

Illinois Department of Healthcare and Family Services
PCCM/DM Provider Network Subcommittee
Meeting Minutes for March 9, 2011

Attendees:

Margaret Kirkegaard, MD	AHS
Cari VonderHaar, RN	AHS
Vicky Hosey	HFS
Mary Miller	HFS
Carrie Nelson, MD	McKesson/YHP
Caryn Jacobi	McKesson/YHP
Adair Galster	McKesson/YHP
Susan Gaines	IPHCA
Vince Keenan	IAFP
Brad Kupferberg	Children's Memorial Hospital
Jill Sproat	DHS, School-based clinics
Pat Bickhoff	Litchfield Family Medicine RHC
Karen Fyalka	Litchfield Family Medicine RHC
Joan Kirchner	Loyola
Pat Foss	Swedish American Hospital
Claudia Burchinal	Erie FQHC
Darin Jordan, MD	Central DuPage Hospital
Dan Perez, MD	private practitioner
Adali Vilchis	Lake County HD

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

Integrated Care Update

Mary Miller from HFS indicated that two health plans, IlliniCare (Centene) and Aetna, had been selected to administer the Integrated Care Pilot program in suburban Cook and Collar Counties. The program will enroll 40,000 patients who are aged, blind or disabled. Approximately 30,000 of those patients are current IHC and YHP members. The YHP program is working with the health plans on transitioning care so that there will be no gaps. Ms. Miller indicated that the health plans were finalizing development of the provider networks and working on developing performance measures. She also indicated that HFS was working to finalize the contracts. Ms Miller stated that enrollment will occur in geographic "waves" beginning with notification starting next week; enrollees will have 60 days to select a health plan and PCP through the new program prior to auto-assignment, so earliest enrollment will be effective May 1.

There were no questions.

Your Healthcare Plus - Provider Recognition Program

Dr. Carrie Nelson described the new YHP Provider Recognition program. YHP tracks several chronic disease measures for CHF, diabetes, asthma, COPD, CAD, and depression. 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 focused on diabetes measures and approximately 40-50 PCPs, FQHCs and RHCs (including Erie FQHC) had met the standards.

Dr. Nelson noted that seven sites were receiving recognition for CAD and that 27 sites were receiving recognition for CHF. She noted that all sites had been notified of their awards and that YHP was arranging the times to deliver the awards.

Dr. Nelson went on to describe that YHP was finalizing the award program for asthma care. She noted that asthma patients fall into two categories, family health population, which also includes children, and the disabled population. The two measures that are assessed for asthma care are filling a prescription for a controller medication within 30 days of exacerbation and use of controller medication on an ongoing basis. She noted that approximately 120 sites will receive the award.

Dr. Nelson congratulated all of the awardees for their exemplary efforts and team work.

Update on CME

YHP has been collaborating with the IAFP to create free 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 for adult learners in reviewing the information. She said that there was a general module on designing better systems of care for chronic diseases and another module on substance abuse care. Dr. Nelson added that primary care was the *de facto* mental health system in the US and that YHP was implementing new modules next month on management of bipolar medications, opiate medications and antipsychotic medications.

Initiatives to Address ED Overuse

Dr. Nelson described three pilot projects underway to address unnecessary ED use. The first project was to connect sites with patients who use the ED frequently and the EDs that the patients 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 goal of the pilot was to facilitate communication between the EDs and clinics and also examine gaps in communication with the intent to share “lessons learned” with other sites at the end of the pilot.

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 residency programs were provided with some resources and information and are working to create action plans to focus on QI for processes that would address unnecessary ED use.

Dr. Nelson proceeded to describe the third pilot that is providing 22 clinics with chart reminders about patients who had been to the ED more than 4 times in the past 6 months. The clinics can then outreach to the patients or place the reminder in the chart so that education on appropriate ED use can be given at the next appointment. The chart reminders have a tear-off section that can be given to the patient for education about ED use.

