

**Patient Centered Primary Care Home Program - Standards Advisory Committee
Meeting #5 Summary**

Thursday, January 7, 2010
3:00-5:00pm

Committee Members in Attendance

J. Bart McMullan, Jr, MD (chair)
Mitchell Anderson (co-chair)
James Beggs, MD (phone)
Karen Erne, PHR, MA
Craig Hostetler
Arthur Jaffe, MD
Susan King, RN
Carolyn Kohn
David Labby, MD
Robert Law, MD
Mary Minniti, CPHQ
Melinda Muller, MD, FACP
Carole Romm, MPA, RN
Glenn Rodriguez, MD
Tom Syltebo, MD
David Pollack, MD (ex officio)

OHPR Staff in Attendance

Jeanene Smith
Rob Stenger
Lisa Angus

Committee Members Not in Attendance

David Dorr, MD, MS (ex officio)
Chuck Kilo, MD, MPH (ex officio)
John Saultz, MD (ex officio)
Barney Speight (ex officio)
Jane-Ellen Weidanz (ex officio)

Public Comment

5 members of the public signed in. No individuals offered public comment.

Meeting Summary (**Committee actions in bold**)

Meeting convened at 3pm by Dr. McMullan.

Committee approved the Meeting #4 Summary.

The Committee discussed proposed measures 1-4 under the Comprehensive Whole Person Care Core Attribute. Key discussion points included:

- Scope of Services Measures
 - o Comprehensive scope of services is important and must be inclusive of acute care, management of chronic illness and comprehensive attention to an individual's health needs across organ systems.
 - o While a broad scope is important, most primary care clinics are currently under-resourced and under-staffed to actually deliver comprehensive care to all patients.
 - o Maintain the four measures that reflect unique but overlapping domains of comprehensive care (prevention, medical services, mental health and substance abuse, and health risk behaviors).
 - o Checklists of specific services are overly prescriptive and not necessary to ensure a broad scope; general categories (acute, chronic, preventive) are sufficient.
 - o Use of claims data to verify delivery of comprehensive services is not necessary as a higher-level measure; attestation of scope by clinics is sufficient.
 - o Consider the addition of developmental screening for children to the existing measures.
 - o Consider the addition of language on diagnosis and management to the mental health and substance abuse measure. Listing of specific screening tools is not necessary. Also, consider the addition of intermediate and advanced measures that reflect direct collaboration and co-location (actual or virtual) with mental and behavioral health professionals.
 - o Measures on mental health should not penalize primary care clinics in areas with an inadequate mental health care workforce and/or limited access to services.
 - o Attention to health risk behaviors and social determinants of health are important to the primary care home model. Consider the addition of advanced measures that reflect outcomes such as referrals, delivery of services, linkage to community resources or reduction in risk factors within the clinics' patient population.

Dr. McMullan called for public comment at 4:00pm, no individuals offered public comment.

The Committee discussed proposed measures 1-5 under the Continuity Core Attribute. Key discussion points included:

- Provider Continuity Measures
 - o Add primary care teams to language about continuity, but teams must be small groups of clinicians and clinic staff, not an entire clinic.
 - o Evidence suggests that continuity with an individual clinician (not just a clinic or group of providers) improves patient satisfaction and health outcomes.
 - o Continuity "benchmarks" should not penalize clinics that might have difficulty achieving high provider continuity by virtue of their patient population or provider mix (e.g. teaching clinics, homeless and migrant health worker clinics).
 - o Documentation of a follow-up plan is an important element of continuity that should be reflected in the primary care home measures.

- Information Continuity Measures
 - o Primary Care Home measures should contain parameters about the structured organization of clinical information (e.g. med list, problem list, allergies, etc.) either within this standard or elsewhere.
 - o It would be difficult to accurately measure transmission of structured clinical summaries at key points without full electronic information exchange.
 - o The long-term goal for information continuity is real-time electronic exchange of clinical information. Keep this as an advanced measure and consider elimination of the “basic” measures.
 - o Information exchange can happen in multiple forms. Direct verbal contact with a member of the primary care team should be included as an appropriate means of information exchange.
 - o Information continuity standards must be applied to other providers, not just the primary care home (e.g. hospitals, emergency departments and specialty providers should be required to ask about a patient’s primary care home and communicate with the primary care team).
 - o Eliminate continuity measure 4, this will be added to measures under the access to care core attribute.

- Geographic Continuity Measures
 - o Hospitals should be required to coordinate/communicate with primary care homes.
 - o Consider limiting the “basic” measure to an agreement with usual hospital providers (if the primary care home does not provide hospital care).
 - o Measuring follow-up visits is a reasonable proxy measure, but the goal of geographic continuity measures should be to ensure continuity and coordination during key care transitions.

The committee had general discussion about its next meeting and requested OHPR staff complete the following tasks:

- Revise Coordination and Integration measures to include language on coordination with local public health entities and other community services that support self-management or provide other critical services that influence health.
- Extend the scheduled Meeting #6 on 1/22/10 by 1 hour to 5:00pm. The first half of this meeting will focus on the final two core attributes (Coordination and Integration, Person and Family Centered Care) and the second half of the meeting will focus on principles for application of the primary care home standards.
- Schedule an additional wrap-up meeting or conference call in late January. This meeting will focus on review of revised standards and the DRAFT final report of the committee. It will also be an opportunity for public comment on these documents.

Dr. McMullan adjourned the meeting at 5:00pm.

The next scheduled Committee meetings are:

Friday, January 22, 2010 (#6)

2:00 - 4:00 pm

PSOB, Room 1C

800 NE Oregon Street

Portland, OR

Thursday, January 28, 2010 (#7 – Final Wrap up and Public Comment)

1:00 – 2:30 pm

PSOB, Room 918 (9th floor)

800 NE Oregon Street

Portland, OR