



## Gateway Clinic: An Innovative Model to Consider

*Crusader Community Health is a non-profit community health network which has four Federally Qualified Health Centers (FQHC) operating in Rockford, Belvidere and Loves Park. Gordon Eggers, the President and CEO of Crusader Community Health, wrote the following article which details how Crusader triages new adult patients in its primary care locations of service.*

**C**rusader Community Health developed and implemented an innovative care model focused on new adult patients with chronic disease and medication. These patients are initially evaluated in our Gateway Clinic.

The delivery model was designed in response to the increasing daily flood of new patients who were presenting to the provider team with extremely complex medical conditions. These patients take time and resources that are difficult to completely offer in a standard 15-minute appointment. These new adult patients typically arrive with an incomplete database and complicated medical and psychological needs. This was leading to provider frustration, difficulty managing patient flow timeframes and delays in scheduling appointments for established patients.

The Gateway Clinic began with a testing environment to accomplish the following goals:

- Provide a complete orientation about our FQHC system to new adult patients. The orientation includes fiscal information, site and provider options, specialty and hospital care information, pharmacy services and key policies.
- Create a great first impression by presenting to the new patient an attractive and dedicated clinic space and work team, which includes physicians, nurses and medical assistants.

- Provide an appointment format that meets the complex needs of these patients. Gateway Clinic patients are often given a 30-minute appointment, during which their Electronic Medical Record (EMR) is thoroughly completed with a focus on the problem list, medication list and past history. An appropriate physical exam is completed, initial labs are ordered and all prior records are obtained. Gateway patients will typically have one or two appointments with an experienced physician assistant (PA).
- Immediately improve clinical care and diminish errors.
- Assign the most appropriate primary care physician (PCP) to the new patient, based on a combination of the patient's desired location of service and the Gateway Clinic PA's determination of a PCP who best fits the patient's medical needs. For example, the PA would determine if the patient needs a doctor with skills to treat unstable diabetes, coronary artery disease or cancer versus a patient who could be assigned a midlevel provider.
- Diminish the frustration of the PCP team, normalize the appointment flow of patients, diminish 30-minute appointments and maximize clinical stability and outcomes.
- Improve productivity of the PCPs, by ensuring that their daily flow of patients is both more predictable and clinically stable. Make it easier for established patients to get an appointment with their PCP.

We regularly evaluate the Gateway model using clinical and financial dashboards, coupled with constant staff input. The lessons learned have been:

- An experienced midlevel provider can staff the Gateway Clinic.

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- New adult patients who are entering our system have complex clinical needs, have deferred care for a long time, have greater morbidity and have stopped or self titrated their medication.
- Many behavioral health patients are presenting for care. A behavioral health care system or referral service is mandatory.
- Productivity must be closely monitored. It has not improved with our PCPs, even though they have fewer unstable patients thanks to the Gateway Clinic. Overall system access must also be closely monitored. We refer new adult patients without chronic diseases directly to a new PCP, avoiding the Gateway Clinic. Such patients still need an orientation to the FQHC.
- The patients love it: the individualized treatment plan, the red carpet orientation to our system, the attractive setting and respectful care.
- The PCPs are less frustrated as new patients are assigned to them early on to maximize clinical stability and outcomes. All patients leave Gateway Clinic with a complete EMR, medication, labs and records.
- The Gateway Clinic can be a key part of the Patient Centered Medical Home, and help set up an excellent system/provider relationship with the new patient.
- The Gateway Clinic model needs to evolve. It may not work for small sites with only a few providers. It is a workable model for managed care needs in Medical Homes that have a high volume of patients with complex medical and psychological needs.

Crusader Community Health has provided an example of an innovative solution for improving the quality of care for all of their patients through providing special attention to the patients who need it the most. The early results have been an improvement in both patient and provider satisfaction.

*The Illinois Health Connect Quality Assurance team is always interested in learning about best practices examples. Please share your successful experiences with IHC Quality Assurance Manager Cari VonderHaar via E-mail at [cvonderhaar@automated-health.com](mailto:cvonderhaar@automated-health.com) or 217-851-0996.*



## Client Outreach Improves Mammogram Rates

Illinois Health Connect is working to improve breast cancer screening rates in the Illinois Medicaid population. To assist you in improving your screening rates, IHC offers the assistance of our Quality Assurance Nurses, IHC quality tools which can be integrated into your practice, monthly quality assurance webinars and the IHC Bonus Payment for High Performance.

The IHC breast cancer screening benchmark measures the percentage of women ages 42-69 who have received a screening mammogram during the measurement year or the year previous to the measurement year. For the 2010 IHC Bonus, the benchmark was 50.5 percent. To earn the bonus, medical homes must meet or exceed this benchmark.

This bonus rewards medical homes who have a higher percentage of patients who follow through and get a screening mammogram on the recommendation of their

PCP. Patient outreach through phone calls and reminder letters is the best method for improving rates, but it is also important to express and explain the necessity of this screening to the women who ultimately make the decision to get a mammogram.

Both socioeconomic and cultural factors have kept mammography rates low. These low rates are exacerbated in the Medicaid population which can be transient. However, research indicates that the number one reason women cite for getting a screening mammogram is encouragement from their doctor. The trust and bond a patient develops with their medical home can be seen as the best way to break through these impediments to breast cancer screening.

