



## NPO BOARD MINUTES

DATE: August 4 , 2014

### ATTENDEES

Board: Drs: P Sneed\_x\_, B Evans\_\_\_, 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\_, B Pataky\_x\_, E Worthington\_x\_, K DeBruyn\_x\_

PAAC: R Farrell\_x\_, T Phillips\_x\_, J Minnelli\_x\_, B Mezerske\_\_\_\_\_

Topic	Discussion	Action/ Follow-up
Welcome	Dr. Sneed called the meeting to order at 6pm	
PAAC Updates	<p>Traverse City did not have a meeting in July</p> <p>Manistee was not present to give a report</p> <p>Petoskey – July meeting – Kris Elliott gave a presentation of Patient Satisfaction Surveys, and Marie Hooper discussed ACO topics.</p> <p>PAAC Leadership – Bob Farrell presented slides of the PAAC survey that was sent to all Practice Administrators. There was a very low response rate to this survey. The feedback included combining meetings into quarterly meetings, that way we could bring in some expert speakers on topics that apply to all practices, and add web-conferencing. The barriers preventing the Practice Managers from attending are time out of their schedule. If the presentations were recorded, or offered through a GoToMeeting platform, more people may attend.</p>	<p>Marie and Bryanna to schedule a follow up meeting with the PAAC Leadership.</p>

<p>ACO/OSC Updates</p>	<p>We have sent out packets to 14 additional NPO Practices that are interested in being part of NMHN. We expect to hear back from those practices by August 8, 2014, and we will be submitting to Medicare for evaluation by September 8, 2014. The new practices will be in effect for January of 2015, and will not see any savings until 2016.</p> <p>Dr. Benishek could not be here last Friday because he was still in Washington DC for a vote and he did not arrive in the district until Saturday. His office has rescheduled for Tuesday August 26<sup>th</sup> at 7am. Bryanna will send an appointment to the Board.</p> <p>Kevin DeBruyn – Adaptive Counseling and Case Management</p> <ul style="list-style-type: none"> <li>• Increase in referrals – 165 referrals and over 20 NPO members that have given the referrals</li> <li>• Further integration with the electronic record using P2P</li> <li>• Kevin discussed metrics, with an emphasis on the Diabetic patients that have been referred by Dr. Jill Vollbrecht. Historically, these patients were not able to improve their A1C levels, considered non-compliant, etc. Kevin has been able to help many of these patients improve</li> <li>• Reimbursement – Care Management cannot be reimbursed, but the behavioral health can. Medicare is adding a Care Management reimbursement in 2015, but it is only for 20 minutes a month.</li> <li>• Kevin is bringing on additional MSWs, because they do have the established reimbursement structure.</li> <li>• Questions and discussion on how NPO can grow Case Management and assist some of the smaller practices and how this could be funded.</li> </ul>	
<p>Quality Report – Kris Elliott</p>	<p>All of our PCMH nominated practices have been designated and NPO has gone from 18 PCMH practices to 33 PCMH practices. We are working with 4-5 more for designation next year. Discussion and slides regarding how BCBSM designates practices.</p> <p>The 4 Blue Cross PCMH site visits for this year have been completed. We have not received the final report yet, but we anticipate being at 95% accuracy on the capabilities.</p> <p>NPO was approached by Michigan Primary Care Consortium to hold a PCMH Symposium here in Traverse City. It will be held November 8<sup>th</sup> at the Hagerty</p>	

	<p>Center.</p> <p>Kris is part of a PCMH-N Work Group started by BCBSM to discuss and work on capabilities for specialists. She learned that BCBSM cannot go back and change the capabilities for specialists due to multi-year studies that are taking place with PCMH.</p> <p>We have received the PGIP check. The amount to be distributed to physicians is \$1,418,683. This includes \$900,000 that was withheld from the January PGIP check.</p> <p>Kris showed BCBSM dashboards which compare all of the POs in the state of Michigan. These dashboards and graphs show the ratings for each PO and are what the PGIP distribution is based on. She showed where there could be improvement for NPO. Discussion ensued regarding PGIP, BCBSM dashboards, and Specialist up-lifts.</p>	
<p>Medical Director Report – Dr. Diane Donley</p>	<p>MSMS</p> <ul style="list-style-type: none"> <li>• Committees – 2 year terms continue</li> <li>• Executive Council of Physician Organizations <ul style="list-style-type: none"> <li>○ 1<sup>st</sup> meeting was a group discussion about fears of losing the voice of the independent physician as the larger systems in the state expand</li> </ul> </li> <li>• Dr. Abbigale Wilson and Dr. Mitzie Hewitt are 2 of the 3 physicians in the state that are volunteering to view and comment on the Pilot of Health Risk Assessment Provider Video for Michigan Medicaid Expansion patients</li> </ul> <p>Quality Committee</p> <ul style="list-style-type: none"> <li>• Working on Crestor Use reduction</li> </ul>	
<p>Technology Report – Ed Worthington</p>	<p>Registry</p> <ul style="list-style-type: none"> <li>• We have 20 practices that are live, opting patients in, with 2 more coming up in the next couple of months.</li> <li>• We are reaching out to other EcW practices.</li> </ul> <p>Clinical View</p> <ul style="list-style-type: none"> <li>• Is on track to be turned on mid-September.</li> <li>• This was delayed due to the issues with minors and sharing data</li> </ul> <p>For the eCW practices, we have been sending the Opt-in/Opt-out reports to the practice managers so they can see how the practice is doing.</p>	

	<p>For non-eCW practices:</p> <ul style="list-style-type: none"><li>• We are moving ahead with the CCDA and data adaptors with Next-Gen for WFPC. This will also serve as the foundation for other Next-Gen practices. This will take about 8 weeks to complete for WFPC.</li><li>• We are working with other vendors also, and all of these projects are on track.</li></ul> <p>Analytics Update:</p> <ul style="list-style-type: none"><li>• Significant progress has been made on previously reported issues.</li><li>• We have been working with Practice Managers to use the Clinical Quality Dashboard and report any issues or concerns to us.</li><li>• We have received our first set on claims from CMS and eCW is in the process of developing our ACO Dashboards, and NPO should be able to begin the QA process by the end of the week.</li><li>• The goal is to continue to engage new practices, follow-up with other practices, and to work with practices to begin using the Analytics.</li></ul>	
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