ALABAMA MEDICAID AGENCY
PHYSICIANS' TASK FORCE MEETING
April 26, 2012
4TH FLOOR BOARDROOM
1:00 p.m. - 3:00 p.m.

Members Present:
R. Bob Mullins, Jr., Robert H. Moon, Melinda Rowe, Cary Kuhlmann, Robert Smith, Linda Lee, Kevin Olson, Steve Baldwin (telephone), Edgar Finn (telephone).

Medicaid Staff Present:
Kathy Hall, Leigh Ann Hixon, Nancy Headley, Desiree Nelson, Cyndi Crockett, Chris McInnish, Laura Hamilton, Kelli Littlejohn, Theresa Richburg, Ron Macksoud, and Dan Roach.

Welcome and Review of Minutes:
Dr. Rowe welcomed everyone and thanked them for their attendance. The minutes from the last meeting were accepted with no changes.

Update by Commissioner Mullins:
Commissioner Mullins informed the group that effective May 1, 2012, he would no longer be the Commissioner of Medicaid. Dr. Don Williamson from the Alabama Department of Public Health Department was recently chosen by Governor Bentley as the head of a transition team to conduct a review of Medicaid's operations and finances. Dr. Williamson requested that any ideas for budget savings to be sent to him. Commissioner Mullins stated that he believes the Patient Care Networks are the key to meeting the challenge of over utilization and cutting expenditures.

Dr. Rowe thanked Dr. Mullins for his leadership and stated that he will be missed.

New Business/Topics of Discussion

Health Information Exchange (HIE) by Dr. Roach:

- The HIE readiness assessment was completed and initiated September 2011 to determine who has live access. Jackson Hospital was the first to go live followed by Baptist, APHCA, and East Alabama Medical Center. Others are scheduled throughout the remainder of 2012. Children's Hospital is scheduled for January 2013. The milestones are to sign-up and go-live in Stage 1 of Meaningful Use. The goal of HIE is about patients, quality of care, patient safety, care coordination, and not technology.
- The ultimate goal of "One Health Record" is having access to the entire health record to improve patient outcomes, reduce duplication and fragmentation of care, and reduce costs. It is a transparent multi-stakeholder process. There is an on-boarding process where the vendor has to create a link back to the "One Health Record". There is no charge from Medicaid but the vendors may charge providers to make the connection.
- Cary Kuhlmann expressed concerns from the physician's community, stating their belief that it is going to slow them down. Dr. Roach said this may be true on the front end but it will be a major time saving on the backend.
- Effective February 2012, secure messaging became available where information can be sent live from one provider to another. Clinical data, stored locally, is pulled at the time of a query. If providers turn off their electronic health record at night, information cannot be retrieved by others.
- There are 1305 members, over 800 are live on a certified system and over 200 have attested to Meaningful Use. Medicaid incentive payments paid for Alabama Meaningful Use totals $17.8 million to providers and $44.2 million to hospitals.

Patient Care Networks Update by Chris McInnish:

- Medicaid is in the process of changing the referral process and will no longer require PMP to PMP referral. Claims will also pay back one to two months.
- Staff is working with Dr. Roach to develop an online system for referrals via a web portal for providers to view info about the patient and send the referral to other providers. A tracking number will be assigned to referrals to determine costs.
- A policy change for Patient 1st patient assignment now allows an increase to 125% of contract amount if the provider has been a PMP for one year and has no pending investigations.
- A State Plan amendment effective 7/1/2012 will allow health homes for enrollees with chronic conditions. Dual eligibles may voluntarily enroll. 90% enhanced funding will be available for two years from the start of the program. The Patient 1st budget will go from $19 million to $50 million with no additional state dollars. PMPs will receive 50 cents per patient. The role of the Patient Care Networks in health homes will be to serve as a facilitator and nurses will assist care managers with the care. CMS requires that the patient must be touched every month. Reviewing a patient's report every month meets the definition of "touch".

Patient Care Network Update by Dr. Olson – North:

Dr. Olson is a pediatric ER physician and has been the Medical Director of the Huntsville Hospital ER for 15 years. Most recently, he has expanded his practice to function as the Medical Director of the North Alabama Community Care (NACC).

Dr. Olson began his presentation on avoidable emergency department (ED) visits with a slide showcasing the NACC website that will soon go live. The website address is www.naccnetwork.com.

