ILLINOIS DEPARTMENT OF Healthcare and Family Services

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Medicaid Advisory Committee
Quality Care Subcommittee

July 23, 2019
10:30 AM – 12:30 PM

Clinton Building
401 S. Clinton
1st Floor
Chicago, IL

And

201 South Grand Avenue East
1st Floor Video Conference Room
Springfield, Illinois

Agenda

I. Welcome and Call to order
II. Introductions
III. Review of April 16, 2019 Minutes
IV. Innovations on Quality from Washington State Health Care Authority:
    - Susan E. Birch, MBA, BSN, RN, Director
    - Laura Pennington, Practice Transformation Manager, Clinical Quality and Care Transformation
V. Discussion for Quality Recommendations for HFS
VI. Adjournment

Illinois Department of Healthcare and Family Services
Quality Care Subcommittee Meeting Minutes
April 16, 2019

Members Present
Ann Lundy, Chair, Access Community Health Network
Beverly Hamilton-Robinson, Human Services Consultant
Barrett Hatches, Chicago Family Health Center
Catina Latham, University of Chicago
Jennifer Cartland, Lurie Children's Hospital
Traci Powell
Kathy Chan, Cook County Health and Hospitals System
Jason Korkus, Sonrisa Family Dental
Andrea McGlynn, Cook County Health Plan

Members Absent

Maryam Hormonzy, a consumer member

HFS Staff Present
Arvind K. Goyal
Kyle Daniels
Cheryl Easton
Pertrena Clement
Sylvia Riperton-Lewis
Bill McAndrew
Sharon Pittman
Denise Roberts

Interested Parties
Ralph Schubert, DSCC
Maria Bell
Lorrie Jones
Michael Gerges, UIC
Laurel Chadde, County Care
Jessica Bullock, Apex
Kathye Gorosh, AFC
Kathy Shanahan, County Care
Carrie Muehlbover
Anna Carvallo
Michael Lafond, Abbvie
Garret Munoz, UIC
Theresa Larsen, HSAG
Astrid Larsen, NLH
Liz Glassgow, UIC
Katie Lustig, Meridian
Sharon Post
Kelsie Landers, Everthrive
Tina Zurita, Next Level
Meghan Carter, Legal Council
Sally Szumlas, IlliniCare

I. **Call to order**: The regular bi-monthly meeting of the Medicaid Advisory Committee Quality Care Subcommittee was called to order April 16, 2019 at 10:05am by Ann Lundy.

II. **Introductions:** The Chair took roll call for all Committee Members and HFS employees.

III. **Direct care delivery and social determinants of health in complex populations: A National Perspective on Model and Quality – Dr. Jeffrey Brenner:** Dr. Brenner's presentation is attached. Dr. Brenner feels that we need a lot less Care Coordination and a lot more Integrated Care Models. He isn't saying that we don't need any Care Coordination. We need to figure out what the core packages of services that people need are and how can we bring those together. He feels more Integrated Care Models works better. He recognizes that this will run into licensing, payment and other challenges.

Should this population have certain quality metrics? We need to prioritize the care that is being provided. The best quality metrics are the emergency room and hospital utilization. We don't want to throw in too many quality metrics. It can get everybody confused and overwhelmed. Let's keep it simple until we know what we are doing. One of the metrics would be face to face engagement. Dr. Brenner recommended a book called The American Health Care Paradox by Elizabeth Bradley and Lauren A. Taylor.

IV. **Review of January 8, 2019 Minutes:** The minutes from January 2019 were approved pending corrections.

V: **Discussion to prepare recommendations regarding quality metrics:** Dr. Brenner did a great job in describing the responders and the non-responders. It's a sense of is there a readiness in how providers are able to access that. The committee was also intrigued with the discussion about the care team. Should they all have education on trauma informed care? Another key discussion was on intervention. Dr. Brenner reminded us that the Medicaid program has to be scaled. It's a very large program. It can be tricky to be on top of all these interventions. Dr. Brenner was very informative and gave us all a lot to think about.

VI. **Adjournment:** The meeting was adjourned at 11:43am.

VII. **Next meeting:** July 9, 2019 at 10:00am.

Jeffrey Brenner, M.D.

