

**Statewide Health Improvement Program
Multi-grantee Health Care Work Group Meeting**

February 16, 2:30-4:00pm
Southdale Library, Ethel Berry Room

MEETING MINUTES

Attendees: Courtney Jordan (Physician Consultant), Renee Gust (Hennepin County), Ruth Tripp (Bloomington Public Health), Jim Bluhm (BCBS), Kristen Godfrey (MDHFS), Mary Larwik (NHCN), Melissa Marshall (ICSI), Carol Berg (UCare), Sandy Lien (Medica), Ron Jankowski (Freemont Community Health), Amy Friedman (City of Mpls Human Resources), Brooke Ahlquist (MDH), Randall Warren (Health Partners), Patty Bowler (MDHFS), Megan Ellingson (MDHFS), Kari Mattson (Chisago County)

Agenda Item	1. Welcome and Introductions
Discussion	<ul style="list-style-type: none"> Courtney Jordan, Chair of the Health Care Work Group (HCWG), convened the meeting and called for introductions.
Next Steps	<ul style="list-style-type: none"> Include Jim Bluhm on HCWG contact list for BCBS and Amy Friedman for City of Minneapolis.
Agenda Item	2. Approval of January 19, 2010 meeting notes
Discussion	<ul style="list-style-type: none"> There were no proposed changes to the meeting notes.
Next Steps	<ul style="list-style-type: none"> None.
Agenda Item	3. Discuss billing and public program coverage
Discussion	<ul style="list-style-type: none"> Sandy Lien from Medica discussed and solicited feedback on a draft billing grid with billing codes for ICSI guidelines for all health plans and an incentive grid for other programs and services offered by health plans. There was discussion around the difficulty of completing a health plan billing grid because of the differences in commercial plans, the vast patient circumstances dictating provider billing, and the continual change in codes themselves. Providers and HCWG team members will need to direct the need for codes, because health plans can not dictate how providers bill for services. HCWG feedback on needs for coding include: How to capture coding for 1) follow-up visits that fall outside of Evaluation and Management (E&M) codes, 2) complicated visits (e.g. diabetes, smoking, nutrition, etc.), 3) patients without a diagnosis (e.g. obese, diabetes, pre-diabetes) that need follow-up and/or referral for physical activity and nutrition, 4) weight management, 5) care coordination and follow-up. The HCWG also discussed the feasibility of implementing a billing grid and referral system in clinics. The EMR could be used to facilitate provider decision tools on ICSI guideline implementation as well as automatic coding checks and billing. There is a need to get patients started on their referral at the initial visit and to have an ongoing relationship with someone for care coordination. Ottertail County and Chisago County may propose using PHN staff to do follow-up and care coordination for at-risk patients. A referral model similar to the Tobacco Quit line or United Way 2-1-1 was also discussed.

	<ul style="list-style-type: none"> The group decided that further work should continue on the billing grid to include currently available codes for including description, frequency, designation of MD or non MD, and reimbursement by health plans. Codes of particular interest for the ICSI intervention are diagnosis codes that relate to weight management that get paid for public programs and fully insured. Future work should also continue on health plan incentives grid. Future strategies include identifying gaps in codes available, developing a creative strategy to propose to policy makers (e.g. baskets of care), and get health plans together to agree on a consistent benefit set (similar to the tobacco model). If universal coding is needed by all health plans, the group can submit a proposal to the AUC statewide group for approval by all plans and DHS.
Next Steps	<ul style="list-style-type: none"> Renee Gust will email Sandy Lien specific coding needed from in-clinic personnel. Sandy Lien and Carol Berg will continue to work on the draft health plan billing grid and incentive grid.
Agenda Item	4. Review draft clinic and clinic system processes
Discussion	<ul style="list-style-type: none"> Courtney Jordan reviewed the Summary of Process Outlines and Evaluation Tools handout, the Individual Clinic Intervention Process handout, and the Clinic System Intervention Process. There was further clarification on a few main points. The final clinic lists will be available in mid-March. The last ICSI meeting will be held at the end of July 2011. There will be \$35,000 available as a stipend for the clinic system(s) chosen.
Next Steps	<ul style="list-style-type: none"> None.
Agenda Item	5. Break-out groups
Discussion	<ul style="list-style-type: none"> There were no break out groups for the assessment tools due to timing.
Next Steps	<ul style="list-style-type: none"> HCWG members will review the assessment tools and provide feedback to Megan Ellingson by February 26, 2010.
Agenda Item	6. Group Discussion—gather comments on Clinic System Preliminary Assessment
Discussion	<ul style="list-style-type: none"> Courtney Jordan reviewed the Clinic System Preliminary Assessment and solicited feedback from the HCWG. The group suggested inquiring about outcome analysis capabilities, QI expertise, and specifying the number of individual clinics for question number 1.
Next Steps	<ul style="list-style-type: none"> Melissa Marshall will email Megan Ellingson the ICSI contacts for each clinic system. Jim Bluhm will email Megan Ellingson the BCBS article on QI assessment.
Agenda Item	7. Next steps and future agenda items
Discussion	<ul style="list-style-type: none"> The next meeting is March 16, 2010 and will be at a different location that will accommodate phone conferencing.
Next Steps	<ul style="list-style-type: none"> HCWG members will think individually about what information they will need to make decisions about which clinic system(s) to work with, and provide feedback to Megan Ellingson by the end of this week.