

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

MEETING MINUTES FOR WEDNESDAY, APRIL 6, 2011

SAVE THE DATE: Next meeting scheduled for July 13,2011 12 noon-1pm (central time)

Attendees:

Caryn Jacobi	YHP
Carrie Nelson, MD	Medical Director/YHP
Kathleen Warnick	YHP
Adair Galster	YHP
Kathy Ingram, RN	QA Nurse, AHS
Rannie Kloud, RN	QA Nurse, AHS
Amy Calvin, RN	QA Nurse, AHS
Anna Reich, RN	QA Nurse, AHS
Mary Morrissey, RN	QA Nurse, AHS
Cari VonderHaar, RN	Quality Manager, AHS
Fred Hanks	AHS
Dr Margaret Kirkegaard, MD	Medical Director, AHS
Vicky Hosey	HFS
Wendi Medina	HFS
Jennifer Partlow	HFS
Michelle Maher	HFS
Lynn Thomas	HFS
Patty Kimmel	HFS
Heather Scalia	Meridian HP
Karen Osuch	Family Health Network
Barb Hay	Family Health Network
Judy King	Independent
Robin Scott	CDPH
Tracy Palmer	Swedish American
Holly Nelson	Swedish American
Gwen Smith	CHIPRA –IL Project
Vince Keenan	IAFP
Mike Temporal	SIHF
Bob Urso	PCC Wellness
Dr L Dodda, MD	Family Practice
Dr Wayne Franklin, MD	Private Practice

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

Wendie Medina announced that Mary Miller's last day with HFS was April 5, 2011. All extended sincere thanks to Mary for past involvement with this Subcommittee and members expressed well wishes to be extended to Mary.

YHP Update on ED Initiatives:

Dr Carrie Nelson reported efforts with coordinating care between the primary provider and emergency departments continue. Presentations by Dr Nelson and Dr Kirkegaard have been given to hospital groups that agreed to participate in the initiative. Coordination with the Hospital ED and clinic “pairs” is being done in three communities. Also underway is working with three residency programs on patient education related to ED utilization. These include SIHF, Erie, and Quincy. An additional component being looked at involves the use of chart reminders based on claims data for ED utilization. The pilot includes 22 sites that have patients that accessed the ED four or more times in six months. Dr Nelson noted that feedback on the ED initiative will be valuable going forward, and she welcomed any comments.

Dr Margaret Kirkegaard commented that the initial focus of the PCP community was primary care, and now the network of providers delivering the primary care is able to broaden their focus on the mechanism for how the medical home interfaces with other entities. This includes disposition and discharge planning following patient hospitalizations. A working relationship including the initial ED contact continuing through to the case manager is vital. She welcomed comments. Dr Franklin asked how the ED initiative sites were chosen. Dr Kirkegaard responded that the hospitals were approached through the Hospital Association and the Metropolitan Chicago Healthcare Council. The Illinois Critical Access Hospital Network has also played a role.

Bob Urso reported that his facility has attempted to work with a hospital in close proximity to his sites on patient ED utilization information to identify patients but so far has not had success with requests. He noted that hospital coordination is needed to be able to move forward addressing ED utilization.

Both Dr Nelson and Dr Kirkegaard welcomed to be contacted with any further comments for discussion.

YHP Respiratory Chart Reminders:

Dr Nelson and Caryn Jacobi reported on this YHP initiative. Chart reminders are condition-specific and include a one-page summary of patient specific guideline gaps. These are then distributed to providers for inclusion in the patient’s chart. The provider in turn can use this information for opportunities to educate patients when reviewing their treatment plan. YHP is conducting the new wave of chart reminders in April for respiratory care. The majority of patients under respiratory care include asthmatics. Dr Nelson welcomed any feedback related to positive utilization of the chart reminders.

YHP Asthma Recognition Awards:

Dr Nelson then discussed the Asthma Recognition Awards. For providers caring for patients in the aged, blind and disabled (adult) and/or the persistent asthma (adult and pediatric) populations, recognition is awarded this Spring. Providers are required to have more than 15 patients in either population to be award eligible.

For the asthma awards, there are two metrics. “Regular” recognition is noted if providers achieve 70% in both metrics, while “Blue Ribbon” recognition is noted for providers achieving 80% in both metrics. For the aged, blind and disabled population, 25 providers reached “Regular” recognition, while eight achieved “Blue Ribbon”. In the persistent asthma group, 89 providers reached “Regular” and 29 achieved “Blue Ribbon”. Four providers achieved “Blue Ribbon” in both population categories.

New CME Modules:

Vince Keenan announced that there are now CME modules with updates completed posted online. These include CHF, CAD, Substance Abuse, and COPD. Newer topics include Depression Treatment, Smoking Cessation and Pain Management.

YHP Baseline to PY4 Clinical Metric Results

Dr Nelson reported on this discussion item. The time period involved ended June 30, 2010. Claims reviewed were based on conditions. She noted this is not a static population, and that should be taken into account. The following data was reported for denominators in each condition:

Condition	Baseline	PY4
Diabetes	20,592	24,197
CAD	8,241	8,595
Heart Failure	7,186	7,038
COPD	11,053	14,681
Asthma	14,808	17,260

YHP Program Ending/Transition:

Dr Nelson and Adair Galster announced that the YHP contract will conclude on June 30, 2011. YHP was implemented in July of 2006. Adair reported that YHP is working with IHC and HFS for a smooth transition of patient and provider services. The majority of members will continue to follow up at their medical home. YHP is currently outreaching to providers and members to inform of the YHP conclusion date.