Senior Vice President, Clinical Redesign
UnitedHealthcare Community & State

Jeffrey Brenner, M.D., is the Senior Vice President of Clinical Redesign at UnitedHealthcare Community & State. UnitedHealthcare Community & State proudly serves 6.7 million Medicaid members in 30 states, plus Washington D.C. UnitedHealthcare is a division of UnitedHealth Group (NYSE: UNH) which is a diversified health and well-being company with a mission to help people live healthier lives and help make the health system work better for everyone.

The Clinical Redesign business unit develops and implements direct care delivery models and scalable solutions focused on reducing the utilization and cost of care for Community & State's most complex members. Under Dr. Brenner's leadership, teams work across UnitedHealth Group to influence and oversee the transformation of care delivery for Community & State through the strategic application of clinical data analytics and insights. Direct care delivery models include TeamMD and myConnections™; TeamMD delivers home-based, integrated primary care to individuals who are elderly, disabled, living with serious mental illness or chronic conditions. myConnections helps low-income individuals and families access essential social services that are the gateway to better health.

Before joining Community & State, Dr. Brenner served as a family physician working in Camden, NJ, where he owned and operated a solo-practice, urban family medicine office in Camden that provided a full-spectrum of family health services for the local Medicaid population. Recognizing the need for a new way for hospitals, providers and community residents to collaborate, he founded the Camden Coalition of Healthcare Providers in 2003, where he served as Executive Director until 2017.

Dr. Brenner's, and the Coalition's, innovative use of data to identify high-need, high-cost patients in a fragmented system and improve their care was profiled in the 2011 New Yorker article "The Hot-spotters" by writer and surgeon Dr. Atul Gawande, and on PBS Frontline. In 2013 Dr. Brenner was honored with the MacArthur "Genius" Fellowship for his work, and in 2014 was elected to the Institute of Medicine. He holds a bachelor's degree in Biology from Vassar College in Poughkeepsie, NY, and graduated from Robert Wood Johnson Medical School in New Brunswick, NJ. He completed his residency with Swedish Family Medicine in Seattle, WA.

For more information about UnitedHealthcare, visit www.uhc.com, or follow @myUHC on Twitter and join the conversation on our UnitedHealthcare Community Plan Facebook page.

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When Health Care Utilization Doesn't Equal Good Health