He stated that hospitals want to increase utilization and payors want to decrease utilization. Medicaid Alabama data revealed about 90% of ED visits in our state are classified as emergent; however, the diagnoses for non-emergent vs. emergent are very similar. Over 45% of patients with a chronic care diagnosis state are non-compliant. NACC is the care coordination piece of the medical home. They engage hospitals in the networking activity in managing those patients with chronic diseases. Patients leaving the ED need follow up. The NACC is working to reduce ED visits in the patient categories of high cost, high ED visit and chronic disease. This is done through informatics tools to rapidly identify the low barrier and high impact drivers and refer for care coordination. Substance abuse coordination and a new ED pain policy also need to be addressed at the State level.

Lead Testing in Children by Dr. Rowe:

The CMS Information bulletin dated March 30, 2012, has outlined a new lead screening policy. Currently only 80% of children are being screened. The new approach encourages targeted screening in states that have sufficient data to demonstrate that universal screening is not the most effective method of identifying exposure to lead. Medicaid is working with the Alabama Department of Public Health (ADPH) to determine if we qualify to be a targeted screener.

Alabama Perinatal Excellence Collaborative (APEC) by Dr. Moon:

Dr. Moon stated that APEC is a physician driven quality initiative focused on obstetrical care and how to improve perinatal outcomes. Last year, Dr. Moon met with the chairs of the obstetrical departments at UAB and USA and their Maternal Fetal Medicine staff to learn how we could work together to develop a system that would drive outcomes in maternity care. Multiple systems around the country were examined in terms of what would be a good model for us to use. What is being developed is a hybrid which picks the best of different programs. The closest model that parallels what is being developed is Arkansas' Angels Program.

Dr. Moon stated the goal and concept is that ultimately we would have evidence-based guidelines for care developed not by Medicaid but by academic experts and other providers from around the state. Statewide meetings were held January and again in March in Huntsville, Birmingham, Montgomery, and Mobile where thirty or more people participated in the meetings. Each meeting was led by either UAB or USA or both. Presently, we are in the process of reaching out to rural physicians to ask them to engage in the APEC group that's leading the work. We have received several emails about suggestions, thoughts, and ideas and hope to get more as we go along.

In the last series of meetings, there were two preliminary protocols that were shared. One centered on prenatal care for routine pregnancy. The other protocol centered on scheduling deliveries prior to 39 weeks. The protocols are not written in stone (science changes and so should protocols) and it is anticipated that the protocols would be modified on an ongoing fashion based on evidence. The protocols are located on the Medicaid website for viewing and comments. Ultimately the concept is that we would have not just two protocols but several and they would be used as a resource to providers delivering care in the state.

Some of the leaders in the APEC movement have asked for Medicaid to build in some incentives for physicians to follow these protocols and guidelines. Dr. Moon agreed that it is certainly an aspect that we will be looking at and discussing as we work with the APEC group to encourage providers to look at and begin to follow the protocols.

What we have asked APEC to do is to really look at maternity care in the state and look at how we can drive the quality of it and engage physicians in the most productive way. We are developing a plan and will probably have more meetings in the future. Dr. Moon introduced Laura Hamilton who oversees the Medicaid Maternity Care Program to the group. Laura helped coordinate the meetings and did a lot of additional work. Dr. Moon thanked Laura for the great work she has done already.

Cary Kuhlmann questioned if CMEs are offered at these meetings and stated that more physicians may attend if CMEs are offered. Dr. Moon responded that we will research the possibility and will put it on the next agenda for an update.

Recommendations from Members:

- Coordinated care network update-where you are going after the three pilots
- 72 hour window override for emergencies
- Pharmacy update

Closing of Meeting – Dr. Rowe:

- The **next meeting** will be scheduled **Wednesday, June 27th** from 1p.m. to 3p.m. Please send new topics at least 2 weeks in advance to desiree.nelson@medicaid.alabama.gov

Submitted by: Desiree Nelson, MN I	Desiree Nelson RN Medical Services Division, Physicians Program	6-18-12 Date
Reviewed by: Robert Moon, M.D.	R Moon MD Chief Medical Officer and Deputy Commissioner, Health Systems	6-19-12 Date
Approved by: Melinda Rowe, M.D.	Melinda H. Rowe MD Assistant Medical Director, Health Systems	6/19/12 Date