

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

**MEETING MINUTES FOR WEDNESDAY, JANUARY 19, 2011**

**SAVE THE DATE: Next meeting scheduled for April 6, 2011 12 noon-1pm (central time)**

**Attendees:**

|                            |                              |
|----------------------------|------------------------------|
| Caryn Jacobi               | YHP                          |
| Carrie Nelson, MD          | Medical Director/YHP         |
| Kathleen Warnick           | YHP                          |
| Kathy Ingram, RN           | QA Nurse, AHS                |
| Rannie Kloud, RN           | QA Nurse, AHS                |
| Amy Calvin, RN             | QA Nurse, AHS                |
| Anna Reich, RN             | QA Nurse, AHS                |
| Mary Morrissey, RN         | QA Nurse, AHS                |
| Cari VonderHaar, RN        | Quality Manager, AHS         |
| Dr Margaret Kirkegaard, MD | Medical Director, AHS        |
| Vicky Hosey                | HFS                          |
| Mary Miller                | HFS                          |
| Wendi Medina               | HFS                          |
| Jennifer Partlow           | HFS                          |
| John Lekich                | HFS                          |
| Heather Scalia             | Meridian HP                  |
| Jeannie Pinkwater          | IL Chapter AAP               |
| Karen Osuch                | Family Health Network        |
| Barb Hay                   | Family Health Network        |
| Judy King                  | Independent                  |
| Dr Yabut, MD               | Private Practice             |
| Mary Harris-Reese          | Lake CHD                     |
| Tim McCurry                | Resurrection Health Practice |

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

YHPandIHCUpdateonEDInitiatives:

Dr Nelson and Dr Kirkegaard reported a summary of two related initiatives focused on reducing non-emergent ED use.

The first is a pilot of hospital and clinic "pairs", that is, an ED and PCP site that are working together on communication between the hospital and clinic site on related patient ED access issues. Three such sites are underway. Current status is in progress, and Dr Nelson plans to report on results in June 2011.

The second initiative is a pilot program involving primary care sites and an evaluation of how patient acute care needs are handled at each site. A self-assessment is completed that looks at processes such as phone volume, same-day appointment procedures, potential barriers, and patient education. Dr Nelson will report on these results at a later date as well.

YHPReviewofFrequentEDChartReminders:

Dr Nelson reported that there are 22 sites in this pilot. An ED chart reminder is created for a patient if they have accessed the ED four or more times in a six month period. The chart reminder is a one page document per patient that is distributed to their PCP. The purpose of the chart reminder is to bridge an information gap so that providers know that their patient is going to the ED excessively and to provide point-of-care decision support so that the provider is prompted to speak with the patient about ED use. The bottom half of the reminder includes a tear-off section for patient education on recommended ED utilization.

Judy King asked how the sites for the ED initiative pilots reported on by Dr Nelson were chosen.

Dr Nelson replied that YHP has been working with IHC, and sites were chosen that showed an interest in decreasing ED user volume.

Mary Miller reported that there was also attention to volume in choosing these sites and that an overall goal of the initiatives will be to utilize the results to learn strategies that can then be shared with sites in the rest of the state.

Heather Scalia asked if there was a document available on the ED initiatives that listed out the objectives and/or a work plan? Mary Miller replied the documents are still being formulated and finalized with the pilot sites, as there has been one initial meeting. Once the documents and work plan are formalized, these can be shared.

YHPPProviderRecognition:

Dr Nelson reported that YHP has awarded 64 sites with Diabetes Recognition. These sites achieved the awards by measuring above excellence thresholds for at least three diabetes measures. YHP is now beginning to distribute CAD and CHF Provider Recognition.

There are nine CAD sites, and 24 CHF sites that will receive Recognition for care excellence. Sites need to have at least 16 patients in the given condition to qualify for these awards.

In the Spring YHP will award Provider Recognition for Asthma care.

Caryn Jacobi stated that the YHP staff have been welcomed at the sites involved with provider recognition. This has been a very positive experience for the YHP staff. YHP staff have participated in photos, recognition receptions, press coverage, and overall found the collaboration to be a fabulous experience. Caryn wanted to give accolades to all involved, as a lot of hard work was necessary. Dr Nelson stated upon presenting each award, both provider support and recognition of the team effort is

emphasized. Dr Nelson also commented that all will be able to view award recipients on the YHP website soon and we anticipate further coverage in upcoming provider newsletters.

#### IHCQANWebinars:

Cari VonderHaar announced that the IHC Quality Assurance Nurses will individually be hosting webinars in 2011 for enrolled providers and staff in their respective regions. These webinars will focus on integration of quality tools in a clinical practice. These webinars will be in addition to other IHC hosted webinars. Upcoming webinars, including the QA nurse sessions, are posted on the IHC website for the dates and more registration information, or anyone is welcomed to contact Cari with questions.

