PCMH User Group Highlights 1/24/17

Slides from presentations are attached to email and on website (slides and highlights under PCMH User Group)

BCBSM General Update (slides):

- **CPC+ Update**.
  - In 2018, the BCBSM VBR (Value-Based-Reimbursement) opportunities that will be available to CPC+ practices will be available to all PGIP practices. BCBSM is developing the criteria, and will be announced 1st quarter of 2017.
  - It is expected that the criteria will be related to delivering Care Management to highly complex patients and delivering telehealth services.
- **PGIP Update:**
  - BCBSM is starting to look at quality, tying outcomes to PCMH designation.
    - They will be looking at those patients with 10 or more ER visits in one year who are attributed to a PCMH PCP.
    - BCBSM has not yet given detail on how they will use the data.
    - NPO will share with those practices that have patients who meet this criterion the patient names. Only 2-3 practices impacted at this point.

BCBSM PCMH-N Guidelines Update (Please see Slides; notes below are *in addition* to slides):

- **Summary of changes**:
  - Six new capabilities added for upcoming program year, for a total of 155
    - 151 applicable to adult patients
    - 149 applicable to pediatric patients
  - Added FAQ
  - Clarified language
  - Reinstated Domain 8
- **BCBSM expectations – see slides please for all:**
  - Any capability reported to BCBSM as "in place", must be in place and in use. This means you must be able to demonstrate that the capability is in use, not just "can do". For example: Are patients USING your patient portal; not just that you have a portal that patients can access.
  - Do not like to see that training sheets are signed one week before site visit; training should be on-going
- **Domain 1 – Patient Provider Partnership:**
  - Requires an active conversation
  - How is patient routinely educated about their roles and responsibilities?
  - Is the practice identifying patients that are not adhering to the PPA; what does the follow-up conversation look like? What is PCMH and why should the patient come in?
  - What are the staff's roles and responsibilities in the PPA?
  - If practice does not have 100% acceptance of PPA, there must be active reach-out to outstanding patients.
- **Domain 2 – Patient Registry:**
  - Proof of active outreach must be demonstrated at the site visit for each registry claimed.
  - The patient registry is a list of patients.
  - These lists of patients must be proactively used to manage the patient population.
- **Domain 3 – Performance Reporting:**
  - Performance reports are used to calculate for improvement. For example: if you pull a performance report in January, and only 50% of your patients have had their Mammogram, you do an outreach, pull the same report in June and 80% of your patients have had their Mammogram, you can calculate the improvement.
  - Performance reports must be all-patient, all-payer.
- **Domain 4 – Individual Care Management:**
  - **4.22 New Capability:**

        - Provider initiating advance care plan in 4.16 ensures that all care partners are aware of and have copies of advance care plan. Filing at Munson does work for local area.
    - **4.23 New Capability:**
        - Be able to talk and show examples of how improvement was conducted. Can use working with BCBSM on patient satisfaction (the A3 project) or working with NMC on LEAN – must be within past 2 years.
- **Domain 5 – Extended Access**
    - **5.2** - Must have an example of after-hours access with an update of the EHR.
    - **5.4** – Practice's patients should be aware of urgent care sites that are recommended by the practice.
- **Domain 8 – eRX and EPCs**
    - Has been revitalized for the purposes of supporting BCBSM efforts to manage controlled substance prescriptions and address abuse, four new capabilities available for reporting in 2017, for site visits in 2018.
    - **8.8 – New Capability:**
        - Electronic prescribing system is routinely used to prescribe controlled substances.
    - **8.9 – New Capability:**
        - Michigan Automated Prescription System (MAPS) reports routinely run prior to prescribing controlled substances.
        - Practices should have a standardized process for running MAPS reports; written policy is strongly suggested.
    - **8.10 – New Capability:**
        - Controlled Substance Agreements are in place for all patients with long-term controlled substance prescriptions.
            - Prescriptions that are for longer than 30-60 days
            - Should be reviewed and updated annually
    - **8.11 – New Capability**
        - Documentation is required that agreements shared with **all** care providers including specialists.
- **Domain 9 – Preventive Services**
    - Definitions:
        - Primary prevention – before the disease occurs, typically performed on general patient population: immunization, legislation (seatbelt use), education (healthy safe habits such as healthy eating or no smoking)
        - Secondary prevention – Screening, detects the disease before it is symptomatic: cancer screening, diet/exercise to prevent further heart attacks, strokes
        - Tertiary prevention – Focus on patients already affected by disease, restore functionality and reduce resulting disability: manage long term (chronic, permanent impairment) such as cardiac/stroke rehab, chronic disease mgmt. programs, support groups
- **Domain 10 – Community Services: Capabilities with a 1 year grace periods in 2016 that are now in effect:**
    - **10.5** – Must include an intake form and/or conversation in which patients are asked if they are aware of or in need of community services.
    - **10.6 -** Assessments that identify a patient in need of a referral are documented in EHR to enable follow up at subsequent visits.
- **Domain 11 – Self Management Support:**
    - **11.2 Update:**
        - Physicians may provide self-management support within the context of E&M services
        - At least one other trained member of the care team MUST be designated as a self-management support resource, WITH TIME ALLOCATED TO WORK WITH PATIENTS.
    - **11.3 and 11.6 –** must be at least monthly activity
- **Domain 12 – Patient Portal**
    - All capabilities were updated to add language about "active use" and remove the language about "ability to".
    - Demonstration of these capabilities for the practice site specifically requires examples or a usage log. If the office is unable to provide examples or a usage log the capabilities will not be found in place.

- **Domain 14 – Specialist referrals:**
    - **14.9 –** NPO's organization wide survey will not yet meet this capability as the results are shared directly only with practices, not across NPO.

RetinaVue Presentation (slides):

- John Hileman of WelchAllyn discussed Diabetic Retinopathy, which is the leading cause of preventable vision loss and blindness among adults. Most of these instances could be prevented with early detection. Many diabetic patients do not get yearly retinal exams.
- John gave a demonstration of RetinaVue, a handheld camera/retina scanner.
    - Staff in the practice would be trained on using the device.
    - Can use local eye doctors to read the exams via web portal.
    - If the Retinavue network of eye doctors is used, same day reports are delivered via web portal.
    - The cost is approximately $5000, includes training and installation.
- If the practice is interested in an in office demo, please contact John.
    - John Hileman
      Senior Ambulatory Sales Representative
      Customer Service 800-535-6663
      Mobile 248-613-8271
      john.hileman@welchallyn.com

2017 Meeting Dates – all meetings from 11:30 AM – 1PM:

- Feb 22, Wednesday:
    - Sandy Stimson, BCBSM – PDCM billing
    - Jennifer Coleman, Grand Traverse Radiology -
    - Ed Worthington from NPO will discuss the Medication Reconciliation data and process.
- April 27, Thursday
- May 23, Tuesday
- August 23, Wednesday
- Sept 28, Thursday
- October 24, Tuesday

PLEASE NOTE: If you plan to attend the next meeting either in-person or telephonically, please either email kelliott@npoinc.org or call NPO at 231-421-8505 to RSVP. After we receive your RSVP, we send you an Outlook appointment. Please bring in parking garage tickets for validation.