ILLINOIS DEPARTMENT OF Healthcare and Family Services

Illinois Department of Healthcare and Family Services
PCCM/DM Quality Management Subcommittee

Meeting Minutes from Nov 16, 2007

Attendees:

Margaret Kirkegaard, MD, Medical Director, AHS
Fred Hanks, VP of Operations, AHS
Vince Keenan, IAFP
Karen Osuch, Family Health Network
Deborah Saunders, HFS
Paula Brodie, Southern Illinois Health Foundation
John Lekich, HFS
Esther Morales, Harmony Health Network
Jeni Fabian, Access Community Health Network
Adair Galster, McKesson
Robin Hannon, St. Clair County Health Department
Vicky Hosey, HFS
Michelle Maher, HFS
Steve Saunders, MD, HFS
Mary Miller, HFS
Rajesh Parikh, MD, IPHCA
Brant Pearson, QA Specialist, AHS
Steve Lidvall, MD, Crusader Clinic, Rockford
Lisa Stevens, Crusader Clinic, Rockford
Susan Surleta, Family Health Network
Cassandra Johnson, Southern Illinois Health Foundation

1. Introduction/Welcome:

Dr. Kirkegaard chaired the meeting. Attendees introduced themselves.

2. Illinois Health Connect Update

a. PCP network status
b. Client Enrollment

Brant Pearson, QA specialist for Illinois Health Connect, shared the most recent statistics concerning the development of the PCP network and client enrollment. He indicated that there were currently 5,147 medical homes across the state of Illinois representing a patient capacity for 5.2 million patients. The total number of patients who are eligible to choose medical home is 1.7 million clients. To date, approximately 170,000 clients have chosen a medical home through the managed care organizations of Family Health Network or Harmony Health Network. The remainder of the patients has chosen Illinois Health Connect. Brant Pearson noted that most of the clients in the entire state have been enrolled and that the majority of enrollment will be completed by November 19th when the last large auto-assignment of clients living in the central and southern regions will occur. Dr. Kirkegaard added that the geographic distribution of the medical homes was more than adequate for clients. Recruitment of PCPs was ongoing

particularly in the central and southern regions to give every client as much choice as possible as so not to interrupt continuity of care.

c. Webinars:

Dr. Kirkegaard noted that Illinois Health Connect is now hosting monthly webinars on the fourth Wednesday of every month. The last webinar on billing was highly attended. IHC intends to host a webinar on billing issues every 3-4 months throughout the year. The next webinar is on Wednesday, Nov 28th on the topic of Perinatal Depression and Anxiety. Continuing Medical Education credits and Continuing Educational Unit credits for nursing will be offered. Registration is available by emailing Dr. Kirkegaard or by going to the Provider Education link on the Illinois Health Connect website at www.illinoishealthconnect.com. Debby Saunders added that Illinois now has a new law that states that every woman must be "invited" to be screened for Perinatal Depression.
Ms Saunders later provided the following supplemental information:

Postpartum Mood Disorders Prevention and Treatment Act:
http://www.ilga.gov/legislation/fulltext.asp?DocName=09500SB0015enr&GA=95&SessionId=51&DocTypeId=SB&LegID=27225&DocNum=15&GAID=9&Session=

Information about Perinatal Depression and Screening:

http://www.hfs.illinois.gov/mch/ppd_notice.html
http://www.hfs.illinois.gov/assets/062007_web.pdf
http://www.ihatoday.org/membership/behavioral/iafp.pdf

There will be no webinar in December due to the Christmas holiday. The topic of the webinar in January will be registration for the MEDI system. Another potential topic for an upcoming webinar is management of asthma.

d. Provider Profiles:

Dr. Kirkegaard shared the planned roll-out schedule for the Provider Profiles. She indicated that the Provider Profiles would be sent in April of 2008 to all provides in the collar counties, Profiles would be sent again in July to the providers in the collar counties and also to providers in Cook county and, finally, in October, Profiles would be sent to all providers in the state. Thereafter, the Provider Profiles would be sent semi-annually on a March-September schedule. Dr. Kirkegaard stated that this would give each region at least 9 months of patient care experience with a set panel of patients prior to the Profiles being sent. She also indicated that the Profiles needed at least a 3 month time lag due to the lag in submitting claims. Dr. Kirkegaard asked for feedback from the group regarding the proposed schedule and any educational efforts that should accompany the Provider Profile roll-out in order to make the profiles useful and acceptable to providers. Dr. Lidvall indicated that providers are likely to deny the statistics at first but, in their experience, they discovered that providers developed interest in the profiles over time. Dr. Parikh indicated that a simple explanation of the stats should accompany the Provider Profiles. Dr. Kirkegaard asked if IHC should send an example profile with dummy data in January to all providers. Vince Keenan from the IAFP stated that in his experience the dummy data would be more likely to confuse providers and not add any educational value. Dr. Saunders agreed that sending a summary statement and baseline data in a letter to all providers prior to the Provider Profiles seemed like a rationale idea. Debby Saunders indicated that the Profiles should include an explanation of how both the numerator and the denominator are calculated. Dr. Parikh suggested that a webinar could be used as an orientation and introduction to the Provider Profiles.

