Illinois Department of Healthcare and Family Services PCCM / DM Maternal and Child Health Subcommittee
Minutes for November 27, 2006

Attendees:

Margaret Kirkegaard, MD, MPH, Chair, Medical Director for Automated Health Systems
Debby Saunders, DHS Bureau Chief for Maternal and Child Health Promotion
Vince Keenan, EVP Illinois Academy of Family Physicians (IAFP)
Kelly Carter, COO Illinois Primary Health Care Association
Mary Driscoll, Cook County Bureau of Health Services
Lisa Weber, La Rabida Hospital
Heather Scalia, Harmony Health Plan
Michelle Maher, Healthcare and Family Services
Susan Hix, Healthcare and Family Services
Mary Miller, Healthcare and Family Services
Susan Surleta, Family Health Network
Tim McCurry MD, Resurrection FM residency
Gerri Clark, Division of Specialized Care of Children
Joe Reinholt for Robyn Gabel, Illinois Maternal Child Health Coalition
Jody Bierzychudek, Quality Manager for Illinois Health Connect, AHS
Kim Wagenaar, Lake County Health Department
Mary de Gruet, Will County Health Department
Eric Henley, MD, MPH, UIC Rockford
Kathleen Ludikowski,
Stephanie Altman, Health and Disability Advocates
Steve Stabile, MD, Cook County
Scott Allen, EVP, Illinois Chapter of American Academy of Pediatrics
Steve Saunders, MD, MPH, Medical Advisor for Healthcare and Family Services

I. Overview of Illinois Health Connect operations to date

Dr. Kirkegaard chaired the meeting. She provided an overview of Illinois Health Connect (IHC) provider enrollment. Currently, there are over 800 primary care providers completely enrolled representing capacity for over 700,000 clients. There are approximately 1,200 providers with pending applications who have not yet finalized a panel size. FQHCs and RHCs have also enrolled 238 providers representing additional estimated patient capacity of 1.3 million. AHS is in the process of geo-mapping the enrolled/pending PCPs to determine accessibility for patients to assist in strategic recruitment and enrollment.

Kelly Carter questioned whether HFS would proceed with the anticipated December 1 start date for enrolling clients in Cook and Collar counties. Michelle Maher responded that HFS wanted to confirm via geomapping that the distribution of providers was appropriate. The mailing of the initial enrollment packets would likely be deferred until mid-December.

Mary Driscoll questioned how the enrollment process would proceed for clients. Dr. Kirkegaard reviewed the client enrollment process which consists of a first letter sent to clients asking them to choose a PCP, a second letter will be sent 30 days later listing the PCP that has been assigned via the algorithm based on claims data, geography etc and then, if the client does not select a different PCP, a third letter would be sent 30 days later confirming enrollment with that PCP.

Stephanie Altman questioned whether provider enrollment was sufficient for DuPage County which historically has low participation from providers with HFS programs. Dr. Kirkegaard responded that efforts in DuPage County were ongoing and that so far, many large groups in DuPage County were in the process of enrolling and that AHS had been working with Dick Endress of Access DuPage to assist in the enrollment process.

Dr. Kirkegaard reviewed the development of the Resource Referral Network stating that with this service AHS was developing a list of specialty providers who were available to care for HFS clients. AHS would act as a "broker" to assist PCPs in identifying specialists. This service was not intended to replace any existing informal referral patterns. Dr. Henley stated that access to specialty care was a difficult problem for many PCPs caring for HFS patients.

II. Overview of Your Healthcare Plus MCH activities: Disease Management activities focusing on asthma

Mary Miller (HFS) reported on the disease management activities focusing on asthma which is the primary chronic disease affecting children that is targeted in the DM program, Your Healthcare Plus. She stated that YHP was looking to collaborate with ongoing asthma projects with Sinai Hospital, Macon County and in Decatur. They were working to provide literature and action plans to patients and working to ensure that efforts in these communities were not duplicative. They were using nurses and lay educators to reach out to patients. The asthma advisory subcommittee will meet again in January to review activities to date.

