

**Illinois Department of Healthcare and Family Services  
PCCM/DM Quality Management Subcommittee  
Minutes from July 23, 2007**

**Attendees:**

Margaret Kirkegaard, MD, Medical Director, AHS  
Rodney Walker, Program Director, IHC  
Mary Reese-Harris, Lake County HD  
Vince Keenan, IAFP  
Tammaji Kulkarni, MD, Harmony Health Plan  
Karen Osuch, Family Health Network  
Deborah Saunders, HFS  
Jeni Fabian, Access Community Health Network  
Adair Galster, McKesson  
Robin Hannon, St. Clair County Health Department  
Bob Urso, PCC Wellness  
Michelle Maher, HFS  
Stephanie Hanko, HFS  
Steve Saunders, MD, HFS  
Amy Harris, HFS  
Mary Miller, HFS  
Rajesh Parikh, MD, IPHCA  
Brant Pearson, QA Specialist, AHS  
John Schneider, MD  
Marilyn Scott, Prime Care Chicago  
Susan Surlita, Family Health Network  
Kathleen Warnick, McKesson

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**1. Welcome/Introductions**

**2. Overview of Illinois Health Connect**

**a. PCP Network Status**

Dr. Kirkegaard provided an overview of the number of medical homes enrolled in IHC and their geographic distribution. The attached chart was reviewed. Dr. Kirkegaard outlined the outreach strategy including face-to-face encounters, mailings and working through collaborating professional societies. She noted that client enrollment had recently completed in Cook County. Client enrollment was underway in the Northwest region and anticipated to be completed by mid-August. The client enrollment schedule had not been formalized for the Central and Southern regions yet but a start date in early August is anticipated. Dr. Kirkegaard solicited suggestions from the QM subcommittee about provider outreach strategies.

**b. Specialist Recruitment and Registration**

Dr. Kirkegaard then explained that since the PCP network was nearly complete, AHS was now turning attention to specialist registration. AHS has begun mailing letters to various specialists and also working with the Illinois State Medical Society and other professional groups to disseminate info to specialists about Illinois Health Connect. Specialists are encouraged but not required to register with AHS. If specialists register, AHS can recognize practice groups so that referrals issued to one specialist can be used for care provided by any specialist in the group. Dr. Kirkegaard also noted that AHS was developing a Specialty Resource Database (SRD) database that would assist providers and clients in identifying various

specialists who would be willing to care for HFS clients. Robin Hannon inquired if mental health service would be included in the SRD because they had difficulty locating mental health providers. Dr. Kirkegaard indicated that the DHS Department of Mental Health has an office locator function on their website. The web address is <http://www2.dhs.state.il.us/geosource/officelocatorsearch.aspx>

### **c. Webinars**

Dr. Kirkegaard informed the subcommittee that AHS is hosting informational Webinars on the fourth Wednesday of every month at 8:30 am and repeating them as necessary the same day to accommodate all registrants. The upcoming Webinar is July 25 and the topic is accessing the MEDI system. Debby Saunders inquired if AHS had developed a schedule of planned topics. Dr. Kirkegaard stated that since the program was in implementation stages, AHS was attempting to remain flexible on the scheduled topics but any topic suggestions would be appreciated. The tentative topic for the Aug 22 Webinar is EPSDT (healthy kids).

### **3. Overview of Dental Contracts**

Debby Saunders from HFS reviewed the dental contract materials (two attachments) with the subcommittee. She explained that Doral Dental was the program administrator and would assist with 3 functions: beneficiary services, provider services and administrative functions. Some of the individual tasks that Doral performs are to determine eligibility, develop linkages between providers and pay claims for dentists. Debby Saunders reviewed the attached materials about dental coverage and explained that adults do not have coverage for preventive care but children do. HFS is printing some tear-off pads with Doral's info printed on them for distribution to provider's offices so that providers can easily refer patients for dental care. Kathleen Warnick asked if the visiting nurses from McKesson could refer patients directly to Doral for assistance in finding a dental provider and Debby Saunders replied that McKesson should encourage any eligible patient to utilize the service provided by Doral. Dr. Rajesh Parikh also noted that the Illinois Primary Health Care Association was having a session on oral health at their fall conference in October and that a representative from Doral would be there to present along with members from the Illinois Chapter of the American Academy of Pediatrics.

