

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

Attendees:

Cari VonderHaar, RN	Quality Manager, AHS
Margaret Kirkegaard, MD	Medical Director, AHS
Amy Calvin, RN	QA Nurse, AHS
Kathy Ingram, RN	QA Nurse, AHS
Mary Morrissey, RN	QA Nurse, AHS
Wendie Medina	HFS
Sharon Pittman	HFS
Pam Bunch	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
Dr Yabut, MD	Private Practice
Bob Urso	PCC Wellness
Mary Elsner	ICAAP
Scott Allen	ICAAP
Rachel Sacks	ICAAP

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

Recognition of Respiratory Health Subcommittee inclusion with QM

Ms. VonderHaar noted that the Respiratory Health Advisory Subcommittee has now been combined with the Quality Management Subcommittee. Many of the Respiratory members attended both, and in addition, the agenda items many times included respiratory issue discussion, such as the asthma bonus measures. The Quality Management Subcommittee welcomes input and agenda items that may be related to respiratory health.

Updates from Respiratory Health members

There were no updates at this time. Ms. VonderHaar welcomed additional Quality Management Subcommittee members who may have been involved with the Respiratory Subcommittee previously. Please extend this invitation to colleagues as appropriate.

Report on Quality Conference held June 2012

As reported at the April QM Subcommittee meeting, Illinois Health Connect conducts an annual quality conference. Dr. Kirkegaard gave a report on the conference held in downtown Chicago on June 28, 2012. The focus of this year's conference was the interface between hospitals and the medical home for care coordination.

A group of approximately 80 attendees engaged in active dialogue and information sharing lead by a distinguished panel of speakers including:

- **Denise Levis Hewson, RN, BSN, MSPH**, Director of Clinical Programs and Quality Improvement, Community Care of North Carolina who shared a presentation, "*Community Care of North Carolina – Enhanced Medical Home Model Supporting Transitional Care.*" Ms. Levis Hewson discussed the development and growth of coordinated care networks in North Carolina, their operational components, their positive impact on hospital admissions and re-admission rates, and strategies for patient engagement.
 - **Carrie Nelson, MD, MS, FAAP**, Medical Director for Special Projects, Advocate Physician Partners who shared a presentation, "*Care Coordination across the Continuum: Lessons Learned.*" Dr. Nelson walked the group through the components of AdvocateCare, which is a new method of addressing patient care and care coordination through outpatient, acute care, and post acute care services within the Advocate network. The strategies shared shift the culture and focus from discharges to transitions for patients. Results from year one of implementation show reduced costs and improved quality.
 - **Cheryl Lulias, CEO**, Medical Home Network (MHN) who shared a presentation, "*Collaboration and Connectivity: A Blueprint for Safety Net Transformation.*" Ms. Lulias took the group through the methods for identifying patients in South Side of Chicago neighborhoods who would benefit from patient engagement and integrated services. MHN developed "MHN Connect" to help providers impact the right patients and track services and outcomes for patients and is tracking its recent implementation.
 - **Kathleen Kelly, MD**, Chief Medical Officer, Swedish American Health System who shared a presentation, "*ED Case Management for Super Users.*" Dr. Kelly shared a pilot program targeted to reduce the number of ambulance runs and control the complex health conditions for an identified group of ED super users in the Rockford community encompassing all financial classes (Medicare, Medicaid, Managed Care, Commercial, and Self Pay). Outcomes shared included better connection to the medical home, reduced re-admissions, reduced ambulance runs, identification of the various social factors affecting community solutions, and protocol development.
- The latter part of the conference was spent discussing payment models to support care coordination. Panelists for the discussion included: Scott Sarran, MD, Chief Medical Office for Government Programs, Health Care Service Corporation; Julie Schilz, BSN, MBA, Program Director of Patient Centered Primary Care Transformation, Wellpoint; and Michelle Maher, Chief, Bureau of Managed Care, Illinois Department of Healthcare and Family Services.

