

**Illinois Department of Healthcare and Family Services
Breast Cancer Quality Screening & Treatment Advisory Board Meeting
Friday, January 14, 2011**

Members Present

Dr. David Ansell
Dr. Bechara Choucair
Anne Marie Murphy, PhD
Dr. Melissa Simon
Dr. Elizabeth Marcus
Dr. Gary Dunnington
Salim Al Nurridin
Eileen Knightly
Doris Garrett (Representing Linda Maricle)
Vicky Vaughn
Terry Macarol
Elizabeth Patton, S.A.
Stephanie Huston Cox
Adrienne White

HFS Staff

Julie Hamos, Director
Sharron Matthews, Assistant Director
Tracy Anderson
Robyn Nardone
Ellen Amerson
Vicky Hosey

IDPH Staff

Damon Arnold, Director
Teresa Garate, Assistant Director
Jean Becker

Members Absent

Sister Sheila Lyne
Pamela Ganschow
Paula Grabler
Donna Thompson
Ruth Todd

Interested Parties

Cathy Galligan
Gail Briggs

Director Hamos called the meeting to order and welcomed attendees.

Attendees in Springfield and Chicago introduced themselves via videoconference. Next attendees that dialed in by phone introduced themselves.

Minutes from the December 3, 2010 meeting were reviewed. Three corrections were noted and the minutes were approved.

Quality Standards

Director Hamos stated that the Board will be instrumental in developing the quality standards to be included in the Medicaid provider agreement that HFS will require prior to increasing the reimbursement rate for mammograms.

Anne Marie Murphy presented information regarding the recommended five quality indicators for standards for Breast Cancer screening and detection. They are used in assessing healthcare facilities participating in a special research and technical assistance initiative in Chicago to improve quality. It was noted that "quality" refers to the quality of the mammography.

Essential Items for a High Quality Program

- Ability to find cancer
- Ability to find cancers when they are small
- Provide quick follow-up for abnormal mammograms

Five Quality Indicators for Standards

- Cancer detection rate (# of cancers found per 1000 screened)
- % of minimal cancers found
- % of early stage cancers found
- Recall rate
- # of patients lost to follow-up

The data analyzed was collected through a web portal created by the Illinois Hospital Association. Some facilities collect the data by hand while others have computerized systems in place to collect the data.

The Consortium looks at the collected data yearly and then reports back to the facilities regarding the results. They take the aggregate data and drill down to find and address problems. The Consortium then works with the facilities to identify how to improve quality.

The Chicago Breast Cancer Quality Consortium has collected data for 40 hospitals. They have identified and are providing technical assistance to hospitals that were either not able to meet established benchmarks or were not able to demonstrate meeting them.

Two important issues related to assessing quality for this initiative were highlighted:

- 1) Dr. Arnold indicated that in looking at each facility's data, it will be important to know if they have a consistent population, or if they are serving a variety of patients at different stages receiving different services of screening and

treatment. Members resolved that when comparing data for this initiative, comparisons should be made between similar groups and services, i.e. “apples to apples”.

- 2) Salim Al Nurridin raised the issue that any assessment designed must be able to address how to evaluate screening services regardless if the equipment is analog or digital given that many facilities still do not have updated equipment.

Medicaid Provider Agreements

Director Hamos indicated that the higher reimbursement rate for mammograms will give providers the incentive to join with the Department in the quest for higher quality and to bring “sunshine” on their practices, i. e, to work with the Consortium in looking at their quality indicators and results, and plans for improvement and progress made.

HFS will request providers to sign a provider agreement requiring them to:

- collect essential data
- take steps to improve quality if data reflects problems
- schedule Medicaid participants in the same manner as non-Medicaid participants

Members discussed requiring that the agreement also contain a form with specific questions to be answered by each facility such as:

- What is the process the facility uses to contact a patient with an abnormal mammogram?
- How quickly can the facility schedule a patient with a problem?
- Does the facility have a quality improvement program?
- Does the facility have information technology capabilities?
- What type of equipment (i.e. mammography) does the facility have?

