ACCESS COMMUNITY HEALTH NETWORK
Caring. Committed. Connected.

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Dear Director Hamos:

Thank you for the HFS inquiry regarding the future shape of the coordinated care program for Illinois Medicaid beneficiaries. I have summarized our views below, many of which are familiar to you from our prior conversations.

The HFS June 2011 "Key Policy Issues" document requests feedback on specific rate changes and incentives that could drive sufficient provider participation to build a continuum of care for patients assigned to a primary care medical home. Building a continuum of care for Medicaid beneficiaries presents both internal organizational challenges as well as external challenges within the health sector. We believe that these issues cannot be addressed solely through rate changes and incentives, but rather, will require upfront infrastructure investment.

Patient-centered medical home infrastructure development
Internally, we have invested, and will continue to invest, in strengthening our patient-centered medical home model, supported by our Epic practice management and clinical system. This medical home model will provide a solid, high quality anchor for Medicaid patients in a care coordination program. However, implementation of key features of the model across our system is an expensive and resource intensive undertaking. Several necessary investments in the patient-centered medical home still lie ahead for ACCESS (continued Epic implementation, practice restructuring and workforce training, call center implementation, recruitment of nurse case management personnel) and will require a multi-year focus. Our investments may be delayed by the slowdown in Medicaid payments which have created cash management challenges for ACCESS of a magnitude that we have not experienced in the past.

> Our first recommendation, then, would be to couple the implementation of coordinated care with demonstration programs that can assist financially with the upfront investments that will make the primary care medical home truly successful for our patients.
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> Our second recommendation would be for HFS to use deploy care coordination in a way that departs from the current medical home policies that can actually impede patient access. Specifically, we recommend that higher rates or incentives should be offered for primary care services available during evenings and weekends. Consideration should also be given to the rates and incentives for primary care services that are co-located to reach particularly challenged vulnerable populations or that offer highly structured outreach programs to engage these populations.

Health sector continuum of care resources
Externally, we are aware of the difficulties our patients face in finding resources for specialty care, diagnostics and inpatient care. Many are forced to turn to the emergency room for these services, often at the recommendation of their primary care physician in their medical home. It will not be enough to place care coordinating personnel within the medical homes; rather, the focus must be on engaging health sector providers in serious population health management initiatives that reach Medicaid beneficiaries.

In an effort to create a continuum of care for our patients, ACCESS has developed affiliations with ten major hospitals and health systems in the greater Chicago area. Many of these affiliations work well for our Medicaid beneficiaries; we believe this success is due to the strength of our strategic engagement with hospital and health system leadership, beginning at the CEO to CEO level. Our work with the Michael Reese Health Trust has demonstrated a number of successful and potentially sustainable ways to integrate specialty consultation into our primary care settings. Further, we have been able to provide behavioral health to many of our primary care patients, with the promise of reducing overall morbidity. For example, we care for some very vulnerable (and potentially costly) populations with special funding—such as integrated primary care, infectious disease services, psychiatry, social work and case management for a small consistent cohort of patients with HIV and mental illness, supported by Ryan White funding.

Our third recommendation would be to provide sufficient rates and incentives to allow for integration of specialty consultation services and behavioral health services within the FQHC medical home.

Our fourth recommendation would be to provide sufficient rates and incentives to allow for telemedicine specialty consultation, including psychiatry; these rates should recognize the need for medical provider intervention on both sides of the telemedicine encounter.

Integration with the Exchange
As HFS develops its Medicaid enrollment system, integration of these systems with the future Exchange will be important way to help assure that Illinois residents are covered by some form of health insurance.

Our fifth recommendation would be to integrate Medicaid care coordination enrollment with other public (and potentially private) benefits enrollment mechanisms, including the Exchange. This could help improve broader health sector provider participation in the care coordination program.

Thank you for requesting input
As the state's largest provider of primary care for Medicaid beneficiaries, ACCESS intends to play an important role in care coordination—by demonstrating high quality, cost effective approaches to delivery of care, and by partnering with health and human service organizations to assure an effective continuum of care for our patients. We look forward to continuing our close relationship with your office as plans for the coordinated program evolve. Thank you for requesting our input and for your review of our recommendations.

Best,

Donna Thompson