

**Illinois Department of Health and Family Services (HFS)
PCCM/DM Behavioral and Mental Health Subcommittee
Meeting Minutes for September 22, 2006**

The meeting was called to order at by Dr. Rick Leary (McKesson Health Solutions), the medical director for the Your Healthcare Plus DM Program and committee Co-Chair, at noon CDT.

Agenda Item #1: Committee Role/Responsibilities:

Dr. Leary reviewed the BMH Subcommittee role and responsibilities as outlined by HFS. (attachment). Committee members had no questions or comments about the committee charge.

ACTION ITEMS: None

Committee Member and Guest Introductions:

Dr. Fredric Leary – Co-Chair, MBH Committee. Medical Director, Your Healthcare Plus Program. Family Physician with practice experience in both urban and rural settings.

Felicia Vertin – Co-Chair, MBH Subcommittee. Supervisor, Your Healthcare Plus Program. RN with extensive experience in a variety of health care settings. MH area of expertise. Supervises 7 BH specialists for YHP program.

Leslie Ford LCSW– Clinical Social Worker, Your Healthcare Plus Program. Role in this model is to help address any resource issues for members in the program.

David Nace MD – Psychiatrist/Family Practitioner with McKesson.

Kathleen Warnick RN – Product manager, Mckesson Health Solutions. Responsible for overseeing that the program is executed according to the program design.

Maureen Mangotich MD, MPH – Chief Medical Officer, McKesson Health Solutions – DM Division. Oversees physician advisors hired to staff each state program.

Leigh Steiner – (CNSI)

Bob Moore – (CNSI) Account manager for YHP program BH pharmacy interventions through CNSI.

Mary Miller RN – (HFS) Program manager for DM program at HFS.

Rod Matticks MD – physician consultant with HFS. Family physician by training. Works closely with pharmacists from HFS and DMH on a variety of pharmacy initiatives.

Randy Malan RPH– Director of pharmacy for DHS and chair, DHS P&T committee. Works with HFS to ensure quality and continuity of care across divisions.

Bruce Seitzer – Community Centers on north and west side of Chicago.

Meryl Sosa – Executive Director, IL Psychiatric Society
Work on various issues for people with mental illnesses

Sidney Weissman – past president, IL Psychiatric Society, Trustee of APA – represents views of practicing psychiatrists across the state.

Peter Alahi MD – DMH regional clinical director – Regions 3-4. Psychiatrist by training. IPS member. Faculty from SIU –

Vince Keenan – Executive Director, IAFP. Family Physicians interested in mental health programs – how to best address psychiatric health needs of their patients with psychiatric illnesses

Terry Carmichael – CBHCA – 95-110 agencies across the state that provide community MH and SA services. Contracts with state. Responsible for child/adolescent MH services

Susan Bergeson – CEO –Depression and Bipolar Support Alliance. (DBSA) Consumer representative. Worked with state over last year to set up peer specialist program. Partners with doctors to work with beneficiaries to

Anthony (Tony) Zipple – CEO – Thresholds – largest, oldest provider of services in IL to individuals with mental health and substance abuse issues. Service areas include Cook, McHenry, Lake and Kankakee counties. Providers of clinical and crisis services, employment and housing assistance. His organization has a deep commitment to SAMSA evidence-based practices and to consumer empowerment activities.

Suzanne Andriukaitis - Executive Director, NAMI of Greater Chicago. Provides education and support services, including 12 week family to family classes. Also educational programs for police dept new recruits and crisis education training.

Lora Thomas - Exec Director – NAMI Illinois. Supports 37 affiliates in IL.

Mary Lynn Clarke – Illinois Hospital Association (IHA) – represents 200 hospitals/health systems in IL, all of which provide some type of services to persons with MH illnesses. About 90 hospitals provide dedicated MH services – either separate facilities and/or acute psychiatric services

Abdel Fahmy MD– ACCESS Community Health Network; Medical director for SA services. 45 health centers throughout Chicago, Cook and DuPage counties. Primary care, OB services, peds services and MH/SA and HIV services in community setting.

Heather Eagleton – IL Association of Rehab Facilities – represents providers

Mary Scuffham - community MH center in Rural NW Illinois.

Cindy Meyer – CEO, Streamwood BH center – Streamwood IL. IP, Partial, IOP, outpt and residential treatment services

George Hovanec – Consultant with the MH authority.

Joe Novak – NW community hospital in NW IL. Director of MH (IP, partial, IOP and residential) for hospital. Member of BH constituency for IHA.

Patrick Tranmer MD –Family Medicine Department Chair, UIC and Executive Committee of IAFP

ACTION ITEMS:

Dr. Leary requested email addresses/contact information from Cindy Meyer and Joe Novac (since received).

