

## ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

PCCM/DM QUALITY MANAGEMENT SUBCOMMITTEE MEETING  
Minutes from April 14, 2010

Save the Date! Next PCCM/DM QM Subcommittee meeting will be **July 14, 2010 12n-1pm cst.**

Attendees per teleconference:

Margaret Kirkegaard, MD	Medical Director, AHS
Cari VonderHaar, RN	Quality Manager, AHS
Amy Calvin, RN	QA Nurse, AHS
Anna Reich, RN	QA Nurse, AHS
Mary Morrissey, RN	QA Nurse, AHS
Kathy Ingram, RN	QA Nurse, AHS
Vicky Hosey	HFS
Mary Miller	HFS
Amy Harris	HFS
Caryn Jacobi	McKesson/YHP
Kelly Carter	IPHCA
Vince Keenan	IAFP
Scott Allen	IL Chapter AAP
Kathleen Warnick	McKesson/YHP
Adair Galster	McKesson/YHP
Carrie Nelson, MD	Medical Director, McKesson/YHP
Carol Laquoda /Casey	Infant Wellness Chicago
Sandra Hodel, MD	Private Practice
Tim McCurry	Resurrection Health Practice
L Dodda, MD	Jackson Park FP
Dr Yabut, MD	Private Practice
Marie Wisely	Dir.Quality, Community Healthcare, Inc.
Mary Reese	Lake CHD
Jennifer Schutze	OSF-Peoria

Cari VonderHaar chaired the meeting and opened with a welcome and thank you to all for their participation.

Asthma Billing Guidelines and Education Document : (attachment included for members):

Dr Kirkegaard led the discussion on the first agenda item. She reported that due to feedback from this group Subcommittee members regarding patients accessing the emergency departments due to acute exacerbation of asthma symptoms, and then being referred back to their medical home. The issue of how to manage these patients on an outpatient basis was a concern for the providers in the medical homes. Management issues included questions regarding peak- flow meter use, nebulizer treatment, and medications. The document "Asthma Billing Guidelines and Education" was then created in response to assist the PCPs with management of the asthmatic patients in the medical home setting. It is available on the YHP and IHC websites. Dr Kirkegaard asked how else the members thought the tool

should be distributed within the provider community, and for feedback on the tool itself. Tim McCurry commented that the tool looks complete, and thought it was good for use. Tim voiced a question regarding if all pharmacies are DME (durable medical equipment ) providers. Dr Kirkegaard responded not all pharmacies are DME providers.

Dr Kirkegaard suggested that following today's presentation of the tool to the members, field staff with YHP and IHC could be using it with providers. Vince Keenan commented that the Illinois Academy of Family Practice (IAFP) would see it was included with online asthma education programs and in their publications. Scott Allen stated they could include it with monthly emails one to two times, on website and in newsletters. Kelly Carter also mentioned she would see that her organization could use it in emails, website, and newsletters as well.

Dr Kirkegaard stated she would have a link to a PDF copy sent out to organizations for use.

Dr Yabut commented that the tool would seem to go along well with YHP/McKesson Disease management and asked if the tool could be included with mailings per patient list. Mary Miller asked for clarification on what patient list Dr Yabut was referring to. Dr Carrie Nelson agreed to contact Dr Yabut following this meeting for further discussion.

#### Cervical CA Screening and Standards:

Cari began the agenda item discussion with reporting that PCPs are reporting frustration with the IHC panel roster and provider profile criteria going by the requirement of yearly cervical CA screening for patients, when the national standards are two to three years. Dr Kirkegaard mentioned that the panel roster will show the date of last paps, and then show "due" for the upcoming year, while the profiles go by a yearly standard. She then stated that the data analysis could be difficult if standard every 3 years. Dr Hodel asked for clarification, and Dr Kirkegaard then responded that this was looking more at the profile data which is to assist the provider managing this patient population. Dr Kirkegaard stated input from the subcommittee members was needed as to go with the three year standard or continue the same with PCP clinical judgement. Dr Hodel voiced she would like to see PCCM following the same nationally recognized standards. Kelly Carter asked about the data, and Dr Kirkegaard commented difficult with analysis due to patients in and out of coverage during time period. It was noted that there are two national standards, one being can do the HPV test every three years, and the other being can do on a yearly basis. Tim McCurry noted that there are the standards from ACOG vs US Preventive Task Force also.

