



## Media Release

### President

Patrick A. Tranmer, M.D.

### President-Elect

David J. Hagan, M.D.

### Chair of the Board

Javette C. Orgain, M.D.

### Treasurer

Deborah L. Edberg, M.D.

### First Vice President

Michael P. Temporal, M.D.

### Second Vice President

Carrie E. Nelson, M.D.

### Executive Vice President

Vincent D. Keenan, C.A.E.

### Board of Directors

#### 2010

Tina M. Brueschke, M.D.

Dennon W. Davis, M.D.

Kathryn J. Stewart, M.D.

#### 2011

Janet Albers, M.D.

Tamarah Duperval, M.D.

Renee M. Poole, M.D.

#### 2012

Michael L. Fessenden, M.D.

Soujanya Pulluru, M.D.

Alvia Siddiqi, M.D.

### New Physicians

Asim K. Jaffer, M.D.

Ravi Shah, M.D.

### Resident

Lareina Pedriquez, M.D.

### Student

Bethany Cohen

### AAFP Delegates

Ellen S. Brull, M.D.

Michael P. Temporal, M.D.

### AAFP Alternate Delegates

Kathleen J. Miller, M.D.

Javette C. Orgain, M.D.

[iafp@iafp.com](mailto:iafp@iafp.com)

[www.iafp.com](http://www.iafp.com)

Contact: Ginnie Flynn 630-427-8004 (direct) 630-263-4613 (cell) [gflynn@iafp.com](mailto:gflynn@iafp.com)

### Making the Case for the Medical Home *Illinois Academy of Family Physicians Releases Case Study on Illinois Health Connect and Your Healthcare Plus Programs*

(LISLE, Ill. August 12, 2010) - The Illinois Academy of Family Physicians (IAFP) has released a [case statement by the Robert Graham Center](#) which details their thorough study of two Illinois Medicaid health care delivery programs. Illinois Health Connect (IHC) is the primary care case management program that formally links over 1.9 million Medicaid and All Kids patients to a primary care provider, who serves as their medical home and first point of care. Your Healthcare Plus (YHP) provides disease management services to 260,000 patients with certain chronic diseases that are identified for their high cost to the Medicaid system.

The statement praises the combined cost savings of over \$500 million generated by both programs, providing evidence of reversing the skyrocketing cost seen nationwide in providing care to the vulnerable populations served by Medicaid. In fiscal year 2008, Illinois Health Connect estimates savings of \$80 million and another \$140 million in fiscal year 2009. Your Healthcare Plus showed \$307 million in savings in the first three years of operation (\$34 million in 2007, \$104 million in 2008 and \$169 million in 2009) IAFP commissioned the case statement of Illinois Health Connect and Your Healthcare Plus to document the impact the programs have made in improving care for nearly two million participating Illinois patients.

"Family medicine has long advocated for a medical home system built on a primary care foundation," said Vincent D. Keenan, IAFP executive vice president. "This team-based approach provides the necessary information and support enabling primary care physicians to ensure appropriate, coordinated and cost-effective care to Medicaid patients. Both these programs are built on a primary care foundation and succeed in the medical home model."

The report also details improvement in patients receiving appropriate primary and preventive care in the office setting such as vaccinations, mammograms and developmental screenings. With appropriate care in the office setting, Medicaid saves money previously spent in preventable emergency room and hospital care. Finally, the report urges a formal evaluation of the programs, to encourage a wider adoption of these models throughout the health care system.

"The Illinois Medicaid program was only a payment system before Illinois Health Connect and Your Healthcare Plus began four years ago," said Julie Hamos, Director of the Illinois Department of Healthcare and Family Services (HFS). "Now Medicaid is a health care system, providing high-quality preventive, acute and chronic disease services which create healthier outcomes for the people of Illinois."

MORE

Both programs receive input from a variety of work groups and committees comprised of stakeholder organizations and primary care providers. “Working collaboratively, with the best interests and health outcomes of the patients they serve as a common priority, both programs are bringing measureable results for patients and higher satisfaction for the providers,” added IAFP president Patrick A. Tranmer, M.D.

The case study was commissioned by the Illinois Academy of Family Physicians and funded by several sources including grants from the Community Memorial Foundation (Hinsdale, Ill.), Michael Reese Health Trust (Chicago), and the Family Health Foundation of Illinois (Lisle, Ill.), with a federal Medicaid match of those grants made possible by HFS. Link to the full case statement on the IAFP web site at <http://www.iafp.com/pr/casestatement.pdf>

**About Illinois Health Connect:**

Illinois Health Connect (IHC) ([www.illinoishealthconnect.com](http://www.illinoishealthconnect.com)) connects over 1.9 million Illinois citizens with a primary care provider (PCP) at a medical home. Providers enrolled in IHC receive a per member per month care management fee. Providers who meet or exceed annual benchmarks on developmental screening, diabetes management, asthma management, mammograms and vaccinations also qualify to receive bonus payments. IHC also provides patient outreach and assistance in selecting or changing a PCP for their medical home; and provides IHC practices monthly reports on their patient panel in addition to access to quality tools to assist providers in managing and coordinating the care of their enrolled patients. HFS contracted with Automated Health Systems to administer the day-to-day operations of Illinois Health Connect and family physician Margaret A. Kirkegaard, MD, MPH is the program’s medical director.

