Illinois Department of Healthcare and Family Services
Quality Care Subcommittee March 21, 2017

Members Present
Kelly Carter, IPHCA
Kathy Chan, CCHHS
Alvia Siddiqi, Advocate Physician Partners
Jennifer Cartland, Lurie Children's Hospital
Barrett Hatches, Chicago Family Health Center
Candance Clevenger, Heritage Behavior Health Center

Members Absent
Edward Pont, ICAAP
Margaret Kirkegaard, IAFP

HFS Staff Present
Arvind K. Goyal
Kyle Daniels
Teresa Hursey
Catina Latham
Sylvia Riperton-Lewis
Sameena Aghi

Interested Parties
Judy Bowlby, Liberty Dental Plan
Carol Leonard, DentaQuest
Sally Szumlas, FHN
Molly Hoffman, DSCC
Chris Manion, IL Dental Society
Diane Haney, Vision Quest
Deb McCaroll
Ann Lundy, ACCESS
Augie DeLisa, Wellcare
Andrew Fairgriella, HMA
Amy Lung, Meridian
Tamatha Smith, BCBSIL
Laurel Chadde, County Care
Casey Johnson, VIIVHC
Mona Vankanegan, IDPH
Dianna Grant, Molina
Lynn Seermon, Kaizen Health
Regina Banks, Rush University
Barrett via telephone
Anna Carvalho, La Rabida
Ralph Schubert, IPHA
Cyress Winna, IL Assoc. of Medicaid Health Plans
Katie Schaffer, DSCC
Greg Johnson, IL Dental Society
Eric Foster
Tracy Smith, Lurie Children's
Sherrie Mason, Wellcare
J. Morton, County Care
Caitlin Lueck, Meridian
David Hunter, Presence Health
Sandy DeLeon, Ounce of Prevention
Sam Robinson, Canary Telehealth
Robekka Neworth, GSK
Penny Tillman, Next Level Health
Anna Wojehc, UI Health
Nicole Kazee, Erie Family Health
Renea Popovich
Anthony Davis, Molina

Meeting Minutes

I. **Call to Order:** The regular bi-monthly meeting of the Medicaid Advisory Committee Quality Care Subcommittee was called to order March 21, 2017 at 10:00 a.m. by chair Kelly Carter. A quorum was established.

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II. **Introductions:** Quality Care subcommittee members, HFS staff, and interested parties were introduced in Chicago, Springfield, and over the phone.

III. **Approval of November 1, 2016 Meeting Minutes:** Kelly Carter led a discussion on the November meeting minutes. It was discussed that when the minutes are posted it will have the proper link attached. Kelly Carter made a motion to approve the November meeting minutes. This motion was seconded by Barrett.

IV. **Committee Transitions:** Kelly Carter is resigning from IPHCA and as chair and member of the Quality Care Subcommittee after 11 years. She had previously worked with HFS for 17 years. Ann Lundy will be the new chair. Kelly Carter was commended for her service and Ann Lundy was welcomed in her new role as Subcommittee Chair effective next meeting.

V. **Dr. Goyal, HFS Medical Director, discussed diabetes and its impact on our population and programs:** There are two types of diabetes. There is type 1 diabetes and type 2 diabetes. Most people who develop type 1 start at an early age. In type 1 diabetes, the body does not produce insulin: (Most logical). The only treatment is to give that person insulin. In type 2 diabetes, there is plenty of insulin. In some cases, more than what is needed. However, it can't be utilized to break up the glucose. It is described as one is drowning in his/her own sugar. About 95% of diabetes in our program is type 2 diabetes. Type 2 diabetes is preventable to a certain extent in early stages.

There are 3 stages of type 2 diabetes:

1. At risk population
2. Pre-diabetes
3. Once established as diabetes, the disease is not preventable.

At risk conditions for diabetes may be: you have high cholesterol, family history, overweight/obesity, sedentary lifestyle etc. With Examples of pre-diabetes are: borderline high blood sugar levels, not high enough to be called diabetes yet; abnormal tolerance to glucose; either your sugars are high and you know it and do nothing about it or you've had gestational diabetes during your pregnancy; and dysmetabolic syndrome, which co-exists with obesity, high blood pressure, borderline high blood glucose, and high abnormal cholesterol levels (high triglycerides and low HDL). Some research says that in 5 to 10 years, you will become a diabetic. If you do no prevention and get Before diabetes develops, the disease is preventable in some instances with diet, exercise, weight loss and other

interventions; one medicine (Metformin) is approved for treatment of prediabetes, but may not be very effective. Once diabetes develops, it is too late for there is no prevention; since diabetes cannot be cured at this time, proper control and preventing or managing complications such as those causing heart attack, stroke, retinal eye disease and blindness, kidney failure and foot ulcers and leg amputations, then becomes the goal of treatment after that. A fasting blood sugar of 126 and over is diabetes. When the number is 110 and 126, then that person is classified as pre-diabetic. Diabetes is the 5th leading cause of death in America. Diabetes is also an expensive disease to treat. On average at the high end, it costs around $5,000-$6,000 a year in our program to treat an average Diabetic without serious complications. We all agreed that diabetes is an important issue. The treatment is all about controlling your diabetes. In Illinois, about 9% of people have diabetes. One in four people are either stage one, two or three are either at risk or have prediabetes or diabetes.

Federal CMS formed affinity groups to improve the care of certain conditions. Illinois was one of the 7 states chosen last year to participate. There in a Diabetes Prevention and Management Affinity Group. The life of this affinity group is 18 months, to end in the fall of August or September 2017. We would like to see the affinity group continue if possible. On behalf of the agency, we presented our reasons for changing the way we manage measure the quality of our diabetic care. Diagnosing at risk and prediabetes population has been another challenge. Our limited resources do not allow coverage to provide opportunities for formal diabetic education, counseling by a dietitian or interventions which enhance physical exercise was a plan, We have sat down with medical directors of our managed care plans and members of their quality teams to learn together and to directors. We wanted to hear their challenges and see what we could do to gather our ammunition, so to speak, against diabetes refine our disease management strategy. We are always looking to come up with a better solution to serve our diabetic population. It was agreed that we were on the right track. We realize that our funding sources are limited.

A motion was made by the Chair, Kelly Carter, to formally endorse the program of improving quality of diabetes care and to continue participation in the CMS' Diabetes Affinity Group. It was seconded and the vote was unanimous and in favor of the motion. This implementation will move forward in the Fall.

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VI. **Other Business:** It was suggested that MCO/RFP questions be directed to the website.

VII. **Adjournment:** The meeting was adjourned at 11:20am.