

**Illinois Department of Healthcare and Family Services  
 PCCM/DM Quality Management Subcommittee  
 Minutes from Sept 11, 2008**

**Attendees:**

Omar Sawlani, MD	Hope/Christ Hospital
Steve Saunders, MD	HFS
Debby Saunders	HFS, Bureau of Maternal Child Health
Michelle Maher	HFS
Vicky Hosey	HFS
Amy Harris	HFS
Mary Miller	HFS
Stephanie Hanko	HFS
Vince Keenan	Illinois Academy of Family Physicians
Cari VonderHaar, RN	Quality Manager, AHS
Brant Pearson	Quality Specialist, AHS
Michelle Spranger, RN	Quality Nurse, AHS
Debbie Macon, RN	Quality Nurse, AHS
Margaret Stapleton	Shriver Center
Tammaji Kulkarni, MD	Harmony Health Plan
Lisa Weber	La Rabida
Benjamin Yabut, MD	private practitioner
Kim Wagener	Lake Co Health Dept
Adair Galster	Your Healthcare Plus
Elizabeth Collaton	CDPH
Kenzy VandeBroek	CDPH
Steve Lidvall, MD	Crusader Clinic
Kate Gunnell, MD	Hinsdale Family Medicine Residency
Steve Stabile, MD	Cook County Bureau
Karen Osuch	Family Health Network
Carl Toren, MD	Chicago Family Health Center
Scott Allen	Illinois Chapter of American Academy of Pediatrics
Michelle Esquivel	Illinois Chapter of American Academy of Pediatrics
Rajesh Parikh, MD	Illinois Primary Health Care Association
Jenny Fabian	Access Community Health Network

Dr. Kirkegaard chaired the meeting. She opened the teleconference by reminding the group that the Maternal Child Health Subcommittee and the Quality Management Subcommittee had been combined since the goals of both committees overlapped extensively. The charter of newly combined subcommittee was posted on the Illinois Health Connect website.

Dr. Kirkegaard also announced to the group that Illinois Health Connect was "Going Green!" She explained that Automated Health Systems mails a printed Panel Roster to every medical home every

month. This represents a mailing of over 150,000 pages per month. As of December 1, 2008, only those medical homes that specifically request a mailed Panel Roster will continue to receive one. This will also allow those medical homes that require a mailed Panel Roster to receive it more quickly each month and also allow the reallocation of resources to other initiatives. Dr. Kirkegaard noted that medical homes were being notified of this initiative by an announcement on the mailed Panel Rosters, blast faxing and academic detailing by the Provider Service Representatives. She also noted that the Sept 24<sup>th</sup> webinar would cover the topic of MEDI registration since MEDI provides secure access to the Illinois Health Connect provider portal where providers can access their Panel Rosters, Provider Profiles, Location of Service information and the Claims History. Dr. Kirkegaard explained that by stopping the mailed Panel Roster would also encourage practitioners to access the other quality tools available through the Provider Portal. Dr. Kulkarni noted that stopping the mailed Panel Rosters seemed like a good idea.

