



# Meeting Minutes

## Learning Advisory Council Meeting 3

Location:	GoogleMeet
Date:	11/17/21
Time:	5:00 PM ET
In Attendance:	<b><u>Council Members:</u> Nkem Okeke, Howard Haft, Titus Abraham, Melanie Cavaliere, Julio Menocal, Nnaemeka Agajelu, Kristina Williamson, Laura Goodman, Zach Rabovsky</b> <b><u>Staff:</u> Alice Sowinski-Rice, Raghavi Anand</b>

### Housekeeping Items

1. Results from live poll
  - a. Ranking support of **new events**:
    - i. Rank 1: HEART Payment Series (Five Ws, Best Practices, Lessons Learned)
    - ii. Rank 2: Maryland Annual Primary Care Conference
    - iii. Rank 3: Chronic Conditions Reflections Series
    - iv. Rank 4: Focused Regional Care Workshop
    - v. Rank 5: Say What, Say Who? SIHIS!
    - vi. Rank 6: Provider Empowerment Mini Series
    - vii. Rank 7: 2nd Annual Hospice Roundtable
    - viii. Rank 8: Regional Fishbowl
  - b. Rank support of **"old" events**:
    - i. Rank 1: Staff Training Academy
    - ii. Rank 2: Provider Leadership Academy
    - iii. Rank 3: MDPCP/CareFirst Networking Event
    - iv. Rank 4: Care Manager Affinity Group
    - v. Rank 5: CRISP Open Office Hour
    - vi. Rank 6: March Madness Series
  - c. Feedback re: **frequency of events**:
    - i. 1 event per month max. Any more and you may risk losing interest. If the events are interactive, a good size crowd is important. Too many events will dilute attendance.
    - ii. **(Dr. Abraham)** 1 event per month is not unreasonable for staff
    - iii. **(Dr. Menocal)** Can we offer any certificates for staff that complete courses and complete a test?
      1. **(Dr. Haft)** MDH doesn't do certificates, but community colleges and other schools do.
    - iv. **(Dr. Agajelu)** 1 per quarter— 1 for staff and 1 for providers

- v. **(Dr. Okeke)** Can we reate a simple certificate of completion for each event?
    - 1. This should be doable!
  - vi. **(Dr. Agajelu)** Early-on, staff felt that events were redundant
  - vii. **(Dr. Abraham)** Staff should learn about all MDPCP topics, including SDoH, as it will help them understand the bigger picture even if it doesn't have a direct practical application
  - viii. Have agenda items on the Provider Academy early-on re: building a culture of learning and how to make it work
- d. **Rescheduling Meeting #4:** Votes are in! Meeting has been rescheduled to Wed, 12/08 (5-6 PM)

## Discussion Items

### 2. Current QI Initiatives

#### a. BMI eCQM PDSA Pilot

- i. **(Kristina)** This is great and scalable.
- ii. **(Dr. Abraham)** Good opportunity for practices to look at their practices of care-- metacognition! Good way for practices to understand how/why they do what they do. It's good to expose practices to this way of thinking because it's applicable in a wide variety of areas.
- iii. **(Dr. Okeke)** Shifts thinking away from "this is what CMS wants" and into improving workflows and it being the right thing to do.
- iv. **(Zach)** This is absolutely scalable. CareFirst does this with PCMH practices and we have almost 600 documented efforts of change. We have to have accountability at the practice level (someone to rely on in the practice) and collect data so you can see change occurring. The incentive is the Outcome Incentive Award and shared savings.

#### b. Diabetes PQIs PDSA Pilot

- i. **(Dr. Abraham)** Technical clarification: There is an age limit on the HEDIS measures, but not for PQIs. The HEDIS measure captures patients 18-75 years of age, so a 90-year old patient wouldn't be in the denominator of the HEDIS measure.
  - 1. **(Dr. Haft)** This is only for MDPCP beneficiaries whose principal diagnosis of diabetes lands them in the ED, resulting in an ED or IP admission.
  - 2. **(Raghavi)** Appendix A shows the brief description for each. There is no age *limit*, only for those 18 years of age and over.
- ii. **(Dr. Okeke)** It would be interesting to see a profile of the practices.
- iii. **(Melanie)** Need to consider that what works at one practice may not work at another. 2 practices out of 500-something is not representative.
- iv. **(Dr. Menocal)** I do 3 things at the practice: 1) compare unblinded quality data so that providers start competing, 2) don't have more than 3 recommendations, and 3) keep meetings to no more than 40 minutes.

#### c. QI "Hotline"

- i. **(Dr. Okeke)** Would we share this publicly so that practices know this is available so they can start alerting their coaches?
  - 1. **(Raghavi)** PMO will further brainstorm-- great idea to funnel through practice coaches, but alerting 500+ practices of this tool may result in an unmanageable influx of "hotline" requests.

3. **Next Meeting:** 12/08/2021 (5 - 6 PM)
  - a. Circle back from last meeting
    - i. Updates and feedback regarding current QI initiatives
  - b. Finalized learning calendar
  - c. Progress updates on QI initiatives

<b>Action Items</b>	<b>Owner(s)</b>	<b>Deadline</b>	<b>Status</b>
Send out agenda, meeting information, and other relevant documents in advance of the next meeting	PMO	COB 11/06/2021	In Progress