ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES PCCM/DM QUALITY MANAGEMENT SUBCOMMITTEE

MEETING MINUTES FOR OCTOBER 6, 2010

SAVE THE DATE: Next meeting scheduled for: Jan 19, 2011 12 noon-1pm (central time)

Attendees:

Caryn Jacobi YHP

Carrie Nelson, MD Medical Director/YHP

Kathleen Warnick YHP

Bob Urso PCC Wellness
Kathy Ingram, RN QA Nurse, AHS
Rannie Kloud, RN QA Nurse, AHS
Amy Calvin, RN QA Nurse, AHS
Anna Reich, RN QA Nurse, AHS

Cari VonderHaar, RN Quality Manager, AHS

Dr Margaret Kirkegaard, MD Medical Director, AHS

Vicky HoseyHFSMary MillerHFSWendi MedinaHFSJennifer PartlowHFSAmy HarrisHFS

Kristine Tomzic Meridian HP

Vince Keenan IAFP

Scott Allen IL Chapter AAP

Lourdes Reyes Family Health Network

Rajesh Parikh IPHCA

John Lekich Health and Family Services

Judy KingIndependentDr Yabut, MDPrivate PracticeDr Hodel, MDPrivate Practice

Mary Reese Lake CHD

Albert Ferrabone Swedish American Medical

Cari VonderHaar chaired the meeting and opened with a welcome and thank you to all for their participation with today's meeting.

YHP Update-Clinical Metric Results:

Dr Nelson led the discussion. She referred to information included with the attachment "YHP and Chronic Disease Metrics" included with meeting agenda sent to all Subcommittee members. This looks at claims based metric results and statistical trends. Dr Nelson did mention the study included members in the third year of the program versus the baseline year (year prior to program launch), so to keep in mind there is not a continuous cohort of patients within this study. All results are solely based on claims data as submitted to HFS. YHP is pleased with many of the results, although we continue to see areas where additional improvements can be made.

Mary Miller commented that the DM program is now in year five, and that claims reconciliation for year four will begin in January 2011. Dr Nelson welcomed any follow up comments or discussion by Subcommittee members.

Dr Nelson continued the meeting discussion, now referring to the attachment included with the meeting agenda for all members of "YHP and Self Reported Metric Results and Statistical Trends". Dr Nelson recognized the limitations as the data is based on self reporting from patients under management. Kathleen Warnick reported that, YHP members are asked to report if received an annual flu vaccination each year and if they have every received the pneumococcal vaccine- at least once. Kathleen also commented that smoking is evaluated on what is happening with each individual member. Judy King asked whether or not there was a claims base for flu vaccine reporting as well. Dr Nelson replied the data from the first attachment is based on claims, but we also measure via self-reporting knowing that there are situations when a member receives the shot outside of an office or clinic (e.g. at a Walgreens clinic).

YHP Provider Recognition Program:

Dr Nelson stated she was very happy to report on the YHP Provider Recognition Program; Subcommittee members were referred to the attachment included with the meeting agenda titled "YHP Recognition Program Description". Dr Nelson commented that providers recognized will receive certificates. Diabetes has been the first condition looked at with the recognition program, with plans to include coronary artery disease and congestive heart disease this winter. She noted that a practice has to have at least 16 YHP patients with the condition to be recognized.

Mary Miller reported that a combined total of 25 RHCs and FQHCs , in addition to 39 private practitioners , have been recognized thus far. Dr Nelson welcomed any further comments or suggestions on this topic from Subcommittee members, and she may be contacted by phone or email following the meeting as needed.

Vince Keenan commented that for Provider Recognition, IAFP could have those providers recognized at the upcoming IAFP annual meeting later this fall. Vince agreed to contact Dr Nelson to discuss this idea further.

YHP Update on Analytical Findings and YHP Year 5 QA Efforts:

Kathleen reported on the subject of Disease Management and data driven analysis. One example looked at is "dose response" or number of contacts that staff have with members. Mary Miller stated YHP analytics on "dose response" will be presented at the Care Continuum Alliance Conference (formerly DMAA) in Washington, DC next month. The outcomes of data analysis have been the basis upon which changes have been made to YHP interventions, including modification of the pharmacist and social worker roles.

