September 30, 2016

Primary Care Advisory Group Meeting

Members Present In Person: Fay Homan, MD; Sharon Fine, MD; Deborah Wachtel, APRN; Mary Kate Mohlman, PhD; Betty Rambur, PhD; Susan Barrett, JD; Ellen Watson, APRN; Christina Harlow, APRN; Robert Penney, MD; Michelle Wade, APRN; Barb Rouleau, APRN; Donna Burkett, MD; Leo Kline, NP

Members Present by Phone: Toby Satkin, MD; Valerie Rooney, MD; Tom Peterson, MD; Kate McIntosh, MD

Observers: Pat Jones, Susan Gretkowski, Meg O'Donnell, Stephanie Winters

Introductions were made, and Susan Barrett reviewed the charge of the Primary Care Advisory Group (PCAG) in Act 113; there is a three-part charge over 2 years. Susan also reviewed the Open Meetings Act. Dr. Peterson noted that the PCAG has an advisory role, and asked what impact will they have on the Board, which has statutory authority.

The three charges from Act 113 include:

1. Quality Measures – Dr. Fine expressed a desire for more clinically meaningful quality measures that are not hard to collect. Which measure sets can we impact and which can't we impact? Will APM give us some flexibility in terms of federally-mandated measures? Deborah Wachtel asked if we are doing anything about attribution for APRNs.

2. Prior authorization -- List of all places they need to report to? What do they need to obtain prior authorization on?

Action Items: Consider compiling requirements from PMBs; major health plans (Medicare, Medicaid, BCBSVT, MVP and Cigna). GMCB will provide the report from Dr. Ramsay's prior authorization work.

3. Uniform discharge summary – sometimes it's many pages – can we get to one-pager? Michelle Wade cites a one-pager that nurses get. Valerie notes that we might need separate pediatric and adults summaries; she suggested tapping into Dartmouth for this topic. Betty said we can develop and recommend a summary, but we can't require hospitals or long term care facilities to use them. Long term care facilities and practitioners may not currently get the summaries in a timely fashion. Dr. Peterson notes that they can't always access information. If all patients had a named PCP, then we could ensure that they get discharge summaries. Could VITL (VITL Access?) house discharge summaries, possibly in a common format, with access to providers? Dr. McIntosh asked about establishing a best practice in medication reconciliation; there is a lot of variability and opportunity for improvement. Dr. Fine said it is hard to do within organizations, much less between organizations. Dr. Homan concurred. Gifford has chosen eClinicalWorks partly because of medication reconciliation; Ellen Watson agreed that it's better than Epic. Dr. Satkin suggested that we not just look at other states; let's see what's in place here and how we might learn from each other. Deborah Wachtel wholeheartedly agreed with a focus on medication reconciliation – it contributes to harm, readmissions, dollars – she thinks it should be a priority and part of developing a uniform discharge summary. Ask VAHHS if they would help.

Action Items: See if there are best practices throughout the country; also learn about successful practices within the state. Ask VAHHS if they and their member hospitals would be willing to engage in dialog on this topic.

Logistics (membership, timing of meetings) were discussed.

Action Items: GMCB will send out updated member list, and a Doodle Poll for best times for monthly meetings.