**About Your Healthcare Plus:**

Your Healthcare Plus (YHP) ([www.yhplus.com](http://www.yhplus.com)) covers 260,000 Medicaid-only patients with chronic or complex conditions often associated with frequent emergency room visits and hospitalizations. Patients receive additional phone or face-to-face support from Your Healthcare Plus to improve use of their medical home, adherence to treatment plans and better self-management of chronic illness. This support occurs through interactions with YHP staff that includes nurses, social workers, behavioral health specialists and lay community educators. The program offers online continuing medical education (CME) for providers. YHP also provides decision support for complex medication regimens and quarterly clinical metric reports on six chronic conditions: diabetes, asthma, coronary artery disease, COPD, congestive heart failure and depression. YHP is administered by McKesson Health Solutions and family physician Carrie E. Nelson, MD, MS, FFAFP is the program’s medical director.

**About the Illinois Academy of Family Physicians:**

The Illinois Academy of Family Physicians ([www.iafp.com](http://www.iafp.com)) is a professional membership society dedicated to maintaining high standards of primary care and representing 3,800 family physicians, family medicine residents and medical students. Family physicians are trained to care for patients of all ages and both sexes, providing preventive, acute and chronic care services, making them ideal providers to anchor the medical home. The Family Health Foundation of Illinois, a 501(c)3 organization, is the philanthropic foundation of the IAFP working to assure access to family physicians in Illinois.

**About the Robert Graham Center:**

Established in 1999, the Graham Center (<http://www.graham-center.org>) is responsible for research and analysis to inform deliberations of the American Academy of Family Physicians (AAFP) in its public policy work and to provide a family medicine perspective to policy deliberations in Washington, D.C. The Center also established formal academic and research relationships in Washington, D.C. With Georgetown University, this meant faculty appointments and research support for the family medicine department. There are also sustaining relationships with the George Washington University School of Public Health, the U.S. Agency for Healthcare Research and Quality, the National Center for Primary Care at Morehouse University, practice-based research networks in Washington, D.C., and Virginia, and with community health center networks in Washington, D.C., and Baltimore.

-MORE-

## Key Statements from the Case Study

With strong emphases on disease management, community and medical home partnerships and redesigned payment schemes for providers that reward care coordination, case management and quality over high volume, these programs have met with initial success in terms of patient/provider satisfaction, improved quality metrics, and early cost savings to the state.

Of Illinois' population of 12.6 million, 23% are Medicaid eligible (2.9 million). YHP netted \$307 million in state savings over the first three years of the program. Much of this has been attributed to the deployment of numerous provider and community based resources that focus on chronic disease management, engaging mental health disparities, partnering with community stakeholders and regulatory agencies and increasing care coordination. These elements are perceived to be critical to improving quality in vulnerable populations and controlling state costs. The Agency for Healthcare Research and Quality (AHRQ) supports these elements as fundamentally important to curbing unnecessary, redundant or costlier care.

### By the Numbers

- 51 percent of all new births in Illinois are covered by Medicaid.
- In South Chicago alone, some 40% of the population is uninsured or dependent on public programs.
- Illinois Health Connect serves 1.9 million of Illinois Medicaid beneficiaries, which is 66 percent of all eligible people and 15% of the state's total population.
- In 2009, 5442 medical homes were enrolled in IHC, providing the capacity to see 5.3 million clients.
- As of 2008, 6.6 million Medicaid beneficiaries were enrolled in one of the 35 PCCM programs in 29 states.
- Nationwide, chronic disease afflicts 30% of Medicaid beneficiaries (or 14.4 million), negatively impacting quality of life and productivity and accounting for 83% of Medicaid spending.
- IHC primary care providers receive a monthly care management fee per person of \$2 per member per month (PMPM) for each child under age 21, \$3 PMPM for each adult, and \$4 PMPM for each disabled or elderly enrollee in addition to fee for service (FFS) payments.
- IHC PCPs receive payments that are 70-80 percent of Medicare rates, up from 50 percent, and are paid on a 30-day billing cycle.
- In 2009, HFS distributed \$2.8 million in annual bonus payments of at least \$25 per patient to providers meeting quality criteria under the 2008 Bonus program
- During its first three years of operation, Your Healthcare Plus showed \$307 million in savings to Illinois taxpayers. Among its key clinical achievements:
  - Increase of 15.5% annual influenza vaccination rate
  - 20% increase in patients having an asthma action plan
  - 7% increase in annual dilated retinal exams for persons with diabetes
  - 33% decreased hospital utilization for persons with persistent asthma
  - 5% decreased hospital utilization for adults with disabilities