A discussion about the advantages of sending a pilot Provider Profile to a small group of providers was discussed. Vince Keenan stated that if IHC intends to do a trial of the Provider Profiles in order to gain feedback, that we might stratify the trial to only target those providers with large numbers of IHC patients. He also offered to help recruit doctors to participate. Esther Morales noted that a pilot group had been extremely helpful in the roll-out of provider profiles and pay-for-performance projects within Harmony Health Plan. Dr. Saunders noted that Your Healthcare Plus Profiles had been sent to a small group of 30 practices and very little, if any, feedback had been obtained. They interpreted this as "no news is good news" but cautioned against spending a lot of time and energy on a pilot that might essentially be ignored. Dr. Kirkegaard indicated that the first set of Provider Profiles sent to the providers in the collar counties would likely be a type of large pilot group and that a feedback mechanism would be in place at that time to gather ideas before the next set of profiles were generated.

3. Your Healthcare Plus Discussion items:

Adair Galster from McKesson Health Solutions chaired this portion of the subcommittee meeting.

a. Update on YHP provider outreach campaign:

Adair Galster noted that YHP had begun a revised provider outreach campaign. Now that the majority of the PCCM eligible clients had selected or been assigned to a medical home, YHP could more easily identify the medical home provider for clients who were eligible for disease management and begin to establish collaborative relationships with those providers.

b. CME update:

Adair Galster noted that YHP, in collaboration with the Illinois Academy of Family Physicians, had created several CME modules that were described in the flyer that was attached to the agenda.

c. Flu shot fall campaigns:

In regards to the Influenza vaccination campaign, Ms. Galster noted that many patients had received letters and some patients had received automated phone messages describing the benefits of a "flu shot" and encouraging eligible patients to get vaccinated.

d. Provider Profiles:

Adair Glaster explained that McKesson had sent Provider Profiles to an initial pilot group of 230 providers along with a questionnaire and that Dr. Leary, the medical director for YHP, had followed up on these pilot Provider Profiles with a personal phone call to solicit feedback. They then sent the Profiles to 218 high volume practices and received little, if any, feedback about the provider profiles. YHP plans to begin to send Provider Profiles now on a quarterly basis to most providers who meet a certain threshold for patient volume.

4. Questions:

Mary Miller from HFS asked the group to suggest some strategies to encourage providers to use the profile data to improve care. Vince Keenan noted that one of the CME modules created for YHP was actually an overview of how busy practices can adopt QA strategies in the office and that this would be available online for practices to use. Dr. Parikh noted that the QA strategies

are embedded in the learning that the FQHCs do with the health disparities collaboratives and that IPHCA might act as a resource both for FQHCs and other practices. Dr. Kirkegaard suggested that mentorship might be a valuable tool in pairing practices with obvious successes in one or more of the profile indices with practices that wish to target improvement of that metric. Vince Keenan with IAFP noted that IAFP has experience working in a mentorship model by pairing 35 practices with mentors for practice improvement projects. Dr. Kirkegaard concurred that IHC could help to act as an infrastructure pairing motivated practices with high performers.

Dr. Saunders inquired as to what were the best strategies for getting the low performers engaged. Adair Galster noted that newer change theory suggests selecting middle performers who are motivated to change and shift up the whole curve rather than focusing energy on the lower performers. Esther Morales from Harmony Health Plan also noted that their program of giving monthly feedback coupled with bonus money for performance was very successful. Vince Keenan noted that monthly feedback might be overwhelming to providers. Michelle Maher from HFS noted that the panel rosters were essentially a disease registry for preventive health measures and these were sent monthly and available 24/7 on the IHC website through the MEDI portal. Dr. Kirkegaard also emphasized that IHC will be starting outreach around EPSDT and trying to set up three-way calling with patients to enhance their scheduling of appointments. Dr. Kirkegaard also noted that a CSV file format was available online that providers could manipulate and possibly create a “mail merge”.

The next QM subcommittee meeting has not been scheduled.