### **4. Your Healthcare Plus**

**a. Overview of Baseline Clinical Metrics (attached)** Adair Galster from McKesson chaired this portion of the subcommittee meeting. She reviewed the Baseline Clinical Metric Page that McKesson is planning on mailing to providers. (see attached) John Schneider noted that claims data often contained discrepancies because of claims rejections, lack of filing etc. Steve Saunders agreed that claims data did have some failings but also noted that claims would reflect any place that the patient had obtained care and not just clinical activities at one office. John Schneider also inquired if the patients had to be enrolled for a whole year and Steve Saunders responded that since Medicaid patients move in and out of eligibility frequently, data was obtained on patients who had eligibility at anytime during the year. Dr. Kulkarni noted that the chart appeared to be in a user-friendly, comprehensible format. He noted that HEDIS data is collected from Jan 1 to Dec 31 for a year's period and inquired why HFS had selected a year's time from from July 06 to July 07. Dr. Saunders responded that HFS wanted to have the most recent data as a baseline and that the Your Healthcare Plus, the disease management program started on July 2006. Dr. Kulkarni also inquired what definition of persistent asthma was being used. Dr. Saunders responded that the HEDIS definition was being used except that patients did not have to be continuously enrolled for one year.

Bob Urso asked how the data was calculated for the Baseline Measures. Kathleen Warnick responded that there were 100,000 disabled adults in the McKesson patient population and that outreach had been performed on a segment of that population and that is how the statistics were generated.

Bob Urso also asked if financial incentives were being planned around these metrics. Dr. Kirkegaard explained that pay-for-performance was planned for some of the metrics for the Illinois Health Connect patients and bonuses were recently paid through the Maternal Child Health program for achieving the required number of well-baby checks.

Dr. Kirkegaard stated that all of the details for the pay-for-performance program had not been determined. John Schneider asked if it would represent a limited amount of money and if it would be determined by percentile so that providers were competing against one another. Dr. Saunders stated that it would be structured more like the MCH bonuses where everyone who achieved the benchmark would be paid. Debby Saunders asked the subcommittee to recommend other performance measures that should be considered for incentive bonuses and emphasized that this was a dynamic process. Bob Urso noted that some MCOs had pay-for-performance measures as well and that coordination between the various payers would avoid confusion on implementing quality improvement programs. Steve Saunders reported that HFS was using HEDIS measures as much as possible and Debby Saunders also noted that MCOs were using a hybrid methodology of data collection by combining administrative data with chart review. Dr. Kulkarni noted that Harmony Health Plan would be happy to work with HFS for coordinating the metrics. Debby Saunders also noted that HFS was encouraging the MCOs to look at developmental screening and lead screening metrics despite these not being HEDIS measures currently. Dr. Kulkarni noted that the bonuses paid by Harmony were generous, up to \$100-150 per child.

**b. Long-term care overview**

Adair Galster from McKesson noted that McKesson was in the process of creating a baseline metrics page for long-term care facilities. Steve Saunders noted that there was wide variation in care outcomes between facilities and this might help identify facilities that needed to change clinical care processes. More information will be forthcoming where the LTC Baseline Metric page is ready for review.

**c. Provider profile**

Adair Galster explained the various components of the Provider Profile that had been distributed to the subcommittee for review prior to the meeting. The first thing she described was the cover letter which introduces the provider to the Provider Profile. The next page is an overview on reading the Your Healthcare Plus Disease Management Patient Summary. The Provider Profiles have two components. The first component is a roster of all the patients that have the particular condition such as CHF or Diabetes and what process measures are reflected in claims data. It is a simple binary chart that indicates "yes" or "no" for a variety of guidelines measures such as beta blocker prescription for CHF. The second portion of the Profile reports percentage of achievement on each measure for each provider for all of his/her patients with that diagnosis and will also compare it to the statewide average.

Adair Galster explained that the Provider Profiles had been reviewed by a number of providers and committees and now will be sent to a beta test group of 33 sites that includes both private physicians and FQHCs. A survey (also attached) will be sent to those sites to gain feedback. Finally, widespread distribution of the Provider Profile is planned after the beta pilot is completed. John Schneider inquired about the timeframes covered in the Provider Profiles. Ms. Galster explained that they will be mailed on a quarterly basis with a 6 months lag in data to give providers time to

submit claims. Providers currently have 12 months in which to submit a claim. John Schneider also expressed concern about providers who have a small number of patients in the denominator of various clinical diagnoses. Dr. Saunders responded that how to address providers with a small number of patients was still being discussed. The likely solution would be that all providers would receive the registry part of the Provider Profile since this is helpful in managing all patients and that only providers with a certain minimum number of patients would receive the second page reflecting their performance across various clinical measures.

Bob Urso asked if FQHCs would receive a Provider Profile. Dr. Saunders noted that the FQHCS would receive a Provider Profile for the whole site since they bill under one number. Mary Miller also noted that HFS would calculate a baseline rate for FQHCs so that they could compare their performance to other FQHCs since patient populations might be different.

Next meeting has not been scheduled. Members will be informed via email.