

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
RESPIRATORY ADVISORY SUBCOMMITTEE MEETING
MEETING MINUTES—MARCH 7, 2012

Attendees:

Cari VonderHaar, RN	Quality Manager, AHS
Margaret Kirkegaard, MD, MPH	Medical Director, AHS
Amy Calvin, RN	Quality Nurse, AHS
Anna Reich, RN	Quality Nurse, AHS
Vicky Hosey, RN	Quality Nurse, HFS
Sharon Pittman	HFS
Cathy Catrambone	Rush University
Edward Naureckes	Univ. of Chicago
Tammy Morris	Mobile Care Foundation
Tenisha Sellers	Mobile Care Foundation

Cari VonderHaar welcomed and thanked all attending for their involvement.

2012 Bonus Measures and Benchmarks:

Ms. VonderHaar reported that the bonus measures for 2012 have been determined. The measures will remain the same as 2011. These will include Immunization Combo 3, Developmental Screening, Asthma Management, Diabetes Management, Breast Cancer Screening, and Lead Screening. The benchmarks for the Asthma Management measures will be 92.3% for 5-11 year old patients, and 86.0% for the 12-50 year old age group. Details on the 2012 bonus program will be posted on the IHC website.

IHC Website Revisions-Resources for Clients and Providers:

Ms. VonderHaar reported that the IHC website has recently undergone some exciting revisions to allow easier access to information for providers, clients, and stakeholders. Please take a few minutes to check out the improved website at www.illinoishealthconnect.com.

Cathy Catrambone did ask if the IHC website had data posted on how providers are doing overall in clinical areas, such as asthma management. Dr Kirkegaard responded that overall, there is difficulty with assessment of clinical outcomes due to multiple factors. Dr Kirkegaard then posed the question to HFS if HEDIS information is posted on the HFS website? Vicky Hosey responded that HFS does track three year stratifications but results are not posted currently. Edward Naureckes did report that with changes in managed care and patients being moved under plans with Aetna, he has found examples of patients with cystic fibrosis being moved to a provider and site that is not familiar or related to care of cystic fibrosis patients.

2012 Spring Profiles:

Dr Kirkegaard reported that the PCCM Provider Profiles are based on 20 HEDIS indicators, of which the bonus measures are a subset of the profile indicators. Asthma management was chosen as one of the

bonus measures to follow from the profile indicators for example. The profiles are reported out on a semi –annual basis, occurring in the fall and spring of each year.

Dr Kirkegaard said that plans are underway for a new indicator to be reported starting with the Spring 2012 profiles of Emergency Department Utilization. Asthma, as with other respiratory diseases and chronic illnesses, can be related to a higher ED utilization rate. This indicator will be reported out per member month rate, based on dividing provider member months by 1,000 member months for yearly interval. This is a standard HEDIS calculation. Dr Kirkegaard stated IHC is hopeful that reporting this rate to providers will prompt them to review their own practice in areas of patient education on ED utilization, provider access, and services offered to chronic disease patients. Preliminary data shows the IHC ED utilization rate at 48 visits/per 1,000 member months for the 0-20 year old population, and 92 visits/per 1,000 member months for the over 20 year old group. Ms. Catrambone reported that Rush University is also looking at real time notifications of the PCP pertaining to patient hospital access. Dr Kirkegaard did note that timely claims data for ED use is limited due to claims submission time intervals, with the norm being 55 days for claims submitted by hospitals after ED use. Ms. Catrambone was welcomed to contact Dr Kirkegaard with Rush project specifics that IHC may be able to assist with.

Nurse Consult Line /ED Use Pilot:

Ms. VonderHaar reported that IHC Quality Nurses are currently conducting a pilot involving PCPs with an above average ED utilization rate and promotion of the IHC Nurse Consult Line. The Nurse Consult Line is available to enrollees after IHC hours and on weekends for medical advice. The nurses will be assessing if the promotion of the Nurse Consult Line to patients decreases the PCP rate of patient ED utilization rates. The Nurse Consult Line is not intended to replace the PCP being available for patient access 24/7 per PCP enrollment criteria. The nurses will continue PCP education and outreach for the pilot during the months of March, April and May.

Ms. Catrambone asked if the nurses include education on patient medication use with the providers. Anna Reich responded that resources are discussed with the providers on patient education regarding asthma medications to assist their practice.

Professional Organizational Updates:

Ms. Morris from Mobile Care Foundation reported that their organization is looking to partner with another organization or group to promote Asthma Month in May, 2012. Ms. Catrambone gave several suggestions, including the Chicago Asthma Consortium.

Ms. Catrambone reported that Legislation Advocacy Day will be April 18, 2012 in Springfield, IL. She also mentioned that it might be in the best interest of the Respiratory Subcommittee to include review of the Charter and membership with our next meeting.

A save the date notice will be sent out to all members once the next Respiratory Subcommittee meeting date is determined.