Dr Kirkegaard suggested a task force within the subcommittee members with the purpose of reviewing national standards and reporting back to the PCCM/DM QM Subcommittee.

*If anyone would like to join with Dr Kirkegaard on the task force, please contact her at [mkirkegaard@automated-health.com](mailto:mkirkegaard@automated-health.com) or Cari VonderHaar at [cvonderhaar@automated-health.com](mailto:cvonderhaar@automated-health.com). Your willingness to be involved would be welcomed!*

#### Specialty Care Access:

Cari then asked for feedback on patients accessing specialty care and any issues providers may be encountering with this as PCCM and DM are looking at ways to improve. Dr Hodel stated for her in the Columbia and Waterloo, IL areas, it is extremely difficult to find pediatric dermatology or psychology specialists. Her area is close to St Louis, MO, but most providers in St Louis are no longer accepting Illinois medicaid patients. Tim McCurry stated at his location, there are many "hoops" and much paperwork to be dealt with when trying to get their patients seen by specialists. He stated many require referrals, which are not connected to the PCCM program. He has found locating a surgical consultation for an older patient to be difficult. Dr Kirkegaard asked if anyone knew of suggestions or practices

within offices that have proven to be helpful that could be adopted by others? Dr Hodel stated she felt the problem leading to the barrier of specialty care not wanting to see medicaid patients was the issue on non-payment and not getting reimbursed for seeing patients. Vince Keenan offered to Dr Hodel that IAFP would work with investigating any office payment issues or concerns, and Dr Hodel acknowledged this.

Cari requested that further feedback be sent to her on this issue.

#### Update on Lead Screening Inclusion on Profiles:

Amy Harris reported that plans are to include lead screening data on the Fall, 2010 Provider profiles. Dr Kirkegaard stated that provider education would need to be done to clarify that the recommended testing is by age one and by age two. Dr Hodel commented that she has found local health departments do not perform the first one until at age one, and needs to be at 9 months .

#### PCP Survey 2010:

Reminder to members that the current IHC PCP Provider Survey is being distributed, and would like to see as many as possible returned by mid June! The information collected is of extreme value to improving our services for providers and adapting changes to the IHC program that PCPs may want to see. Dr Kirkegaard reported one third have been returned already and this is great!

If anyone has not received a survey and would like to complete, please go to the IHC website at [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com) /Provider Information/Important Notices/ 3/30/10 PCP Survey...click here for the link to complete.

#### Spring Provider Profile Data:

Cari reported that there has been feedback from the provider community that the data reflected on the Spring 2010 Provider Profiles may have some inaccuracies. This is being investigated by HFS and IHC.

#### Update on IAFP Collaborative:

Dr Nelson reported on the current status of the collaboration, which continues.

#### YHP Chart Reminders:

Dr Nelson reported that for diabetic patients on the YHP program, a page indicator is used to indicate the patient is a diabetic, with documentation of guideline gaps then delivered to the providers. This has included over 600 sites. Providers are able to see where the gaps are in relation to guidelines of care. This has been done with heart disease and asthma as well. Results have shown 833 guideline gaps closed with HbgA1C, and over 1,000 gaps closed for annual lipid testing. Vince Keenan asked if an article would be published to get the word out about these great results? Dr Nelson stated she would sure look into that idea. Dr Nelson reported to the members that if their site is not aware of this project to please contact her.

Her email address is: [Carrie.Nelson@McKesson.com](mailto:Carrie.Nelson@McKesson.com)

#### Aggregate Provider Profiles:

Dr Nelson stated that large multi sites such as with FQHCs have been involved with this project under YHP. Mary Reese reported on the involvement of her site with the aggregated profiles. She mentioned the tools used could be shared with others.

Tim McCurry clarified that the IHC panel roster could be aggregated online with the portal per Dr Kirkegaard.

Notices:

Dr Kirkegaard reported that IAFP will be holding a conference in Oakbrook, IL on June 25-26<sup>th</sup> of this year that looks to be very good, with an emphasis on the medical home model, and panel discussion on preventive care. She is looking for panel participants, and if interested, please contact her at the email address above in minutes.

The meeting adjourned with no further discussion at this time on agenda items or other general discussion items.