

? Did you know?

Did you know that the most common diagnosis claim type for ED users is for respiratory symptoms? For patients with asthma, spring allergens like pollen, grass and trees add to the problem. April is an ideal time to help your patients prevent symptom exacerbation by making sure they have a current prescription for an inhaled corticosteroid and understand how to use it correctly.

Additionally, with recent increased costs of tobacco products, now is an excellent time to encourage smoking cessation, as smoking is a leading contributing cause of respiratory symptoms. Check out these recently updated, free resources:

Treating Tobacco Use and Dependence: 2008 Update
<http://www.ahrq.gov/path/tobacco.htm>

Helping Smokers Quit: A Guide for Clinicians
<http://www.ahrq.gov/clinic/tobacco/clinhlpsmkst.htm>

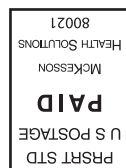
Help for Smokers and Other Tobacco Users: Quit Smoking
<http://www.ahrq.gov/consumer/tobacco/helpsmokers.htm>

Illinois Health Connect Clinical Resources
<http://www.illinoishealthconnect.com/clinical.aspx>

Visit the Your Healthcare Plus and the Illinois Health Connect Web sites for information on upcoming events.

This newsletter is available on the Your Healthcare Plus and Illinois Health Connect websites:
www.yourhealthcareplusdr.com www.illinoishealthconnect.com

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Provider Newsletter



Your Healthcare Plus™
Extra help for better health

Mercy Diagnostic Treatment Center: A Your Healthcare Plus and Provider Collaboration Case Study

By: Dr. Rick Leary

Your Healthcare Plus™ began profiling provider practices on common chronic care metrics two years ago. We currently send these profiles to more than 2,300 practices each quarter, including **Mercy Diagnostic Treatment Center** in Chicago. Mercy has consistently performed well above the statewide average on our claims-based provider profiles, and I'd like to highlight Mercy and their methods for making quality a central part of their office practice.

"Teamwork and communication create an effective culture of quality improvement at Mercy," said Dr. Dan Vicencio, Mercy's medical director. Strong communication is one reason Mercy has been particularly effective in addressing many of the challenges specific to a population of primarily HFS clients. Low patient literacy, multiple part-time providers, and an inner-city location are challenges the Mercy staff face in helping patients adhere to the complex treatment plans necessary to manage their many chronic diseases.

"Adherence begins by focusing on the patient," said Dr. Vicencio. And a strong patient focus begins with strong communication. Because of the low health literacy rates, Mercy staff always start with the basics, in plain language, when going over treatment plans, self-management techniques, or patient education to help patients fully engage and participate in managing their care.

Once the patients are engaged, strong teamwork can help drive the system toward automatic decisions around the common chronic care metrics Your Healthcare Plus (YHP) uses in their profiles. Mercy gathers PCPs, specialists, nurse practitioners, pharmacists, and ancillaries to help construct chronic disease protocols and visit templates. Nurses, front desk staff, ancillaries, and part-time providers are all asked

(Continued on page 3)

American Recovery & Reinvestment Act of 2009

The American Recovery & Reinvestment Act of 2009 (the federal "Economic Stimulus Package") means the following for the Illinois Department of Healthcare and Family Services (HFS) Medical Programs.

- Medicaid federal match rate (FMAP – Federal Medical Assistance Percentage) has increased from its current 50.32% (FFY09) to 60.48% for nine federal fiscal quarters, dating back to October 1, 2008.
- Overall, the FMAP increases allow for an estimated \$2.9 billion in extra federal Medicaid funds to Illinois over a 27-month period. Of this, about \$2.6 billion will result from spending by state agencies, and the remainder from spending by local governmental units.
- State funds must first be expended on qualifying Medicaid services to qualified individuals before the enhanced match may be drawn.
- The legislation requires that states meet federal prompt payment standards to be able to receive the enhanced FMAP monies. To maximize federal matching funds, the majority of the increased funding will likely need to be used to meet prompt payment requirements.
- The prompt pay provisions require that 90% of practitioners' (primarily doctors and dentists) claims be paid within 30 days of receipt and that 99% be paid within 90 days of receipt. Beginning June 1, 2009, this same standard will apply to nursing home and hospital claims.
- Governor Quinn's proposed budget for fiscal year 2010, along with his request for supplemental appropriations for HFS for the remainder of fiscal year 2009, would allow for all Medicaid providers to be paid in 30 days throughout fiscal year 2010.

(Continued on page 2)

Supporting Your Practice



Provider Success Story: Crusaders For Open-Access Scheduling

Patient adherence to drug regimens, check-up schedules, and healthcare provider recommendations is critical to achieving a successful outcome. While patient adherence is primarily the responsibility of the patient, the healthcare delivery system can significantly enhance a patient's ability to adhere to medical recommendations.

Open-access scheduling is one way provider offices can help patients adhere to recommendations. By allowing patients to schedule same-day appointments, patients are less likely to forget or miss an appointment. Federally Qualified Health Center Crusader Clinic of Rockford, IL has witnessed the impact first hand, with a significant increase in kept appointments.

Open-access scheduling, or allowing clients to only schedule same-day or next-day appointments (rather than the traditional thirty days) has shown to improve overall customer satisfaction and decrease "no-show" rates by nearly 50% over the last two years.