II. MCH Survey Review

At a previous MCH subcommittee meeting, it was suggested that a brief survey of members might help to focus discussions and set direction for future work. Dr. Kirkegaard circulated a brief survey in mid-November. Several responses were obtained. There were basically five sections on the survey:

1) Respondents were asked to list any community-based organizations that would be helpful to other providers or clients.

Dr. Kirkegaard explained that AHS is creating a database that will contain listings for community-based organizations as well as specialists. This database will help "connect"

patients and providers to various resources. Mary Miller emphasized that the "Help Me Grow" hotline (1-800-323-GROW) could assist in locating WIC and Early Intervention resources. The IDHS website also has many links to various resources. Several providers indicated that they were unaware of these resources. AHS will try to promote the resources that are available from the State of Illinois.

2) Respondents were asked to identify the three most significant issues for maternal-child health in their clinical environment. (see attached list)

Although the responses to this question were scattered, there was some consensus that services for HFS clients are difficult to access primarily due to lack of providers who accept HFS payment.

Mary Driscoll said that access to care for the 12 to 18 year old population was an issue especially since these adolescents may not want to see the pediatrician anymore. Dr. Kirkegaard responded that the family physician's office offered a good alternative that could see kids through their life cycle. Dr. Henley also emphasized that school-based health centers were an excellent way to provide care to this group. He also reported that the Illinois Academy of Family Physicians Committee on Public Health was looking to rationalize the mandatory school physicals with the updated vaccine schedule. Currently school physicals are required before entry to 5th grade but vaccines are required at age 11-12.

3) Respondents were asked to identify the most significant barriers for patients in obtaining the recommended Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) services. (see attached list)

Dr. McCurry suggested that increased co-pays were a barrier for patients in obtaining care. Dr. Saunders reminded everyone that there are no co-pays for preventive services.

4) Respondents were asked to list successful strategies in helping patients obtain the recommended EPSDT services. (see attached list)

Mary Driscoll reported that sending reminders and recall notices was important. Heather Scalia also pointed out that well-child visits could be coupled with a sick visit. Mary Driscoll reported that Cook Co has also successfully used incentives such as developmentally appropriate gifts like a baby rattle or bib to enhance rates of well-child care. Mary also discussed a unique program beginning in their system called "centering parenting" that uses group visits for well-child care. Mary indicated that this was patterned off their successful model of group visits for prenatal care. Kelly Carter asked if group visits were reimbursable. Dr. Henley explained that the educational piece of the group visit is not independently reimbursable but that every patient in a group visit also receives some individual evaluation so that an office visit charge could be generated. Mary noted that there is an upcoming conference to talk about "centering parenting". The link to the conference is www.centeringpregnancy.org.

Dr. Henley also indicated that open access scheduling might be a way to enhance adherence to visits and reduce the number of no-show appointments. Dr. Henley noted that there were some excellent articles on open access and group visits in the Family Practice Management Journal.

Dr. Henley suggested that de-coupling the immunizations from well-child care actually increase the immunization rate.

5) Respondents were asked to review the list of quality indicators that might be included on provider profiles.

Dr. McCurry stated that since CMS requires lead screening at 12 and 24 months, some time window after the 24 month period should be allowed before assessing this quality parameter so there is time between the 24 month well-baby visit for patients to obtain this test.
Mary Driscoll suggested adding developmental screening to the list at appropriate intervals. Jody Bierzychudek (Quality Manager for AHS) indicated that this had already been added. Debby Saunders explained the difference between developmental surveillance and developmental screening. She noted that several validated screening tools were accepted by HFS and a list could be accessed in the Healthy Kids Handbook. She also stated that her department had been working with the American Academy of Pediatrics to reach a consensus about the appropriate scheduling of these visits. HFS is also determining how often a provider can bill for developmental assessment.
Kathleen Ludikowski also emphasized that mental health screening should also be included.
Tim McCurry questioned the methodology for calculating the appropriate number of prenatal visits based on the time of presentation to medical care for pregnant women. Heather Scalia clarified that HEDIS has a methodology to control for late presentation.

The date for the next MCH subcommittee meeting has not been scheduled. Members will be notified via email about upcoming meetings.