Wendie Medina also noted that HFS is working with YHP and IHC to keep the transition process as seamless as possible. She encouraged providers to keep up the good work and progress, especially for those patients receiving multiple services. Integrated Care will also play a role for some 29,000 patients during the transition in targeted counties. The remaining 250,000 plus patients will continue with the PCCM and their medical home. Wendie welcomed providers to contact her as needed for ongoing support through HFS.

Adair and Dr Nelson both expressed a sincere thank you to providers for all of their efforts, support, and participation with YHP.

Client Eligibility Re-determination Dates:

Dr Kirkegaard opened the discussion regarding client eligibility re-determination dates that will be mandated with the new state healthcare reform rulings. The question of what role the provider offices should play to help notify patients about eligibility, and how the patients will be notified has been considered. Michelle Maher and Lynn Thomas from HFS joined in on the discussion for comments. One idea that has been discussed was to have eligibility information included on the IHC Panel Roster.

Robin Scott from CDPH noted that her site requested the information might be included on the roster, with providers not required to act on, but the information would be available if a site saw benefits to utilizing with their patients.

Dr Kirkegaard asked if consideration has been given to make the eligibility information accessible to all providers such as posting on MEDI. Michelle welcomed comments and opinion from providers related to utilizing the information if added to the panel roster.

Barb Hay noted that FHN would use this type of information with members.

Bob Urso commented that while he can see where the information would be helpful, many factors would have to be considered for a site to utilize, such as staff resources, accuracy, and foremost the responsibility of PCP vs state for client notification. He also noted that there will be the potential for claims denied, and patient awareness of the re-determination process should be increased. He wondered if families would comply overall, and he could see where issues may be created with delivering care services.

Heather Scalia noted individual site operational issues would need to be addressed. She asked how would members that are in the middle of Family Case Management services be affected if failed to follow through on eligibility re-determination process?

Lynn reported that the state would be notifying clients, and other routes for notification are being looked at as well. Michelle noted this discussion was for the purpose of first reaching out to the QM Subcommittee members to get opinions.

Mike Temporal stated that his SIHF sites already check eligibility status through MEDI. He noted that some type of pop up screen might be helpful.

Lynn further went on to report that clients will be receiving an insert about the changes with their April medical card mailings. She also noted that some families and clients may not follow through and will have to reapply to start the process over.

Dr Kirkegaard wrapped up the eligibility discussion by asking subcommittee members to consider if the information being included on the IHC Panel Roster would be beneficial to providers. She noted that a sub-group to follow up and discuss in more detail may be needed.

Bob Urso noted that he would like to participate in such a sub-group.

IHCQAN Webinars:

Cari VonderHaar announced that the IHC Quality Assurance Nurses will continue to host webinars in April, May and June of 2011 for enrolled providers and staff. These webinars will focus on integration of Panel Rosters and Bonus Measures in clinical practice at PCP sites. These webinars will be in addition to other IHC hosted webinars, which include HFS Billing, Child and Adult Obesity, Pediatric Oral Health, and more. Upcoming webinars, including the QA nurse sessions, are posted on the IHC website for the dates and more registration information, or anyone is welcomed to contact Cari with questions.

IHC Bonus Payment Program For High Performance:

Cari spoke on the 2011 Bonus Payment Program for High Performance measures. Details are posted on the IHC website under the Quality Tools section. New for 2011 is the Lead Screening measure. Information on the 2011 Bonus measures has been sent out to all PCPs, as well as the field staff disseminating the information.

Cari noted that the IHC website has a link posted for the 2010 Bonus Payment for High Performance program information. The payments for the 2010 bonus program will be during the summer of 2011.

IHC Website Updates/Quality Tools:

Cari reported to the group that the IHC website now reflects current QI tool updates and revisions. These are located under the Quality Tool section. These include Panel Rosters with new legend and example posted, along with a helpful document on “How to Sort Your Panel Roster” that sites will be able to utilize with patient outreach. Dr Kirkegaard added that the “date of last PCP visit” and diabetes flags have also been added to the rosters. The Provider Profile section includes an updated Profile Summary and new Profile example. Both of these reflect the Spring 2011 Provider Profiles, which have been mailed and posted on the provider portal.

IHC PCP Performance Outreach:

Cari reported that the IHC QI team is currently reaching out to PCP sites to assist with performance improvement with patient indicators related to pediatric lead and developmental screening. Of course, the QA Nurses continue to address all areas of clinical performance individualized per PCP site as needed.

IHC Client Education Pads:

Dr Kirkegaard reported on the IHC Client Education Pad sample that members were able to see as an attachment. She reported that pads with the actual tear off sheets will be distributed to PCP sites that are willing to utilize and report back to IHC on effectiveness of use for their practices. Dr Kirkegaard also stated that the development of these pads was a result of provider feedback and comments on previous PCP surveys. Providers noted that a tool to assist educating patients on navigating the system with medical home enrollment would be helpful.

Bob Urso commented that he would be willing to work with IHC on piloting the pads at his PCC Wellness sites. Dr Kirkegaard requested that any other sites interested in using contact her. IHC field staff will also be contacting sites and distributing the education pads.

IHC PCP Survey 2011:

Dr Kirkegaard reported that the annual PCP Survey for 2011 will be sent out to PCP sites within the next week or so. It will also be posted on the IHC website. Dr Kirkegaard noted that it is requested that multi site practices complete a survey for each location, as patient population demographics and site staff can vary. Groups are asked to complete for each provider in the group.

Other Business:

Before the meeting closure, Cari welcomed agenda items for discussion from all Subcommittee members for upcoming QM Subcommittee meetings.

With no further business or discussion, the meeting adjourned.

REMINDER: Next QM Subcommittee meeting scheduled for July 13, 2011. Reminder notices and the agenda will be sent out closer to the date.