



Illinois Department of Healthcare and Family Services PCCM/DM Quality Management Subcommittee

Meeting Minutes from July 9, 2009

Attendees per teleconference:

Margaret Kirkegaard, MD	Medical Director, AHS
Cari VonderHaar, RN	Quality Manager, AHS
Amy Calvin, RN	Quality Nurse, AHS
Michelle Maher	HFS
Amy Harris	HFS
Vicky Hosey, RN	HFS
Debby Saunders	HFS
Elizabeth Colloton	CDPH
Dr Dodda, MD	CDPH
Tammaji Kulkarni, MD	Harmony Health Plan
Rick Leary, MD	Your HealthCare Plus
Kathleen Warnick	McKesson
Marlene Hudsman	OSF Medical Group
Scott Allen	IL Chapter American Academy of Pediatrics
Sharon Pittman	HFS
Benjamin Yabut, MD	Private Practice
Carl Toren, MD	Chicago Family Health
Bob Urso	PCC Wellness
Omar Salwani, MD	Private Practice
Cora Aikens	Chicago PH
Adair Galster	Your Healthcare Plus
Patrick Gallagher	ISMS
Dawn McCullough	Community Health Decatur
Barb Collins	Community Health Decatur
Kate Gunnell, MD	Hinsdale Family Medicine Residency
Leslie Kolb	Meridian Health Plan
Steve Stabile	CCBHS
Tim McCurry	RES. Healthcare

Cari VonderHaar chaired the meeting and opened with a thank you to all for their participation on the Quality Management Subcommittee.

Bonus Payment for High Performance 2008:

Cari then announced that payments have been sent out to Illinois Health Connect providers for the 2008 Bonus Payment Program for High Performance. These payments were sent out of the AHS corporate office in Pittsburg, PA on July 6th and 7th, and some providers have given feedback to AHS staff that they have received the payment mailing. Cari reported that a total of 4,433 bonus measurement payments

were made, for a total of \$ 2, 896,125. There were a total of 822 IHC enrolled PCP sites that did not meet bonus measurement payment criteria. Steve Stabile asked how an office would know to what address the payment was sent. Cari replied that each bonus payment mailing included an informational chart detailing each bonus measurement and at the bottom of the chart providers can find a statement that will list out the address the bonus payment mailing was sent to and on what date. Cari reported this information is also found on the provider portal through the MEDI system, as with the panel roster and profiles. Cari advised that if anyone should need assistance with accessing the portal, they should contact their Provider Service Representative with IHC or call the Provider Helpline at 877.912.1999. Dr Kulkarni asked how the address for mailing was decided upon. Cari replied that this was in accordance with the address listed for the payee number at the provider's office.

Bob Urso asked if there was some type of 2008 Bonus Payment Summary that could be reported on or viewed. Cari and Dr Kirkegaard replied that in the brief interim since the mailings were sent, the summary was not composed yet but plans were in place for a summary.

Bonus Payment for High Performance 2009:

Dr Kirkegaard then reported on the 2009 Bonus Payment Program for High Performance benchmarks. IHC would like to make sure that providers are aware of the measures and benchmarks set for the calendar year bonus payment for high performance program for 2009. Detail is posted on the IHC website under the 2008 bonus payment information. Dr Kirkegaard went on to report that the bonus measure indicators will stay the same for 2009 as 2008 with Immunization combo 3, Developmental Screening for 12, 24, and 36 months of age ranges, asthma management, diabetes management, and breast cancer screening. Developmental screening will now have an increase of 15% for each benchmark, which will now be 0-12months at 50%, 12-24 months at 40%, and 24-36 months at 35%. Benchmarks for the other measures reflect very slight percentage increases as the 50% HEDIS benchmarks have increased from 2007 to 2008.

Dr Salwani asked if there are currently any bonus payment programs for specialists, and Dr Kirkegaard reported not at this time. Dr Salwani stated he would like to see these added for specialists as he believes this might add an incentive for specialists to offer care to the Medicaid population. He stated other managed care programs do this. Dr Kirkegaard responded that specialist did receive recent rate increases, giving the example of pediatric visit increases since February of 2009.

