

# PCMH User Group Highlights 2-26-14

Thanks to all who attended in person or via dial-in.

#### **Action Items**

At the last meeting, during discussion of the Revised BCBSM PCMH-N Guidelines, there were a few questions NPO was asked to take back to BCBSM. BCBSM responses are as follows:

- 3.15: Submitting info to Healthy Blue does count towards this capability.
- 3:15: The next version of the Guidelines will attempt to incorporate more pediatric examples.
- 11.1: LPN or RN are considered clinicians. Mas are not.
- 14.9: BCBSM was asked for some suggestions when a practice knows that soliciting patient satisfaction regarding a referral (such as when a limited number of sub-specialists accept Medicaid so downstate practice not a NPO member) will result in some unsatisfactory comments that are out of the practice's control.

Please remember that Kathleen Brown, RPh, is the NPO Pharmacist and is available for your practice at no charge. **Kathleen Contact Info:** <a href="mailto:kbrown2@mhc.net">kbrown2@mhc.net</a> or 231-935-9194

#### **Area Agency on Aging of Northwest Michigan – Self-Management Services**

Darcia Brewer, RD presented on various programs available from the Area Agency on Aging of Northwest Michigan. Darcia's contact info: 231-947-8920 <a href="mailto:brewerd@aaanm.org">brewerd@aaanm.org</a>, <a href="mailto:www.aaanm.org">www.aaanm.org</a>.

These programs are offered throughout the 10 counties serviced by the agency (covers almost all NPO member counties).

## Patient Self-Management Training

The agency offers PATH (Personal Action Toward Health) training for patients. This is 6 week training, meeting once per week for 2.5 hours. Classes are offered for Chronic Disease, Diabetes, and Chronic Pain.

- Would like to offer more workshops consistently, but limited by leader availability.
- Chronic Disease covers the conditions common to many chronic diseases such as poor sleep, fatigue, emotional issues by working on healthy eating, relaxation, communication and problem solving.
- A video was shared which showed class activity. Patients not only set a goal but also gave a
  confidence level (1-10) as to how confident they felt that they could achieve the goal. Goals
  were small, incremental changes.
- Want 10-15 participants for a workshop.

Participants set goals.

A scripted manual is used to stay on track.

2 leaders per workshop.

No medical advice is given; patient is referred back to provider.

Process to refer:

o Refer the patient name to Agency for Aging.

Agency staff will call the patient to discuss workshop availability and timing.

• Must have enough patients for a class to be held.

o Agency staff will send a note back to the PCP to let them know the patient was

contacted and the class dates the patient is scheduled for.

**Trainer Self-Management Training** 

There is also training available for people to become leaders of these classes. This is a 4 day training session for \$150. People taking this class can use the training as they like, but if teaching a PATH

program, must follow the curriculum and format exactly.

An application for this training is included with the email distributing these highlights. There are

training sessions in TC during April and May.

Kevin DeBruyn, of AACM, is available to lead custom classes that practices may like, such as a 1-2

hour session on developing goals.

Other services available

Darcia discussed some other services available from the Area Agency on Aging. Brochures are

included with the email distribution of these highlights.

**NPO Community Registry** 

Ryan Peters, NPO, presented blinded screens of the HEDIS measures section of the NPO Community

Registry. There are 15 practices with the registry connected; analytics will soon be available on those.

Practices will continue to be added moving forward.

The measure dashboards allow a focus on the scorecard. The eHx hub provides a community view of

the patient which supports better care coordination.

There were no pediatric measures included in the blinded data displayed which made it seem that

there wasn't recognition of the importance of pediatric preventive healthcare. This was cleared up

after the presentation with the pediatric practices; there are many pediatric measures incorporated

on the actual live measures dashboards.

**Next Meeting** 

April Meeting: 4/24/13 Thursday 11:30 – 1P

- o Tammy Swihart, Certified Diabetes Educator for Novo Nordisk (45 minutes)
- Overall Interim NPO Practices Patient Satisfaction Survey results Kris, NPO (15 minutes)
- Open discussion All (30 minutes)
  - Any questions for the group? Possible topics:
    - How best to communicate to you and your physicians tips to improve quality measures (such as using a billing v code to document that BMI was recorded)?
    - What have you found works well to work the gaps in care reports?
    - What is working well with goals and action plans?
    - How to handle staff people who do not want to support PCMH?

PLEASE NOTE: If you plan to attend the April meeting either in-person or telephonically, please either email <a href="mailto:kelliott@npoinc.org">kelliott@npoinc.org</a> 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.

### Future Meeting Date/Times & Agendas:

- May Meeting: 5/20/14 Tuesday 11:30 1P
  - Advance Care Planning Pilot results: Lisa Nicolau, West Front Primary Care and Dr.
     Abbigale Wilson, Brookside Family Medicine
- June Meeting: 6/25/13 Wednesday 11:30-1P
- July No meeting in July
- August Meeting: 8/27/14 Wednesday 11:30 1P
- September Meeting: 9/25/14 Thursday 11:30 1P
- October Meeting: 10/28 Tuesday 11:30 1P
- November Meeting: 11/20/14 Thursday 11:30 1P
- December no meeting in December
- Future Meetings (NPO to look for speakers)
  - Domain 3 Performance Reporting, Domain 2 Registry, Electronic Referral, EMR overhead