

**ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
PCCM/DM QUALITY MANAGEMENT SUBCOMMITTEE**

Meeting Minutes from January 13, 2010

Attendees per teleconference:

Margaret Kirkegaard, MD	Medical Director, AHS
Cari VonderHaar, RN	Quality Manager, AHS
Amy Calvin, RN	QA Nurse, AHS
Anna Reich, RN	QA Nurse, AHS
Mary Morrissey, RN	QA Nurse, AHS
Vicky Hosey	HFS
Ryan Johnson	HFS
Mary Miller	HFS
Sharon Pittman	HFS
Kristine Tomzic	Meridian HP
Paula Zajac	IL Chapter AAP
Caryn Jacobi	McKesson/YHP
Rajesh Parikh	IPHCA
Kim Wagenaar	Lake CHD
Vicki Boyle	Meridian HP
Kelly Carter	IPHCA
Vince Keenan	IL Chapter AAP
Scott Allen	IL Chapter AAP
Karen Osuch	Family Healthcare Network
Kathleen Warnick	McKesson/YHP
Adair Galster	McKesson/YHP
Carrie Nelson, MD	Medical Director, McKesson/YHP
Sandra Hodel, MD	Private Practice
Omar Salwani, MD	Private Practice
Kate Gunnell, MD	Hindsdale Family Medicine
L Dodda, MD	Jackson Park FP
Salaaha Sharif	IL Chapter AAP

Cari VonderHaar chaired the meeting and opened with a welcome and thank you to all for their participation.

Discussion of inclusion ED Utilization on Provider Profiles for PCCM

Cari brought up the first agenda item and reported that in FY08, approximately 12,000 patients followed by Your Healthcare Plus with HFS claims submitted visited an ED 1-5 times, while approximately 8,500 visited 6-12 times, and a little over 300 patients visited 13 or more times. She then asked for comments on ED utilization by patients on a provider's panel included on providers profiles. Dr Kirkegaard reported that it is a recognized goal to decrease the number of inappropriate ED visits. She stated that the reporting on the profiles would be per HEDIS guidelines and reported in member months. With

programming and data collection, the earliest this information could be included would be on the fall 2010 provider profiles. She then asked the subcommittee members for comments as to whether this would be of assistance to a primary care practice.

Kristine Tomzic stated that she believes this information would be of value to providers. Scott Allen asked if the rates reported would be per provider in a group setting. Dr Kirkegaard reported the rate would be reported aggregated for all patients that went to the ED, not just those with frequent visits. This information could then be sorted by the office on their panel to identify those patients .

Adair Galster commented that this information is already included with the panel roster, and Dr Kirkegaard clarified this would be to add the rate to profiles.

Vicki Boyle asked if the reporting would be per diagnosis codes. Dr Kirkegaard stated data definitions would be determined, and modeled after HEDIS.

Dr Carrie Nelson commented that she believes the inclusion of ED rates on the profiles would support measures as a primary care provider for awareness of patient data. Dr Salwani agreed, stating he could see his practice being able to look at the data for providing patient services. He also commented that so much time is spent educating the patients on appropriate ED use. He recognizes that EDs usually see a patient fairly quick, which the patients like. He believes the EDs need to work with the primary care practices to educate patients on appropriate care. Dr Hodel agreed, and commented that patients may use the ED for convenience, even if not warranted say in the middle of the night and they have been educated to utilized the office versus the ED.

Cari commented further feedback on this issue would be welcomed, and could be emailed to herself or Dr Kirkegaard.

Discussion of Inclusion of Lead Screening on Provider Profiles for PCCM

Cari commented the lead rates are currently not included on provider profiles and asked HFS for a status report. Vicky Hosey stated HFS is closer at this time with data transfer from IDPH. She commented that inclusion of the data on spring 2010 provider profiles may be possible.

Dr Salwani asked if the data collected is for one and two year olds, as two year olds are to have two screening tests completed. Dr Kirkegaard clarified that the standard would be for two screening claims before 24 months of age. Dr Salwani stated he is aware that many times if the first screening is negative, many times the second is not done. Dr Kirkegaard commented that while she understands that practice is being carried out, the children in the PCCM population are of higher risk due to socioeconomic status and a second screening would be warranted. Dr Gunnell stated she thought being reported on the profiles would help serve as a reminder for those patients still needing screened. Dr Hodel reported she screens her pediatric patients per recommendations.

Discussion of Inclusion of Identified Diabetic Patients on Panel Rosters for PCCM

Cari requested input from the subcommittee members on whether it would be beneficial to a primary care providers practice to have their diabetic patients identified on their monthly panel roster.