Direct care delivery and social determinants of health in complex populations

Jeffrey Brenner, MD
Senior Vice President, Clinical Redesign

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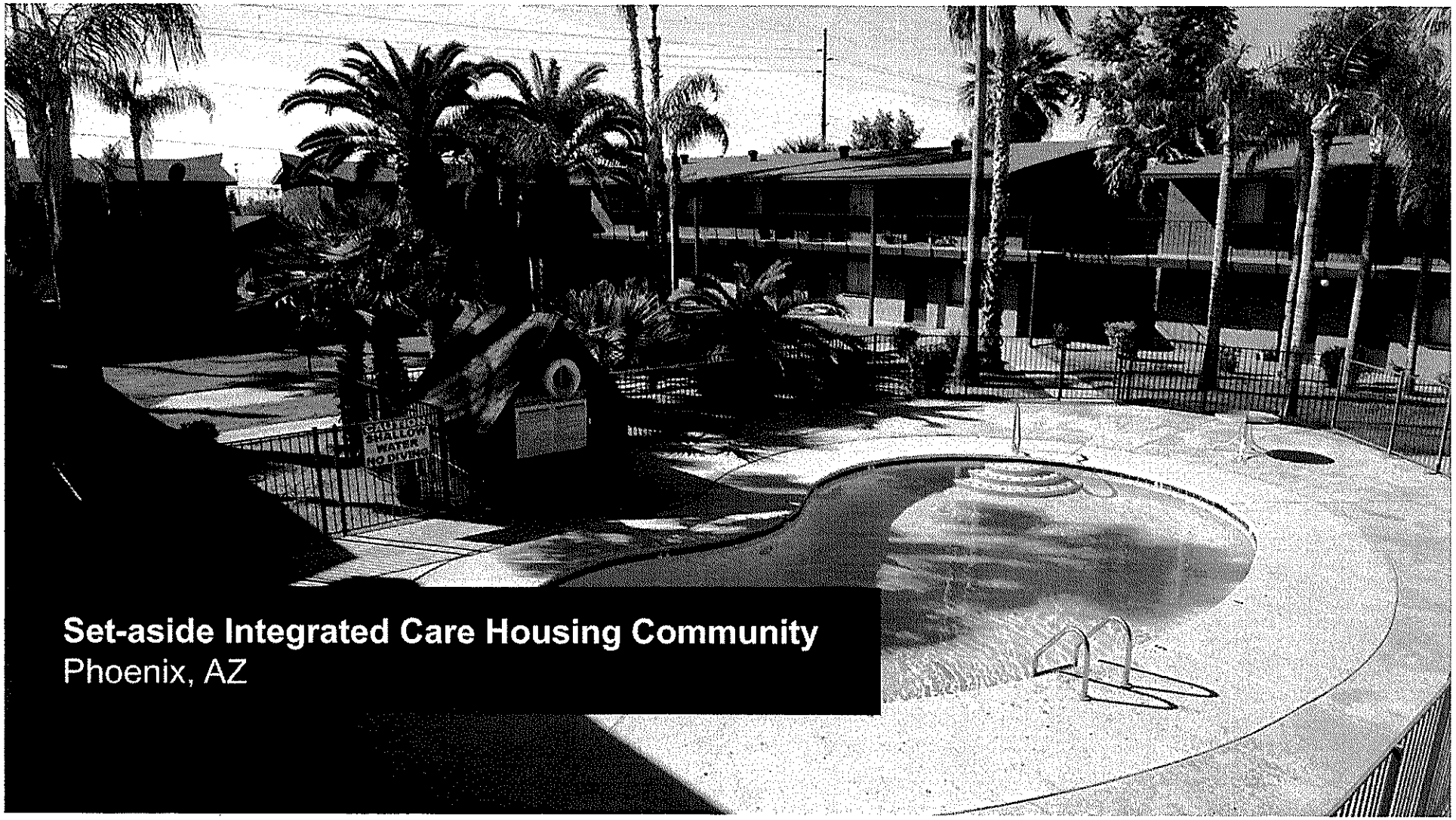
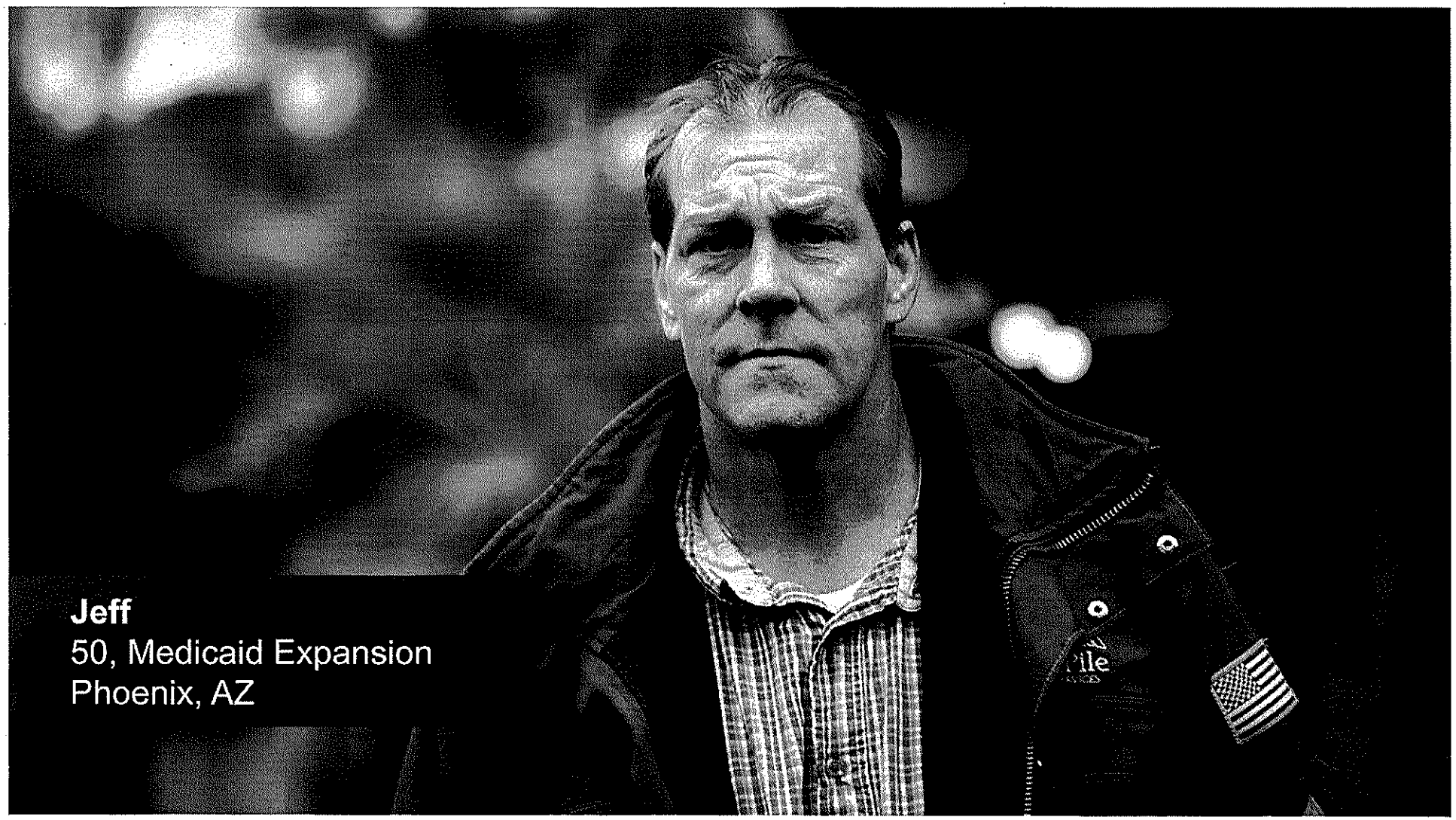


