



NPO BOARD MINUTES

DATE: March 7, 2016

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____, B Hengy____, L Madigan__x__

Staff: M Hooper_x__, D Donley_x__, K Elliott_x__, E Worthington__x__, B Pataky __x__, K Debruyn _____

PAAC: R Farrell_x__, T Phillips_x__, B Mezeske_____, K Acker _____, P Stoner ____

Topic	Discussion	Action/ Follow-up
Welcome	Dr. March brought the meeting to order at 6:00pm	
PAAC Updates	<p>Petoskey: February – Kathleen Brown RPh of NPO presented to Petoskey PAAC and Traverse City PAAC (see below). March meeting presenter will be from the Friendship Center in Petoskey, talking about Resources for the Aging Population</p> <p>Traverse City: February – Kathleen Brown RPh of NPO presented to Traverse City PAAC and Petoskey PAAC. She presented a “Mosaic of Medication Topics” including the MPTCQ initiative through BCBSM, Financial Assistance for Prescriptions, Medication Adherence and the Medication Reconciliation Toolkit. There will not be a March Meeting</p>	

	<p>Manistee: January – The Director of Patient Access and Materials Management for Westshore presented HIPAA updates and reporting requirements. There will not be a March Meeting.</p>	
<p>ACO/OSC Updates:</p>	<p>Priority Health Gainsharing</p> <ul style="list-style-type: none"> – Communication to 14 practices via webinar that will be scheduled: <ul style="list-style-type: none"> – Case Management – MTM (Medication Therapy Management) <ul style="list-style-type: none"> – Willing to contribute to a pharmacist salary, but 80% of that pharmacist’s time must be spent on Priority Medicare Advantage patients. – AHA (Annual Health Assessment) <ul style="list-style-type: none"> – Replaces the Censeo Health visits and the dollars would go directly to the offices. – Meeting of practice managers in May – Awaiting data from Priority Health – Munson’s work will be on Re-admissions. <p>AHC Grant</p> <ul style="list-style-type: none"> – Accountable Health Communities – CMS Grant – Applying for Tier 3 as a Bridge Organization – \$4.5 million over 5 years – Brings together all of the community stakeholders including Public Health Alliance, hospitals (Munson and McLaren), PCPs, Medicaid Health Plans, CMHs, Area Agency on Aging. – Goal of grant is to bring all together to assess the social determinates that stand in the way of someone achieving health/getting care – The focus areas are transportation, violence, nutrition, poverty and housing. – The Application is due in May. 	

<p>Strategic Planning:</p>	<p>Mission/Vision:</p> <ul style="list-style-type: none"> - At the last Board meeting the Board approved the Mission statement: <ul style="list-style-type: none"> - <i>Healthcare leadership through an independent physician organization.</i> - There was much discussion regarding the Vision statement, and it was decided at the last Board Meeting to think about it, and bring to this meeting. The draft statement that the Board was to think about: <ul style="list-style-type: none"> - <i>Empower the physician/patient partnership to maximize health in our community</i> - The suggestion was made to change "empower" to "enhance". - The Board agreed with the suggestion. - After much discussion, the suggestion was made to change "physician/patient partnership" to "physician partnerships" - The Board agreed with the suggestion. - The suggestion was made to change "our community" to "our patients" - The Board agreed with the suggestion. <p>Dr. Sneed made a motion to accept the vision statement as: <i>Enhance physician partnerships to maximize the health of our patients.</i></p> <p>Dr. Evans seconded. The motion passed.</p> <p>NPO A3:</p> <ul style="list-style-type: none"> - Marie discussed NPOs Staff work that has been done on the NPO strategic plan. - Marie discussed the metrics that were chosen to measure the progress of the Strategic Plan - The seven strategies that were identified at the Strategic planning meeting that NPO staff will work on for 2016-2017 are: <ul style="list-style-type: none"> - Increase Physician Engagement - Support Practice Administration and decrease administrative burden - Engage and Educate Community 	
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	<ul style="list-style-type: none"> - Support Clinical Collaboration - Improve Technology to support providers - Develop an Alternative Payment Model - Support PCMH-N and Quality - On a quarterly basis, NPO staff will report to the Board the progress of the Strategic Plan. 	
Quality Report – Kris Elliott	<p>NPO has received the “scorecard” from BCBSM.</p> <ul style="list-style-type: none"> - BCBSM Program Optimization <ul style="list-style-type: none"> - Dollars from PGIP pool (~\$100 million) - OSC scorecard delayed - Next scorecard October - Bonus only this scorecard - Quality measures were commercial only - Quality measures 2014, compared to 2013 for improvement - PCMH measure June 2015 designation cycle - 10 POs received Quality payment - 44 POs received Improvement payment - Soliciting feedback on leadership measures - Kris discussed NPO’s results of the scorecard. <ul style="list-style-type: none"> - NPO received 69/100 for Performance - NPO received 60/100 for Improvement - NPO’s leadership received “High” rating for POs, one of only four POs that received this designation. - NPO received no penalty and a bonus of \$46,656 for program optimization that was included in the January 2016 PGIP payment. - Kris discussed the BCBSM Quality Improvement At-Risk funding opportunity. <ul style="list-style-type: none"> - Funds to improve quality - Minimum of \$190,720 - Max \$228,864 - Must improve quality measures in 2 years - If selected, would receive \$95,360 in April 	

- If measures not improved, must return 75% of funds distributed to be returned, as a takeback from the PGIP payment.
- NPO has chosen to improve:

Using CY2014 Performance:

Goal	Target
Improve: URI Appropriate Use (50 th to <75 th) Diabetes – HbA1C testing (50 th to <75 th) Cervical Cancer Screening (25 th to <50 th) Adult BMI Assessment (25 th to <50 th) Pharyngitis (25 th to <50 th) Chlamydia (25 th to <50 th) Controlling High Blood Pressure (0 to <25 th)	>75 th to 90 th percentile NCQA
Improve: Diabetes – Nephropathy (0 to <25 th) Diabetes – Eye Exam (0 to <25 th) Diabetes - <8 (Unknown)	>50 th to <75 th percentile NCQA

BCBSM 2016 Specialist Value Based Reimbursement

- Improved methodology which addresses NPO practice issues (Top 3 PO populations)
- 2 new measures: Global Quality Index and Cost Difference
- Top third 10%, second third 5%
- Next nomination in spring
- 104 nominated practices
 - 8 did not receive (7 did not have enough commercial members, 1 hurt by 45% UP population) (7.7%)
 - 5 received 5% (4.8%)
 - 91 received 10% (87.5%)

BCBSM RSI

- Resource Stewardship Initiative
- Mandatory – must pick 2-4 measures to work on
- Choosing Wisely recommendations

	<ul style="list-style-type: none">- Evidence Based Committee chose:<ul style="list-style-type: none">- PSA (annual testing), HPV (in conjunction with cervical cancer screening), Cervical Cancer Screening (annual testing), Vitamin D (annual testing)- Educational algorithms and Choosing Wisely patient education materials going out to PCPs staggered over next few months	
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