The next item of discussion was a review of the recent PCP Satisfaction Survey. Dr. Kirkegaard requested feedback about the survey. Mary Miller suggested that Dr. Kirkegaard quickly review the results. She noted that 75% of the respondents Strongly Agreed or Agreed that the administration of the Illinois Health Connect program was satisfactory. She also pointed out that over 80% of respondents felt that the program was beneficial for patients. However, she also noted that 50% of respondents felt that patients required additional education on how the Illinois Health Connect Program works. Dr. Kirkegaard requested discussion about the possible strategies for enhanced client education. Dr. Kirkegaard explained that IHC staff now performs outbound calls to families with children who are due for well-child visits. The number of call is now more than 5,000 per week. Dr. Gunnell inquired as to the success rate of calling patients. Dr. Kirkegaard admitted that approximately one-third of the numbers were disconnected and another one-third of calls did not reach a live person and a message was left. At this time, AHS is unable to track how many of the messages result in a returned call and assistance for appointments. Dr. Kulkarni noted that Harmony Health Plan had similar poor results with efforts in trying to contact patient by phone and that their contact rate was between 10 and 15%. He stated that efforts to reach clients through mailings, local social gatherings or church meetings were more successful. Jenny Fabian from Access Community Health Network suggested gathering multiple means of contacting clients at the time of enrollment both with Medicaid and with Illinois Health Connect. Dr. Yabut inquired as to how often IHC files were updated. Dr. Kirkegaard confirmed with HFS that demographic client files are updated daily. The intervals within which DHS verified enrollment status were not confirmed. Dr. Saunders noted that small incentives such as a \$10 certificate at Walgreens had increased the client response rate for the Disease Management Program. Dr. Kirkegaard stated that she would contact McKesson for details about that effort. Scott Allen indicated that he would poll ICAAP members about successful strategies. Dr. Kirkegaard also asked if other organizations participating on the teleconference would also try to get feedback from frontline clinicians about potentially successful strategies. Brant Pearson from AHS described a postcard that IHC is developing that has a color picture on the face and then tells the client that the child is due for a well-child exam and has a space for writing in the name of the clinic or doctor. Many agreed that supplying this type of outreach tool to the medical homes would be useful. Dr. Kirkegaard pointed out that the due status for well-child visits was included on the Panel Rosters and organizations could easily make mailing labels from the electronic Panel Rosters using the mail merge function. Dr. Sawlani inquired as to other educational materials that might be available about Illinois Health Connect. Dr. Kirkegaard noted that there is a member guide that is mailed to all participants. The member guide was noted to be 38 pages long. Michelle Maher from HFS noted that there was a 3 page Information Guide also on the IHC website. Dr. Kirkegaard agreed that all

medical homes should be made aware of this educational guide and could then download and copy additional guides for clients who need help understanding IHC.

Dr. Sawlani also noted that obtaining subspecialty care was quite difficult. He noted that several hospitals will no longer perform a circumcision in the hospital due to the low reimbursement rates. Dr. Kulkarni noted that they had encountered similar practices but they wrote letters to the hospital Quality Department and the Chief Medical Officer complaining that this represented substandard care and the practice was discontinued. Dr. Gunnell volunteered that her family medicine residency clinic routinely performed circumcisions in the office 1-2 weeks after delivery and that procedure worked well both for patients and for training the residents.

Dr. Yabut stated that accessing the required opto/ophtho exams for Kindergarten children was also difficult. Steve Saunders noted that the new law requiring these exams applies to ALL children and not just children covered under HFS programs. He also noted that HFS has recently increased reimbursement rates for these exams but indicated that not all providers may be aware of that. Dr. Kirkegaard noted that IHC will assist both patients and PCPs in securing specialty care for clients.

Dr. Kirkegaard then turned the agenda over to Debby Saunders. She announced that the I-CARE immunization registry from IDPH was working and that 400 providers were already registered. She encouraged everyone to register and noted that it was convenient, web-based and applied to adults as well as children. She also noted that the data base could accept historical data and that eventually HFS would receive this data and it would be applied to the Claims History, the provider Profiles and the Panel Rosters. No certain timeframe has been set on when HFS will receive the data. Dr. Kulkarni stated that Harmony would encourage all doctors to register. Dr. Sawlani indicated that he had registered 3 weeks ago but had not received his ability to log on the system yet. Ms. Saunders responded that she thought that registration took 2 to 3 weeks but that she would be receiving more information shortly. Michelle Esquivel from ICAAP informed that group that ICAAP was hosting information session on I-CARE and that registration information could be obtained from the IDPH website.

Dr. Sawlani inquired as to which metrics were included on the profiles. Dr. Kirkegaard briefly reviewed the metrics and noted that Immunization metrics were not included on the Profiles that were provided in July due to data exchange errors. Steve Saunders noted that AHS had a team of QA nurses who could arrange a visit to the office and explain all of the metrics in greater detail and strategize with offices about possible improvement mechanisms.

Dr. Kirkegaard concluded the meeting and thanked everyone for their ongoing contributions she noted that the next meeting would be in 3 months and that minutes would be posted on the website in 1-2 weeks.