



Bayou Health Quality Committee (BHQC)

April 26, 2013

Meeting Notes

Attendees Committee Members		
Rebekah Gee, M.D.	Chair, BHQC	Louisiana Department of Health and Hospitals
Sonya Nelson	Executive Director	Amerigroup
Yolonda Hill-Spooner, M.D.	Medical Director	LaCare
David E. Thomas	Medical Director	Louisiana Healthcare Connections
Ann Kay Logarbo, M.D.	Medical Director	United Healthcare Community Plan
Stewart Gordon	Chief Medical Director	Community Health Solutions
John A. Vanchiere, M.D.	Project Director	Birth Outcomes Initiative
Sandra Blake, MBA, PhD	Director, Office of Outcome Research & Evaluation,	College of Pharmacy University of Louisiana at Monroe
Joe Rosier	Chief Executive Officer	Rapides Foundation
James Hussey, M.D.	Medical Director	Louisiana Behavioral Health Partnership
Justin Bennett	Nurse Practitioner	Rural Health Nursing
Lyn Kieltyka, PhD.	Epidemiologist	Centers for Disease Control and Prevention
Mary Noel	Director of Case Management	HCA Mid America

Call to Order, Welcome and Introductions:

The meeting was called to order by Dr. Rebekah Gee, Chair, Bayou Health Quality Committee and Medicaid Medical Director for Louisiana. Dr. Gee welcome committee members and participants in the room and asked them to introduce themselves. Dr. Gee then introduced Mark Perry who is currently managing the Adult Medicaid Quality Grant.

Senate Bill 35:

Ruth Kennedy who serves as the Director of Louisiana Medicaid provided a brief overview of her recent discussion with Senator Heitmeier around the pending Senate Bill (SB) 35. According to Senator Heitmeier, the SB applies to Medicaid (Legacy and Bayou Health). Senator Heitmeier does not want to make the bill broader, but he will consider amending the bill to illustrate that the bill is directed towards Medicaid. Ruth provided a detailed report to committee members and participants of the discussion with Senator Heitmeier that provides specifics about what is expected of the health plans and other partners for the state's Medicaid program.

Tools, Surveillance and Methods of Improving Delivery of Care:

Dr. Gee introduced Cindy Caroon who serves as a Program Manager under Bayou Health to present information to committee members regarding consideration for reviewing the current fee schedule/condition. Cindy informed the committee that the goal in revising the fee schedule is to utilize the committee's input to guide this process. Dr. Gee added that we are paying for some items that are not evidence-based or a necessity such as hair transplants and we should review the fee schedule and make decisions about what items are incurring cost but are no longer necessary. Dr. Ann Kay Logarbo emphasized how confusing the website and fee schedule is for physicians in her health plan. Mary Noel asked if we should consider restructuring as cost drivers versus conditions. She was also asked to look at durable medical equipment and codes used for this category. Dr. Gee responded that she wants the state to move the dial on case pay for things that work and make sure providers know and fully understand our expectations. John Vanchiere mentioned that some issues that have surfaced are the requirement of the use of some tools for disease such as diabetes that do not provide the needed data that plans are required to report on.

Dr. Gee provided an overview of the Obstetric Risk Assessment Tool that was revised based on feedback gathered from all five health plans in collaboration with IPRO. Following Dr. Gee's review of the updated tool, it was suggested by John Vanchiere to add Obesity as co-morbidity. Kevin Bridwell suggested that the old fee schedules on the website be archived to make the page more user friendly.

Dr. Gee provided a brief overview of the benefits of Choosing Wisely as a set of evidence-based recommendations set forth by various medical societies and groups along with other national expert panels. Dr. Gee asked for the committee to recommend 3-5 action items to discontinue payment for off this national list and report back by the next committee meeting.

Hedis targets for health plans:

Mary Johnson who serves as the Bayou Health Section Chief provided the committee with an update on HEDIS targets. Mary emphasized that we currently have tremendous resources within the state such as the University of Louisiana at Monroe team and other additional staff who currently and will be serving under the new quality grant. Mary reviewed the five incentive based measure or money measures. She reminded the committee of the incentives as well as consequences established for plans not meeting these five measures. Mary also provided level 1 Hedis measures and reminded the committee that plans should be currently reporting on these measures as well.

Feedback:

1. Consider making the methodology be to be achievable and aspirational.
2. Should the goal be aimed at being achievable or exceeding national guidelines instead of just targeting areas that are real low?
3. Identify any easy wins that is impactful.
4. Provide plans with the characteristics of each of the sets.

Follow up on last meeting:

Mary Johnson updated the committee on the process for the committee to make recommendations by reviewing the Bayou Health Quality Committee proposed flowchart approval process with the committee and participants. Dr. Ann Kay Logarbo asked who would make up the workgroup that is listed in the flowchart. Mary Johnson responded that it would be made up of internal committee members as well as external strategic stakeholders. Mary Noel asked if the workgroup would report to this committee. Mary Johnson responded that it probably would and it may be led by Jen Steele.

Mary Noel asked if the four tools fit into the process. Dr. Gee then pointed out that Choosing Wisely is an example of some topics that begin in the process but stay within the group/committee. Justin Bennett asked if this group would take on SB 35. Dr. Gee stated that it should begin with the plans pulling what they currently have for diabetes and then we can make an assessment of where we are. Mary reminded the committee that we initially need to respond by providing our gaps. Sonya Nelson mentioned that there were some multifaceted approaches in schools and faith based organizations that could provide lessons learned. Mary Johnson also added that if there is a fiscal impact, this provides an example of why we would want this process to flow as illustrated in the chart to the Medicaid Director and DHH Secretary. She also stress that being budget neutral is important but as a committee think beyond that. Dr. Gee suggested that Roberts Rules of Order be utilized to guile the process.

Other Business:

John Vanchiere requested an update on the status of the EPSDT recommended schedule changes that were discussed during the February 22, 2013 committee meeting. Mary stated that she discussed this with Ruth to see if there was a need for a fiscal impact statement. John Vanchiere asked if data could be used to reflect how much outpatient antibiotic therapy is being used for pediatric population. Mary responded that she is not clear on what the data is and the workgroup would meet to discuss. It was mentioned that plans should consider looking at their requirements of glucose testing and monitoring equipment such as true test, true results and/or true track. It was stated that plans should be able use the tool that provides accurate data that is required of plans to track of its diabetic patients in agreement with Bayou Health.

Dr. Gee asked health plans about the process of providing information to providers.

Next Steps:

- Mark Perry will begin working to assemble a Diabetes Workgroup of internal committee members as well as external strategic stakeholders that will assist with creating a Diabetes Action Plan.

- Dr. Gee asked that committee members review the components of Choosing Wisely and provide recommendations on what procedures and items should be restricted based on the recommendations that are listed which are based on best practices.
- Mark Perry will provide committee members with the Choosing Wisely link.
- Mary Johnson asked that Bayou Health Plans provide their list of measures that will be tracked throughout the year to show whether plans are having an impact with their patient populations.
- Mary Johnson will send out additional data which includes the process which will include data from other states.
- Health plans will provide Dr. Gee with information around what additional data they would like to see.
- Health plans are asked to work with Mark to assemble their communication staff in an effort to begin collaborating with Magellan's communication team and DHH's Bureau of Media and Communication (BMAC).
- Quality workgroup will address items on the fee schedule.
- Dr. Rebekah Gee asked committee members to review Neonatal Intensive Care Unit (NICU) levels of care guidelines from the American Academy of Pediatrics.
- The new EPSDT schedule will be implemented by all five health plans by no later than Monday, April 29, 2013.