Set-aside Integrated Care Housing Community
Phoenix, AZ


Homeless vs. averages of all members in Maricopa County:
• Use the ER nearly 9x more
• Admitted nearly 6x the average
• Spend more than 3x more


Jeff
50, Medicaid Expansion
Phoenix, AZ

Jeff's Story

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Socio-clinical Complex Needs:

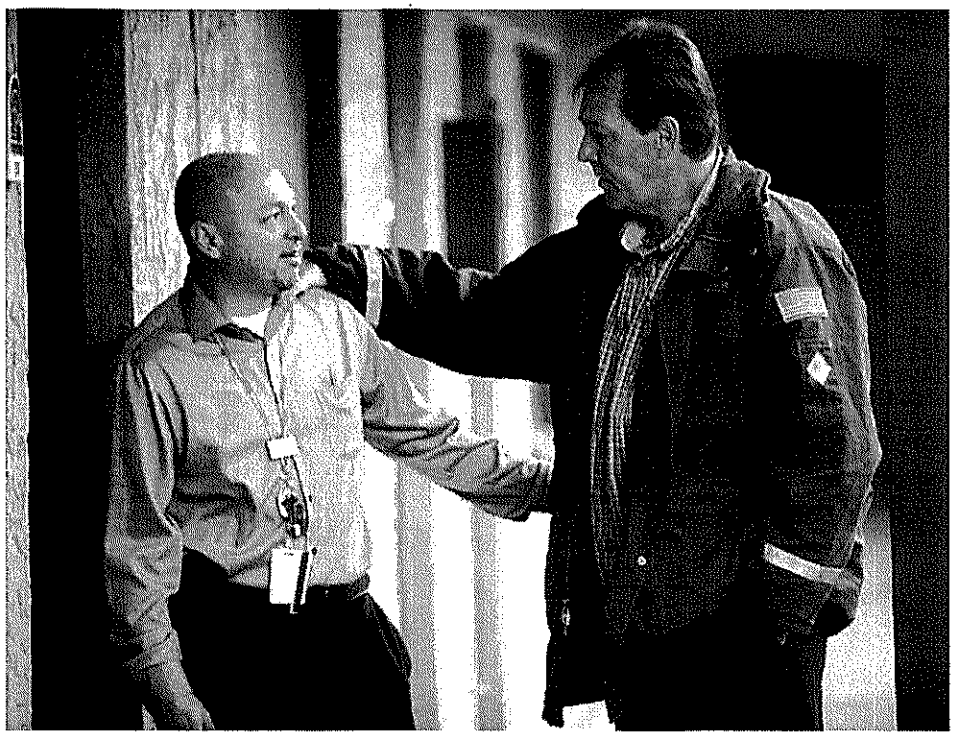
- Chronic kidney disease
- Gastrointestinal issues
- Serious foot injury
- Homeless and unemployed

