

# Provider Newsletter



Your **Healthcare Plus**™  
Extra help for better health

## Illinois Health Connect™: Where We Are and Where We're Going

**Illinois Health Connect**, the state's Primary Care Case Management (PCCM) program, established through the joint efforts of the Illinois Department of Healthcare and Family Services (HFS) and Automated Health Systems (AHS), the administrator of the program, will continually aim to ensure most people with an HFS or All Kids Medical Card have a medical home.

Mandatory program implementation commenced in February 2007 with the initial roll-out in Cook and Collar counties followed by the Northwestern counties in late May. Mandatory enrollment will continue with the Central and Southern counties through the fall. As of September 4, 2007, the program has experienced a successful roll-out, with effective recruitment of primary care providers (PCP)—Illinois Health Connect currently has over 4,600 medical homes available to enrollees across the state.

Following the final phases of the regional roll-out, Illinois Health Connect will increase efforts to identify and recruit specialty providers for participation in the program's Specialty Resource Database, an internal resource for Illinois Health Connect staff to help providers locate specialty services for their patients. Inclusion in the Specialty Resource Database does not obligate a specialist to see any patient. AHS will assist PCPs and patients having difficulty locating specialty services on an individual basis. This can be done by calling Illinois Health Connect and indicating the need for specialty care.

Illinois Health Connect PCPs provide referrals for patients to see other HFS enrolled providers or specialists. Later this year, all referrals will be registered with AHS (via the Internet, phone, or fax) and logged in AHS' referral system. AHS registers and tracks referrals and submits the referrals to HFS to ensure payment is appropriately made to the specialist or other provider.

Once the referral system is fully implemented, specialists will be able to access the electronic database to view the registry of all their active referrals. PCPs will also be able to view the registry of all referrals that they have previously registered. Specialists who manage complex, chronic illnesses often find themselves providing global primary care for patients. If a

specialist chooses, he or she can enroll in the system as both a PCP and a specialist to continue to see those patients without a referral.

Given the sensitive and confidential nature of the information providers and clients share with Illinois Health Connect, maintaining the security and confidentiality of protected health information is one of our top priorities. This is why the MEDI system is now used to access provider panel rosters, as well as check client eligibility and other departmental information. In order for billing to be correctly processed, it is essential that providers sign-up with MEDI and check eligibility status before seeing a patient. To sign up with MEDI, please visit the HFS website at <http://www.myhfs.illinois.gov/>.

Illinois Health Connect will continually analyze "where we are and where we are headed" in order to ensure that every eligible person is connected to a "best fit" medical home. Through the use of educational tools, feedback on clinical outcomes and provider outreach, AHS will work with providers to enhance the quality of care at every medical home.

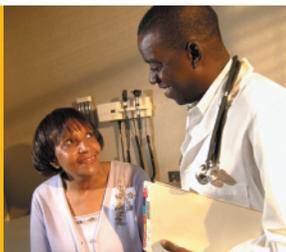
PCPs or specialists who wish to be included as part of Illinois Health Connect should call the Provider Helpline at 1-877-912-1999, or go online at [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com). ■

### Back to School Reminder



With children heading back to school this fall, it is essential that physicians remind patients to schedule appointments for regular check-ups and Healthy Kids (EPSDT) exams. By checking the panel rosters, you can determine when a patient is "due" for a preventive service check-up. Panel rosters are mailed to Illinois Health Connect PCPs on a monthly basis, or can be seen via the MEDI system at <http://www.myhfs.illinois.gov/>.

## Supporting Your Practice



**Illinois Health Connect** aims to enhance primary and preventive care services for approximately 1.6 million eligible participants statewide by fostering “best fit” medical homes—to ensure physicians and the patients they treat build long lasting, beneficial relationships. Just like any other relationship, the physician-patient relationship takes effort on both parties’ parts.

The benefits of building a strong physician-patient relationship results in a solid medical home, which has also been shown to increase quality of care while decreasing medical costs. The American Medical Association (AMA) believes that physicians must engage patients as partners to successfully manage costs and achieve greater value from the resources devoted to healthcare (Edward J. Hill, MD, AMA President, <http://www.ama-assn.org/ama/pub/category/15936.html>). It has also been proven that a medical home model significantly impacts the quality of care provided and received, including a reduction in redundant emergency department visits, an increase in primary care and preventive services (such as immunizations) for patients, and decreased costs.

