



NPO BOARD MINUTES

DATE: September 1, 2015

ATTENDEES

Board: Drs: N March_x_, B Evans_x_, C Anders_x_, R Kuhn_x_, M Bultemeier_x_, P Sneed_x_, M Antonishen_x_, JP Milliken_x_, B Hengy_x_, L Madigan_x_

Staff: M Hooper_x_, D Donley_x_, K Elliott_x_, E Worthington_x_, B Pataky_____, K Debruyne_x_

PAAC: R Farrell_____, T Phillips_____, B Mezeske_____, K Acker_____, P Stoner_x_

Topic	Discussion	Action/ Follow-up
Welcome	Dr. March brought the board meeting to order at 6:40pm	
Quality Report – Kris Elliott	BCBSM Updates: <ul style="list-style-type: none"> • 2 Specialist site visits were completed <ul style="list-style-type: none"> ○ Blue Cross is assessing how the specialists are working with PCPs. ○ We will receive a summary from BCBSM • OSC site visit <ul style="list-style-type: none"> ○ Went well, BCBSM making sure that the OSCs are on track. • Pharmacy initiative kick-off <ul style="list-style-type: none"> ○ Kathleen Brown, NPO’s pharmacist, Beth Mutter, from GTI, and Kris went to the kick-off meeting. 	

	<ul style="list-style-type: none">○ Kathleen will be attending a “boot camp” in January.● Clinical Quality meeting<ul style="list-style-type: none">○ Kris and Marie attended meeting.○ BCBSM is moving more dollars to the Clinical Quality (evidence based) “bucket”. Quality will be stressed. <p>Patient Satisfaction Updates:</p> <p>CMS:</p> <ul style="list-style-type: none">● There were some specific questions on which NMHN ACO scored lower than the overall ACO average which represent opportunities for improvement. Those are:<ul style="list-style-type: none">● When you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?● How often did this provider listen carefully to you● How often did this provider show respect for what you had to say?● How often did the specialist you saw seem to know the most important information about your medical history?● Did you and anyone on your health care team talk about a healthy diet and healthy eating habits?● Did this provider suggest ways to help you remember to take your medications?● Did you and this provider talk about the reasons you might want to have the surgery or procedure?● Did you and this provider talk about the reasons you might not want to have this surgery or procedure?● When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?● When asked about their own health and conditions, NMHN patients reported better health and statuses than the overall ACO average, but did report more serious difficulty concentrating, remembering, or making decisions.	
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	<p>Practice Level:</p> <ul style="list-style-type: none"> • Practice Level results were very different between practices. • Opportunities for improvement: <ul style="list-style-type: none"> ○ Adult: <ul style="list-style-type: none"> ▪ Provider informed about specialist care ▪ Provider discussed reasons to take meds¹⁸ ▪ Got answer calling during office hrs in past year ▪ Got answer calling after office hrs in past year ○ Pediatric <ul style="list-style-type: none"> ▪ Provider informed about specialist care ▪ Provider seen within 15 min of appt time • Dr. Hill and Dr. Madigan both scored very high on the Patient Satisfaction surveys, they will both be speaking at the next PCMH User Group meeting about what they do in their practices. 	
<p>Medical Director's Report – Dr. Diane Donley</p>	<p>Pre-Operative Group – Lisa Nicolaou leading this group and it is moving forward.</p> <p>Cybr/Care Meeting – Lisa Nicolaou leading this group, it is moving forward.</p> <p>Priority Health Medical Director meeting – Attended via webinar, the following was discussed:</p> <ul style="list-style-type: none"> • 2016 compensation for physicians • Compensation for hospitals 2016 • Premium rates will be going up for members • New products will be coming in 2016 for members 	

<p>IT Report – Ed Worthington</p>	<p>ADT/Med Reconciliation</p> <ul style="list-style-type: none"> • Increasing the number of practices receiving notifications • Adding additional reporting/potential readmission alerts for specialists • Preparing the infrastructure for discharge CCDs from hospitals • Working with SNFs. <p>Analytics/Reporting</p> <ul style="list-style-type: none"> • Increasing the number of practices on the dashboards (around 60% of PCP practices with EMRs right now). • Better automate GPRO (there will be more practices on this year). • Using the dashboard for Supplemental reporting to BCBSM (in progress) • Stabilize the changes (better QA controls have been put in place). • Increasing the number of non-eCW practices (we are going to change our extractions from direct database pulls to using CCD/CCDAs over the next few months - this will allow for more non-eCW practices to be added. If it doesn't work, we have a Plan B). <p>eEHX/Care Management</p> <ul style="list-style-type: none"> • Forty-two practices are live with eEHX currently. • By the end of the year, at a minimum, GLOC, DHA, and Petoskey Child will be live. If possible, GTOC, Internal Medicine of Northern Michigan, and Northern Pines will also be included in this year's schedule. • We are working out a schedule to bring two CIPA/MAG practices up with the dashboards/eEHX in the next 30-45 days. • Hospitalist connectivity in progress. • Expanding the use of the CCMR care management tool. • Challenges: Vendor scheduling and getting DUAs back from some practices. <p>Discussion about working with practices in Florida to “rent” our platform. These practices were referred to NPO by our Attorney, Tatiana Melnik.</p>	
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