

CRG Conference Call, with Dr. Goldfield - Nov 11, 2013

Attendees

Neil Pessin	CCMP
Michelle McElroy	Southern Tier AIDS Program
Karen Nelson	Maimonides
Kristina Monti	Continuum Health Home Network
Lyn Hohmann	NYSDOH
Grace O'Shaughnessy	VNSNY
Sajidah Husain	Amerigroup
Jessie Sullivan	Hudson Health Plan
Norbert Goldfield	3M
Annaheeta Naqvi	Amerigroup

The call started with check-ins and welcome.

The group's goal of identifying additional measures to better reflect the health status and costs involved with caring for this population were reiterated. Dr. Goldfield's advice was sought in incorporating measures previously identified by the group.

Dr. Goldfield thought that changing the meanings of ICD9 codes was a bad idea. ICD10 will be coming out next year, and in any case creating additional codes or refining existing ones would be preferable to altering their meaning.

The group then addressed each suggested additional measure:

Homelessness:

- There was discussion of different measures of homelessness, and the need for a measure which reflects the varying degrees of homelessness. Dr. Goldfield agreed that measuring homelessness was critical, and that it could be integrated into the model. The group must first decide on a measure and present it to him. Additionally, he indicated that the measure would need to be agreed upon by all parts of NYS DOH, not just the Health Homes initiative.

Functional Impairment:

- This is fairly straightforward and a very critical measurement. The group simply has to decide on which tool to use. Dr. Goldfield will forward some information from Medpac to Dr. Hohmann, who will send it out to the group.
- There are two important classifications to consider- whether or not the measure is patient derived, and how diagnosis specific it is.

Adherence Barriers:

- The group is aware that pharmacy data is available in the claims data. The goal is to identify a measure which reaches beyond medication non-adherence.

- Dr. Goldfield suggested that this issue would be better addressed by a patient activation measurement, and recommended we contact Judy Hibbard or John Watson. He noted that Judy Hibbard charged a substantial fee while John Watson may be willing to assist without charge.

Criminal Justice:

- Dr. Goldfield indicated that his understanding was that information for this was going to be merged from the corrections database with the DOH information. Dr. Hohmann indicated that there are ongoing concerns with this possibility, as there is PHI involved, the possibility of a merger is not certain at this time. Dr. Hohmann will also follow-up and relay any information that is available back to the group and to Dr. Goldfield.

Connectivity to Primary Care:

- Dr. Goldfield does not think this is a useful measure in and of itself; connectivity is well measured in John Watson's model of level of engagement. Many PCPs do not have much information about the level of engagement for the majority of their patients and do not administer tools to measure this.

There was agreement that a patient activation measurement could replace some of the previously suggested measures.

Dr. Goldfield concluded by suggesting that the three most important elements of a predictive model are: good claims data, patient activation data, and good communication between the care manager and primary care provider. These elements combined can give the most accurate representation of what a given client's level of need.

Follow-Up Items

- The group will reach out to John Watson to help with measuring patient activation.
- A calendar invitation will be sent out for the next call.