

Success Stories and "Lessons Learned" from PCMH Initiatives in the Field:

Report on the Nation's Largest Medical Home

Your presenters

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Genesis of Collaboration

- Primary Care providers were partners (family physicians, pediatricians, and internists)
- Advocacy by the Illinois Academy of Family Physicians
- Credible research source in the Robert Graham Center
- Personal rapport between program's medical directors

Program Definitions

- Illinois Health Connect (IHC) = Primary Care Case Management Program (Illinois Medicaid PCCM under contract by Automated Health Systems, Pittsburgh, PA)
- Your Healthcare Plus (YHP) = Disease Management Program (Illinois Medicaid DM under contract by McKesson Health Solutions, Broomfield, CO)

Highlights of Illinois IHC and YHP

- IHC -- 1.8 million in 5700 medical homes; 200,000 in managed care, 1.8 million in IHC; Capacity for 5.4 million
- YHP – 280,000 patients
- Saved \$180 million in FY '08 (IHC and YHP in full force for last six months)
- Saved \$320 million in FY '09 (first full year of operations)

Coordination of programs

IHC and YHP worked to make program seamless to providers

- Joint newsletter,

[http://www.illinoishealthconnect.com/providernews
letter.aspx](http://www.illinoishealthconnect.com/providernewsletter.aspx)

- Joint clinical quality improvement efforts
- Steering committee and subcommittee meetings involve providers, hospitals, medical associations, and others

IHC Medical Home Definition

- PCPs must meet certain quality standards such as:
 - Enhanced accessibility
 - Agreement to coordinate care with hospital, specialists and medical home
 - Provide scope of primary care including acute care, preventive care, and chronic disease management

IHC payments

- Enhanced FFS for pediatric and adult patients
- More adult preventive services covered
- Ambulatory adult services up to 70-80% of Medicare rates, from 50%
- Care management fee, \$2, \$3 or \$4 pmpm
- Annual bonus paid in 2009 and 2010 for performance in FY '08 and FY '09

2010 IHC high performance bonus measures

- **Immunization Combo 3:** Children who receive designated immunizations by age 24 months (benchmark 71.8%).
- **Developmental Screening:** Children who receive at least one objective screening by the age of 12 months (benchmark 65%), between the ages of 12 and 24 months (benchmark 55%), and between the ages of 24 and 36 months (benchmark 50%). A bonus will be available for each separate age group.

2010 IHC high performance bonus measures

- **Asthma management:** Patients with persistent asthma, ages 5-9 years (benchmark 92.7%), ages 10-17 years (benchmark 89.6%) and ages 18-56 years (benchmark 85.6%) who fill an asthma controller medication prescription. A bonus will be available for each separate age group.
- **Diabetes Management:** Patients with diabetes, ages 18 to 65 years who receive at least one HbA1c test annually (benchmark 80.7%).
- **Breast Cancer Screening:** Women ages between ages 40 and 69 who have had a mammogram in the last two years (benchmark 50.5%).

IHC Successes

- Number of medical homes increasing, from 5100 in 2007 to 5700 in 2010
- Total annual bonus payments increased from \$2.8 million in 2009 to \$3.2 million in 2010
 - In both years, nearly 90% of all medical homes received a bonus
- Over 95% of clients surveyed were satisfied with IHC program and medical home.
- Over 92% of PCPs agree that the IHC model is beneficial to patient care.

Clinical Quality Improvement

Measure	2007 All IHC pts*	2008 All IHC pts*	2009 All IHC pts*
Children ages 0-3 with at least 1 objective developmental screen	25.5%	29.3%	36.1%**
Women ages 42-69 receiving at least 1 mammogram in past 2 yrs	37.45%	37.36%	38.86%**
Adolescents receiving check-up every other year	50.84%	51.51%	54.11%**

* Includes all clients enrolled at the end of the measurement period, does not require continuous enrollment.

** Data compiled 7/7/10. Providers have one year to file claims.

YHP Patient Population

Four Distinct FFS Medicaid Populations

Non-Dual
Aged Blind Disabled

Family Health

Institutionalized (10,500)

1

CHRONIC
CONDITIONS
(N = 108,000)

PERSISTENT
ASTHMA

2

(N = 127,000)

3

FREQUENT ER
USERS
(N = 26,000)

4

PD WAIVER
(N = 7,000)

65+ WAIVER
(N = 1,400)

