

Illinois Department of Healthcare and Family Services
PCCM/DM Provider Network Subcommittee
Meeting Minutes for December 15, 2010

Attendees:

Margaret Kirkegaard, MD	AHS
Cari VonderHaar, RN	AHS
Michelle Maher	HFS
Vicky Hosey	HFS
Kathy Moles	HFS
Mary Miller	HFS
Wendie Medina	HFS
Kathleen Warnick	McKesson/YHP
Carrie Nelson, MD	McKesson/YHP
Caryn Jacobi	McKesson/YHP
Adair Galster	McKesson/YHP
Allyson Hansen	UIC
Kelly Carter	IPHCA
Allison Thomas	Take Care Health
Mike Cotton, MD	Meridian Health Plan
Ben Schoen	Meridian Health Plan
Marie Lindsey	ISAPN
Brad Kupferberg	Children's Memorial Hospital
Jill Sproat	DHS, School-based clinics
Diane Pelli	Lake County Health Dept
Ken Ryan	ISMS
Omar Sawlani, MD	Hope/Christ Children's Hospital
Sally Salmons, MD	Carle Clinic
LaDonna Brown-Miller	TCA (FQHC)
Irma Contreras	PrimeCare (FQHC)

Dr. Kirkegaard chaired the meeting. Introductions and roll call were performed.

Your Healthcare Plus Provider Recognition Program

Dr. Carrie Nelson described the new YHP Provider Recognition program. YHP tracks several chronic disease measures. Dr. Nelson explained that based on performance relative to the overall YHP participating providers, some providers had exemplary performance on the measures and would be recognized with an award. The providers would also be recognized on the YHP website, mentioned in newsletters and other articles, receive a YHP Recognition Insignia for placement on their own website or print publications and receive a press release for distribution to local media. The first phase of YHP Provider Recognition focuses on diabetes measures and 25 FQHC/RHCs and 39 PCPs had met the standards. Other chronic conditions that are also included in the Provider Recognition Program are CHF, asthma and CAD. Dr. Nelson

explained that providers must have at least 16 YHP patients with one of the chronic diseases to qualify. She indicated that preliminarily 27 providers had been identified to receive the CHF award and 9 providers had been identified to receive recognition for CAD care. An article describing the YHP Provider Recognition Program is included in the Fall 2010 edition of the YHP/IHC Provider Newsletter.

Update on CME

YHP has been collaborating with the IAFP to create CME modules that address common conditions for the YHP population and that tend to drive unnecessary healthcare utilization. The website for the CME is www.YHPlus.com. Dr. Nelson noted that the overall platform for the modules had been updated allowing greater flexibility in reviewing the information. Dr. Nelson added that they had new modules on management of bipolar medications, opiate medications and antipsychotic medications and that an expert panel including an NP, PA, Internist, Psychiatrist and Family Physician had developed these modules. She also acknowledged that they had partnered with the Illinois Psychiatric Society to develop the modules.

Dr. Sawlani agreed that access to behavioral healthcare for Medicaid clients was difficult to find. Dr. Nelson agreed that many sites were able to co-locate behavioral health staff with medical care staff and this was a great model for enhancing both care coordination and access to care. Dr. Kirkegaard asked if participants on the call had any experience with referring to the Community Mental Health Centers. Dr. Sawlani stated that only “extreme” cases were able to be accepted at the CMHs due to budget cuts. He suggested that IHC partner with some larger hospitals to act as hubs for behavioral health services where Illinois Health Connect could assign staff. Dr. Kirkegaard did indicate that IHC has the capacity in the call center to assist both clients and PCPs in finding specialty services for pts and that Cook County Health and Hospital System was expanding accessibility of their services.

YHP Updates on Long-term Care

Adair Galster provided updates on YHP interventions focused on the Long Term Care setting. YHP has partnered with NP Care and has placed NPs in ~40 nursing home locations to assist with care coordination for YHP eligible residents. However, it is not realistic to place NPs in all LTC facilities, so YHP has been utilizing YHP community-based staff (with LTC experience) to perform outreach to non-NP Care sites. The staff are providing quarterly report data on key clinical metrics and assisting facility staff in how to best utilize this data. So far this is proving to be a worthwhile intervention. Dr. Nelson added that recently YHP has developed a relationship with the Illinois Society of Consulting Pharmacists who were generally employed at nursing homes. YHP has begun discussions with this group, particularly around how to best utilize/deliver YHP pharmacy reviews. Dr. Nelson indicated that YHP was committed to augmenting services and not duplicating services so collaboration with other entities was essential. Dr. Kirkegaard asked for any questions or suggestions on the issue of long-term care and none were offered.

Initiatives to Address ED Overuse

Dr. Nelson described two pilot projects underway to address unnecessary ED use. The first project was to connect sites with patients who use the ED frequently with the EDs that the pt's tend to use. Three catchment areas and hospital –clinic pairs were identified for this pilot: Central Counties FQHC in Springfield and St John's Hospital, Crusader FQHC in Rockford and Swedish American Hospital and PCC Wellness in Chicago and Norwegian Hospital and West Suburban Hospital. The first conference call introducing the program was held on December 14. The goal of the program is to find strategies for improving ED-PCP Coordination and to disseminate those strategies to other providers as well.

The second pilot project involves selecting three residency programs with a high volume of frequent ED pts and asking the residency programs to assess the internal drivers of ED use such as inability to get an immediate appointment. The first conference call for this pilot is scheduled for December 16. Dr. Nelson added that a summary of the lessons learned from the pilot projects would be available in May or June. Dr. Sawlani noted that both projects sounded "promising". He suggested that YHP or IHC engage some EDs in a demonstration project to have educational materials that explain a cost comparison of ED vs PCP care to the pts in order to deter them from future ED use. Dr. Nelson responded that YHP and IHC had engaged representatives from the Illinois College of Emergency Physicians on the pilot involving hospitals. Dr. Kirkegaard added that IHC and YHP were working with the Illinois Critical Access Hospital Network to engage them in overall education about PCP identification and referral back to the PCP for follow-up care. Dr. Kirkegaard also noted that standard discharge instructions incorporating this info could be useful.

Dr. Kirkegaard asked for feedback from other clinicians on the call. Dr. Salmons noted that they had a unique relationship with their ED and enjoyed very good communication and a shared electronic medical record.

Dr. Nelson explained the YHP program for chart reminders for patients who had utilized the ED 4 or more times in the past 6 months. She noted that these chart reminders were being delivered to the PCP so that they could be attached to the chart and then activated at the next pt appointment. She described that the bottom half of the page is a tear-off section with patient education. The chart reminder pilot is active at 22 locations where there are at least 30 pts who meet with criteria.

Illinois Health Connect Updates

Dr. Kirkegaard noted that there were no major changes in the policy or design of IHC currently. She added that the webinar schedule for 2011 was being expanded to include at least 2 webinars per month on topics that were relevant to PCPs both for administration of the IHC program and because they were clinically relevant topics for this pt population. She also noted that all the slides from past webinars are posted on the IHC website. She was asked if the slides continued audio. She stated that some presentations did have audio available.

Dr. Kirkegaard then asked if there were any additional questions before closing the meeting. Dr. Sawlani noted that VFC had made some changes. Dr. Kirkegaard agreed that IHC was trying to link with VFC so that IHC staff could be informed of the VFC changes and assist PCPs. She also noted that immunizations were one of the topics for the 2011 webinar schedule.

Upcoming meetings are March 9 and June 9, 2011.