The IHC Quality Assurance Nurses are available to assist your practice in using the IHC quality tools – Panel Roster, Claims History search and MEDI – to

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help develop or supplement your outreach plan. The IHC Panel Roster notes which women are due for a screening mammogram according to claims data, and further medical records are available through the Claims History search on the IHC Provider Portal via the secure MEDI website ([www.myhfs.illinois.gov](http://www.myhfs.illinois.gov)). For more information on how to use the IHC quality tools, visit [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com) and select the provider information page, where several quality assurance webinars are posted. These webinars describe how to integrate the quality tools into clinical practice. If you would like a visit from your QA nurse or Provider Services Representative, please call **877-912-1999, extension 3**.

IHC wants to celebrate all of our medical homes that have achieved a bonus for breast cancer screening in 2010 and shine the spotlight on a few of those success stories.

### **St. Mary's Good Samaritan Medical Group (Centralia)**

After not earning a bonus in 2009, this Rural Health Clinic (RHC) bumped its breast cancer screening percentage from 50 to 53.8 and earned a bonus for 2010. Practice manager Molia Strickland said that in addition to using an electronic health records (EHR) system and internal audits for quality indicators, her staff relies on the IHC Panel Roster.

"It's very important," she said. "At this point, that's kind of our Bible we trust. There might be some twitches and glitches in it. We're learning as we go."

St. Mary's Good Sam has added two part-time women's health midlevel practitioners in the past year and has plans to hire a case manager to aid in their outreach program.

Strickland said their approach begins with staff awareness, informing everyone that this outreach is important and needs to be done. The clerical staff checks the IHC roster on a daily basis and informs the providers of which patients on the schedule are due for services. Patient education is the next step. Strickland said her staff follows up with monthly outreach via phone and, if necessary, letters for patients who have not had their mammograms.

### **Young Family Health Associates (Chicago)**

Dr Myrna Patricio's office manager Rosie Cazarres said she and her staff use a combination of EHR alerts and the IHC Panel Roster to perform patient outreach. Cazarres

said a priority has been put on scheduling well visits for their patients and Dr Patricio's patients are educated on breast cancer screening during those appointments.

"As they come in we address it," Cazarres said. "We have been trying to get people in the habit of well visits, yearly with the doctor, not just coming in when they are sick."

In addition, Dr Patricio's staff sends reminders in the mail to patients who have not had a mammogram. This outreach that she and her staff have done resulted in an increase in screening rates for Dr Patricio from 52.33 percent in 2009 to 63.64 percent in 2010.

### **Primary Care Joliet**

Dr Yatin Shah has improved her breast cancer screening numbers for the past three years, going from not qualifying for a bonus with 42.57 percent in 2008 to 64.44 percent in 2009 and to 70.81 percent in 2010. Clinical supervisor Jane Condrey credits using the IHC Panel Roster and making phone calls.

"It tells (us) who's due and who's not due," Condrey said. "And we've been working that list."

Condrey said her staff flags the charts of patients who are due for mammograms and other preventive services and they work to schedule appointments for those patients.

"We're making phone calls," she said. "Same for the paps. Same for the preventive (visits) for kids."

### **Springfield Clinic Hillsboro**

Through the use of an EHR system, Springfield Clinic Hillsboro was able to improve its breast cancer screening rate significantly from 46.43 percent in 2009 to 61.54 percent in 2010. The EHR system tracks orders for mammograms, and other services such as paps, x-rays and labs, and alerts the staff of whether the patient has gone for the service or not.

If the patient has not followed through and gone for the mammogram according to the EHR, the staff uses old-fashioned hard work to increase compliance. Phone calls are the first step and if patients are not able to be reached on the phone, the clinic sends reminder letters.

*For more information about the IHC Bonus Program, please visit the Quality Tools page at [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com).*

# Provider News & Notes

## October is Breast Cancer Awareness Month:

Mammograms are an important service for women as part of early cancer detection, facilitating better treatment options and results. Your role as an Illinois Health Connect PCP is critical. Ensuring your patients are receiving the primary and preventive screenings needed, including mammograms, helps your patients stay healthy and access the services they need.

IHC encourages your office to use your IHC Panel Roster to identify the female enrollees that are due for a mammogram, contact them as a reminder that they are due for their mammograms and assist them in accessing this screening. IHC Panel Rosters identify which patients are due for this screening based on HFS claims data.

**All Kids changes:** The All Kids program no longer approves new cases for All Kids Premium Levels 3-8, effective July 1, 2011, due to state legislation limiting the All Kids program to 300 percent of the Federal Poverty Level. Children currently enrolled in All Kids Levels 3-8 will continue to be covered until July 1, 2012 as long as they continue to meet all other eligibility requirements and pay premiums on time.

**Permanent medical cards:** The Illinois Department of Healthcare and Family Services plans to begin issuing

permanent hard-plastic medical cards to HFS clients instead of the paper cards currently issued each month. This transition is scheduled for January 2012. The permanent cards will bring HFS in line with the industry standard and eliminate the need for HFS to mail each client a card every month.

**IHC client education video:** IHC has produced a six-minute video that explains the IHC program, the medical home model of care, how IHC can assist patients in selecting a medical home and how IHC can assist patients in accessing specialists and other services. The client video is available in English and Spanish. It is posted at [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com) on the home page, can be downloaded for viewing offline and DVD copies are available upon request.

**New IHC bonus measure:** The IHC Bonus Payment for High Performance now includes blood lead screening by 24 months as a bonus measure starting with the 2011 IHC Bonus. The IHC Bonus will reward providers who have at least 71.6 percent of their 2-year-old patients receive at least one capillary or venous blood test for lead prior to 24 months of age.

*If you have any IHC questions, please contact the Provider Services Help Desk at 877-912-1999.*

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This newsletter is available on the Illinois Health Connect website:  
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