In an effort to emphasize the importance of a medical home and the need for strong physician-patient relationships, the Division of Specialized Care for Children (DSCC), in collaboration with the Illinois Chapter of the American Academy of Pediatrics, the Illinois Academy of Family Physicians, and Illinois Health Connect, is pleased to announce the availability of the newly revised Medical Home Primer for Community Pediatricians and Family Physicians. The Medical Home Primer is available on the Department of Specialized Care for Children (DSCC) website at <http://internet.dsc.c.uic.edu/medhome/mhintro.asp>. Not only does this resource help to promote the concepts and value of a medical home, but it also helps to establish the need for provider-patient relationships in all aspects of healthcare: wellness and acute and chronic condition management. Both medical staff and patients can continually help one another by breaking down the barriers and challenges that prevent the quality healthcare that many families lack. ■

## Your Healthcare Plus: Measuring the Clinical Impact

The **Your Healthcare Plus™** program provides chronic care management support to help improve health outcomes for some of the highest risk Medicaid patients in Illinois, including disabled adults with chronic or complex health issues and patients with persistent asthma. The program is based on nationally recognized clinical guidelines and is designed to support the physician-directed treatment of patients.

The impact of the Your Healthcare Plus program will be evaluated annually against baseline data for the key clinical performance metrics outlined below. Illinois Healthcare and Family Services (HFS) consulted with national and local organizations to identify these clinical improvement metrics.

The baseline data is based on two sources:

- Healthcare claims paid for services delivered during the period of July 1, 2005 through June 30, 2006 (allowing up to an additional six months for submitted claims to be paid), and
- Patient-reported information collected during initial patient assessments that were completed during the first nine months of the program.

One of the primary goals of the Your Healthcare Plus program is to improve adherence to the national clinical standards year-over-year throughout the duration of the program. In order to achieve this mutual chronic care improvement goal, the Your Healthcare Plus team will work closely with physicians who are linked to patients participating in the program. For example, the Your Healthcare Plus program will begin providing individual patient-level data collected during the program. This patient-level data will include disease-specific measures for participating Your Healthcare Plus patients linked to each practice. This data will allow physicians to compare their patients’ individual metrics against nationally recognized clinical guidelines and state-wide values.

For more information about the Your Healthcare Plus program or how the clinical impact of the program will be measured, please contact Dr. Fredric Leary, Your Healthcare Plus Medical Director, at [fredric.leary@mckesson.com](mailto:fredric.leary@mckesson.com) or call the Provider Hotline toll-free at 1-800-973-6792.

### Claims-based Baseline Metrics:

#### In the eligible disabled adult patient population

##### Coronary Artery Disease (CAD)—14,548 eligible patients

- Beta blocker usage post MI (30 days): 29.97%
- Cholesterol testing rate: 62.13%
- Statin therapy: 54.06%
- \*Pneumococcal vaccine (3 years claims data): 5.28%
- \*Annual influenza vaccine: 9.03%
- ASA, other antiplatelet or anticoagulant: 52.54%
- ACE inhibitor/angiotensin receptor blocker: 57.91%

### **Congestive Heart Failure (CHF)—13,784 eligible patients**

- ACE inhibitor/angiotensin receptor blocker/hydralazine + isosorbide: 61.74%
- Beta blocker: 49.54%
- Diuretics: 60.85%
- \*Pneumococcal vaccine (3 years claims data): 4.68%
- \*Annual influenza vaccine: 7.83%
- ASA, other antiplatelet or anticoagulant: 45.30%

### **Chronic Obstructive Pulmonary Disease (COPD)—19,866 eligible patients**

- Treated corticosteroid for acute COPD exacerbation: 63.62%
- History of hospitalization for COPD, fills prescription for bronchodilator medications: 87.42%
- \*Spirometry testing at least once in last 3 years: 20.14%
- \*Pneumococcal vaccine (3 years claims data): 5.41%
- \*Annual influenza vaccine: 8.59%

### **Diabetes—23,376 eligible patients**

- HbA1C testing rate: 70.14%
- Retinal exams: 26.38%
- Annual microalbuminuria testing: 55.49%
- Cholesterol testing rate: 66.26%
- \*Annual influenza vaccine: 9.87%
- ASA, other antiplatelet or anticoagulant: 36.91%

### **Asthma—16,086 eligible patients**

- Uncontrolled asthma and has one dispensed prescription inhaled corticosteroid within 30 days: 54.06%
- At least one prescription for one of the following medications: inhaled corticosteroid; nedocromil or cromolyn; leukotriene modifiers; formoterol or salmeterol; or methylxanthines: 63.89%
- \*Annual influenza vaccine: 8.19%

### **In the eligible family health persistent asthma patient population**

#### **Persistent Asthma—155,611 eligible patients**

- Uncontrolled asthma and has one dispensed prescription inhaled corticosteroid within 30 days: 39.93%
- At least one prescription for one of the following medications: inhaled corticosteroid; nedocromil or cromolyn; leukotriene modifiers; formoterol or salmeterol; or methylxanthines: 53.80%
- \*Annual influenza vaccine: 10.69%

