



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

PMAC Chronic and Acute Care Subcommittee Meeting #4

February 8, 2018

Meeting Summary

Meeting Attendees

Attendance	Name	Title	Organization
IP	Trudi Matthews (chair)	Managing Director	Kentucky REC
IP	Bonita Bobo	Program Manager	Heart Disease and Stroke Prevention Program, KY Department of Public Health
V	Lori Caloia	Medical Director	Louisville Metro Department of Health and Public Wellness
IP	Stephanie Clouser	Data Scientist	Kentuckiana Health Collaborative
IP	Randa Deaton	Corporate Director	UAW Ford Healthcare Initiative
V	Karen Ditsch	CEO	Juniper Health Care
V	Kitty Grider	System Program Manager – Quality, Clinically Integrated Network	KentuckyOne Health Partners
IP	Matthew Hall	Deputy Commissioner	Kentucky Department of Employee Insurance
V	Jim Jackson	Internist, Medical Director	Family Health Centers
IP	Reita Jones	Diabetes Community Health Coordinator	KY Diabetes Network; Kentucky Department of Public Health Diabetes Prevention & Control
V	Liz McKune	Director of Behavioral Health	Passport Health Plan
V	Misty Roberts	Partnership Leader, Office of the Chief Medical Officer	Humana

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

Meeting Items

Measures Review

Subcommittee chair Trudi Matthews led the group through measurement discussion by reviewing team members' scores for each measure on the list. The average score for each measure (from members who turned in complete rubrics) and conversation were as follows:

Name	Consensus	Discussion	Score	Top Five
Chronic Care				
Statin Therapy for Patients	Want to bump up	Jim Jackson - this one is really important as far as impact on overall health and is fairly easy to measure;	11.9	

with Cardiovascular Disease	score to about a 13	Misty - with any of the adherence measures, Humana has found that higher adherence translates to fewer admissions, lower costs, etc; Jim – question about levels of intensity; Trudi - this is part of CMS ACO reporting, but diabetes measure is not; Kitty - there are alternatives to statin that work, so if a patient is on an alternative, it doesn't count towards that; Trudi – noted that it is a new measure in the ACO list; Jim - from a clinical standpoint, this is really important; Jim - a lot of measures are for diabetes, so we don't want to overlook other conditions		
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Good with score	Jim - feels borderline to him, doesn't feel too strongly; Trudi - it does give us another chronic care condition to include; Randa - important for proper diagnosis, which leads to better treatment, COPD costly to employers; Matt - agrees that COPD is costly and important to purchasers; Jim - you do treat COPD and asthma differently (although not much differently); Jim - in advanced cases, spirometry isn't as important in diagnosis; Trudi - it looks like the average score reflects group consensus	11.4	
Statin Therapy for Patients with Diabetes	Good with score	Matt - adherence makes an impact on costs in the long run; Matt - I don't want other measures to not make the list because domination of diabetes;	10.4	Hall
Medication Adherence for Diabetes Medications	Should be included for further discussion in March, give an 11	Matt - I don't want other measures to not make the list because domination of diabetes (same as above); Trudi - question from providers is that it's outside of control; From a purchaser/payer perspective, this makes a big difference; Matt - if he was forced to force rank between this and hypertension adherence, he would pick diabetes; Karen - it's a good measure, but it is hard to get good data on it; Jim - of the two measures, one is probably a good surrogate from the other, so we can probably just pick one, will get some provider pushback from it, feels like a borderline measure; Reita - would like to see it still be further considered; Randa questions whether this is a plan measure or provider measure; Randa questions provider control without knowing how patients are filling their prescriptions; Misty - she thinks that in certain EMRs the providers can see that; Jim - they work with some plans, not with others; Karen - they get some data, but they can't generate from EMR; Kitty - in their CIN for commercial and Medicare Advantage, it is one of the incentives for the providers;	9.5	Hall
Medication Adherence for Hypertension (RAS antagonists)	Good with score		9.1	Hall
Acute Care				
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Good with score	Karen - in the real world, this one and low back pain measure are tough to add on; Jim - as soon as providers know what the measure is, they can game the system and give a different diagnosis; Trudi - surprised that this got a higher average score than readmissions;	12.0	Bobo

		Randa - it's hard to make this a priority over others; Lori - just having the measure there can raise awareness and drive improvements; Trudi - looks like score reflects the difference of opinion		
Plan All-Cause Readmissions	Should be included for further discussion in March, give it a 12	Karen - get a significant amount of data on; Lori - can lead to cherry picking (patients that are more difficult); Misty - should be scored higher, it's a sign that something didn't go right in the first place, added that it's a MIPS measure; Bonita - work with 1305 and working with providers, there is something in why a person is readmitted there that's not fitting, whether it's medication adherence, etc., sometimes not what you expected, to her this measure has all the pieces; Liz - this is a measure that Passport would feel very strongly about, crosses many lines of care represented in one measure, in her top three; Karen - this is the measure of care coordination;	11.5	Bobo
Use of Imaging Studies for Low Back Pain	Should be included for further discussion in March, give it a 11.5	Trudi - an area under Choosing Wisely; Karen - this is a hard one to track; Randa - as a manufacturer, this is one of their top issues (musculoskeletal), she's a big fan of this measure, there are challenges like Karen mentioned, noted that NQF removed endorsement; Jim - clinically, it's rewarding to be rewarded for not doing things; Randa - Kentucky has a big performance gap; Lori - would propose that the member has some responsibility, avoiding MRI to begin with is the whole point of this measure; Conversation around documentation and exclusions; Misty - this is the only utilization measure; Randa - more important than antibiotics;	11.2	

Jim Jackson also asked a general question about how to treat acute care measures. Should there be a specific proportion of recommended measures that are acute care measures? The group decided to consider each group separately.

Next Steps/Scheduling

The final meeting will be held March 8. Stephanie Clouser told the group that she would be in touch in the next several days with a summary of the day's meeting and next steps. The PMAC chairpersons have a call on February 8 to hammer out details about how the final meeting selection will go. At the end of the process, the committee will need to have:

- List of recommended measures, prioritized
- List of measures that were discussed but not chosen for recommendation to the large PMAC group
- Rationale for why each measure was chosen (or not chosen) the way that it was