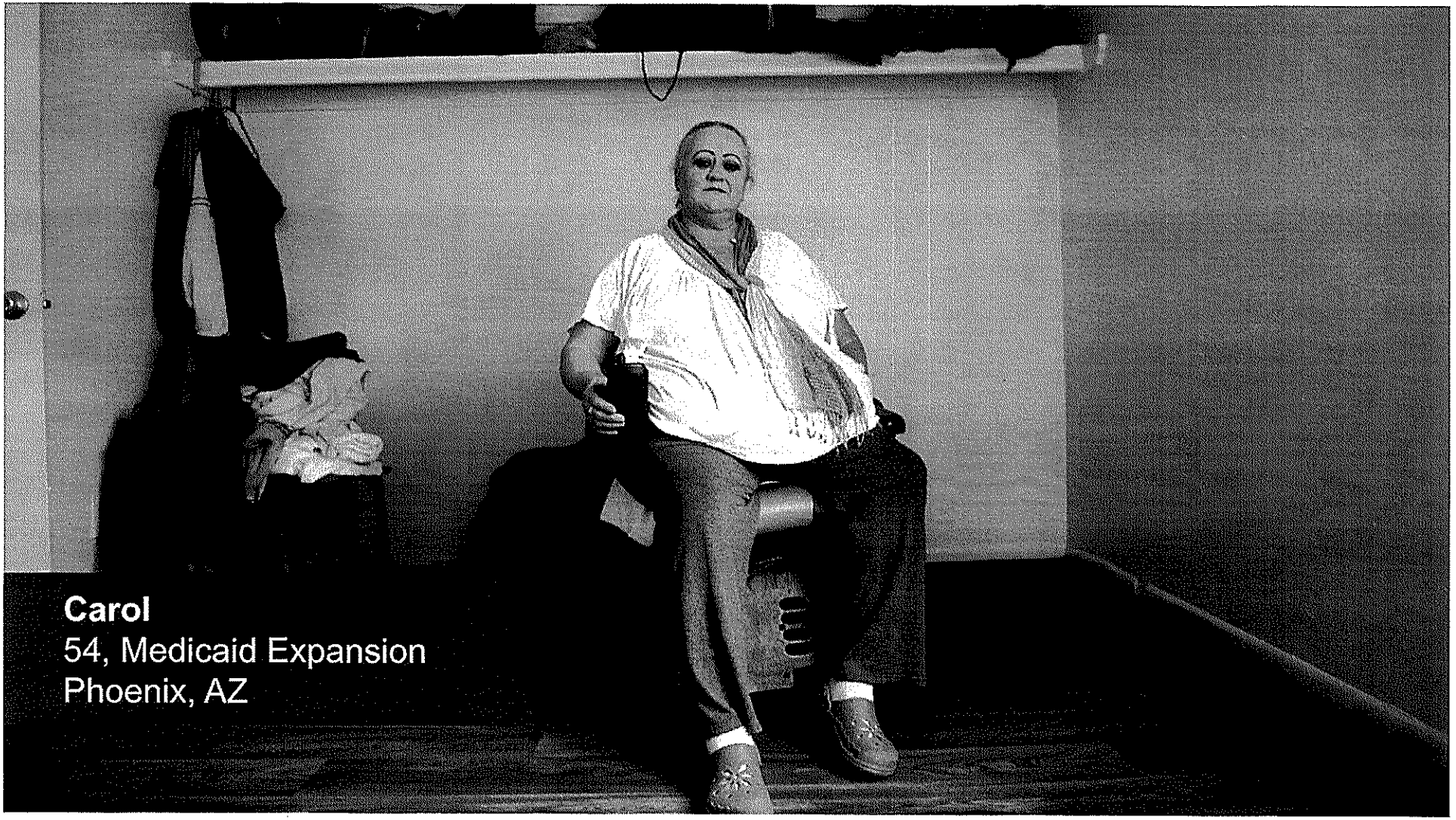
Pre-intervention:

- **$20,400** average monthly cost of care
- **1** ER visit
- **10** hospital admits
- **81** inpatient days

Post-intervention:

- **$400** average monthly cost of care
- **0** ER visits
- **0** hospital admits
- **0** inpatient days




Carol
54, Medicaid Expansion
Phoenix, AZ

Carol's Story

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Socio-clinical Complex Needs:

- Rheumatoid arthritis
- Diabetes
- Gastrointestinal issues
- Uses a wheelchair
- Cellulitis
- Inconsistent medication management
- Trauma from physical and sexual violence
- Homeless and unemployed