One such modification is to have the licensed social workers work with YHP

members who utilize the emergency department frequently; this includes an assessment of possible barriers they may have that prevented accessing their medical home for care.

YHP Discussion on How to Improve YHP Program:

Dr Nelson led this topic discussion. She reported that the goal is to help providers with their patient care plans, and patient adherence to treatment plans. She proposed ideas such as "How can YHP help patients adhere to treatment plans?"; "What would be of assistance to a practice for care coordination, quality support tools, and medical home function support?"; and "How can YHP support quality improvement in a practice?". She further reported that continuing education modules are being developed with a behavioral health focus; a depression module is one CME already available at YHPlus.com.

The pending module topics include prescribing for non-cancer pain, bipolar illness, and anti-psychotic medications.

IHC Mammogram Notices:

Cari reported that during the month of October, IHC is working with HFS to notify both enrolled primary care providers and IHC enrollees of the importance of having a mammogram screening done as appropriate for the patient. With breast cancer screening being one of the Bonus Payment for High Performance measures, mammogram utilization is an integral part of provider and enrollee education throughout the year. Judy King posed a question as to the mammography recommendations per age group included with the provider notice. Dr Kirkegaard replied that the recommendations are listed as guidelines, and provider discretion per patient is always encouraged.

IHC Lead Poisoning Prevention Conference (with IDPH, CCHD):

Cari reported that IHC will be involved with the annual Lead Poisoning Prevention conference sponsored by IDPH and Chicago County Health Department (CCHD) on October 26th, 2010 in Cicero, IL. If anyone would like the registration brochure or more information, please let Cari know following this meeting. Cari also reported that lead screening rates were reported for the first time with the Provider Profile data for fall, 2010. Lead Screening has been added to the Provider Profiles as a measure.

All children who are insured through Illinois Department of Healthcare and Family Services (HFS) should be screened for lead poisoning with a blood lead level prior to ages one yr and two yrs regardless of any other risk factors. Lower socioeconomic status is considered a significant risk factor for elevated blood lead levels.

Judy King asked if the decision to perform a blood lead screening test on a child should still be based on zip codes of highest risk data. Dr Kirkegaard replied that for any child who qualifies for HFS medical services and coverage, a blood lead screening is recommended.

Dr Hodel reported that she attempts to have the test done with her pediatric practice at nine and 18 months to meet the recommendations of by one year and by two years, but has found an issue for those children who access WIC services, since WIC is not doing until 12 months. Mary Miller reported that she will take this as a follow up and will contact WIC staff at a state level to find out more and report back to the Subcommittee.

IHC Fall 2010 Provider Profiles:

Cari reported that the Fall 2010 Provider Profile reports have been sent out to all IHC enrolled PCPs, as well as being posted on the Provider Portal site. She welcomed any follow up questions or comments regarding the Provider Profiles.

HIE Survey:

Cari reported that IHC is assisting with the promotion of the current provider notice for an online HIE survey completion. Per the provider notice:

This notice is to ask for your participation in a survey, being conducted by the Illinois Department of Healthcare and Family Services and the Office of Health Information Technology, regarding electronic health records (EHRs) in Illinois. This survey will help ensure that Illinois healthcare providers will benefit from federal payment incentives for the meaningful use of EHRs and identify interest in EHRs by providers not currently eligible for the federal incentives. The information gained from this survey will also inform efforts to provide the technical assistance and other resources providers need to successfully adopt EHRs.

Cari further stated the survey is available to complete through October 29, 2010. Anyone who may want further information regarding the HIE survey was welcomed to contact Cari following the meeting.

Before the meeting closure, Cari welcomed agenda items for discussion from all Subcommittee members for upcoming PCCM/DM QM Subcommittee meetings.

With no further business or discussion, the meeting adjourned.

REMINDER: Next QM Subcommittee meeting scheduled for **January 19, 2011**. Reminder notices and the agenda will be sent out closer to the date.