Total about
280,000
Enrollees

*Participation is voluntary. Individuals can
"opt out."*

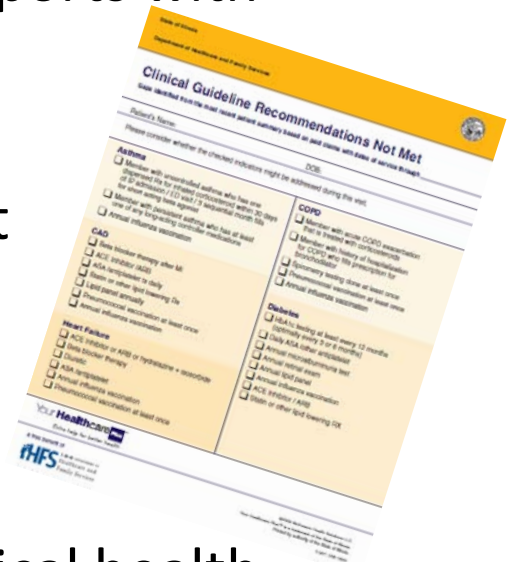


YHP Fieldstaff

- 170 field staff:
 - Nurse case managers
 - Disease management nurses
 - Social workers
 - Behavioral health nurses
 - Lay Community Educators
 - Office-based Health Workers
 - Pharmacists
 - Pharmacy technicians
- Stratified patient population

YHP Medical Home Functions: Crosswalk with NCQA PCMH Standards

- Standard 2: Patient tracking and registry function
 - Claims-based clinical metrics feedback reports with registry
 - “Chart Reminder” QI projects
 - QI education for population management
- Standard 3: Care Management
 - Care transitions
 - Remove barriers to care
 - Linking mental health providers and medical health providers
 - Support guideline-based physician treatment plan



YHP Medical Home Functions: Crosswalk with NCQA PCMH Standards

- Standard 3: Self-Management Support
 - Staff training in Motivational Interviewing

- Standard 8: Performance Reporting and Improvement
 - Clinical Metrics Reports and QI education
 - YHP Provider Recognition Program

Provider Recognition Program

Diabetes is first, 3 or more of following high performance measures needed for recognition:

- HA1c 85% or greater
- Retinal Exams 55% or greater
- Aspirin treatment 70% or greater
- Microalbumin testing 75% or greater
- Cholesterol testing 85% or greater
- ACE/ARB treatment 75% or greater
- Cholesterol lowering therapy 80% or greater

Diabetes Recognition Results

- 25 FQHC/Rural Health Clinics Recognized
- 39 Physician practices



YHP Clinical performance

AEP chairs Oct 21 meeting
Material

		Baseline Year (ending 6/30/06)	PY3 (ending 6/30/09)	Absolute % Change
CHF	Ace inhibitor/ARB/H+I	69.52%	72.55%	3.03%
	Beta blocker	57.97%	64.41%	6.44%
	ASA, other antiplatelet or anticoagulant	53.02%	57.40%	4.38%
	Diuretics	70.71%	70.13%	-0.58%
	Pneumococcal Vaccination	5.15%	9.64%	4.49%
COPD	Acute COPD exacerbation treated with corticosteroids	66.67%	68.15%	1.48%
	Members with COPD hospitalization fills bronchodilator Rx	88.67%	87.88%	-0.79%
	At least one spirometry test in requisite period	23.70%	30.91%	7.21%
	Pneumococcal Vaccination	6.09%	10.78%	4.69%
Diabetes	HbA1C Testing Rate	70.40%	70.96%	0.56%
	Retinal Exams	28.86%	34.21%	5.35%
	ASA, other antiplatelet or anticoagulant	37.45%	40.81%	3.36%
	Annual Microalbuminuria Testing	55.93%	59.73%	3.80%
	Cholesterol Testing Rate	66.23%	69.41%	3.18%
	Ace Inhibitor/ARB	61.01%	62.53%	1.52%
	Statin Therapy	53.31%	57.50%	4.19%
CAD	Ace Inhibitor/ARB	63.54%	64.17%	0.63%
	Beta Blocker after MI	35.45%	38.50%	3.05%
	ASA, other antiplatelet or anticoagulant	61.60%	62.38%	0.78%
	Statin Therapy	61.56%	65.72%	4.16%
	Cholesterol Testing Rate	66.20%	69.64%	3.44%
	Pneumococcal Vaccination	5.31%	10.14%	4.83%
Asthma	Number who have at least one Asthma Controller Rx	64.36%	63.47%	-0.89%
	Member w/ uncontrolled Asthma who has one dispensed prescription of ICS w/i 30 days of an event	54.34%	56.00%	1.66%

YHP Fiscal Success

Savings in FY '08 and FY '09 primarily from:

- Decreased hospital admissions
- Decreased emergency room use

"Your Healthcare Plus is leading the way to better care, better health outcomes and more costs savings for our state," said HFS Acting Director Julie Hamos. *"When we are able to effectively teach individuals how to manage their illnesses, it leads to fewer emergency room and hospital visits, which in turn reduces costs and most importantly improves the quality of life for each individual."*

Next steps

- Case statement completed by Graham Center, August 2010,
<http://www.iafp.com/PR/CaseStatement.pdf>
- Seeking funding for RFP to evaluate IHC
- Continue to expand quality bonuses in 2011
- Promote “medical homeness” factors to move practices along medical home continuum

For more information

- Illinois Health Connect
www.illinoishealthconnect.com
- Your Healthcare Plus
www.yourhealthcareplus.com
- Illinois Academy of Family Physicians
www.iafp.com
- Graham Center, Robert Phillips, MD, MSPH,
director, www.graham-center.com