

Illinois Department of Healthcare and Family Services
PCCM/DM Provider Network Subcommittee
Meeting Minutes for November 21, 2008

Attendees:

Margaret Kirkegaard, MD	AHS
Brant Pearson	AHS
Cari VonderHaar, RN	AHS
Michelle Maher	HFS
Steve Saunders, MD	HFS
Jim Parker	HFS
Vicky Hosey, RN	HFS
Amy Harris	HFS
Mary Miller	HFS
Tina Reagan	Loyola University
Sue Wicki	Loyola University
Rick Leary, MD	McKesson
Adair Galster	McKesson
Ken Ryan	ISMS
Marie Lindsey, NP	ISAPN
David Yeager, DPM	IPMA
Karen Fyalka	Litchfield Family Practice Center
Kenzy Vandebroek	CDPH
Brad Kupferberg	Children's Memorial
Kirit Bhatt, MD	Private practitioner
Jenny Pinkwater	ICAAP
LaDonna Brown-Miller	TCA Health Center
Allison Thomas	Take Care Health

Dr. Kirkegaard chaired the meeting.

Illinois Health Connect Provider Profiles

The first item of discussion was the Illinois Health Connect (IHC) Provider Profiles. Dr. Kirkegaard indicated that they had been sent to all providers in July and again in October. She indicated that some feedback had been received and requested more feedback from the clinicians participating in the teleconference. No specific feedback was provided but all the groups and individual practitioners represented agreed to solicit feedback from their clinical groups and forward this to Dr. Kirkegaard. Dr. Kirkegaard indicated that IHC Provider Profiles would be sent on a semi-annual basis. Dr. Bhatt queried about how the lead testing data was collected. Dr. Kirkegaard clarified that lead screening data was reflected on the IHC Panel Rosters and not the IHC Provider Profiles and that data was collected from either claims for blood lead levels submitted from the lab or from claims submitted for the collection of a blood specimen by the clinical site.

Your Healthcare Plus Provider Profiles

Dr. Leary reviewed the Your Healthcare Plus Provider Profiles. He noted that they were mailed quarterly and focused on the five core chronic disease conditions including asthma, COPD, CHF, CAD and DM. McKesson Health Solutions had sent 5 sets of Profiles and the sixth set would be mailed in December 2008 targeting approximately 2,200 providers. He also noted that the Profiles were now available online using HFS' Medical Electronic Data Interchange (MEDI) system as a secure access to the Profiles.

Improving Blood Pressure Control in Diabetic Patients

Dr. Leary asked for feedback from the group on strategies for improving the control of hypertension in DM. He noted that the YHP outreach nurses interact with patients and ask them, "Do you know what your blood pressure is?" and if the client answered yes, then they ask a follow up question, "What is it?" Dr. Leary noted that a significant number of patients were not able to report their blood pressure or indicated that it was higher than the recommended target BP of 130/80. LaDonna Brown-Miller noted that even when patients are informed and well-controlled, they may not be able to self-report the actual level of BP. Dr. Leary agreed that the client's level of understanding was a factor in their ability to report their own BP measurements but that understanding the measures and targets were critical to engaging the patient in self-management of chronic disease. LaDonna Brown-Miller suggested giving patients wallet cards for recording their BP. Dr. Leary agreed that this was a great suggestion but limited by the need for patients to bring the cards to each appointment. Dr. Leary asked the group to consider additional strategies and provide feedback directly to him at fredric.leary@mckesson.com.

Decreasing Inappropriate Emergency Department Utilization

Dr. Leary introduced the topic by noting that increasing the use of the medical home was the primary strategy for decreasing inappropriate ED usage. He thanked all the medical home providers for participating in the program. He noted that anecdotal feedback and early data indicated that ED use had decreased and asked if there were any other strategies that could be employed to reduce ED usage. Dr. Kirkegaard noted that patients who were designated as "frequent ED users" (6 or more ED visits without a subsequent admission in the past 12 months) were flagged on the monthly IHC Panel Rosters. Dr. Leary agreed that could be helpful but also noted that some patients were not "frequent ED users" but still utilized the ED inappropriately for chronic disease management. Dr. Bhatt noted that it was a requirement for all the medical homes to have 24/7 phone access but patient often did not call before visiting the ED. Dr. Leary indicated that there was a nurse consultation line available for after hours advice for patients. Dr. Bhatt asked how often this was used. Dr. Kirkegaard agreed to check on the number of monthly nurse calls and include in the minutes. The Nurse Consultation Line receives approximately 500 to 550 calls per month. Dr. Leary questioned what was the best way to tackle patient education about appropriate ED use. He noted that YHP had a library of patient education materials available on their website and asked for any more suggestions or feedback to be sent to him at fredric.leary@mckesson.com.

