

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

**MEETING MINUTES FOR JANUARY 18, 2012**

**\*SAVE THE DATE: The next PCCM QM Subcommittee Meeting will be April 18, 2012.\***

**Attendees:**

Cari VonderHaar, RN	Quality Manager, AHS
Margaret Kirkegaard, MD	Medical Director, AHS
Marica Levin	CDPH/VFC Program
Anna Reich, RN	QA Nurse, AHS
Mary Morrissey, RN	QA Nurse, AHS
Amy Calvin, RN	QA Nurse, AHS
Kathy Ingram, RN	QA Nurse, AHS
Tracey Kreipe, RN	IL Lead Program, IDPH
Pam Bunch	HFS
Vicky Hosey	QA Nurse, HFS
Sharon Pittman	HFS
Vince Keenan	IAFP
Judy King	Private Practice
Karen Osuch	Family Health Network
Barb Hay	Family Health Network
Mary Harris-Reese	Lake CHD
Stacey Lageman	SIHF
Mike Temporal	SIHF
Sandra Hodel	Private Practice
Rajesh Parikh	IPHCA
Steven Glass	Access Community Health
Derrick Lenear	Meridian HP

Cari VonderHaar opened the meeting and thanked everyone for their participation.

**VFC Program:**

Dr Kirkegaard gave an introduction and overview of the Vaccines for Children (VFC) program, which operates both in Cook county and statewide. Dr Kirkegaard reported that the agenda item would be discussion of immunization rates both with Illinois Health Connect (IHC) and VFC data. Providers have given feedback that they notice a difference in the rates.

Marcia Levin, VFC Program Manager from CDPH then joined in the discussion. She noted that under VFC, immunization data is analyzed with an information exchange program of approximately 30% of the enrolled VFC providers each year, so all enrolled providers are involved with the exchange data study

every three years. Pediatric patients looked at in the exchange data have to have had at least two visits with the provider, with one being a visit where immunizations were recorded as received. This differs from IHC which looks at total population based. Marcia stated providers also have to keep in the mind possible discrepancies such as only one visit with the pediatric patient to the provider and no immunizations given. Marcia went on to report that overall, the Chicago area immunizations rates are climbing for the 24-36 month old age group.

Dr Kirkegaard commented that if VFC enrolled providers that are also enrolled with IHC notice a marked difference between the VFC and IHC rates, patient outreach may be needed to bring the patients in for immunizations. Marcia agreed, and also stated that provider education is also worthwhile as to resources and tools for how to increase immunization rates for their practices.

Judy King asked about rates for adolescent patients. Marica replied that a national immunization survey included adolescent rates, and adolescent rates are also part of the Healthy Chicago strategy. Marica reported that specific adolescent data can be looked at on [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines), which includes the National Immunization Survey (NIS) both for Illinois overall and Chicago. Marcia also reported that meningococcal rates, for example, are slightly higher than national rates in the Chicago area, while Chicago area adolescent HPV rates are slightly lower than national rates. Specifically, in the Chicago area, HPV rates are 64% received for the first dose, but just 28% finishing the full vaccine dose series.

Both Dr Kirkegaard and Marcia welcomed any further comments .

#### **PCP Survey 2012: (2011 PCP Survey attachment for reference):**

Dr Kirkegaard reported that the IHC Provider Survey is an annual process, and IHC is now preparing the 2012 PCP Survey. The 2011 Survey questions were made available to the Committee members for review and reference. Dr Kirkegaard asked that any feedback or suggestions for the upcoming survey, to please be sent to her within the week. Mike Temporal reported that for the SIHF sites, the manager of each center usually completes the surveys , and not the providers. Dr Kirkegaard noted this, and commented that FQHCs receive per site while independent PCPs each receive a survey. Dr Kirkegaard went on to report that the surveys will be sent out in March of 2012 by postal mail and faxes. IHC received a response of 1300 completed surveys in 2011 which is a response rate of about one fourth the enrolled PCPs.

#### **2012 Bonus Program : Status of measures and benchmarks:**

Vicky Hosey reported that the final bonus measure benchmark data is not available at this time to report. It is not anticipated that any new measures will be added for the 2012 bonus program. She did comment that finalizing the requirement for cervical cancer testing in process. This will apply to provider profiles, and not the current bonus measures.

**QAN Webinars: January, February and March 2012:**

Cari VonderHaar reported that QA Nurse hosted webinars will continue in the first quarter of 2012, with topics covering panel rosters, developmental screening, and bonus measures. Information on the specific dates and topics can be found on the IHC website, under the Provider Education section.

Cari also noted that the overall attendance at the webinars has been increasing over time. Vicky Hosey did comment that she wished to give a personal thank you to those involved with the QA webinars, as she has found these very information and helpful, and believes they are very worthwhile for provider education.

**Vision Screening Kits: Project Status:**

Cari gave an update on the collaboration project between IHC and ICAAP . Provider trainings have been going well since November 2011, with approximately 30 sites receiving the kits to date. The project was initially open to sites in the Cook and Collar areas, and will now be offered to interested providers statewide. Any provider or site that would like more information on receiving the training and kit can contact their QA nurse or Cari VonderHaar.

**Panel Roster Revisions: Data Accuracy :**

Cari reported that as mentioned previously with QM Subcommittee meetings, the IHC panel rosters have gone through updates related to due determinations. She asked if there was any feedback or comments regarding what providers are finding with the roster data and accuracy. There were no comments. Cari mentioned that members were welcomed to contact her or a QA nurse with any future comments or findings regarding the rosters.

With no further business, the meeting adjourned.

**The next QM Subcommittee meeting is scheduled for April 18, 2012.**