

Illinois Department of Healthcare and Family Services

PCCM/DM Quality Management Subcommittee Meeting

Minutes from October 7, 2009

Attendees per teleconference:

Margaret Kirkegaard, MD	Medical Director, AHS
Cari VonderHaar, RN	Quality Manager, AHS
Amy Harris	HFS
Elizabeth Colloton	CDPH
Mike Kruhl	CDPH
Anna Reich, RN	QA Nurse, AHS
Kathy Ingram, RN	QA Nurse, AHS
Vickie Boyle	Meridian HP
Mary Miller	HFS
Sharon Pittman	HFS
Kathleen Warnick	McKesson
Vince Keenan	IL Chapter AAP
Scott Allen	IL Chapter AAP
Dr L Dodda	Jackson FP
Jennifer Schutze	OSF-Peoria
Bob Urso	PCC Wellness
Tim McCurry	Res. Healthcare
Benjamin Yabut, MD	Private Practice
Kelly Carter	IPHCA
Omar Salwani, MD	Private Practice
Kate Gunnell, MD	Hinsdale Family Medicine Residency
Vicky Hosey	HFS

Cari VonderHaar chaired the meeting and opened with a sincere thank you to all for their continued participation with the Quality Management Subcommittee.

Bonus Payment Program for High Performance 2008

Cari reported program summary data, including a total of 4, 126 individual providers that qualified for a bonus in one or more quality indicators. Subcommittee members had asked at the July 2009 QM Subcommittee meeting for information on the developmental screening indicator. Cari reported that for all age groups combined (0-36 months), there were 55,272 qualifying bonus events. Total pay out for the developmental screening measure was \$1, 381, 800.00. There were no further questions from the members on this topic at this time.

Fall 2009 Provider Profiles

Dr Margaret Kirkegaard gave an overview of the Provider Profiles for fall of 2009. As part of the overview, she explained that data collection is still in the process of final review before the profiles are sent to PCPs. It is still the goal of Illinois Health Connect and HFS to have the profiles out by mid to late October, once data is confirmed. Dr Salwani asked if there is an incentive program planned for specialists who see Medicaid patients. Dr Kirkegaard stated at this time it is PCP only but that HFS has this matter under consideration and is looking at ways to increase reimbursement rates for those physicians who provide specialty care.

Implementation of the IHC Referral System

Dr Kirkegaard then opened discussion on the Referral System and implementation of. She reported Phase I is underway now in the Northwest Region of the state, which began October 1, 2009 with further statewide referral to roll out as follows: Collar counties 12/1/09, Cook county 2/1/09, and Central /Southern Regions for 4/1/09. Dr Kirkegaard emphasized that the Referral System process is necessary to maintain the integrity of the medical home.

Dr Kirkegaard then gave a summary of the status of the Referral System implementation in the NW region since implementation on 10/1/09. She reported that the MEDI system was down for five hours, which prevented PCP offices or the IHC office from accessing patient eligibility and PCP assignment information. It also prevented referrals from being entered during that time, but was corrected in a timely manner by MEDI. The call volume for the Enrollee department with IHC has doubled compared to 6/09, as the Enrollee staff is handling an average of 4,700 calls per day since Referral implementation. The Enrollee Department is also assisting enrollees with PCP changes, which have totaled 2,000 per day since Referral. This is compared to an average of 1,000 daily before. The average caller hold time is 30-40 seconds.

Dr Yabut asked which counties are considered part of the Collar counties. Cari reported Collar includes McHenry, Lake, Kane, DuPage, Kendall, Will, Grundy, and Kankakee counties.

Dr Kirkegaard encouraged all members to frequently check the IHC website for updated provider notices and educational information.

Kate Gunnell, MD, asked if there would be a specialty referral increase for pediatric cardiology. Dr Kirkegaard reported that since Phase 1 is PCP only, would not affect specialist. Dr Kirkegaard mentioned that the need for increased reimbursement for specialists is being reviewed at the state level with HFS.

Dr Kirkegaard then asked if there was any feedback regarding the Referral System implementation from members who are in the NW region. Kate Gunnell commended IHC Enrollee Supervisor Angela Landrum for her efficient and professional work when she has had contact with her. Dr Salwani asked about use if an office is closed and to prevent ER visits. He stated that hospitals ask who the cross covering physician is, and asked if IHC will require the same. Dr Kirkegaard replied that IHC does require 24/7 coverage for a health care provider to be accessible for IHC patients, and this can include other providers who the PCP may wish to affiliate with.

Diabetes Chart Reminder Project

Kathleen Warnick from McKesson and Your Healthcare Plus reported that YHP delivered reminders to providers to use on charts for diabetic patients. These reminders are to help providers with evidence-

based care metrics. She stated this involves 6,000 members and over 600 participating providers, most of whom were contacted personally for these reminders. There were no questions posed on the chart reminders to Kathleen at this time.

Next Set Clinical Metrics for Chart Reminders

Kathleen then reported the next set of chart reminders planned is for cardiovascular measures associated with CAD and CHF patients. YHP will be looking at these in November 2009 to January 2010. These will include the use of ACE/ARB, cholesterol testing rates, and the use of statin drugs to control cholesterol levels. Kathleen mentioned that YHP is looking forward to working with practices on these metrics. Tim McCurry asked if these would be "HEDIS like" measures and what the determination process was. Mary Miller commented that these are not random, but targeted. Most measures are based upon HEDIS. She stated diabetes profiling was targeted previously, and now are moving onto cardiovascular care practices. Mary asked offices how they best would like the information to be received, and what would be most helpful to the practices. She stated any feedback would be appreciated and useful.

Aggregate Profiles for Larger Multi Site Groups

Kathleen reported that there had previously been a request from larger groups, such as FQHCs in Cook County, to have their profiles reported on per aggregated data. They are currently doing this for 16 larger multi site groups. The aggregated profiles have been sent out, with no feedback received to date. She mentioned that some practices and/or providers may not be aware these were sent out, as they could have been directed to the organizational contact person. McKesson/YHP plans to follow up with each of these 16 sites for feedback.

Cari then requested any further discussion topics or comments from the members. With none presented, the meeting adjourned.

The next PCCM/QM Subcommittee meeting will be held in January of 2010, with a "save the date" notice to be sent out.