

**PMAC Preventive Care Subcommittee Meeting #3**  
**January 18, 2018**  
**Meeting Summary**

**Meeting Attendees**

Attendance	Name	Title	Organization
IP	Kayla Rose (chair)	Dir. of Practice Improvement Programs	Kentucky Primary Care Association
V	Judy Baker	Branch Manager for the Division of Program Quality and Outcomes	Kentucky Department for Medicaid Services
V	Lori Caloia	Medical Director	Louisville Metro Dept. of Public Health and Wellness
IP	Stephanie Clouser	Data Scientist	Kentuckiana Health Collaborative
IP	Teresa Coutts	UAW Director	UAW Ford Healthcare Initiative
IP	Randa Deaton	Corporate Director	UAW Ford Healthcare Initiative
V	Mike Hagen	Senior Vice President	American Board of Family Medicine
V	Lindy Lady	Medical Business Advocacy Manager	Kentucky Medical Association
V	Eric Loy	Family Medicine	Cumberland Family Medical
V	Brent McKune	Senior Project Manager	Kentucky Regional Extension Center
IP	Greg Potts	Senior Medical Director	Papa John's Inc.

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

**Meeting Items**

Recap from First Round of Meetings

Stephanie Clouser called the meeting to order and asked each subcommittee member to identify themselves and their organization. Each attendee introduced themselves to the group.

Stephanie also explained the measures review process, thanking everyone for submitting scores for measures, which will help guide the discussion over the next few meetings.

PMAC Crosswalk Measures Review

Subcommittee chair Kayla Rose led the discussion regarding the measures up for consideration on the crosswalk. 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. A general consensus was reached about each of the measures that placed them in one of three buckets:

1. Agreed with the average score that the group gave the measure

2. Agreed that the measure warranted more discussion to determine if group agreed with the average score that the group gave the measure (either because of confusion around measure details, coding, alternative measures, etc.)
3. Several people wanted to revisit their scores for the measure

The committee made it through 16 measures. The following is a summary of the conversation around each measure:

Name	NQF #	Consensus	Comments	Score
<b>Preventive Care</b>				
Cervical Cancer Screening	32	Agree with average score		15.4
Colorectal Cancer Screening	34	Agree with average score	Questions about data availability for measure	15.2
Breast Cancer Screening	2372	Agree with average score		15.1
Chlamydia Screening in Women	33	Agree with average score	Variability of method of screening; <u>Kayla</u> - struggles with quality, not one of KPCA's favorite measures	14.3
Flu Vaccinations for Adults Ages 18 and Older	39	Several people want to revisit their scores	Many people didn't realize this was a self-reported measure; <u>Teresa</u> - self-reported measure isn't as reliable; <u>Lindy</u> - priority for KMA, did look at it as a self-reported measure, wouldn't change her answers;	13.9
Tobacco Screening and Cessation Intervention	28	Agree with average score		13.7
Body Mass Index (BMI) Screening and Follow-Up	421	More discussion needed	<u>Lindy</u> - Medicare has code on this, but she doesn't know about Medicaid; <u>Judy</u> - Medicaid should be able to pull it off, even if it's not paid; <u>Lindy</u> - tobacco is easier than this one, as far as coding goes, because of laws that require it to be covered; <u>Mike</u> - measure is clearly used and fairly accessible, but there is literature that says that waist circumference is more reliable; <u>Greg</u> - it might not be the best parameter, but one thing it does do is start the conversation, and it's easier than waist circumference; obesity a big issue so it has impact	12.4
Use of High-Risk Medications in the Elderly (DAE)	22	Agree with average score	<u>Lori</u> - this is standard practice, but it can be kind of hard to track; <u>Greg</u> - important, but can they catch it through the EHR?	11.4
Care for Older Adults Medication Review	553	Agree with average score	<u>Lori</u> - just cause you're doing a review doesn't mean you're making meaningful changes; <u>Mike</u> - agrees with Lori, which is why he ranked it a little lower, hit or miss rather it shows up in the record;	11.3

			<u>Lori</u> - pharmacist is best to do this, looking more intensely at meds than medication reconciliation measure	
Non-recommended Cervical Cancer Screening in Adolescent Females		More discussion needed	<u>Lori</u> - from clinical standpoint, this definitely goes with guidelines, but questions how to get data - just an absence of screening?	11.3
Fall Risk Management (FRM)	35	More discussion needed	<u>Lori</u> - just trying to screen didn't mean any intervention was occurring, has not used code for this even though she does this for her patients so data collection might be an issue; <u>Kayla</u> - there are codes for this	10.4
Getting Needed Prescription Drugs		More discussion needed; Several people wanted to change scores on (or at least re-evaluate)	Sounds like measure is more geared toward the health plan than the provider; <u>Judy</u> - I think what this measure does is tries to capture barriers that patient runs into with filling prescriptions; doesn't know how valuable this one is for our group; <u>Mike</u> - it looks like it is trying to assess the function of the system, which provider will have little or no ability to impact; <u>Judy</u> - might want to look at the score again	10.3
CG-CAHPS	5	Agree with average score	<u>Mike</u> - concerned with how to administer, collect (logistics, response rates); <u>Kayla</u> - the barriers right now (onerous nature of CAHPS) are tough	9.9
Physical Activity in Older Adults (PAO)	29	More discussion needed; Several people wanted to change scores on (or at least re-evaluate)		9.8
Getting Needed Care and Seeing Specialists (Getting Needed Care)	6	Agree with average score	CAHPS measure	9.5
Improving or Maintaining Mental Health		Agree with average score		9.2

#### Additional conversation:

- Mike Hagen made a general comment about CAHPS measures that the creator felt emphatically that it was validated as a set, but stretched to pull out individual measures was not ideal
- Mike Hagen also commented that including the standard deviation of average scores might be helpful in evaluating the group's scores

#### Next Steps/Scheduling

The group will next meet in February, and the group will go through the remaining nine measures on the list. Additionally, the group will further discuss the following measures:

- Flu Vaccinations for Adults Ages 18 and Older
- Body Mass Index (BMI) Screening and Follow-Up

- Non-recommended Cervical Cancer Screening in Adolescent Females
- Fall Risk Management (FRM)
- Getting Needed Prescription Drugs
- Physical Activity in Older Adults (PAO)

Upcoming meetings:

PMAC Preventive Meeting #4

February 28, 2018

12:30 p.m. to 2 p.m.

PMAC Preventive Meeting #5

March 22, 2018

9 a.m. to 11 a.m.