

**Illinois Department of Healthcare and Family Services
PCCM / DM Provider Network Subcommittee
Meeting Minutes for February 28, 2008**

Attendees:

Margaret Kirkegaard, MD	AHS
Brant Pearson	AHS
Maribelle Kim	AHS
Michelle Maher	HFS
Amy Harris	HFS
Vickey Hosey	HFS
Steve Bradley	HFS
Steve Saunders, MD	HFS
Tina Reagan	Loyola University
Sue Wiki	Loyola University
Laura Leon	Illinois Maternal Child Health Coalition
Sandy Reck	Lake County Health Department
Vince Keenan	Illinois Academy of Family Physicians
Steve Stabile, MD	Cook County Bureau of Health Services
Jean Moore	La Rabida
Marie Lindsey, NP	Illinois Society of Advance Practice Nursing
Gerri Clark	Division of Specialized Care for Children
Dan Perez, MD	Pediatrician, private practice
William Schuler, MD	Family physician, private practice
Omar Sawlani, MD	pediatrician, Hope Children's Hospital
Rajesh Parikh, MD	Illinois Primary Health Care Association
Tim McCurry, MD	Resurrection Family Medicine Residency

Dr. Kirkegaard chaired the meeting.

Your Healthcare Plus CME update:

Dr. Kirkegaard noted that Your Healthcare Plus was collaborating with the Illinois Academy of Family Physicians to produce free, online CME that would address the clinical entities that were most commonly encountered in the YHP Disease management patient population. Vince Keenan from the IAFP went on to give a description of the CME available. He indicated that 3 modules are currently online and include: How to Conduct a QI Project, Managing Childhood Asthma and Managing Adult Depression. He noted that QI projects tied to these modules would meet the Maintenance of Certification qualifications for the American Board of Medical Specialties. He also indicated that IAFP was collaborating with Illinois Chapter of American Academy of Pediatrics, the Illinois Society for Advanced Practice Nurses and the Illinois Society of Physician Assistants. Phase 2 modules include: COPD, DM, CHF, and Substance Abuse. Phase 3 modules have not been determined but are likely to include CAD. CME is free and available online at www.YHPlus.com.

Update on Illinois Health Connect Operations:

Dr. Kirkegaard noted that Illinois Health Connect had recruited a total of nearly 5300 “medical homes” with a capacity to care for over 5.3 million clients. The geographic distribution of the number of medical homes was adequate across the state. This number also likely represents most of the primary care physicians, FQHCs and RHCs in Illinois.

Dr. Perez provided feedback that he had noted a decrease in the amount of patients who were using more than one medical home as a consequence of Illinois Health Connect. Marie Lindsey inquired about the amount of patients who were auto-assigned who then switch to a different provider. Dr. Kirkegaard stated that IHC was following statistics on the number of patients who are auto-assigned and then change PCPs as well as some other “churn” statistics. She noted that approximately 15% of patient who were initially auto-assigned changed PCPs in the following three month period.

Another participant inquired when the edits for enforcing the medical home were going to start. Dr. Kirkegaard noted that no date had been officially set but that practices would receive a 3 month warning accompanied by aggressive provider education. Dr. Kirkegaard also noted that it is expected that providers enforce the medical home model, even though there are no penalties at this time. If a provider is not enforcing the medical home model now, it could cause a disruption in care for the client when the referral system is implemented.

Dr. Sawlani inquired about access to specialty care and when a “directory” of specialists would be available. He gave the example of trying to find a child psychologist to see a child with potential ADD. Dr. Kirkegaard responded that IHC would not be providing a “directory” of any providers to anyone. IHC was working with specialists to determine their participation and capacity and other restrictions by registering them in the Specialty Resource Database. Dr. Kirkegaard informed the group that IHC would assist both clients and providers on a one-on-one basis in finding appropriate specialists if they called and requested assistance. More than 1500 clients have been assisted in this capacity in the last 3 months. Dr. Kirkegaard also noted that every attempt is made to make sure that the patient has been seen in the medical home prior to referral and that the clients’ needs such as language and gender preference are explored before referring to a specialist. Illinois Health Connect makes over 160 contacts with specialists each week to get specialists registered in the Specialty Resource Database.

Dr. McCurry asked if payment had been approved for psychologists providing mental health care and Marie Lindsey expanded this question to include LCSW and mental health APNs. Michelle Maher from HFS noted that recent legislation had been passed authorizing payment for this type of non-psychiatrist mental healthcare but no funding had been provided. Steve Bradley from HFS noted that telepsychiatry had also been approved and that HFS was working to establish administrative rules for telepsychiatry payments and this would likely increase access to mental healthcare. Dr. Kirkegaard noted that IHC is working with the Illinois Psychiatric Association on issue of access to psychiatrists. Steve Saunders, MD, from HFS noted that HFS was establishing a state-wide consultation line for pediatric psychiatric care that would be available in late spring. Bill Schuler, MD, noted that in Peoria this had worked well. Dr. Kirkegaard also noted that Perinatal Depression also had a resource line for providers to answer questions if psychiatric care was not readily available.

