

NPO BOARD MINUTES

DATE: March 3, 2014

ATTENDEES

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

Staff: M Hooper_x_, D Donley_x_, K Elliott_x_, R Peters_x_, B Pataky_x_, K DeBruyn_x_

PAAC: R Farrel_x_, T Phillips_x_, J Minnelli_x_, B Mezerske_x_, P Stoner_x_

Topic	Discussion	Action/ Follow-up
Welcome	Dr. Sneed called the meeting to order at 6:03PM	
Jennifer Lake, Brand Tonic	<p>Presentation of new NPO and NMHN logos, website and branding.</p> <ul style="list-style-type: none"> - Physician led organization, healing healthcare, patient centered care, unifying healthcare community, - Patient, physician, hospital, insurances together to coordinate positive patient experience. - NPO actively participating advocating for physician, leadership, support education, best practices to improve results for patients. 30 yrs. strong, provide opportunities for cost savings, innovative solutions for our community - NMHN - New Partnership between Primary Care Physicians, hospitals and specialists to coordinate healthcare for Northern MI pts. Share responsibility for improving the health of Northern MI pts. Patient centered care. Advocating for the patient. PCP is the point of contact. Wellness, managing chronic conditions, reduces hospital stays, enhanced patient experience. Right care right place right time. Partnership between patients and physicians. Patient and physician in charge not 	Jennifer to meet with NPO team 03/06 to discuss what needs to be on website

	<p>insurance companies. Leadership/innovation</p> <p>Dr. March suggested we run our campaign by the appropriate hospital personnel, Marie responded: Neither hospital has committed yet.</p> <ul style="list-style-type: none"> - Logos – NPO Trillium blue – NMHN – multiple trillium green unity - NPO leaders, parent company - Website development – meet this week. - April Launch press release for NMHN. Letters, website, advertising, what will the physicians need, get info - Letters must be sent to all 20,000 Medicare beneficiaries - Goal is to have letters sent out in June <p>PAAC leader role – help with marketing NMHN to the public</p> <p>Dr. Sneed – likes patients taking part in their healthcare patients need to understand they are a big</p> <p>Dr. Kuhn – Tone – not doing much to start with, and NOW we are doing something.</p> <p>Jennifer Lake – response – 30 yr. history is a big part, NMHN new innovative</p> <p>Dr. Sneed – patients not as actively involved now, we have to communicate.</p> <p>Dr. Kuhn – Sell to the physician as well as the patients</p> <p>Dr. Sneed – Northern MI practices GOOD medicine as compared to “downstate”</p> <p>Dr. March – not everyone goes to “family practice” change to “personal physician”</p> <p>Bob asked if we were going to have focus groups</p> <p>Jennifer stated we do not have that in the plan, but to start bouncing the ideas off other people.</p> <p>Marie – NMHN Board of Managers meeting end of month, and we would like to bring this marketing information to the NMHN Board of Managers.</p> <p>Jennifer thanked the board.</p> <p>Dr. Sneed thanked Jennifer for coming</p>	
PAAC Updates	Bob – Petoskey PAAC meeting presented - ACA - how practices are going to survive? Retool what we do and how we do it.	Marie – Schedule a PAAC leader meeting with NPO staff

