

**PROGRAM OUTCOME & EVALUATION SUBCOMMITTEE (POE)
 MEDICAL CARE ADVISORY COMMITTEE
 12:30 P.M. -- 1:30 P.M. ON FEBRUARY, 21 2001
 VERN RIFFE CENTER, COLUMBUS OHIO**

TOPIC	DISCUSSION	ACTION
I. Introductions Attendance Committee Members: Maureen Mitchell, Pat McKnight, Ed Lentz, Will Sawyer, R. Tuck, M. Dixson Guests: Debbie Chotkevys, Sue Hackett, Gary Hinzman, Helena Smith, Ms. Harper Staff: Lauren Phelps, Debbie Clement, M. Wilson, Dan Hecht, James Gearheart	M. Mitchell convened the meeting at 11:15 A.M.. The purpose of the meeting was to hear presentations from Delmarva, Permedion, and ODJFS.	
II. Minutes / Agenda.	The minutes of the Jan. 20 2001 meeting were approved with amendments. Date correction and spelling corrections.	
III. OLD BUSINESS (cont.)		
III. A) Discussion of Health Care Disparities (Garland)	Garland discussion moved to April meeting as Mr. Garland was unable to attend the subcommittee meeting due to unexpected schedule conflict.	April 18, 2001 agenda Item: Discussion of Health Care Disparities (Garland).
IV. New Business		

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<p>IV. A) Delmarva presentation Debbie Chotkevys; project director for Delmarva, discussed methods used to do clinical quality studies and administrative reviews.</p>	<p>SFY 1999 studies are following format used in 1996 studies to determine change. SFY 1999 studies include prenatal care, childhood asthma, healthcheck, case management, encounter data, accuracy, and encounter data omission.</p> <p>Significant discussion related to methodology issues. The subcommittee was concerned on various issues including: hardship on providers for pulling charts for review, generalization of studies, comparison of studies to other states, and how the results were to be used. NOTE: Delmarva will go on site to review charts if providers have 20+ charts to be reviewed. The MCOs indicate that they would try to facilitate the collection of charts so a sufficient sample size may be obtained. Delmarva approximates that managed care providers report only one third of their claims due to capitation. 13% of providers under contract with MCOs code HealthCheck correctly. For the FFS providers, 40% of encounter data codes for this service are correct. QUESTION: Could there be a correlation between FFS payment structure and coding?</p> <p>The committee is also concerned that data findings are able to be compared year to year so we can see if outcomes and effectiveness have improved. The committee noted the following:</p>	<p>Delmarva should address the results of immunization outcomes cross referenced with an ODH immunization registry. The committee would like a report on how effective the ODH registry is in being able to verify immunization status (e.g. how many records were found, how many not found).</p> <p>The subcommittee expects studies to be generalizable (e.g. there is low tolerance by committee members for not being able to access charts for review regardless of the reason that is given by the EQRO or MCOs). If the findings are not generalizable, the subcommittee wants to know:</p> <ol style="list-style-type: none"> 1.) What entity did not follow through. (EQRO, MCO, ODJFS, ect.) 2.) What sanctions were taken. 3.) What corrective action was taken by all parties involved?

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	<p>1.) ODJFS is moving from conducting studies that cannot be generalizable or compared to other states' outcome data to studies more in line with what HEDIS measures.</p> <p>2.) ODJFS has generally adopted outcome measures where appropriate. Clearly, process measures are still important considering that data quality, data valuation, and "best practice" adoption issues still exist. However, outcome effectiveness studies have been done (note the Asthma, Healthy Birth Outcomes, and Obstetrical Outcomes studies). A successful organization will blend all types of studies. It is only the heavy reliance on one type or another which will hinder an organization's growth and improvement.</p> <p>Complex birth outcomes can be picked up by the Encounter Data Collection System. Also, for the Childhood Lead Level studies, there is no attempt to see what remedial action was taken by health departments once they received reports of elevated lead levels.</p> <p>3.) ODJFS is moving toward recognizing MCOs that are doing a good job and hoping to reward them with financial incentives (pending HHS approval) and sanctioning those MCOs that are not doing a good job (pending outcome of Omissions study and Encounter Data Accuracy study) these MCOs may have their encounter data reviewed in the future rather than a chart</p>	.

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IV. B) Permedion presentation Dr. Hinzman; medical director of Permedion discussed the quality studies that Permedion have performed for the department.	Dr. Hinzman's presentation focused on pre certification, utilization reviews, quality of care reviews, coding verification, focused reviews, quality of care studies, technical assistance, and provider education. Refer to handouts. Committee members are asked to recommend studies that should be done in the future to measure program and quality effectiveness.	
IV. C) ODJFS presentation Quality Improvement Initiative since 1997 (Dan Hecht)	ODJFS presentation deferred to next meeting. Handouts attached. The committee wanted to note its appreciation to the department and Mr. Hecht for the initial work done on this project.	Recommendation that the report include how the QI studies were used to improve program effectiveness (outcome of the studies in relation to how the program operates).
IV. D.) CPT codes for nutritional assessments.	Pat McKnight presented handouts that summarize the new CPT codes for medical nutritional therapy. Refer to handout.	
IV. E.) Proposal for future studies.	Suggestions were taken for studies concerning alcohol dependency and mental health. Meeting was adjourned at 1:10 P.M.	
V. Next Meeting	The next meeting is scheduled for April 18, 2001, Room 1922 Vern Riffe Center.	