

Medical Home System Advisory Council

Education and Learning Collaborative Workgroup Meeting Notes

May 15, 2009

Members Present: Jane Reinhold, Andy Penziner, Don Klitgaard, Libby Coyte, Tom Evans, Kyla Kiester, Jeff Hoffman

IDPH Staff: Beth Jones

Link to reimbursement workgroup discussion

Reimbursement pilots still all over the board at this point, but we are working on bringing together a pilot discussion. CMS does not look like a potential for Iowa at this point, but we will share more information as we learn. Discussion needs to be expanded to include safety net providers.

Klitgaard – there is a gap between how you pay for healthcare and quality in care but that discussion seems to be expanding.

Need to measure more broadly to include did we build widgets and did the widgets work?

- Will have to document that the care we delivered was effective care. NCQA and their current version of what payment would look like is a rough draft and will quickly evolve.

Medical Home Learning Community Update

The focus is shifting slightly. The original goal was to equip practices to move toward NCQA certification. We will continue with that focus but move more toward transforming practice and improving patient care. The next session is June 17, 2009. Dr. Sherger will return to talk and expand to standards 2, 6, 7 and 9. There will be presentations on registries and patient tracking, which will include a pediatric perspective. Panels will take place along with time for discussion and networking. We want to get them talking about how to change care within their clinics and key factors associated with implementing and maintaining a successful tracking process. There will also be a presentation from MMIC on medical home from a liability perspective including data management, best practices and using registries and Health IT from a liability perspective.

Registration information will be resent to the entire council (sent by Abby McGill) and there will be a fee of \$60 for the last two sessions.

Question - if ultimate purpose is not necessarily for NCQA but for practice improvement, how much of curriculum and instructional strategies is guided by NCQA and how much by other criteria?

Evans – try to use NCQA as core and try to respond to where things are going and not strictly determining how work must be done, the goal is to share best practices and move people down the field.

Klitgaard – the goal of the MHLC was to stay ahead of the curve knowing that current NCQA requirements are going to change and morph over time and pilots/payment are likely going to use NCQA as basis even if it is not really complete and sufficient. It seems as though the MHLC has done a good job so far at getting through NCQA details but also a keeping global perspective. Sometimes how we get people moving are specific things we need to work on (especially if related to payment) but in the course of discussion it changes thinking in how you practice in a bigger sense.

Evans – shared core components that the definition/certification would include. These are:

- 1. Team approach (care coordination and accountability included),**
- 2. Patient centered and include family involvement/engagement**
- 3. Includes a registry (use of data for population and patient management)**
- 4. Quality improvement measures are collected.**

AHRQ grant overview:

IFMC, IHC, IDPH and UICPH are planning to submit a joint application with IHC as the lead. The study will offer registry and run two different groups through a medical home educational collaborative and try to see what way worked the best. It will be a hybrid of the ambulatory learning community and medical home learning community at different times for the two groups to see if registry alone impacts quality, see if learning community affects quality and see if it is sustained a year after the training.

If awarded the grant will begin January 2010 and the key first step will be to recruit and get the registry in place.

- Klitgaard – the care manager usage and team care concept would be a big part of what they will get in addition to a registry product and looking at workflow redesign. They will need to do some process redesign and team reengineering to make it work.
- Penziner – what is the plan and the project design to be able to sort out the contribution of the registry as opposed to the learning community?
- Kyla – crossover study design – Marcia Ward and Lance Roberts have helped put together the design. Everyone is going to get the registry, vary learning collaborative and show difference.
- Klitgaard – when looking at registry it can assist in managing chronic diseases better but also assists with population management. It can drive better prevention and wellness (immunizations, flu shots, scheduled tests). Is the grant mainly looking at chronic disease management functions?

- Kyla – they will be able to choose between different clinical “suites”, one of which is prevention. There are also depression, diabetes and hypertension “suites”.

Letter to professional organizations

Goal: let specialty organizations know that there are experts working on medical home that can come present, share information, speak on medical home and let them know about what resources are available (TransforMed, AAFP, IHC, PCPCC, NASHP etc.),

Who would they be sent to? Representing physicians as well as other health providers?

Coyte: Physician Assistance have a meeting scheduled in September and have not identified a speaker but do have a goal of medical home during the September meeting.

- Other presentations have occurred so there may be a need for developing a “speakers bureau”. The group said there would also be a goal of getting thoughts out to the provider communities and reaching out to larger businesses of Iowa and insurers.

Group agreed that the MHSAC is the central distributor of information resources/etc. and is the group to following the evolution, status and promote the general concept.

Next Steps: Develop letter for review at June 26, 2009 workgroup meeting during full MHSAC Council meeting. Gather reference materials for inclusion in the letter. (AAFP video also available online).

The Next Workgroup Meeting is June 26, 2009 at the MHSAC meeting.