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**To:** [HFS.Webmaster](#)  
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We are a pediatric office, so my comments will be a result from the aspects of pediatrics seeing we do not deal with adult patients. We have received a grant to be a "medical Home" and we are, we believe, the only medical home in southern Illinois. We are not a contracted provider for Harmony. We were told when the practice started that Harmony was not a group we would want to be in it was a very difficult group to work with.

Part 1)

a) The care should be comprehensive, but contacts are questionable. The patient does need to stay within the medicaid system, but have the choice of physician within the system so that they can feel comfortable with the treatment given to their child.

e) Some kind of umbrella coverage for coverage of pharmaceuticals should be available because as you know, some medicines work better than others for a specific diagnosis or if the child has an allergy.

f) Incentives could range from better contracted pricing that keeps up with the cost of inflation. Give physicians more control of care.

Part 2)

a) follow the aap guidelines for children

b) each division of medical care has different circumstances they have to address, whether it is geriatrics, pediatrics and so on...therefore each set of measures would almost have to be separate

g) the medical field is constantly changing, hopefully the success will be the given proof of the guidelines set and getting the patient to gain acceptance of the program. Physicians are very knowledgeable in their chosen fields of study, but it can be trying to have the patient comply

Part 3)

b) bonuses are a definite plus because EHR systems are quite costly and the smaller physician offices do not have the type of income that the larger offices have

c) if you reduce the reimbursements, the smaller physician's will be hurt even more than they are now

d) tying them to "meaningful use" requirements should be sufficient

Part 5)

a) follow the market-one that has a proven track record

Part 6)

a) no

d) the patient should self assign, but as we all know, there are some that do not, therefore they should be assigned to the physician they had seen most and yes they should be locked in for a time period and not able to jump around so that they keep a consistency in care

As stated above, we are a medical home already, and we have been providing these services to our patients for a long time, even prior to the grant so that our patients receive the best quality care possible.

Thank you for asking for our comments. I hope this helps.

SHER LYERLA