Agenda Item #3: YHP DM Program Overview

Dr. Leary walked the committee attendees through a slide presentation overview of the Your Healthcare Plus (YHP) Disease Management Program. Committee members had a number of questions about the program.

Q: How does YHP approach medication adherence?

A: Nurses take a medication history, ask about medication reminder systems and explore for barriers to taking medications as prescribed.

There were several suggestions from committee members on how to address adherence issues for this population:

- Barriers to consumers staying on treatment can be concrete, like transportation, financial barriers are only part of the story. The treatment plan needs to fit into consumer's life and address their life priorities. SAMSA is looking at innovative practices – treatment plans created by consumers that link into life goals
- Susanne A. (NAMI) – another barrier is family. If family members don't understand illness, treatment and why treatment is necessary, they may undermine the consumer's adherence. The stigma of being labeled as having a mental illness is also another issue keeping patients from acknowledging/ following the treatment plan.

- With substance abuse, there are special issues/barriers to dealing with the behavioral problem.
- Several committee members emphasized the importance of developing collaborative treatment plans instead of a strictly provider-driven plan.
- Felicia Vertin described having member contact around these issues. She gave an example of a patient who was considering stopping meds because of weight gain. The solution they came upon –vegetarian pizzas, increasing exercise – accommodated this person’s lifestyle and preferences.
- Tony Zipple observed that people are typically more focused on larger life issues and medications take second priority/focus. Meds have side effects, hard to take, a hassle, expensive. It’s important to imbed in the context of a broader understanding of the person’s life and goals.

Q: Will you be looking at overuse of intermediate care in IL (nursing homes and IMDs (institution for mental disease – nursing home with > 50% of residents there because of mental illness)? There are over 6k people in these settings primarily because of mental illness.

A: Rick Leary indicated that program staff will look into opportunities to impact these beneficiaries through the YHP Program. Mary Miller offered a point of clarification: The YHP population only includes those with Medicaid and does not include dual-eligibles (those with Medicare as well as Medicaid). They may make up a large portion of the patients in those facilities.

Q: In depression, under-prescribing is an issue – how will this be addressed?

A: Some of these issues are addressed in CME programs. Patient level follow-up occurs when patients reporting prior or current treatment for depression AND screen positive for depression Sx.

Q: What is the scope of the YHP program for children?

A: For the Family Health population, children with asthma over the age of 12 months are eligible. For the ABD population, enrollees must be 19 y.o. to be eligible.

Agenda Item #4: CNSI presentation

Leigh Steiner from Comprehensive Neuroscience, Inc. (CNSI) gave the committee a brief overview of the CNSI program to be implemented shortly in Illinois. CNSI does a retrospective analysis of paid pharmacy claims against established best practices and identifies “quality indicators”. These proprietary Quality Indicators identify members whose treatment falls outside of “best practice” guidelines. When a member is identified as receiving care inconsistent with clinical best practices, letters are sent to treating prescribers requesting review of medication practices for specific high-risk members. Baseline data and ongoing monthly change reports document shifts in prescribing practices by providers and identify those members most at risk each month. The program has been reviewed by Dr. Matticks and Randy Malan, and will be presented to the IL Medicaid DMH P&T Committee next week for review/comments.

Feedback from Committee Members:

- Dr. Fasel: The success of this program will depend on how providers view the program – as a punitive oversight entity vs. a collaborative partner. When a provider gets a letter telling them they need to change prescribing behaviors.
CNSI Response: Letters to the practitioners provide information that we hope will be actionable for the doctor. We don't dictate in any way to providers. In our experience, most clinicians will take action on their own based on what may be new information to them.
- Peter Alahi suggested that CNSI coordinate with medication algorithm project. Timeliness is also important in getting communications out to physicians.
- From a consumer perspective, we really love TMAP.
- Bruce Seitzer – We need to make sure there is good communication between this program and behavioral health practitioners.
- It would be helpful to send hospitals providing BH services information about the program, links to website, timetable, etc.
- People may not know what questions to ask yet.
- It will be important to understand how this program links to the PCCM program.
- Request for HFS to explain in more detail how SASS fits in for 19-23 yr age group.

Agenda Item #5: Wrap-up

Dr. Leary thanked committee members for their attendance and valuable input. He announced the next meeting date:

Thursday, December 14, 2006 12:00pm – 1:30pm CDT
Teleconference number: 1-888-232-0371 Participant Code: 925248

Meeting Minutes submitted by: Maureen Mangotich (MHS)
September 27, 2006

Reviewed/Approved by: Mary Miller (HFS)
Oct. 2, 2006