

Illinois Department of Healthcare and Family Services Behavioral and Mental Health Subcommittee Meeting

Date: Wednesday, January 12, 2011

Time: 12 noon CDT – 1:00

Teleconferencing #: 1-877-684-9625 passcode 102953#

Attendees:

Meryl Sosa (IPS)
Mary Miller (HFS)
Jennifer Partlow (HFS)
Carrie Nelson (YHP)
Margaret Kirkegaard (IHC)
Felicia Vertin (YHP)
Adair Galster (YHP)
Kathleen Warnick (YHP)

Chris Mitzo (YHP)
Michelle Shoen (CMT)
Judy King
Marylynn Clarke (IHA)
Rick Nance (DASA)
Peter Alahi (DHS)
Rhonda Keck

Minutes

A. Department of Mental Health (DMH) Partnership Update—Caryn Jacobi/Felicia Vertin

Relationships continue to be strong and active, the provider network of YHP collaborators continues to expand. Members are experiencing good care collaboration. The City of Chicago clinics have requested a member list and a meeting with the Medical Director of the sites, Tony Beltram, is planned. Bob Granger from DMH will be in attendance as well. Bobby E Wright clinic and Association House have put an excellent system in place to identify disease management eligible members. There has been good progress establishing the YHP – provider collaboration throughout the regions. YHP has a standing invitation to attend the regional network meetings and a YHP staff member is actively attending.

B. Department of Alcohol and Substance Abuse (DASA) Partnership Update—Caryn Jacobi/Felicia Vertin

YHP staff continue to expand and evaluate how to collaborate with the DASA care delivery system. We are working to ensure our processes are supporting DASA regulations. YHP is actively developing these systems with SEADAC. Due to the unique constraints inherent in working with these members, the collaboration is cautiously proceeding. YHP has received commitments from H-Group, Fellowship house and Breaking Free. South Suburban Council and Grand Prairie Services are good models for the new relationships. It was commented that over the 4 ½ years in which YHP has been in place, Felicia's team has worked hard to bring these partnerships together. The results are better linkages between behavioral health/psych services and the medical home. This is especially

important since so many of the patients served by the YHP program have physical and

psych/behavioral health conditions. Many thanks were extended to Rick Nance and his team at DASA.

A question was posed as to how results are measured. Mary Miller responded that member satisfaction surveys are routinely given for those members in the moderate and high-risk categories. These surveys are completed by a 3rd party. Based upon those reports, members describe their experience of care is improving and that they feel more empowered to manage their health. Clinical measures are also tracked. For example, chronic condition guideline adherence rates are tracked, including medication prescribing, lab testing, etc. These results are reviewed quarterly and an annual reconciliation process is completed to verify the accuracy of these results.

Another question came up as to how the recent legislation as well as the integrated care pilots will impact this work and how the YHP program fits in with those changes. Mary Miller stated that the Integrated Care pilots are kicking off this Spring and will involve suburban Cook, Lake, DuPage, Kane, Will and Kankakee counties. Approximately 40,000 of the YHP disease management (DM) members will be migrated into the integrated care program. The RFP language and responses given by bidders were specifically designed to augment the lessons learned from the DM program i.e. strong care coordination, interdisciplinary support. Additional augmentation in the integrated care program will be possible as the service delivery will be organized, less cumbersome and easier for members to navigate.

New legislation, HB5420 in which 50% of the Medicaid population will move into a managed care type of program, will take effect by 2015. The details as to how this will occur are in process and will be developed in the coming months. It is expected to look very similar to the integrated care model. The State will continue to involve and seek input from all stakeholders as the managed care effort is further developed. Comparisons between the current system and the new one occur in order to assess relative effectiveness. Since the integrated care program involves a very select, high risk population (Adult Disabled), it will be essential to compare "like" populations.

C. Primary care support for managing behavioral health conditions – follow-up to suggestions from the group

New tools are now available on the CME website as follows: [YHPlus.com/Depression module/Resources](http://YHPlus.com/Depression%20module/Resources). Those new tools include the PHQ-9 in English and Spanish and the Edinburgh. A Depression Webinar was given in October 2010 as a collaboration between Dr. Mark Loafman (Family Physician) and Dr. Harold Carmel (Psychiatrist). The webinar targeted primary care providers. It was well received and is available for review at the same web address listed above. A question was asked as to how primary care is defined. Margaret Kirkegaard replied that for the most part, it is defined in a traditional fashion, i.e. Family Medicine, Internal Medicine and Pediatrics. However, allowances are made for a few specialists that serve as primary care for complicated patients. Examples include the Pediatric Pulmonologist that provides comprehensive care to members with Cystic Fibrosis. Similarly some Infection Disease specialists do the same for HIV positive members. Approximately 70 OB/Gynes in Illinois serve as PCPs, mainly in situations in which they have an NP/PA who provides full spectrum care. Meryl Sosa from Illinois Psychiatric Society noted a report that indicated OB/Gynes as having limited knowledge about psychotropic prescribing. She reported that a utilization review study from BC/BS of

Mississippi showed widespread prescribing of just one antidepressant, indicating that the OB/GYNE providers weren't familiar with other medications or the relative advantages/disadvantages among the options for the individual patient. Ms. Sosa expressed an interest in further discussions for finding solutions to enhance the skill set among this provider group in addition to more traditional primary care providers. It was decided that a meeting would be held to discuss such approaches and leadership from the Maternal – Child Health division of HFS should be included.

Illinois Health Connect – Dr. Kirkegaard reported that for the last four years the IHC focus has been on getting patients connected to a medical home. At this time IHC is turning attention to the “interface of care”. Working with DMH/DASA has been an example of that work. An important facet is letting behavioral health providers know how to identify a member's PCP. IHC also maintains an electronic library of tools and resources at illinoishealthconnect.com/clinical resources (i.e. link to YHP modules). Dr Kirkegaard stated that they are always interested in expanding the list of resources. IHC also conducts webinars and they are now done twice monthly. Topics can be found under the provider education tab. On May 12th there will be a webinar in which DMH and YHP will co-present with IHC. It was stated the the primary audience for the webinars is PCPs but are always welcome to attend and can benefit from hearing the overview of what resources are available to manage Medicaid members.

An ED overuse webinar was provided recently. An important point was made in that context about how behavioral health conditions are common drivers of ED overuse. Dr. Nelson described the ways in which YHP and IHC have been collaborating in three pilot projects to reduce ED overuse. Marylynn Clark from IHA stated that IHA has devoted much time over the past 5 years to address the problem of ED overuse and it in fact appears to be getting worse instead of better. Ms. Clark stated that IHA would like to be involved in some of the ED overuse activities. It was decided that an additional meeting should take place to specifically discuss stronger collaboration between IHA and IHC/YHP efforts. IHA has a workgroup focused on this issue and is first turning its attention to rural areas. Carrie Nelson will coordinate that meeting. Dr. Kirkegaard announced that she and Dr. Nelson are giving a webinar for ICAHN Jan 20th at 8:30 to provide an overview of the programs and how to know how to refer patients back to PCPs. Ms. Clark requested and invitation to that webinar and Dr. Kirkegaard said she would make sure she received one.

It was asked as to whether we have any data on why patients say they choose the ED over their PCP. Dr. Kirkegaard reported on the results of the IHC member survey in which members overwhelming response was that “it was too much of an emergency to wait for the PCP”.

D. Next Meeting April 13, 2010 12:00-1:00 pm (CT)