

Wednesday, February 15, 2017

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| PCAG Member Attendees | <i>Barbara Rouleau, Christina Harlow, Deborah Wachtel, Ellen Watson, Fay Homan, Paul Reiss, Robert Penney, Sharon Fine, Tim Tanner, Toby Sadkin, Valerie Rooney, W. Mark Peluso</i> |
| GMCB Attendees | Susan Barrett, Robin Lunge, Pat Jones, Michele Lawrence |
| <i>*italics denote phone participation</i> | |

1. Welcome: GMCB updates
 - a. Discussion: Brief conversation regarding structure of the agenda – will be based on the Advisory Group’s three activities, as outlined in statute, moving forward.
 - b. **Action Items:** none noted.
2. Creating opportunities to reduce requirements for primary care professionals to provide prior authorization for their patients to receive radiology, medication, and specialty services
 - a. Discussion: Group reviewed changes in the document provided by Dr. Peluso. Group provided suggested alternatives to prior authorization including education, formulary uploads, and further review of Rule H-2009-03. Susan testified in Senate Health and Welfare Committee on prior authorization; that Committee has interest in hearing from Dr. Peluso and Dr. Ramsay. Brian Murphy from BCBSVT gave overview of prior authorization pharmacy pilot in testimony.
 - b. **Action Items:**
 - i. Deborah Wachtel to write up a proposal for a 2-3 step prior authorization process.
 - ii. Mark Peluso to edit draft document and send out final version.
 - iii. GMCB to send out links to legislative agendas/legislator bios (complete 2/22/17)
3. Developing a uniform hospital discharge summary for use across the State
 - a. Michele described Joint Commission and CMS guidance on what should be included in discharge summaries, and indicated that New Jersey might have a uniform summary. Final diagnosis, plans for follow-up and disposition of patient are required by CMS. Improvement activities could be geared to authors of discharge summaries – currently lots of cutting and pasting from EMRs leads to long summaries. Biggest problem with Medication Reconciliation is the input, which could result in mistakes, new dosages not understood by patients, new prescriptions not filled. Reconciliation should be performed at input phase, so that output is more accurate and there are reduced complications. Dr. Penney suggested working with nursing homes as well as hospitals. Dr. Tanner believes that hospitals should be first priority before moving to nursing homes.
 - b. **Action Items:**
 - i. GMCB to send out NJ information on Uniform Transfer (complete 2/22/17)
 - ii. Dr. Reiss to reach out to VMS regarding participation in an upcoming meeting (complete 2/15/17)
 - iii. GMCB to reach out to VITL regarding participation in an upcoming meeting (complete 2/21/17)

- iv. Group to provide feedback to Dr. Tanner by next meeting on 3/15/17
- 4. Identifying circumstances in which existing reporting requirements for primary care professionals may be replaced with more meaningful measures that require minimal data entry
 - a. Pat Jones discussed recommendation for Measures Council in Act 112 report to Legislature; group decided that there was no imminent need for the Council. Measure sets within the state are under control; insurer measure sets will ideally conform with the APM; federal requirements could go beyond APM requirements, but can be discussed at the appropriate level. Alignment is still a topic of interest. Dr. Rooney suggested continuing group past statutory requirement of 7/1/18 with consumer representation if measures are being discussed.
 - b. **Action Items:**
 - i. none noted.
- 5. Adjourn