	<p>Pam – was not able to attend but received 4-5 emails regarding how helpful the meeting was.</p> <p>Manistee PAAC – Brenda – needs assistance with getting people to attend PAAC meetings, bring in speakers, and ended up pulling from our own offices,</p> <p>Marie – PAAC leaders/NPO should meet and discuss how to help with raising attendance at PAAC meetings.</p> <p>Dr. Sneed commented that even if you pull your own staff in for a meeting, there are still people being educated.</p> <p>Pam – Petoskey PAAC has gone through this too, they have gotten over the hump, and now people want to come to meetings.</p>	<p>to discuss ways to raise attendance at the PAAC meetings.</p>
<p>Quality Report – Kris Elliott</p>	<p>Kris reported how the BCBSM – specialist site visits went. Dr. Sneed was present at the GTOC visit.</p> <ul style="list-style-type: none"> - There are opportunities for BCBSM to be clearer on their expectations as to the interpretation of the capabilities for the specialists. - PT satisfactions – 10 practices participated to date, NPO has received report on 8 practices, <p>Kris presented the results of the patient satisfaction survey</p> <ul style="list-style-type: none"> - Room for improvement - We have been doing this for 6 months with another 6 months to go. - Preview of where we will be. <p>Marie – 2015 we will start being “judged” on this, time to react and improve. Discussion Ensued.</p> <ul style="list-style-type: none"> - PGIP distribution – include membership attribution as one of the measures in the distribution calculation as a possibility. Kris presented that it takes bell curve and pushes everything out. Large practices may have different patient mix per physician, consider by practice but not for all of NPO. Does not change \$\$ for practice, but how the dollars are distributed within the practice. - Discussion ensued regarding PGIP Distribution. <p>Dr. Evans asked if Quality Measures are risk adjusted, Kris says no. Once we get the registry up and going, it will be possible to pull Quality Measures on a real-</p>	<p>Kris to bring back to next meeting regarding membership attribution being included as a measure in the distribution calculation.</p>

	<p>time basis. Marie stated that once ACO is up and running, Medicare will be watching to see whether Physicians are “firing” their patients, and how they are being held accountable.</p>	
<p>Medical Director’s Report – Dr. Diane Donley</p>	<p>Dr. Donley reported she is continuing to work on Tools for Transformation Series. Well received. We have 6 practices asking for the Tools for Transformation class, Marie to work with Heather Frazier to coordinate that. Sinskys are coming in May 29th and 30th to give presentations.</p> <ul style="list-style-type: none"> - Thursday May 29th evening – <i>Building PCMH: Beyond the Blueprint</i> LEAN practices - Friday May 30th Noon Medical Conference – <i>In Search of Joy in Practice</i> <p>If you have ideas for future topics, the Planning Committee is still meeting twice per month. We are looking toward the Fall for the next conference.</p> <ul style="list-style-type: none"> - MSMS – initiatives. They are interested in HIE choices, and ways to coordinate a statewide way to share that information - Healthcare Quality, Efficiency and Economics Committee - Proposal to come up before MSMS to have a statewide registry for Advanced Care planning. Talked about Medicaid expansion, and what that means for providers, Medicaid is going to be allowing the same level of payment as Medicare. - BCBSM/UofM Oncology Genetic Testing initiatives – meeting regarding the very expensive genetic tests that oncologists/neurologists etc. order. They are meeting with groups around the state. There will be a meeting in Traverse City in May to get input on this subject if you are interested in participating. <p>NPO Physician Quality Committee</p> <ul style="list-style-type: none"> - Making a lot of progress <ul style="list-style-type: none"> - Choosing Wisely - Evidence Based Sub-Committee – HEIDIS, and Choosing Wisely scores what are they really measuring? <p>Meetings with Munson Lab – Slow process with lab. Working on information</p>	

	<p>exchange: who needs to see results?, What is the lab's role in deciding who gets abnormal results, how to share the lab results between PCP and Specialist, who gets results? NPO went to MMC Lab, per request of quality committee, Physicians were considering QUEST Labs, because they can have interfaces that can be compatible. Discussion. QUEST and Munson both have Patient Portals which may be giving patients results with no clinical response. Patient Portals are being driven at the national level.</p>	
<p>Technology Report – Ryan Peters</p>	<p>In February there were 6 practices that were brought into the community hub. Monday 03/10/14, Ryan will be sending out access to the HEDIS dashboard, will have practice level of all of the measures (60-70 measures), then it will break it out. This is a starting block, there are three Pilot Practices. They will be using, reacting, and testing. Ryan will work with the development team to refine per their feedback.</p> <ul style="list-style-type: none">- Ryan demonstrated the HEDIS Dashboards- Discussion – Dashboards contain ACO and BCBSM measures.- P2P – Meeting with Dr. Hill, Dr. Wright – to come up with a process for the best practices for e-referral.	