

**Illinois Department of Healthcare and Family Services
PCCM/DM Quality Management Subcommittee
Minutes from Wednesday, February 14, 2007**

Attendees:

Jody Bierzychudek, RN, CPHQ, Chair, QA Manager AHS
Margaret Kirkegaard, MD, MPH, Co-Chair, Medical Director, AHS
Hugo Alvarez, MD, Access Community Health Network
Lisa Bly, South-Southwest Suburban United Way
Brian Bragg, Illinois Maternal Health
Anna Cienowski, O&E Supervisor, AHS
Adair Galster, McKesson
Amy Harris, HFS
Hull, Sharon, SIU School of Medicine
Vince Keenan, IAFP
Tammaji Kulkarni, MD, Harmony Health Plan
John Lekich, HFS
Rick Leary, MD, McKesson
Michelle Maher, HFS
Mary Miller, HFS
Esther Morales, Harmony Health Plan
Brant Pearson, QA Specialist, AHS
Phaona Gray Rodriguez, Provider Services Manager, AHS
Steve Saunders, MD, HFS
Heather Scalia, Harmony
John Schneider, MD
Marilyn Scott, Prime Care Chicago
Susan Surlleta, Family Health Network
Bob Urso, PCC Wellness
Rodney Walker, Project Manager, AHS

I. Welcome/Introductions

II. Minutes from 1/11/07 meeting reviewed and approved

III. Comments on "Sample" Provider Profile and Clinical Quality Indicators

- All indicators on the provider profile have been taken from the larger, clinical quality indicator list. The definitions and measurements for each indicator are listed on this list. (The provider profile will have a cover letter that will explain the definitions and measurements for each indicator).

- All of the clinical quality indicators (including the definitions and measurements) are from HEDIS, except for the following:
 - Lead Toxicity Testing (proposed for HEDIS 2008)
 - Developmental Screening
 - Vision Screening

Thanks for all of the input regarding the Sample Provider Profile and Clinical Quality Indicators that was received via e-mail prior to this meeting. Issues identified include:

1. From Dr. Hirsch – IAFP - Questioned HbA1c listed as a *screening* tool. Committee agreed that HbA1c is an assessment tool. On the sample provider profile template, item 5 changed to read, "HbA1c *assessment* for diabetic patients age 18 - 75 years."
2. From Dr. Nelson and Dr. Hirsch – IAFP – Concern regarding wording on provider profile 4b, 4c and 4d "appropriate asthma medications." Question on how do we differentiate between persistent asthma and mild intermittent asthma? This is clarified and defined in HEDIS. On provider profile, changed indicator wording to reflect *persistent* asthma.
3. From Dr. Kulkarni - Harmony – Question regarding the lead toxicity testing. We have it 0-14 months and 14-24 month on sample provider profile. Per CMS guidelines, the requirements are one testing between 0 – 12 months and the second testing between 12 – 24 months. Many HMO's nationally are following these guidelines for Medicaid (including Harmony). NCQA and HEDIS are introducing this measure for HEDIS in 2008 for Medicaid HMO. Recommend we change for consistency. Committee agreed with suggestion. Indicator 2a. and 2b. changed to reflect CMS guidelines.
4. From Dr. Schneider – He had the following questions:
"Will you require for reporting to a physician a need for each item to be a statistically adequate number of eligible enrollees?"

From contract, "The contractor shall provide as a point of reference for PCPs, the average for each Performance Measure for PCPs with more than 50 PCCM Enrollees and also indicate how the PCPs performance relates to the statistically expected range of performance.

"Would provision of the service a month before or after the specified time (14 -24 months) be adequate?"

We will use HEDIS requirements. There needs to be a cut-off date. Esther Morales from Harmony stated that MCOs have a strict cut-off date that must be adhered to.

"Would eligible enrollees be only those enrolled for the entire period of time, 2 year old from birth, lead toxicity enrolled 14 to 24 months?"

Again, we will use HEDIS requirements.

"If not already planned, you should review the data as you are collecting it to identify problems that could be corrected before providing data to physicians."

The first provider profile reports will be shared with HFS and shall be used for internal use, but shall not be required to distribute the profiles to the Providers. The profile shall be revised as directed by HFS.

5. From Dr. Avarez - Access – *"The measures for children are strongly preventive but not so for adults. Maybe we should think of adding some (immunizations, smoking cessation, etc.)"*

The majority of the IHC eligible population are children; therefore the measures are based mainly on that population. Also, it was mentioned that

HFS doesn't reimburse for preventive adult services. In the future the committee can look into what can be measured in adult preventive health.

6. On the sample provider profile, Indicators 7a – 7d are well child visits for the 3rd, 4th, 5th and 6th year of life. Per HEDIS, these indicators are combined. Suggestion was made to combine these indicators to match HEDIS. On the sample provider profile template, these indicators were combined and are now number 7. "Well child visits in the Third, Fourth, Fifth and Sixth years of life."
7. From Patrick Gallagher - ISMS – Concerns regarding the large number of quality measures that will be used at the onset. *"We feel it would be better to start with only a few measures by either limiting the number of indicators per disease state or the number of states themselves. Limiting the number of diseases states and developing specific educational materials might be a better approach than starting with 20 measures."*

Another suggestion was, *"Maybe we could suggest that we try a few for the first six months and then introduce a few more the next six months?"*

Bob Urso suggested that it may be too premature to limit the number of indicators. Dr. Avarez mentioned that in his experience, starting with a smaller or a larger number of indicators was the same. The key is to have measurability and reliability. Since the initial provider profile will be used for internal review only, it was suggested to do an assessment on the data obtained from the review of the initial provider profile. This could be used as a learning curve and issues that need to be worked out can be addressed

- Committee members were asked about the "readability" of the provider profile and asked if the information displayed was meaningful and understandable.
 - Sharon Hull suggested that we add the word, "Your" to the columns labeled, "Current Rate" and "Prior Rate." Also suggested adding some visuals to highlight these areas such as shading or different colors. Suggested that PCP rates that are outliers should be easily identified such as abnormal lab results are bolded or colored to have them stand out. Committee agreed with the suggestion. Jody Bierzychudek will discuss template changes with McKesson at Friday's meeting.
 - Some members mentioned that larger groups might use the provider profile as a tool for internal quality assurance.

There was a discussion regarding the monthly panel roster that the PCP will receive that lists their current patients (enrollees) for the month. On the panel roster will be reminders of services that enrollees need such as immunizations. It is understood that there might be some indicators that are outliers because enrollees are not always compliant. Enrollee education efforts will be made to assist with compliance.

IV. Review and comments on "draft" Illinois Health Connect's Quality Assurance Plan

Committee members were given a copy of the Illinois Health Connect's Quality Assurance Plan along with copies of the attachments prior to the meeting. A comment was added to the Quality Assurance Plan in regards to collaboration and sharing of information with McKesson. No other issues were raised during the

meeting. Members were informed if they had any questions or input to the Quality Assurance Plan to contact Jody Bierzychudek. Also, the plan is a working document, and additions can be made as needed.

V. Wrap-up:

The next meeting is scheduled for Thursday, March 22, 2007 at 10:00 a.m. The agenda will be e-mailed out along with a meeting reminder the week before the meeting.

Respectfully submitted,
Jody Bierzychudek