Illinois Health Connect EPSDT Outreach

Cari VonderHaar, RN, IHC Quality Manger, informed the group that IHC Care Coordination staff were making outbound calls to families with children who appeared due for well-child

visits. If appropriate, the staff would assist clients in setting an appointment by making a 3-way call with the medical home. Ms. VonderHaar noted that training for the Care Coordination staff was ongoing and asked for any feedback from clinicians about this service. Dr. Kirkegaard injected that sometimes a child may have had an interperiodic visit such as a school or day-care PE but that another visit on the birth date anniversary to maintain the Bright Futures periodicity schedule for well-child visits was recommended. Dr. Kirkegaard also noted that over 10,000 calls were made by IHC staff per week and that follow-up reminder letters are sent to all clients who make an appointment more than 7 days in advance.

Illinois Health Connect Quality Nurses

Ms. VonderHaar informed the group that the IHC field staff now included a team of Quality Assurance (QA) nurses who were available to provide education, resources and assistance to the medical homes focusing on clinical topics. She noted that the QA nurse role was complimentary to the Provider Service Representative role that would focus more on administrative issues. Ms. VonderHaar also noted that the QA nurses were available to address large groups and review all the quality tools available through the IHC program. Sue Wicki from Loyola asked about the yearly recommended interval for pap smears. Dr. Kirkegaard asked Dr. Saunders from HFS to address this issue. Dr. Saunders noted that HFS recommendations were not in agreement with the ACOG and AAFP recommendations for a pap smear every 3 years but he noted that clients rarely stayed with the same provider for three years and were at higher risk. Dr. Kirkegaard added that yearly preventive visits were still recommended to discuss common women's issues such as domestic violence, calcium supplementation, and depression. She also noted that all of the data presented on the IHC Panel Rosters was subject to clinical interpretation for each individual patient.

Illinois DocAssist Line

Mary Miller from HFS gave information about a new service for Illinois clinicians called the Illinois DocAssist Line. This is a child telepsychiatry consultation service provided by psychiatry staff at University of Illinois designed to give clinicians an opportunity to discuss cases with a psychiatrist since there is a critical shortage of child psychiatrists. She indicated that the DocAssist Line was available Monday through Friday and the number was 1-866-986-2778. She noted that UIC psychiatrists were also putting together a CME module on adolescent depression and would provide more information about the CME module when it was available. Ken Ryan asked if DocAssist information had been given to the Illinois Rural Health Association since those clinicians were likely to be in most need of additional psychiatric services. Mary Miller agreed that this was an excellent suggestion and would follow up on providing information to the annual meeting in April 2009. Dr. Saunders also interjected that the Doc Assist Line was for clinician-to-clinician and not a hotline for patient use. Jenny Pinkwater from ICAAP indicated that they would promote the CME module to their members when it was available. Dr. Kirkegaard added that IHC hosts monthly webinars and that the webinar scheduled for Feb 25, 2009, was tentatively scheduled as a presentation on the DocAssist Line. Sue Wicki from Loyola asked how this information was being distributed to providers. Dr. Kirkegaard stated that HFS had mailed a Provider Notice to all physicians and recommended that support staff register on the HFS website for email notification of the Provider Notices so that they do not have to rely on their clinical staff to relay information.

Update on Claims Payment

Jim Parker from HFS led the discussion about the recent delays in claims payments. He noted that there had been a “significant decrease in payment for services” from HFS over the past 6 weeks and that the comptroller was experiencing “extreme cash flow issues” due to the economic downturn. He added that the issue was strictly related to cash flow and that adequate funds had been appropriated. He noted that this impacted all state contracts and not just HFS payments. He provided the following figures:

- \$3.1 billion total waiting at comptroller to be paid
- \$650 million HFS claims waiting to be paid
- 33 physician schedules, totaling \$103.7 million for physicians, the oldest schedule awaiting payment was September 8th.

Jim Parker indicated that the comptroller was attempting to pay according to “first in, first paid” principle. He noted that the Oct 14 All Kids schedules, the Nov 3 All Kids schedule and the Nov care management fees had been paid on 11-20-08. These were paid out of order since funds were available to cover the Nov 3 schedule, which was a lower amount than other schedules waiting to be paid. Jim Parker added that providers on the expedited schedule were generally paid on a weekly basis but now these schedules had fallen behind by an additional week. Ken Ryan asked if other state payments were delayed and Jim Parker indicated that they were, including such things as payments to foster families and gas credit cards for the state police. The problem was not limited to HFS payments.

Mr. Parker indicated that he thought that there might be some relief in January as traditionally the state received the holiday sales tax revenue and state income tax would be available in April. Jim Parker indicated that sometimes there were funds outside the general revenue to pay occasional providers who were in financial distress. He noted that the state was considering “short-term borrowing”. The State is also working with the federal government on some strategies for financial relief such as increasing the federal matching rate, eliminating the Medicare Part D clawback and reauthorizing SCHIP with greater flexibility to cover parents at 65% match instead of 50% under Medicaid. He concluded by noting that the economic downturn was unprecedented and that the economic situation was “as bad as he had ever seen it”. He recognized the sacrifices providers were making in continuing to provide care for clients without reimbursement and that HFS was working with the comptroller and federal government to address the issue with any possible solutions.

The time and date for the next Provider Network Advisory Subcommittee teleconference has not been set.