

**Illinois Department of Healthcare and Family Services
Breast Cancer Quality Screening and Treatment Advisory Board Meeting**

August 12, 2011

Members Present

Gail Briggs (Representing Salim Al Nurridin)
Cathy Galligan (Representing Adrienne White)
Eileen Knightly
Sister Sheila Lyne
Terry Macarol
Anne Marie Murphy, PhD
Janis Sayer (Representing Dr. Bechara Choucair)
Dr. Melissa Simon

HFS Staff

Julie Hamos, Director
Sharron Matthews, Assistant Director
Jim Parker, Deputy Administrator
Robyn Nardone
Deb McCarrel
Tracy Anderson

IDPH Staff

Teresa Garate, Assistant Director
Jean Becker
Shannon Lightner

Members Absent

Dr. David Ansell
Stephanie Huston Cox
Dr. Gary Dunnington
Pamela Ganschow
Dr. Paula Grabler
Dr. Elizabeth Marcus
Linda Maricle
Elizabeth Patton, S.A.
Donna Thompson
Ruth Todd
Vicki Vaughn

Interested Parties

Christine Cazeau
Ruth Ovunwo

Sharron Matthews called the meeting to order and welcomed attendees.

Attendees via videoconference in Springfield and Chicago introduced themselves followed by those on the phone.

Minutes from the May 20, 2011 meeting were reviewed. Minutes were approved and adopted.

Navigational Pilots

Sharron Matthews discussed that St. Mary's Hospital in Centralia and Mercy Hospital in Chicago will offer patient navigation services similar to the case management services provided through the Illinois Breast and Cervical Cancer Program (IBCCP) to Medicaid clients.

Members of HFS and IDPH administration collaborated to develop the current plan for the pilots. Sharron Matthews requested any comments or questions about the revised plan.

Eileen Knightly discussed that a fee for service model is hard to operationalize in a hospital setting.

Concerns were raised regarding outreach and start-up funding for things such as phones and workstations to get the Patient Navigation process started.

Jim Parker noted that the initial costs of outreach are built in to the \$170 allowed per participant for mammography screening. Jim also noted that transportation is a covered Medicaid service. Participants may schedule transportation with an enrolled provider, or a family member can enroll as a private automobile and be reimbursed.

Gail Briggs questioned whether there would be any community involvement in outreach.

Jim Parker discussed that reimbursing the pilots using a fee-for-service model is important for future duplication of patient navigation services.

Sharron Matthews discussed that the third party evaluator for the pilot project needs to be identified. They will need to be involved in the identification of data elements.

Jim Parker discussed that we also need to find out which outreach methods were successful.

Anne Marie Murphy stated that a study of the Illinois Breast and Cervical Cancer Program (IBCCP) showed that their success was due to Navigation. She agreed that a metric should be added to capture what brought the patient in for screening.

Theresa Garate suggested that the patient's reason for not coming in should also be reviewed. She added that the Third Party Evaluator will need to perform a process as well the formative and impact evaluations on the Patient Navigation pilots to capture and analyze all of the different aspects and data.

Director Hamos discussed the rate structure for the Patient Navigation pilots. The pilot hospitals will receive:

- \$170 per screening mammogram for Medicaid clients pre-identified on lists provided by HFS
- \$90 per diagnostic mammogram for any Medicaid participant
- \$97 per month for Medicaid participants diagnosed with breast cancer

The group voiced concerns regarding the wait times for diagnostic mammograms. Sharron Matthews discussed that hopefully the rate increases the providers will be receiving could overtime potentially facilitate the lessening of wait times. This is one of the factors/elements that will be monitored in the Quality Improvement Program for mammography providers.

Quality Improvement Program

Sharron Matthews related that HFS is currently working with the Chicago Breast Cancer Quality Consortium on to develop the quality improvement program component for providers to receive the higher Medicare level screening rates as part of the Initiative.

Director Hamos discussed that in order for HFS to move forward with the administrative rule and State Plan changes required to support tying the increased rates for mammography to quality measures, an amendment is needed to the existing law.

Director Hamos asked if the Board members would be in support of the amendment. All members indicated that they would support such an amendment. Anne Marie Murphy offered to discuss the amendment with State Representative Harris who was chief sponsor of the original bill in the House. Based on the board's unanimous decision, HFS staff will pursue with the governor's office the introduction of such an amendment during the upcoming Veto session.

Illinois Health Connect

Christine Cazeau presented information on HFS's Primary Care Case Management Program, Illinois Health Connect (IHC).

IHC has a network of 5,700 participating "Medical Homes". Two million Medicaid clients are eligible to choose a Medical Home. In 18 counties, clients may

choose to participate in a managed care plan in lieu of Illinois Health Connect. Nearly 80% of participants voluntarily choose a medical home.

The IHC call center handles up to 80,000 incoming calls per month and up to 145,000 outbound calls.

The quality indicator tools utilized by IHC are:

- Panel Rosters
- Provider Profiles
- Claims History
- Bonus Payment Program

Panel rosters reflect the date of the last paid claim for services such as well child visits, developmental screenings, vision screenings, lead screening, mammograms, and pap smears. The rosters reflect the “due” status for these services based on HFS’s periodicity recommendations.

Provider profiles are used for nurse outreach and PCP bonus payments.

IHC is working with the Illinois College of Emergency Room Physicians to educate them about the availability of the claims history reports.

Director Hamos inquired as to which bonus measure produces the highest payout. Ms. Cazeau did not have that information but indicated that it would be made available by the next meeting.

IHC is working with the Chicago Department of Public Health (CDPH) on a pilot project to address breast cancer disparities. The CDPH identified 2 neighborhoods with the most delinquent number of Medicaid clients for screenings over the last two years; Roseland and Austin. IHC sorted the data by zip code, age (40-69) years and due for mammography.

Dr. Melisa Simon offered that the zip code approach could be skewed since a zip code can encompass several different neighborhoods.

It was explained that IHC assigned one call center for each neighborhood. A total of 6,000 Medicaid clients were identified for outreach. The first round of outreach resulted in 93 women being transferred via phone directly to CDPH clinics in their area and 66 women to their Primary Care Physician. The second round of outreach resulted in 59 women being transferred to either CDPH or their Primary Care Physician. More follow up work is planned to encourage more clients to get screened.

Breast Cancer Awareness Month- Ideas for Activities in October

Sharron Matthews discussed that October is Breast Cancer Awareness Month and asked the group to share information about any planned activities.

Robyn Nardone stated that HFS will be sending an insert with the monthly medical card mailing that reminds participants that mammograms are necessary and that Medicaid provides reimbursement for mammograms. Approximately 255,730 women will receive this mailing.

IHC providers will receive a reminder with their panel roster. Anne Marie Murphy recommended adding information referring to Mercy Hospital's study that shows that a referral from a woman's physician is the number one reason she seeks a mammogram.

Sharron Matthews shared that last year the Department sent a mailing to 600 African American churches in the Chicago and surrounding areas to encourage ministers to outreach to their congregations given the disparities in morbidity rates in their particular communities regarding breast cancer.

Also shared was that there perhaps would be a press conference to report on the progress of the Board with the IBCQSTI. Sharron Matthews is to follow up via email with details once approval is given.

Anne Marie Murphy shared that the Metropolitan Chicago Breast Cancer Task Force will be hosting a large community event on Veteran's Day. The morning activities will have a provider focus and the afternoon activities will have a community focus.

Mercy Hospital will host a "Walk for Life".

Sharron Matthews requested that Board members send any additional calendar events to her.

Meeting was then adjourned.