Scott Allen asked if he understood correctly that there would be an increase in the benchmarks for developmental screening and Dr Kirkegaard replied yes. Dr Kirkegaard also reported that with the 2008 bonus payment program for high performance, the majority of the money paid out to providers was for the developmental screening indicator.

Tim McCurry brought up the discussion of how an office may use the information on the panel roster available through the provider portal (through MEDI) for effective outreach and care delivery. He stated some of his indicators showed 50-60% with IHC rates, while other health plans he is participating in may show 100% rate met. Dr Kirkegaard suggested he collect claims data on the patients in question and contact IHC for further follow up.



Quality Assurance Plan:

Cari then reported that AHS and HFS are currently working on revisions to the Quality Assurance Plan for the PCCM program. She stated that specifics on these revisions would be shared with this group at a later meeting date.

Initiatives for Diabetes Clinical Metrics:

Dr Rick Leary from Your Healthcare Plus then reported on diabetes metrics with chronic disease patients. He stated that of the 4,500 medical homes working with YHP, about 600 have the concentration of chronic disease patients. Of these, on the average 10,000 patients are followed for diabetes management using the four metrics of hemoglobin A1c, (which is a bonus payment indicator), lipid panel, cholesterol medication therapy, and ACE /ARB use as indicated. These are tracked through claims data. Dr Leary then reported that about 60% or 6,000 patients with diabetes being followed do not meet the four metric criteria. He reported some offices are using chart reminders or an office contact to work with improvement of meeting the metrics. Dr Leary then asked for comments or suggestions from the group.

Dr Toren asked how prescriptions are looked at to meet the metric criteria, and brought up the point that if a prescription is filled without a Rx claim, would affect the metric. Dr Leary agreed on this point and stated claims data was used. Michelle Maher also reported that for McKesson /YHP data, there would not be a database unless claim filed.

Steve Stabile wanted to clarify that if a hemoglobin A1c is done, that this meets the metric and not the level itself. Dr Leary agreed. Steve also reported that the lipid panel is required by YHP annually right now, but the ADA recommends every six months.

Dr Leary asked to be contacted by any of the Subcommittee members for any further comments or discussion.

Women's Health:

Debby Saunders from the Bureau of Maternal Child Health at HFS then spoke to the group on women's health and coordination with the PCCM program. She reported that at this time, ob and gyn care are open access for IHC enrollees, and that half of all births in the state of Illinois are covered by HFS programs. She then asked for open discussion from the subcommittee members on ways to improve collaboration. Debby reported that HFS is currently looking at coordination, risk assessment, and CDC recommendations for this approach.

Dr Kirkegaard commented that one third of the deliveries in Illinois are under the care of IHC PCPs. She reported that IHC is currently sending out letters to adult women to remind them of the need for their exams and to assist with care coordination.

Debby stated that when HFS worked with community partners and provider collaboration on developmental screening and perinatal depression screening, that the rates for screening improved. She asked the group what they felt the next steps would be to outreach with perinatal collaboration for improvement.



Bob Urso voiced that his organization (PCC Wellness) would be willing to work with a group or task force on this issue.

Steve Stabile discussed barriers and issues with patients accessing care in general.

Scott Allen stated the Illinois Chapter of the American Academy of Pediatrics has been involved with looking at the pediatrician healthcare provider role and interconceptional care education. They worked with Vince Keenan from the IAFP.

Dr Gunnell stated that her office in Hinsdale has ongoing issues with the correct contact information for patients and that IHC has assisted with helping on this.

Barb Collins stated that their ED departments in Decatur currently use a data portal for patient information which helps with care coordination.

Debby Saunders reported she would get more information to the group at a future date about the next steps with women's health and PCCM collaboration of care.

Cari asked for any further discussion or updates from the group members. With none brought up, the meeting was adjourned.