MNACHC |

NORTHERN MN NETWORK |

MAY 2, 2013

MNACHC / NMN
5-2-2013

- PCMH/Health Care Home
- Cervical Cancer Initiatives
- ICD-10 Training
- And MMA forums 5/2, 5/9, 5/16

PCMH / HEALTH CARE HOME

- **HRSA Supplemental Funding Interim Report**
  - Due 6/3/2013, TA call 4/29 recorded, available for playback 5/6-7
  - Per BPHC, MDH automatic email confirming final application is acceptable documentation for interim report & q#8
    - MDH site visit does not have to be scheduled (in case MDH experiences delays), but explain in narrative & refer to confirmation email
    - Site visit & certification <u>does</u> have to be completed by 9/30/13
  - Extensions...discuss early with grant mgr on NGA for supplemental funding; let me know of any issues related to MDH HCH certification

PCMH / HEALTH CARE HOME

- Marie Maes-Voreis, MDH / HCH
  - HRSA PCMH guidance language = more documentation than MDH requires
  - Would a meeting or an I-TV session to discuss w/ NMN clinics be helpful?
  - Site visit needs to be completed by **8/1/13**, as MDH needs 60 days after site visit to complete recognition/approval
  - MHSI – perhaps discuss MCN's Health Network with MDH?

- Plans & timelines?

- What would help?

HRSA: CERVICAL CA SCREENING

- Primary focus of HRSA funding = health care home

- ACS Webinar 4/30 – Dr. Debbie Saslow
  - Interest in rescheduling in MN?

- BPHC Webinar *Improving Cervical Cancer Screening in Health Centers through PCMH* www.bphc.hrsa.gov/technicalassistance/archivedtrainings/CCPCMHrecording.mp3

ICD-10 UPDATES

- Article on lessons learned from Canada
  - Affects staff throughout clinic
    - Coders – requires increased understanding of medical terminology (anatomy, etiology, severity)
    - Providers – specific documentation needed to support, few cases left as "unspecified" or "not elsewhere classified;" also able to support targeted clinical decision support, indicates etiology-severity-laterality
    - IT staff & systems – interfaces and systems must be able to support new codes
    - Finance – able to reduce claims denial/resubmission
    - QI – able to better support data mining and fuel patient outcomes improvements
      - Example – ability to track socioeconomic & contributing issues' interaction with patient outcomes (homelessness, drug use, obesity)
  - GEMS (general equivalence mappings) lengthen the learning curve, few 1:1 translations
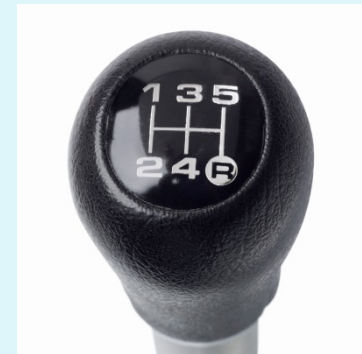 - Only as good as the clinical documentation

ICD-10 UPDATES

- Implementation deadline - October 1, 2014
  - Pre-work in understanding your current ICD-9 accuracy and book of business (focus on learning documentation for critical diagnoses)
- Training options – *research in progress*
  - "Too expensive"
    - WIPFLI – live training for billing/coding, team returns to clinic to train providers
    - Bridgefront – distance learning, separate provider training modules
  - Still in negotiation
    - College of St. Scholastica – June seminars for billers/coders ($300 + cost of AHIMA workbook per person), but other options planned
    - MMGMA
    - AAPC & AHIMA – webinars, inquiring about group costs
  - Free background training
    - Medscape modules good for background and project orientation http://www.medscape.org/viewarticle/766192
  - Vendor-based training

MMA POLICY FORUMS / OPIOID ABUSE

- The Role of Physicians in Prescription Opioid Abuse, Addiction and Diversion: A Candid Conversation

  - Goals:
    - Find ways to help raise awareness on the topic
    - Examine specific strategies to address the issue and
    - Develop tools that physicians can use when prescribing opioids
  - Aligns with MNACHC Medical Director discussions
  - Locations / Days
    - May 2 – Minneapolis
    - May 9 – Rochester
    - May 16 - Duluth

QUESTIONS?