

**Illinois Department of Healthcare and Family Services
PCCM/DM Quality Management Subcommittee
Minutes from Thursday, January 11, 2007**

Attendees:

Jody Bierzychudek, RN, CPHQ, Chair, QA Manager AHS
Margaret Kirkegaard, MD, MPH, Co-Chair, Medical Director, AHS
Brian Bragg, Illinois Maternal Health
Patrick Gallagher, ISMS
Ben Greenspan, University of IL School of Public Health
Amy Harris, HFS
Susan Hix, HFS
Vince Keenan, IAFP
Tammaji Kulkarni, MD, Harmony Health Plan
Rick Leary, MD, McKesson
John Lekich, HFS
Michelle Maher, HFS
Mary Miller, HFS
Charles Onufer, MD, University of Illinois at Chicago
Brant Pierson, Quality Specialist, AHS
Steve Saunders, MD, HFS
Heather Scalia, Harmony
Angela Schrimpi, Cook County
Marilyn Scott, Prime Care Chicago

I. Welcome/Introductions

II. Minutes from 11/16/06 meeting reviewed and approved

III. Overview of Illinois Health Connect Activities to date:

Jody Bierzychudek from AHS gave an update on Illinois Health Connect. The main emphasis has been on enrolling primary care providers into the PCCM program. The Provider Service Representatives have over 2414 applications either completed or pending.

IV. Review of Clinical Quality Indicators:

The Clinical Quality Indicators (see attachment) are the result of the committee's previous discussions and input regarding quality indicators. Clinical Quality Indicators will be reviewed System Wide. (The System Wide indicators will be used by AHS and HFS to evaluate the program and to guide our quality initiatives). Provider Profile indicators and Pay for Performance indicators are subsets of the System Wide indicators. Pay for Performance indicators will be used in the future. The Clinical Quality Indicators for the PCCM Program are designated with purple colored tabs and those for the DM Program are designated with gold colored tabs.

The majority of the Clinical Quality Indicator Definitions are based on the Health Plan Employer Data and Information Set (HEDIS). It is the most widely used set of performance measures in the managed care industry and is part of an integrated system to establish accountability in health care. HEDIS is developed and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization committed to assessing, reporting on and improving the

quality of care provided by organized delivery systems. Other Clinical Quality Indicators and Definitions are based on EPSDT criteria and on national, evidence-based clinical practice guidelines.

The data source for the quality indicators mainly comes from Claims. There was a discussion around clinics that use encounter rates versus detailed billing. Because these clinics often do not provide detailed billing, the quality indicators compliance for those providers will appear artificially low. Education needs to be provided to PCPs on correct billing.

A question was raised on when we will have baseline data for these indicators. The DM Program will have baseline data finalized by the end of January. The PCCM Program will be at a later date.

V. Review "Sample Provider Profile"

McKesson, Automated Health Systems and HFS have met previously to review templates with the goal of creating a consistent look for both the PCCM and DM Programs. A sample Provider Profile template was reviewed. The sample used fictitious data. (See attachment).

The column on the template "Comparison to State" will be used to determine outliers; The QM Subcommittee will assist in defining outliers. AHS Quality Nurses will visit any provider with outliers for intervention and education. The "H" and "L" indicates those providers who are significantly higher or lower than the state-wide rate at an alpha = 0.05. Provider education will be available to explain the template. Once we start using the Pay for Performance Indicators there will be a specific goal or threshold.

A concern was raised regarding the number of quality indicators on the provider profile. Currently, 20 quality indicators are listed. The suggestion was to limit the number to approximately 5 quality indicators. The rationale was that this is a new program and to start out small. Additional indicators can be added with the success of the program.

VII. Wrap-up:

QM Subcommittee members were asked to review the Provider Profile indicators and to submit additional comments/suggestions by February 7, 2007 to jbierzychudek@automated-health.com.

The next meeting is scheduled for Wednesday, February 14, 2007 at 2:00 p.m. Agenda items to include reviewing quality indicators for the provider profile and review of the QA Plan for 2007.

Respectfully submitted,
Jody Bierzychudek