According to Dr. Steve Lidvall, Crusader's Medical Director, both Crusader's providers and patients have a firm belief that the open-access scheduling is preferable to the traditional scheduling system because it allows the flexibility needed to "balance patient supply and demand." This type of scheduling has proven to eliminate scheduling conflicts, increase overall FTE efficiency, balance physician schedules, reduce patient triage, and free up office staff.

Overall, open-access scheduling gives patients the ability to be seen when needed, allowing physicians the opportunity to reduce their backlog of appointments, and improve continuity of care. This increased efficiency allows providers to spend more time counseling and educating patients instead of continually catching up. Seeing patients immediately when they are acutely ill can also reduce unneeded trips to the Emergency Department.

More and more offices are adopting open-access scheduling and enjoying the benefits. The May 2008 issue of *Medical Economics* summarized the benefits of open-access scheduling, stating, "timely care means better care, and open-access practices can make big strides in quality improvement and patient satisfaction. In addition, removing barriers to access promotes greater efficiency, staff morale, and profitability. For a growing number of small practices, open-access scheduling is a way to survive and thrive." ■

Source Article: Small Practice Evolution: The Open-Access Medical Office, Robert Lowes, *Medical Economics*, May 2, 2009

American Recovery & Reinvestment Act of 2009

(Continued from page 1)

- To qualify for enhanced Medicaid match funds (FMAP), Illinois may not decrease Medicaid eligibility. Further, enhanced FMAP is not applicable for costs associated with eligibility expansions that may occur after July 1, 2008.
- States must report to Federal Centers for Medicare and Medicaid Services on how enhanced matching funds are expended.

In March 2009, HFS began to draw the enhanced match as outlined above, realizing the initial impact of the American Recovery and Reinvestment Act of 2009. HFS hopes that providers will support the budget proposed by Governor Quinn in order to give all Medicaid providers a 30-day payment cycle. ■

Supporting Your Patients



A Common Goal: Reducing ED Utilization

As providers who serve the HFS client community, you are likely aware of the significant overutilization of local Emergency Department resources. Patients tend to use the ED for a variety of reasons, whether it be habit, convenience, or out of true necessity. However, we can all agree that in many situations patients use the ED for problems that are best treated in their medical home.

Part of creating a strong medical home for your patients means giving consideration to the ways you can best support them by preventing unnecessary ED visits. When patients are seen in an ED, they lose the continuity of care given in the medical home and are very unlikely to have their other preventive or chronic care needs addressed.

A strong medical home and a patient's likelihood to use it stem from a strong provider-patient relationship and good communication skills. Patient visits are often short, so it is important to focus on the patient, make eye contact, and make sure you both get the most out of the visit.¹

In addition to a positive communication style, patients need to be able to access care at a time that works for them. This may mean a move to open-access scheduling, or it could be as simple as offering night and weekend appointments. When immediate access isn't available in the

patient's medical home, they can be directed to either the **Your Healthcare Plus™** (YHP) Disease Management line at 1-800-973-6792, or to the **Illinois Health Connect** nurse consultation line at 1-877-912-1999. Registered nurses will work with patients to direct them to the appropriate level of care (ED, urgent care, provider visit, or self-care).

You may also find that patients are having difficulty making or keeping appointments due to transportation issues. In these cases, it is important to direct patients to existing and available resources, such as First Transit. With the appropriate documentation, First Transit is able to coordinate transportation to and from medical visits for HFS clients. First Transit can be reached at 1-877-725-0569.

Your Healthcare Plus resources are available to help support the patient-provider relationship in many ways, including those mentioned above. Your Healthcare Plus staff develop a care plan to help patients identify the red flags of a flare-up in their condition, and the signs or symptoms that should prompt them to see a provider immediately. If you have a patient who is eligible (eligibility information available on MEDI and in the Illinois Health Connect panel rosters) and in need of care coordination services, please contact 1-800-973-6792 to refer them into the YHP program.

By focusing on the importance of the primary care medical home and eliminating barriers to receiving care, we can work together to accomplish our shared goal of healthier, better educated patients who manage their conditions without resorting to unnecessary ED utilization. ■

¹ Patient Communication: Solving Today's Hurdles, Leslie R. Kane, MACC, *Medscape Business of Medicine* 2009. Posted 02/12/2009

Your Healthcare Plus and Provider Collaboration Case Study

(continued from page 1)

to provide possible improvements in the process of care and health outcomes. "All of the stakeholders at Mercy are interconnected," said Dr. Vicencio. "So even where silos exist, they are porous enough to get things done."

Of course, you cannot improve what you cannot measure, which is why Dr. Vicencio has implemented a regular system of audits for feedback on the YHP clinical metrics. He was clear that, "We use the YHP profiles to determine overall Health Center quality improvement priorities." "The process is never about blame and shame, nor is it personal," said Dr. Vicencio. "The audits are simply a way to chart progress and communicate about the goal of quality healthcare." They use the YHP profiles and audits to monitor

the patient's care and needs rather than an individual provider's performance.

Your Healthcare Plus is proud to be working with Mercy in serving HFS clients with chronic medical conditions. We congratulate Mercy on taking our profiles and using the information they contain to increase communication about quality in their clinic.

Provider profiles are available through the YHP link embedded in HFS' MEDI system at www.myhfs.illinois.gov. Please note that in the clinic environment, the clinic administrator must grant MEDI access to each provider to view the site profile. ■