## **Patient-reported Baseline Metrics that will be monitored:**

### **In the eligible disabled adult patient population**

#### **CAD—14,548 eligible patients**

- ASA, other antiplatelet or anticoagulant
- Pneumococcal vaccine
- Annual influenza vaccine

#### **CHF—13,784 eligible patients**

- ASA, other antiplatelet or anticoagulant
- Pneumococcal vaccine
- Annual influenza vaccine

#### **COPD—19,866 eligible patients**

- Not a current smoker
- Pneumococcal vaccine
- Annual influenza vaccine

#### **Diabetes—23,376 eligible patients**

- ASA, other antiplatelet or anticoagulant
- Blood pressures control (<130/80)
- Foot exams
- Annual influenza vaccine

#### **Asthma—16,086 eligible patients**

- Has and knows how to use symptom-based action plan of care
  - Not a current smoker
  - Annual influenza vaccine
- (continued)*

## **Supporting Your Patients**



The **Your Healthcare Plus** program emphasizes the importance of selecting and maintaining a medical home as a means for patients with chronic conditions to better manage their health.

Through staff-to-patient education sessions and mailed educational campaigns, the program reinforces the benefits of maintaining a medical home. Specifically, the Your Healthcare Plus medical home curriculum helps patients understand that they will receive better quality care if they:

- Go to the same primary care physician for check-ups or when they are not feeling well.
- Make and attend regularly scheduled office visits with their primary care physician.
- Adhere to the care plan that their primary care physician provided, including getting prescriptions filled and taking medications as prescribed by their doctor.
- Only go to the emergency room when it is an emergency.
- Notify their primary care physician of emergency room visits.
- Communicate consistently with their primary care physician.

The Your Healthcare Plus medical home patient education program is designed to complement the “best fit” primary care provider-patient linkage the Illinois Health Connect PCCM program is working to establish. Patients participating in the Your Healthcare Plus program who have not already picked a primary care doctor are encouraged to call Illinois Health Connect at 1-877-912-1999 for help finding a doctor.

By helping patients understand the value of maintaining a medical home, the Your Healthcare Plus program supports physician efforts to provide high-quality healthcare services to patients with chronic conditions, while preventing unnecessary or duplicative services. ■

### ***(Patient-reported Baseline Metrics continued)***

#### **In the eligible family health persistent asthma patient population**

#### **Persistent Asthma—155,611 eligible patients**

- Has and knows how to use symptom-based action plan of care
- Not a current smoker
- Annual influenza vaccine

\* This metric may be underreported as some patients may have received vaccine without a claim having been sent to HFS or claim may be greater than three years old. ■

## Program Milestones

### Illinois Health Connect: Enrollment Update Medical Home and Recipient Count by Region

Region	Client Count	Medical Homes	Panel Size
Cook County	862,829	2,292	2,749,088
Collar Counties	282,176	1,075	671,791
Northwestern Illinois	188,912	624	449,849
Central Illinois	174,318	371	421,868
Southern Illinois	174,060	210	489,907
Bordering States	n/a	53	58,080
<b>Totals:</b>	<b>1,682,679</b>	<b>4,625</b>	<b>4,840,583</b>

as of September 11, 2007

### Your Healthcare Plus—Enrollment Update

- As of July 2007, the Your Healthcare Plus program has 14,937 active participants. These participants represent those individuals at the highest risk and most in need of additional support.
- Results as of June 30, 2007 from a patient satisfaction survey show that 93.7% of patients are either satisfied or very satisfied with their participation in the Your Healthcare Plus program.

## Upcoming Events

### Illinois Health Connect

- Oct. 24 8:30-9:30 a.m. Provider Education Webinar
- Nov. 5 12:00 p.m. Provider Network Subcommittee Meeting
- Nov. 24 8:30-9:30 a.m. Provider Educational Meeting: Perinatal Mental Health Project

### Your Healthcare Plus

- Oct. 22 Respiratory Subcommittee Teleconference (877-455-8688; participate code: 869196)
- Nov. Behavioral Health Subcommittee Teleconference

Also, come see the Your Healthcare Plus team at the following upcoming conferences:

- Oct. 10-12 IL Primary Health Care Association Fall Conference in St. Louis, MO
- Oct. 11-13 IL Nurses Association 79th Biennial Convention
- Oct. 26 IL Society of Advanced Practice Nurses Annual Meeting in Chicago, IL
- Nov. 30 IL Osteopathic Medical Society Annual Meeting in Oak Brook, IL

Visit the Your Healthcare Plus and the Illinois Health Connect websites for more information on upcoming events.

This newsletter is available on the Your Healthcare Plus and Illinois Health Connect websites:  
[www.yourhealthcareplusdr.com](http://www.yourhealthcareplusdr.com) [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com)

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Rod R. Blagojevich, Governor

## Department of Healthcare and Family Services

Barry S. Maram, Director



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