Ann Marie Murphy agreed to share a survey instrument which contains examples of such questions developed by the Consortium.

Members agreed that such a survey form should be completed, reviewed and updated as part of the process for maintaining enrollment as a Medicaid provider in Illinois. Director Hamos indicated that a draft of the provider agreement would be presented for review at the next advisory board meeting.

State of Illinois Health Insurance Programs for Medicaid Recipients

Tracy Anderson gave a brief overview of HFS’s managed care program, which consists of two health care delivery systems:

- Primary Care Case Management (PCCM), also known as Illinois Health Connect (IHC), is a statewide mandatory program
- Managed Care Organizations (MCO) is a voluntary program available in sixteen counties

The PCCM contractor, Automated Health Systems, sends semi-annual provider profiles to IHC enrolled providers. The profiles measure standard clinical measures, which include

breast and cervical cancer screening. They also provide monthly panel rosters, which list all the clients enrolled in that medical home. The rosters contain clinical information about each client including dates of the last mammogram and pap test, and reflects if either is "due".

The current MCOs for HFS are Family Health Network, Harmony Health Plan, and Meridian Health Plan. The MCOs are required to provide breast and cervical cancer screening in accordance with evidence-based practice standards. They are also required to provide health education to their members on the importance of preventative health care services such as mammograms, and outreach to those members without evidence of having such screening.

Vicky Hosey, the Quality Assurance Nurse for the PCCM Program, and Ellen Amerson the MCO Operations and Quality Supervisor presented the quality data for their respective programs. It was noted that there is no quality data available for the MCO Meridian Health Plan (the newest MCO contractor) because their current level of enrollment is not sufficient yet to conduct the requisite analysis.

After the presentations, additional information on the size of eligible populations was requested which will be provided at the next meeting.

Director Hamos discussed that a component of the new Medicaid Reform legislation requires that in the next four years, 50% of the Medicaid population must be in coordinated care. It was then suggested that the board should invite the Medical Director of Illinois Health Connect to a future meeting.

Patient Navigation Models

Jean Becker discussed the three approaches and staffing patterns for Patient Navigation as per research conducted by IDPH. Staffing patterns indicate and determine how extensively navigation services are provided. Patterns can include:

- Trained lay navigators who work directly with clinical social workers and/or nurses;
or
- Nurse/clinical social work navigators; or
- Team Approach (lay people, nurses, clinical social workers, physicians, director of patient services, director of oncology department and/or breast center)

Adrienne White then gave a presentation on the Strategic Development of the American Cancer Society (ACS) - Illinois Patient Navigation Systems.

An individual must request the services from ACS. They have patient resource centers located in 58 hospitals across the state. These centers help patients to get access to ACS information.

Dr. Simon indicated that in DuPage County the ACS, with an NIH grant, is building this type of system on a county level.

It was noted that the ACS program services do not initiate until after a patient is actually diagnosed to have cancer. Therefore, navigation support is not available in the screening phase but rather during and post treatment.

Members agreed that promoting and referring clients to the ACS navigation program should be tied to the quality indicators and be part of the provider agreement.

Based on the three models, Salim Al Nurridin discussed "Community Health Workers" history and importance of providing patient advocacy. He posed the question of how do we connect and involve the existing community based service system in Patient Navigation and other aspects of the initiative.

Patient Navigation Pilot Sites

Sharron Matthews then informed the group that a series of discussions had begun exploring what Mercy Hospital and St. Mary's Hospital are already doing for Patient Navigation. These facilities have agreed to serve as sites for the development of navigation program pilot models which can be replicated across the state as per the Initiative's authorizing legislation. These discussions are being held separately at this time because different models are being designed for implementation. Using past experience and best practices as the base, the pilots will look to enhance and go beyond what the hospitals are already doing in their IBCCP programs. Updates on progress will be provided at each meeting.

Ethics Commission and Board Training

Sharron Matthews reminded board members that their Ethics Training forms were due to HFS Office of General Counsel ASAP.

Director Hamos adjourned the meeting. The next meeting is scheduled for Friday, February 25, 2011.