Client Enrollment Issues

Dr. Kirkegaard reported that 1.7 million PCCM eligible clients had either chosen or been assigned to a medical home. Dr. Kirkegaard noted that approximately 170,000 clients had selected an MCO option for their medical homes. Clients who live in Cook, Perry, Madison, Jackson, Williamson, Randolph, St. Clair and Washington Counties are eligible to choose an MCO option.

Dr. Sawlani was concerned about infants whom he had seen in his office during the newborn period who were subsequently assigned to a different practitioner. Dr. Kirkegaard responded that there is direct access for all infants up to age 90 days so that selection of a medical home does not interfere with access to timely well-child care. Dr. Schuler was concerned about patients who access care in the ED who did not always know or reveal their PCP. Dr. Kirkegaard noted that PCP names are readily available through the MEDI system or through any Recipient Eligibility Verification vendor. Dr. Kirkegaard also noted that IHC had a tutorial on MEDI registration on the IHC website at www.illinoishealthconnect.com under Provider Information. Dr. Sawlani who is the medical director of Hope/Christ Children's Hospital has observed that the daytime use of the ED for primary care had decreased as the result of IHC and clients having a medical home. He noted that after hour's usage of the ED was still inappropriately high. Dr. Kirkegaard noted that clients who use the ED more than 6 times per year without a subsequent admission were enrolled in the Disease Management program, Your Healthcare Plus. Dr. Saunders also noted that clients do have access to the Nurse Consultation line for after hour's questions. Dr. Sawlani asked how the Nurse Consultation line was promoted to patients. Michelle Maher responded that the Member Handbook instructs patients to call their PCP first and if they cannot reach the PCP, then to call the Nurse Consultation line. The number of the Nurse Consultation line is 1-800-571-8094. The number given during the teleconference as 1-800-571-8419 is actually the TTY line. Dr. Sawlani asked if the Nurse Consultation line could be promoted to more EDs with a poster or handout to decrease subsequent ED visits. Dr. Kirkegaard also added that PCPs who enroll in IHC are supposed to have 24/7 availability and that complaints about PCP availability were being monitored.

Provider Profiles:

Dr. Kirkegaard indicated that IHC would be sending Provider Profiles to the providers in the Collar Counties in April 2008, a second mailing to the Collar Counties, NW region and Cook County would be performed in July and the third mailing to all providers would occur in September. After that, the Provider Profiles would be sent to all providers on a semi-annual basis. The measures on the Provider Profiles are: Immunization rates, lead screening, developmental screening, asthma management with controller medications, diabetes tracking with HgbA1C, well child care, vision screening, cervical cancer screening adolescent well-care and breast cancer screening with mammography. All data is gathered from claims data. Dr. Saunders emphasized the need for FQHCs to do detailed billing. Dr. McCurry asked if additional reimbursement was available for risk screening for adolescents. Dr. Saunders replied that there was additional reimbursement and this was also highly recommended. Dr. Kirkegaard noted that a webinar addressing this very issue, and more on EPSDT would be posted on the IHC website in the next few days. Dr. McCurry also asked if developmental screening performed at 24 mos and one day would "count" for the screening recommended between ages 2 and 3. Dr. Kirkegaard agreed that it would "count" but noted that lead screening needed to be performed before the 2nd birthday and that an additional visit between 24

and 36 months could be added to accomplish the developmental screening and better anticipatory guidance.

EPSDT Outreach:

Dr. Kirkegaard noted that AHS will soon be visiting provider's offices to provide more information about EPSDT and will also be distributing updated Healthy Kids Handbooks. Dr. Kirkegaard also noted that Illinois Health Connect will begin an EPSDT outreach campaign for clients very soon. The Illinois Health Connect Client helpline will be calling clients to remind them that they are due for healthy kids check-ups and will assist the client in contacting the doctor's office to schedule an appointment if needed. The client helpline will follow-up with a notice to the client to confirm the date and time of the appointment IHC assisted in scheduling and will also place a reminder call to the client to help lower the "no show" rates.

Pay-for-Performance Bonus Updates:

Dr. Kirkegaard noted that the complete pay-for-performance bonus program had not been completely defined. However, the targeted clinical measures were immunizations rates, developmental screening, asthma management with controller medications and diabetes tracking with HgbA1C. She noted that bonus payments for the measurement year of 2008 would likely be available for these measures. She also reviewed the criteria for the well-child care bonuses that HFS has already been paying providers.

Your Healthcare Plus Mental Health Initiatives:

Dr. Kirkegaard introduced this subject by noting many HFS clients have both behavioral health issues and physical health issues, especially the clients enrolled in the disease management program. Your Healthcare Plus is working with the community mental health centers to share info and assist with management of these clients. Providers who want more information can contact Dr. Fredric Leary, the medical director for YHP at 708-524-5079. Dr. Sawlani recommended that a 1-800 number to refer patients into the program might be helpful.