Kentuckiana Health Collaborative

Building a Bridge to Better Health, Better Care and Better Value

PMAC Behavioral Health Subcommittee Meeting #4

February 13, 2018

Meeting Summary

Meeting Attendees

Attendance	Name	Title	Organization
V	Sarah Moyer (chair)	Director	Louisville Metro Department of Public Health and Wellness
V	Marydale Coleman	Nurse Consultant Inspector	Kentucky Dept for Medicaid Services, Quality and Outcomes
IP	Stephanie Clouser	Data Scientist	Kentuckiana Health Collaborative
IP	Randa Deaton	Corporate Director	UAW Ford Healthcare Initiative
V	Dave Hanna	Behavioral Health Program Manager	Passport Health Plan
V	Megan Marsac	Assistant Professor of Pediatrics/Pediatric Psychologist	UK Healthcare/Kentucky Children's Hospital
V	Kimberly McClanahan	CEO	Pathways, Inc.
V	Carrie Regnier	Director, Quality and Clinical Effectiveness	Norton Healthcare

* Attendance: In-Person (IP) or Virtual (V)

Meeting Items

<u>PMAC Recommended Measures Review</u>

Subcommittee chair Sarah Moyer led discussion regarding the five measures suggested by committee members. A summary sheet (see attached) of the scores was created to help identify where subcommittee members initially stood on the proposed measures. Measures were ordered from highest average score to lowest and were discussed in that order. The group went through each measure in detail. Two committee members, Andrew Renda and Sheila Schuster, were unable to attend but provided comments about measures in advance. Stephanie Clouser read those comments when appropriate.

The following is a summary of the conversation around each measure:

Measure Name	Notes from conversation	Average Score
Preventive Care and Screening: Tobacco Use: Screening and	Sarah – there is coding for counseling for tobacco cessation; Randa - measure that's really important, many providers have created a methodology for tracking this, but it's often more difficult for health plans; David - there are codes for screening and referral to treatment; the issue around treatment is a little trickier because not all treatments will show up on claims, you	13.8

Cessation Intervention	might miss some intervention, but if you're tracking brief intervention, it might be easier; Carrie - it depends on who is providing the counseling (physician, pharmacological would be easy), could be a mixed bag, age old question of gap in data vs gap in care, it might not be completely perfect, but it's still valuable; Carrie – noted this is a MIPS and MU measure, but not as heavily weighted, as people play the MIPS game, there are going to be measures like this that are easy to obtain and will get more notoriety; Dave - claims is not too difficult to track, but the question is around the types of intervention that might not count as intervention (somewhat constrained intervention definition); Kim - agrees that it's a very important measure and smoking impacts many of the functions of the body; Phyllis – noted that her organization tracks this for FQHC out of their EHR; Andrew- difficult to track this through claims, must rely on "chart chase"; Screening part is straightforward, the issue is the intervention part;	
Preventive Care and Screening: Screening for Clinical Depression and Follow Up plan	Carrie – measure looks like it might be slightly complicated, not sure about level of analysis, thinks it's a valid measure, there are just quite a few steps that go with it; Dave - thinks this a great measure and prefers it compared to some of the other depression measures, but it might be difficult from a claims perspective; Sarah - agrees with Dave that she likes this measure more, but the others might be easier to capture; lots of questions around data availability; Randa - highlighted the role of primary care in depression diagnosis and prescribing; Andrew – slightly difficult from a data perspective, difficult to standardize and track	13.0
Children at risk: percentage of children in the eligible population who turned age 1, 2 or 3 years who were screened for risk for developmental, behavioral and social delays using a standardized screening tool in the last 12 months.	Carrie - she suggested this measure because there's an emphasis on this in her organization, but it wouldn't be able to be tracked until it's adopted by someone like NQF, could it be a good candidate for suggested measures list?; Sarah - we might not have the right screening tool yet to capture this, even though it's an important area of focus; Carrie - after additional conversation, now we might want to re-evaluate clinical guidelines and health impact based on questions around valid screening tools	11.8
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing	Carrie - not a MIPS measure; Dave - it is one of the things that KY Medicaid has been tracking with all the MCOs; Dave - it's a great measure for this population, but the concern for him is around is the small proportion of the population (low volume), it's a great measure, pretty straightforward, but he questions impact on the broad health impact on Kentuckians;	11.7

	Sara - might not be appropriate for PCPs because of low volume, agrees with Dave about broader impact on Kentuckians; Phyllis – we would need to do some stratification by population type (mental health diagnosis) for this measure	
Alcohol Screening and Follow-up for People with Serious Mental Illness	Phyllis – same as measure directly above; Andrew – somewhat complicated from a data standpoint	11.2

Next Steps/Scheduling

Final Meeting Date:

PMAC Behavioral Health Meeting #5
March 15, 2018
10 a.m. to 12 p.m.