Kathleen Warnick reported that diabetics may be followed through the Disease Management program and are identified to practices with Your Healthcare Plus (YHP) member profiles. Mary Miller stated that a practice would need five or more diabetic patients to be included in the YHP profile which includes the status of their diabetes measures .

Dr Kirkegaard asked if providers would use the information and find it helpful in the IHC profiles.

Dr Dodda posed the question as to whether patients that have not yet been seen by a provider but are on their roster would be included. Dr Gunnell commented that the roster information is most effective if there is a working office database, or else case management of patients is limited.

Vicki Boyle voiced that while it is important to have current patient contact information, the roster would still assist an office to identify the patient needs while present for services during a visit. She then reported on a grant Meridian is working with in the Detroit area. Six practices have been piloted to use a patient registry system. This has proven to be positive to utilize with patient services. She commented there is federal stimulus funding available to offices to use in this capacity. Dr Hodel then commented on the statewide immunization database. While she wants to use the database, the funding from the stimulus monies for this is unclear, and reimbursement would be needed.

I-CARE Collaboration

Dr Kirkegaard announced to the members that there is excitement regarding collaborating with I-CARE. The HFS approved collaboration statement was included as a separate attachment with this meeting agenda. She reported that immunization data can be obtained by HFS regardless of the payer source if inputted into I-CARE database. However, she did recognize that there is some backend work with immunization data input of current patient's immunizations by an office. Dr Kirkegaard commented that there is potential for increased bonus payments for the immunization measure with I-CARE utilization.

Diabetes Metrics Project (YHP)

Kathleen reported that chart reminders on the status of key diabetes measures were distributed to practices in August 2009. Preliminary outcomes results of this initiative are showing an increase of 13% in HbA1C testing, 16.5% increase for lipid profiles, 2.5% increase in lipid lowering treatment, and 5% increase in the use of ACE/ARBs. The YHP staff personally delivered all except a very few that were mailed. YHP is continuing to monitor these outcomes.

Heart Disease Metrics (YHP)

Dr Nelson reported to the members that chart reminders have been identified for over 600 practices for patients being followed for heart disease and/or congestive heart failure. These included following practices on use of ACEs, ARBs, lipid testing, and cholesterol medications. She asked for feedback from the group on perception of involvement with the diabetes and/or heart disease metrics. She commented that feedback could always be sent to her at any time on this.

LTC and CMT Projects (YHP)

Mary Miller asked for feedback from the subcommittee members on these projects. She commented that perhaps no one present at today's meeting was involved with these projects at this time but she would appreciate any later feedback.

She also reported that there is messaging from CMT (Care Management Technologies) monitoring behavioral prescribing patterns found in claims for both individual prescribers and for the populations being served through five community mental health centers.

Risk Movers-What Do We Know (YHP)

Kathleen reported on the corresponding slide presentation previously attached to the meeting agenda. Dr Salwani commented that he found the information on ED utilization interesting, as did Dr Gunnell who stated the rate of ED use with risk movers was not unusually high, as would be expected.

Depression Metrics (YHP)

Kathleen reported that YHP member profiles mailed to providers would include depression metrics for the first time this quarter. The measurement period is for claims through the end of September, 2009, and will be sent to providers the end of February, 2010. These metrics are per HEDIS standards. Dr Salwani commented that the overall goal of the metrics is to improve care.

Aggregate Profiles for Large Group Project Follow up (YHP)

Dr Nelson led the discussion. She reported that most of the aggregate profiles involved FQHCs. Dr Salwani asked how these were chosen. Dr Nelson reported that most were teaching clinics with a large Medicaid patient population. She stated residency programs also receive profiles. In addition to individual site profiles, there are 15 multi-site FQHC networks under a common umbrella; these receive an aggregate profile report. Dr Gunnell reported that Hindsdale practice is involved with these.

Vicki Boyle contributed the following resources and information:

AARA funds related to HIT (Health Information Technology) and the site to view what is meaningful use is: healthit.hhs.gov. Look for the "Recommendations to National Coordinator for Defining Meaningful Use".

http://www.gdahc.org/GDAHc_site/poperf_6_09/index.html

The people to contact with questions about the experience in generating and developing these reports for providers are:

Devorah Ehrlich Rich dreich@gdach.org

Tom Fraser TFraser@bcbsm.com

Jan Jennings jjennings2@bcbsm.com

Vicki can be contacted at: Vicki Boyle, Director QI, Health Plan of Michigan, 777 Woodward Ave, Suite 600, Detroit MI 48226 Ph: 313-324-3741 Cell: 248-763-1744.

The meeting adjourned with no further discussion at this time on agenda items or other general discussion items.

A notice will be sent to all members for the date of the next meeting.