.76</i>	<i>0.92</i>	<i>1.06</i>
<i>ACO-10: Heart Failure Admissions</i>	<i>1.17</i>	<i>0.84</i>	<i>1.06</i>
ACO-11: EHR Meaningful Use	94.41	100	64
ACO-12: Medication Reconciliation	97.61	98.39	97.19
ACO-13: Fall Risk Screening	43.54	76.81	56.76
ACO-14: Influenza Vaccination	60.72	78.97	66.78
ACO-15: Pneumococcal Vaccination	62.93	88.25	70.44
ACO-16: Body Mass Index Screening	54.55	58.46	78.29
ACO-17: Tobacco Screening/Counseling	87.48	95.33	88.07
ACO-18: Depression Screening	41.3	69.35	54.44
ACO-19: Colorectal Cancer Screening	48.26	66.43	49.16
ACO-20: Breast Cancer Screening	67.43	71.72	67.89
ACO-21: Blood Pressure Screening	53.72	63.48	90.86
Diabetes Composite	35.21	37.88	31.03
ACO-22: Diabetes A1C Control	78.35	80.61	76.94
ACO-23: Diabetes Lipid Control	66.45	65.53	67.09
ACO-24: Diabetes Blood Pressure Control	74.05	75.58	72.96
ACO-25: Diabetes Tobacco Use	77.69	88.33	69.39
ACO-26: Diabetes Aspirin/Antiplatelet Use	90.48	89.6	89.29
<i>ACO-27: Diabetes A1c Poor Control</i>	<i>10.41</i>	<i>9.16</i>	<i>12.66</i>
ACO-28: Blood Pressure Control	72.39	75.5	71.99
ACO-29: Ischemic Vascular Disease Lipid Control	69.23	55.7	70.95
ACO-30: Ischemic Vascular Disease Aspirin Use	96.15	88.21	92.74
ACO-31: Heart Failure Beta Blocker Use	93.46	88.65	89.74
Coronary Artery Disease Composite Composite	69.37	61.35	84.56
ACO-32: Coronary Artery Disease Lipid Control	78.5	64.4	90.41
ACO-33: Coronary Artery Disease ACE/ARB Use	76.79	83.49	83.76

- Note that for Italicized measures above, a lower number is better.