

**Illinois Department of Healthcare and Family Services
PCCM Quality Management Subcommittee
Meeting Minutes for Wednesday April 18, 2012**

Attendees:

Cari VonderHaar, RN	Quality Manager, AHS
Margaret Kirkegaard, MD	Medical Director, AHS
Anna Reich, RN	QA Nurse, AHS
Amy Calvin, RN	QA Nurse, AHS
Kathy Ingram, RN	QA Nurse, AHS
Mary Anne Clark, RN	QA Nurse, AHS
Kathy Moles	HFS
Wendie Medina	HFS
Vicky Hosey	HFS
Sharon Pittman	HFS
Barb Hay	FHN
Karen Osuch	FHN
Mary Harris-Reese	Lake CHD
Marcia Levin	CDPH/VFC Program
Vince Keenan	IAFP
Judy King	Independent Practice
Derrick Lenear	Meridian HP
Steven Glass	Access CHN
Stacy Lageman	SIHF
Mike Temporal	SIHF
Rajesh Parikh	IPHCA

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

Additional Immunization Bonus Payments for 2010 Performance Year:

Ms. VonderHaar reported that due to additional data being obtained by HFS, repeat calculations for the bonus immunization measure of the 2010 performance year were conducted. This resulted in approximately 250 enrolled Illinois Health Connect (IHC) providers being eligible for additional bonus payments. Barb Hay posed the question as to how the additional data was found and were provisions made to allow for correct data in the future. Dr Kirkegaard reported that a repeat crosswalk of files from I-CARE and Cornerstone provided the additional data. Providers that qualify for the additional bonus payments will receive the notice and check per mail in the near future.

Prevnar-Catch Up Dose:

Dr Kirkegaard reported it is noted in the medical and public health community that there is a gap in the 3-4 year old age group of pediatric patients related to the Prevnar, or pneumococcal, vaccine. Most have received four doses, but included the valiant seven and not the valiant 13 as now recommended. IHC is working with a Televox catch up campaign with the 2½ to 5 year old enrollees. This outreach will target those who have not received the valiant 13 dose. IHC is reaching out to providers with education and information to encourage giving the booster to patients. Dr Kirkegaard asked for suggestions on ways to deliver the notification. Marcia Levin stated that this is a major topic with providers, and asked how was IHC reaching out to the provider community?

Dr Kirkegaard responded methods being used include blast fax and email, panel roster page notice and field staff education on site. Ms. Levin commented that CDPH deals frequently with information gaps related to provider education of important notices. She went on to say that VFC staff can deliver information as well to providers. Dr Kirkegaard and Ms. Levin agreed to discuss further collaboration between IHC and CDPH for delivering this information to the provider community.

Spring 2012 Provider Profiles:

Dr Kirkegaard reported that there has been a delay with the Spring Provider Profiles due to data integrity, but that the process is now underway for mailing and posting on the IHC Provider Portal. Providers should receive their profiles and see posted on the portal in the next two weeks.

Dr Kirkegaard also reported that this set of profiles will include a new quality indicator to measure ED use. This measure is HEDIS based, and will be an aggregated calculation of appropriate and inappropriate patient ED use. This measure is a profile indicator only at this time, and not a bonus program measure. The measure will be reported out by use per 1,000 member months per provider. It is noted that the rate may be skewed for those providers with smaller panel sizes. Dr Kirkegaard commented that the goal of reporting out the ED use measure is for PCP sites to be able to assess their patient ED usage. Dr Yabut asked what is considered appropriate ED use, and cited the example of

parents who are not able to miss work to bring in their child during office hours and go to the ED after their work shift instead. Dr Yabut commented his practice has extended hours to try to address this issue. Dr Kirkegaard replied she is aware of challenges that cause inappropriate clinical access but can be socially driven. She suggested practices look at extending and adding clinic hours as Dr Yabut has done, and also assess their practice for standards of patient education and follow up regarding ED use. The IHC quality team, including QA nurses, is available to work with any practice that may be looking for methods and resources to address their ED usage rate. These may include utilization of ED flags on panel rosters, standards for patient care for pain management, appointment scheduling, and other related medial home practices.

Dr Kirkegaard also reported that the diabetes indicator will look at patients up to age 75 years, and adolescent well visits will be yearly. Both of these are consistent with current HEDIS definitions.

Nurse Line and ED Use:

Ms. VonderHaar reported that the IHC QA Nurses are currently working with pilot sites to promote the Nurse Line to patients and if increased use of the Nurse Line has any impact on the site's ED rate. This initiative is being conducted over a three month period. Outcome results will be reported at future subcommittee meetings. The Nurse Line is available during hours IHC is not in operation and can be reached by calling 1-877-912-1999.

Spring 2012 Quality Webinars:

Ms. VonderHaar reported that the IHC QA Nurses continue to conduct quality focused webinars, in addition to the overall IHC webinar scheduled. The quality webinars continue to be well attended. Webinars for March, April and May will include Panel Roster use, 2012 Bonus Program, and Developmental Screening. Webinar topics and registration can be found on the IHC website, under Provider Education. Ms. VonderHaar asked the members for suggestions of topics for future quality webinars, and encouraged members to contact her with any ideas they may have.

Annual Quality Conference:

Dr Kirkegaard reported that IHC has hosted a quality focused provider conference annually, and that a quality summit is scheduled for this year on June 28. The location will be the Metropolitan Chicago Health Care Council Conference Center. The topic will be "Care Coordination Between Hospitals and Primary Care Providers." Agenda items will include discussion of a North Carolina model, payment models, and a program from Advocate involving care coordination with nurse case managers. Further information to register will be sent out in the near future.

With no further business, the meeting adjourned.

The next PCCM Quality Management meeting is scheduled for July 18, 2012. A "save the date" notice will be sent out to members.