- Information from the conference will be posted on the Illinois Health Connect Web site at <http://www.illinoishealthconnect.com/stakeholders/events>.

Status 2011 Bonus Program

Ms. VonderHaar reported that the process of data finalization is underway for the 2011 Bonus Program allowing payments to be made to qualifying providers later this summer. Notification of the payments will be conducted as in previous years with blast fax and email provider notification, along with notices posted on the Illinois Health Connect Web site. Further updates on the 2011 Bonus Program will be discussed at the next Quality Management Subcommittee meeting. Pam Bunch reinforced that payments will be made as soon as possible once all quality checks on the bonus data are completed.

Impact of SMART Act /Provider Feedback

Ms. VonderHaar asked for any feedback from members regarding the recent State of Illinois budget cuts under the SMART Act legislation. Vince Keenan reported that the change in prescriptions to four versus previous seven before additional preapproval is needed seems to be the main issue with his organization's members. He further stated this will be difficult for family practitioners to manage and have a great impact on providing care, especially for those patients with chronic disease. IAFP is working with other groups to propose a process on the prior authorization requirements to ease the burden for providers.

Scott Allen stated he echoed Mr. Keenan's comments, and sees the issue of obtaining medications needed to appropriately provide care a burden for the pediatric providers as well. He stated ICAAP members would like to be involved in the prior authorization process proposal.

Mr. Keenan then asked if the enrollees currently on a provider's active panel would be considered in a type of roll in phase if later determined to no longer be eligible for benefits, and would the providers still receive payment. Ms. Bunch replied that she is not aware of a phase in period, and that eligibility would be determined as of June 30, 2012. She further stated providers should always check MEDI for patient eligibility, but if there are providers with specific cases of concern, HFS would look at examples.

Other Business

Mr. Allen and Rachel Sacks from ICAAP reported on the status of the Bright Futures updates involving the Healthy Kids Handbook.

Mr. Allen reported that Bright Futures lays out the well child care guidelines for patients under 21 years of age, and that pediatricians consider compliance with the guidelines very important with their practices.

Prompted by the Affordable Care Act, ICAAP has been involved in updates to the Healthy Kids Handbook based on Bright Futures recommendations to benefit providers. The overall goal of these efforts is to educate providers on updates to comply with care guidelines, and also to bring awareness of barriers to providing care to pediatric patients, such as policies and time constraints.

Ms. Sacks then spoke on the process involved with the updates. She stated that in the past year, an advisory committee for Bright Futures was formed, involving providers from across the board for input. Recommendations from the committee included consistency with anticipatory guidance, and suggestions regarding the need to expand areas such as mental health and risk assessments. She also noted that Bright Futures is not to be considered as static, as additions and updates have been brought to providers' attention since 2008. The current recommendations have now been submitted and proposed to HFS for review.

Mr. Allen added that it will be important for all involved parties, such as HFS, IHC, and MCOs, to work together towards policy change recommendations.

Mary Morrissey asked if there was a timeframe for the recommendations to be utilized in the Healthy Kids Handbook so that education and promotion to providers can be started. Ms. Sacks replied she was not certain as the recommendations are currently being reviewed by HFS. She did suggest that providers can be referred to the online education on the ICAAP Web site for education on care guidelines. Ms. Morrissey then asked if the CPT code changes for immunizations related to ages would be updated in an appendix soon. Ms. Bunch responded that she will check on this with the appropriate department at HFS.

Karen Osuch asked if there would be a standardized charting form recommended with Bright Futures. Mr. Allen responded that providers need ongoing education to stress the completion of the back page with the current form. Dr Yabut commented that many providers use their own form, and that there is a need for standardized document at the national and state levels.

With no further business, the meeting adjourned.

The next PCCM Quality Management meeting is scheduled for October 10, 2012. A “save the date” notice will be sent out to members.