

Meeting Summary for Care Management Committee Zoom Meeting

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Quick recap

The meeting covered updates on the Patient-Centered Medical Home (PCMH) and PCMH Plus programs, including participation statistics, quality measures, and performance comparisons. A survey on member satisfaction with primary care providers was presented, showing slight improvements in PCMH Plus practices but still lagging behind the control group. The committee discussed concerns about survey methodology and agreed to continue exploring ways to improve the survey and its response rate in future meetings.

Next steps

Erica Garcia-Young (DSS) to provide updated PCMH and PCMH+ PMPM data at the April meeting.

Dr. Larry Magras/CHN to share data on quality improvement projects with the committee, including learnings and how they are shared among providers.

Karen Dubois/CHN to explore collecting data on interventions following positive behavioral health screenings.

Dr. Jody Terranova (DSS) to research the history of switching from CAHPS to PCPCM survey and report back to the committee.

DSS to consider revisiting the use of CAHPS survey for future assessments, taking into account cost and response rate factors.

Summary

Great Blue Presentation and PCMH Update

The meeting was convened by Co-Chair Representative Lucy Dathan who also mentioned that Co-Chair Representative Robin Comey was running late due to another public hearing. The meeting then proceeded with Laura Demeyer's presentation on the PCMH program update.

PCMH Program Growth and Engagement

The Care Management Program (PCMH) has 124 program participants, 557 sites, and 2,546 providers as of February 28th. There are 98 PCMH-approved practices, 17 glide path practices, and 16 accredited practices, which are federally qualified health centers. The program has increased to 383 sites and 1,850 providers. The PCMH Glide Path has 17 practices, with 2 on Glide Path renewal. The program has not recruited any practices through February but has opportunities for recruitment with 13 practice sites and 33 providers. The attribution rate is steady at 54.3%, with 65.1% of child Husky members and 46% of adult Husky members attributed to a PCMH practice. The program has seen growth in providers, despite some practice consolidations and site reductions. The PCMH Practice Quality Improvement Activity involves reviewing practice measures, meeting with practices, and monitoring rates. The program has 13 FQHC practices engaged with the CPTS, 69 PCMH practices engaged with the CPTS, and 8 glide path practices engaged with the CPTS.

PCMH and PCMH Plus Programs

The meeting discusses the Patient-Centered Medical Home (PCMH) and PCMH Plus programs in Medicaid. Dr. McGraw explains that these programs have a stable population and haven't seen much variability in per-member-per-month costs. There are questions about

Medicaid cost overruns, which are mostly attributed to areas outside these programs. Laura clarifies that 54% of members are attributed to PCMH, including those in PCMH Plus. Dr. Magras notes they've likely reached maximum growth for PCMH participation due to market saturation, and are now focusing on program stability and attributing more unattributed members to improve care quality.

PCMH Statewide and Plus Program Comparison

Dr. Larry Magras presents a comparison of the PCMH Statewide and PCMH Plus programs. He explains that the quality measures for these programs are reviewed annually by DSS, as specifications change, and measures are retired. Erica confirms that changes to PCMH Plus measures will be implemented starting January 1, 2025, pending CMS approval. Ellen Andrews expresses interest in learning more about the quality improvement projects and how the findings are shared among providers. Dr. Magras agrees to discuss summarizing and presenting this data to the group in future meetings. Representative Comey joins the meeting and expresses interest in learning more about the quality improvement projects as well.

PCMH Plus Performance on Quality Measures

Larry presented the PCMH+ performance on quality measures compared to the rest of the PCMH program for 2023. The PCMH+ entities had 210,967 members assigned to them, with a total attributed membership of 258,054 as of 1, 1, 24. The scoring measures showed a significant upward trend for all PCMH+ entities, with a 8.9 percentage point difference between the last two reporting years. The non PCMH practices also showed an upward trend, but with a 4.3 percentage point increase. The PCMH+ entities performed 16.4 percentage points higher than the non PCMH practices and 14.3 percentage points higher than the statewide average. Ellen Andrews raised concerns about the high rates of emergency department visits and readmissions, suggesting that these are important metrics that need attention. Dr. Magras confirmed that the data only includes Medicaid members and does not include those with other forms of coverage.

PCMH Plus vs Non-PCMH+ Practices

Karen Dubois discussed the differences between the PCMH+ and non-PCMH+ practices, highlighting that while all quality measures are reported for both, there are some common measures. She noted that the PCMH+ entities performed better in measurement year 20, with a significant increase in the non-PCMH+ entities. Karen offered to go through the measures one by one, and the committee agreed to this approach.

PCM Plus Entities Performance Review

Karen discussed the performance of two programs, PCMH+ entities and non-PE PCM Plus entities, in terms of various quality measures. She noted that both programs scored above the statewide measure in 2023, with PCMH+ entities performing better in most measures. The PCMH+ entities improved in 5 of the 11 challenge measures over a 3-year period, while the non-PE PCMH+ entities improved in 3 measures. The PCMH+ entities outperformed the non-PE PCM Plus entities in 8 of the 11 challenge measures in 2023, with the largest rate difference being in the prenatal and postpartum care measures. The PCMH+ entities also outperformed the statewide rate in 8 of the 11 challenge measures. In terms of reporting measures, the PCMC+ entities scored better in most measures, with the largest rate difference being in the HEDIS immunization for adolescents' measure. The PCMHJ+ entities outperformed the non-PE PCMC+ entities in 6 of the 12 measures in 2023, with the largest rate difference being in the HEDIS immunization for adolescents' measure. The PCMH+ entities also outperformed the statewide rate in 9 of the 12 measures.

Non-disclaimer for HEDIS and CQA Requirements

Karen discussed the Non-disclaimer for the HEDIS copyright and CQA requirements. Steven Colangelo asked about the selection and duration of challenge measures for PCMH+. Erica clarified that the selection is based on quality improvement and resources and can be switched annually. Ellen expressed interest in behavioral health screenings and suggested a measure to track interventions. Karen mentioned that NCQA has proposed measures with intervention components. The group then moved on to the survey results, with Seamus McNamee from Great Blue presenting the PCMH+ Member Satisfaction survey conducted with the PCPCM tool.

PCMH Plus Survey Results Analysis

Seamus presented the results of a survey conducted between September 5th and November 20th, 2024, which aimed to understand member opinions and perceptions of their primary care provider. The survey used the same 11 questions since 2022 and captured a total of 5,250 surveys, with 4,850 attributed to a PCMH practice. The results showed that the PCMH+ practices performed slightly better than the previous year, with six areas consistent or slightly higher. However, they still lagged behind the unattributed or control group sample. The highest rated areas were caring for me and the doctor being able to provide most of their care. The survey also showed that the practice helping them meet their goals was a significant area of concern, with a significant decline in the PCMH+ group compared to the control group. The survey results were consistent across both adults and children, with the practice providing most of their care being the highest rated area. The survey also provided a provider scorecard for each practice, which showed similar practices scoring well on both the adult and child sides.

Survey Results and Future Improvements

Seamus discussed the results of a survey, highlighting the positive responses and the potential for larger sample sizes. Ellen expressed concerns about the survey's focus on doctors and practices rather than patient outcomes and questioned the decision to switch from the CAP survey. Dr. Terranova acknowledged the need to learn more about the survey's history and Erica mentioned the significant expense of the CAP survey. The team agreed to continue discussions about improving the survey and its response rate. The next meeting is scheduled for May 14th, 2025.