#### IHCAdvisorySubcommitteeMasterCalendar:

Cari also reported that the IHC website now has a master calendar posted of the Advisory Subcommittee meeting dates and chairperson contact information. This can be found under the green side tab on the left side of the home page noted as Advisory Subcommittees.

Dr Margaret Kirkegaard commented that she would like to encourage participation from all groups, sites, and organizations for increased provider input. Any encouragement to participate that the subcommittee members can pass along is appreciated.

#### IHCBonusPaymentProgramForHighPerformance:

Cari noted that the IHC website has the 2010 Bonus Payment for High Performance program information posted under the Quality Tools section. The payments for the 2010 bonus program will be during the summer of 2011. Providers are reminded that all patient claims need to be submitted or resubmitted by March 31, 2011 to count towards the 2010 quality indicator bonus measures.

Vicky Hosey reported that the final considerations are being given for the 2011 bonus program, with hopes to see lead screening added. More details on the 2011 bonus program will be disseminated to the subcommittee members and providers once the final determination and announcement has been made.

#### IHCVisionScreening:

Cari announced that HFS is looking at utilizing a vision screening tool kit to providers to assist with this important area of child health screening. Planning steps are underway and more details will be given to the subcommittee as finalized.

#### IHCAutomatedEnrolleeCalls:

Dr Kirkegaard reported on this IHC initiative. It is noted that one of the main goals of IHC is to have enrollees access their medical home per recommendations based on a preventive care schedule. Preceding 2010, adult preventive care reminder letters were mailed out to households on an annual basis. This proved to be a somewhat crude method, and noted that the population can be transient, so mailing success was limited. IHC is now conducting automated calling to the households with adult enrollees, with the calls being made in English or Spanish as appropriate. If the call reaches a live person or answering machine, a message is left that annual adult visits at their medical home is a good idea and recommended. Since initiated, approximately 75% of the households have been reached using the automated calling method. If unable to reach a live person or answering machine after three call attempts, the household is sent a follow up letter per postal mailing. Dr Kirkegaard asked if there was any feedback from providers or sites that these calls may have been mentioned by patients.

Barb Hay asked if the automated calls were conducted by IHC staff or an outside vendor. Dr Kirkegaard replied the calls are conducted by an auto call program which is programmed and controlled by IHC internal staff.

Dr Kirkegaard then discussed well child visits and an initiative IHC is conducting to increase well child visit rates for enrollees. It is noted that the well child visit is the “cornerstone” for other related child health screening and services once the child accesses the well child visit. IHC is currently conducting a pilot of automated calls to households with pediatric enrollees. If a live person is reached in the household, the call is interactive to allow options for additional information, such as dental or transportation. The household can also be connected to their PCP office as requested. The pilot is being carried out with 20,000 calls with 5,000 calls going to each of the age groups of three, four, five, and six year olds. In addition, 20,000 letters are being sent out to separate households, also with the same age groups. Data so far has shown 75% of the calls reaching households. 212 requested further educational information, and 351 requested to be transferred to their PCP office. The next step will be to compare the total calls versus total letters data, and also compare to claims data for analysis of well child visit access. Dr Kirkegaard projected mid February 2011 to have additional data available. More results on the data will be given at an upcoming subcommittee meeting.

Dr Yabut commented that he has noticed his patients coming into his office with the IHC reminder letter. He stated he believes this is helpful, even though many times already past due for the last well child visit but his office can get patient scheduled for the next one due. Dr Kirkegaard stated since the calls just started, will most likely see patient use of letters in the provider community at this point. She also suggested that doing a well child visit between recommended times and then to schedule the child for the next regularly scheduled visit to get them back on their well child visit schedule.

Tim McCurry suggested the data results be considered for publication as appropriate.

OtherBusiness:

Kathleen Warnick reported that the IAFP website has CMEs available for free, with modules on Behavioral Health for spring of 2011.

Judy King asked what others are finding as far as adolescent health, immunizations, and well visits for this age group population. Dr Kirkegaard commented that IHC data has shown an increase of adolescent well visits from 50% to 54% during the 2007 to 2009 time period. Dr Kirkegaard also suggested that Ms King email her specifics on her questions related to this area and for more information as needed.

Jeannie Pinkwater reported that Bright Smiles has information posted on their webinars on their website. They also continue to conduct quarterly provider site trainings, with site location being considered. They will be conducting a webinar with IHC on dental overview and resources on June 22, 2011. Dr Kirkegaard commented that her site she maintains a private practice at has recently joined Bright Smiles, and have found this to be a very worthwhile and positive experience. She encouraged other providers to consider.

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 April 6, 2011. Reminder notices and the agenda will be sent out closer to the date.**

