

Provider Newsletter



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

Pneumococcal Vaccinations

Pneumococcal infection is a major health problem everywhere—including Illinois. As providers, we need to remember how important pneumococcal vaccination is for patients who are part of our program. Please see the ACIP table on page three for recommendations that will help you provide the best preventive pneumococcal care for your patients.

Why immunize?

According to the Advisory Committee on Immunization Practices (ACIP) guidelines*, pneumococcal infection causes an estimated 40,000 deaths annually in the United States, accounting for more deaths than any other vaccine-preventable bacterial disease. Approximately half of these deaths could potentially be prevented through the use of the vaccine.

The use of pneumococcal polysaccharide vaccine is consistently recommended by ACIP, the American Academy of Pediatrics, the American College of Physicians, and the American Academy of Family Physicians.

Who should be immunized?

It is common for persons aged 50-64 years to have chronic illnesses, however, less than 20% of those with risk factors are estimated to have received pneumococcal vaccine. Fifty years old has been established as a time to review the overall immunization status of patients.

Pneumococcal vaccine may be administered **at the same time as influenza vaccine** (by separate injection in the other arm) without an increase in side effects or decreased antibody response to either vaccine. Pneumococcal vaccine may also be administered concurrently with other vaccines, and may be administered any time of year.

Administration of pneumococcal vaccine should be included in routine clinical practice, and when indicated, the vaccine should be administered before discharge to hospitalized patients to prevent subsequent admissions for pneumococcal disease. Providers should not withhold vaccination in the absence of an immunization record or complete medical record. The vaccine should be administered to patients who are uncertain about their vaccination history.

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Provider Profile Success Stories

“You cannot manage what you cannot measure,” said Dr. Carrie Nelson. Nelson, a family physician and director of the Rush Copley Family Medicine residency program, is using Your Healthcare Plus[™] and Illinois Health Connect Provider Profiles to better manage and measure the data on key clinical indicators in her practice.

Your Healthcare Plus began sending Provider Profiles in the summer of 2007 for patients enrolled in the disease management program. Illinois Health Connect sends

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? Did you know?

Illinois Health Connect is going green!

As of December 1, 2008, IHC will NOT routinely mail a monthly Panel Roster to each PCP. Electronic Panel Rosters are updated daily and available online through HFS' Medical Electronic Data Interchange (MEDI) System. Providers who wish to continue to receive a mailed Panel Roster must contact their IHC Provider Service Field Representative or the IHC Provider Services Help Desk at 1-877-912-1999.

October is Breast Cancer Awareness Month

Because October is **Breast Cancer Awareness Month**, now is a great time to ensure your patients are up to date with preventive screenings, including a mammogram and pap smear. Please take this opportunity to talk with your patients about the importance of preventive screening and early detection. The Illinois Health Connect monthly Panel Rosters indicate which patients are due for both mammograms and pap smears. Additionally, providers can be eligible for bonus payments for achieving a certain benchmark for mammograms. For more information, check out the IHC website or call the IHC Provider Services Helpdesk at 1-877-912-1999.

Supporting Your Practice



IHC PCP Survey Results

Provider education, satisfaction, and participation are essential to the success of the **Illinois Health Connect** program. In order to monitor provider satisfaction and gather critical feedback, IHC will conduct a yearly Provider Satisfaction Survey.

In the first annual IHC Provider Survey, an aggregate total of 697 surveys were collected and analyzed. Because of traditionally low response rates to broad surveys, IHC proposed a two phase survey methodology. In the first phase, 540 geographically stratified PCPs were randomly selected and surveyed. The second phase targeted all additional IHC PCPs. A 4-point Likert scale of Strongly Agree, Agree, Disagree and Strongly Disagree was used to gauge PCPs' perceptions and satisfaction with components of IHC, and the program as a whole.

The overall satisfaction rate using data from both phases of the survey showed that 76% of respondents Strongly Agree or Agree that the administration of the IHC program was satisfactory. Additionally, 75% of respondents

Strongly Agree or Agree that they would recommend the IHC program to colleagues. Taking into consideration that IHC is in its early stages, this represents a high rate of general satisfaction. More importantly, 81% of respondents Strongly Agree or Agree that the IHC program is beneficial to clients. Because quality improvement in client care is the overarching goal of IHC, this response affirms the rationale for implementation of this program.

Based upon significant survey results relating to Early Periodic Screening, Diagnosis, and Treatment (EPSDT), IHC will continue to promote client and provider education about the program by accelerating EPSDT outreach efforts, including:

- Enhancing overall client education.
- Specifically promoting education regarding adherence to preventive health schedules and continuity of care through the medical home.
- Seeking out new collaborative relationships and reinforce existing relationships with consumer advocacy groups.
- Providing client education materials to PCP offices for distribution to clients to remind them they are due for preventive visits.
- Establishing an EPSDT Unit to help clients set up Healthy Kids appointments at their medical home.

To view all of the 2008 Provider Survey Results please visit the IHC website at: www.illinoishealthconnect.com. ■

Provider Profiles *(Continued from page 1)*

Provider Profiles focused on core primary care measures. Both sets of data equip physicians and other healthcare providers to identify and close any potential gaps in care.

“We are receiving profiles showing the performance of physicians for the selected indicators for preventive care and chronic disease management. These are the same measures used by private payors,” said Dr. Omar Sawlani.

Dr. Sawlani, director of Hope Children's Hospital ED, and other providers across the state are using these Provider Profiles to view their performance on claims-based data for patients and measure it against similar, national HEDIS quality indicators.

“By implementing this step, HFS has raised the bar for the quality of care provided to this patient group to the same level as the privately insured patients,” Dr. Sawlani said.