Dr. Perez asked if communication from the ED back to the PCP could be made a requirement in the IHC program. Dr. Kirkegaard responded that IHC was investigating ways to enhance ED-PCP communication and looking for a variety of electronic tools that could facilitate this. Dr. Perez asked if the fax number could be included in MEDI. Mary Miller (HFS) stated that she would check into this.

Mary Miller then asked if communication after an ED visit was an expectation of other payers. Dr. Perez responded that he wasn't aware of such expectations. Jill Sproat suggested that some managed care plans may include this requirement. Brad Kupferberg indicated that at Children's Memorial Hospital they had added personal communication to the PCP within 72 hours as a performance measure within the Department of Surgery tied to compensation. This was not derived from an external requirement but rather from an internal desire to improve quality of care through improved communication. He added that they were attempting to implement a similar program in the Department of Medicine but that it was more difficult because it was a different corporate structure.

Bonus Payment Program

Dr. Kirkegaard reviewed the 2011 IHC Bonus Payment Program. She noted that the five measures of annual HbA1c, mammography, objective developmental screening, asthma controller medication and immunizations will be continued for the 2011 program. Additionally, lead screening requiring at least one blood lead test by age 2 yrs will also be added. Dr. Kirkegaard noted that the benchmarks are determined by national 50th percentiles and would remain relatively the same for 2011 as for 2010. Additional details can be found on the IHC website at www.illinoishealthconnect.com under Quality Tools.

Dr. Perez asked if there was any way to get “real-time” information so that gaps in care could be addressed. Dr. Kirkegaard noted that the IHC Panel Rosters do contain information that is

updated daily. The rosters show info for developmental screening, lead screening, and mammography. Dr. Kirkegaard added that a new flag had been added to the rosters to denote the diagnosis of diabetes and the last HbA1c claim. This information addresses 4 of the 6 bonus measures. She also added that IHC was exploring ways to report immunization gaps to providers.

Dr. Kirkegaard noted that the 2010 IHC bonuses would be calculated soon and that providers must submit claims before March 31, 2011.

Mary Miller suggested that selecting bonus measures for 2012 would be a good topic for this subcommittee in the upcoming year.

IHC Quality Webinars

Cari VonderHaar, Quality Manager for IHC, discussed the expanded webinar schedule focusing exclusively on clinical quality improvement. She noted that several webinars would be scheduled each quarter. While PCPs were encouraged to attend the webinar delivered by the QA Nurse for their region, they can attend any webinar that is convenient. In order to register for the webinars, they can get information on the Provider Education page of the IHC website or contact the Provider Helpdesk and get on the webinar listserv. Dr. Kirkegaard added that IHC was working to provide additional education for PCPs by expanding both the regular webinar schedule to bi-weekly and adding a new webinar series focusing exclusively on clinical quality improvement.

Client Education Tear Off Pads

Subcommittee members reviewed a new client education format that IHC is piloting in some provider offices. The new format consists of a pocket-sized pad with short informational message about IHC written in English on one side and Spanish on the other side. The pads instruct the patient to contact IHC for help in changing PCPs, updating addresses and locating specialists. The pads also have space for providers to write their office number for afterhours contact to assist patients in contacting the provider afterhours. Dr. Kirkegaard asked if any offices would be interested in piloting the client education pads. Two PCPs, Dr. Perez and Litchfield Family Medicine agreed to pilot. Dr. Kirkegaard explained that the pads would be distributed to some offices and then a follow up survey would be performed to determine if they should be continued and expanded to all PCPs.

PCP Survey 2011

Subcommittee members reviewed the proposed survey questions for the 2011 PCP Survey. There were no suggestions for additions or deletions. Dr. Perez added that he was satisfied with the level of service provided by IHC. Dr. Kirkegaard thanked everyone for their comments on the 2010 survey and assured them that the feedback was highly valued and used to create change.

Closing

Claudia Burchinal asked if the date the last time the patient had been in the ED was included on the Panel Roster. Dr. Kirkegaard stated that starting this month, the date of the last visit with the current PCP was included on the rosters. Dr. Perez added that Medicaid Reform legislation may be a good topic for future discussions.

Next meeting is scheduled for June 9, 2011.