Quality of care is, of course, the primary goal of the YHP and IHC programs. However, many physicians also feel that Provider Profiles offer more than just data—they present a unique opportunity to have a conversation about the needs of the population they care for.

Dr. Nelson shared her recent IHC Provider Profile that showed a PAP smear rate barely higher than 50%. Rather than seeing this as negative, Dr. Nelson felt the profile information would help improve access to needed services, and offered the opportunity to truly see what the needs of the population are. “Because of the IHC and YHP Provider Profiles, I now have a much greater ability to reach out to patients,” she said. “Indeed,” she added, “since the information is all fed to the providers through these profiles, there is no longer an administrative challenge to creating such a report.”

“It gave me great pride in knowing that, for many of the indicators, we were performing above statewide average,” said Henry Taylor, Executive Director of the Miles Square Health Center in Chicago. “The report allows you to drill down to the individual patient.”

Both IHC and YHP are committed to assisting frontline clinicians in providing high quality care. The Provider Profiles are one of many tools that these programs provide. To learn more about the programs and other quality tools or share your own success stories, please contact the YHP Medical Director, Dr. Rick Leary at Fredric.Leary@mckesson.com or IHC Medical Director, Dr. Margaret Kirkegaard at mkkirkgaard@automated-health.com. ■

Pneumococcal Vaccinations *(Continued from page 1)*

Recommendations for the use of pneumococcal 23-valent pneumococcal polysaccharide vaccine

(Table 2 from the ACIP recommendations*).

Groups for which vaccination is recommended	Revaccination
Persons aged ≥ 65 years.	Second dose of vaccine if patient received vaccine ≥ 5 years previously and were aged < 65 years at the time of vaccination.
Persons aged 2–64 years with: <ul style="list-style-type: none"> • Chronic cardiovascular disease (including CHF, cardiomyopathies) • Chronic pulmonary diseases • Diabetes mellitus • Alcoholism • Chronic liver disease (including cirrhosis) • Cerebrospinal fluid leaks 	Not recommended.
Persons aged 2–64 years with functional or anatomic asplenia (Including sickle cell disease and splenectomy)	If patient is aged > 10 years: single revaccination ≥ 5 years after previous dose. If patient is aged ≤ 10 years: consider revaccination 3 years after previous dose.
Persons aged 2–64 years living in special environments or social settings	Not recommended.
Immunocompromised persons aged ≥ 2 years, including those with: <ul style="list-style-type: none"> • HIV • Leukemia • Lymphoma • Hodgkins disease • Receiving immunosuppressive chemotherapy** (including corticosteroids) • Those who have received an organ or bone marrow transplant • Multiple myeloma • Generalized malignancy • Chronic renal failure • Nephrotic syndrome 	Single revaccination if ≥ 5 years, have elapsed since receipt of first dose. If patient is aged ≤ 10 years, consider revaccination 3 years after previous dose.

Persons with asymptomatic or symptomatic HIV infection should be vaccinated as soon as possible after their diagnosis is confirmed.

* Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP)
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>

** When cancer chemotherapy or other immunosuppressive therapy is being considered (e.g., for patients with Hodgkins disease or those who undergo organ or bone marrow transplantation), the interval between vaccination and initiation of immunosuppressive therapy should be at least two weeks. Vaccination during chemotherapy or radiation therapy should be avoided.

For 2000 and 2008 updates on the specific recommendations **for children ages 2-23 months and 24-59 months** and use of the 7-valent pneumococcal polysaccharide-protein conjugate vaccine, please visit these CDC.gov web sites: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4909a1.htm>
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5713a4.htm?s_cid=mm5713a4_e

Supporting Your Patients

Patient Achievement, Provider Accomplishment: YHP Success Stories

Since the **Your Healthcare Plus™** program launched in July 2006, we've heard many wonderful success stories. These stories illustrate the inspiring impact providers and program staff can have on members struggling with their health status. The following story, submitted by two YHP staff

members, Kim Costello, Social Worker and Maryanne Marion, Complex Case Management RN, so perfectly demonstrates what can happen when we all work together as a team.

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Supporting Your Patients *(Continued from page 3)*

In April 2008, YHP received a hospital alert indicating that one of our eligible members had been hospitalized. The alert included updated demographic information and as a result, we were able to enroll the member in the YHP program. The member reported having asthma, emphysema, bronchitis and depression/anxiety. She also disclosed a history of substance abuse.

The member had a primary care provider, but had missed many appointments due to a lack of transportation. This lack of transportation ultimately led to five unnecessary hospitalizations in a three month period. The YHP Social Worker was able to assist by setting up transportation through First Transit for the member's PCP appointments.

The member reported she was overwhelmed by her medical conditions and multiple medications. She was also concerned that her feelings of depression were caused by her medications. With some coaching and encouragement, the member agreed to speak to her PCP about her depression, as well as seek mental health counseling at her drug treatment program.

Since our Complex Case Management RN and Social Worker have been involved, this member has made many positive improvements. She has been attending all of her medical appointments, she is seeing a mental health counselor weekly, she has an appointment with a psychiatrist, and she is setting up her own transportation appointments. Lastly, she has not been hospitalized since she started participating in the Your Healthcare Plus program.

It is exciting to see all the progress this member has made in such a short period.

The YHP program strives to empower and educate members on their health status. By making the appropriate connections with a PCP and local resources, this member has a solid foundation for improved health moving forward.

Many thanks to you, our providers, who play such a key role in the success of this program. We encourage you to share your YHP Success Stories with us by contacting our medical director: **Fredric.Leary@mckesson.com** ■

Visit the Your Healthcare Plus and the Illinois Health Connect Web sites for information on upcoming events.

This newsletter is available on the Your Healthcare Plus and Illinois Health Connect websites:
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