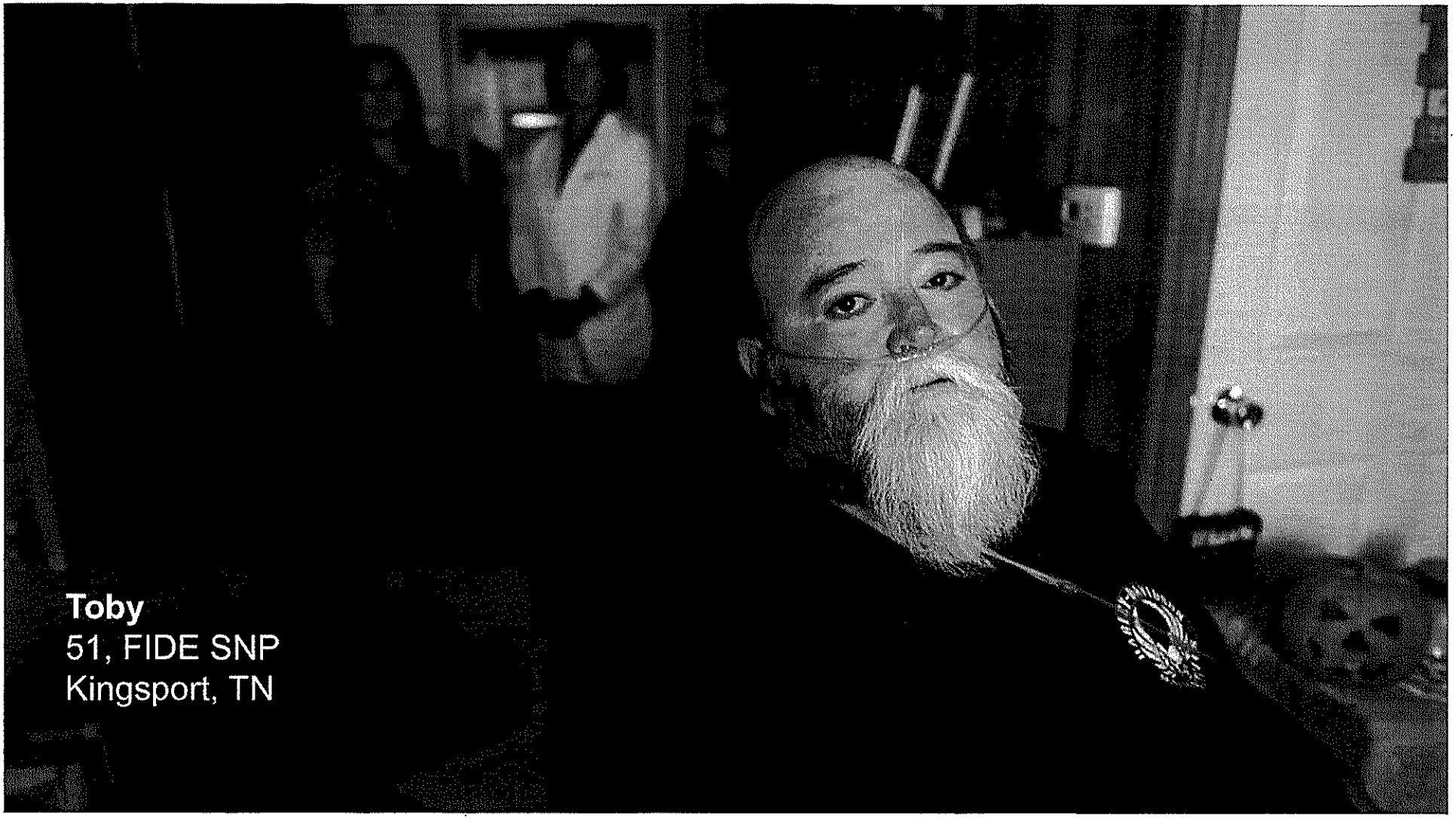
Pre-intervention:

- **$7,400** average monthly cost of care
- **35** ER visits
- **8** hospital admits / **113** inpatient days

Post-intervention:

- **$2,000** average monthly cost of care
- **5** ER visits
- **0** hospital admits / **0** inpatient days

Pam Earle, NP and April Bright, RN
Direct Care Delivery
Tennessee


Toby
51, FIDE SNP
Kingsport, TN

Toby's Story

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Complex Needs:

- Anemia
- Osteoarthritis
- Type 2 diabetes
- Severe diabetic neuropathy
- Congenital heart failure
- Oxygen dependent COPD
- Obstructive sleep apnea
- Hypertension
- Hyperlipidemia
- Gout
- Gastrointestinal reflux disease
- Graves' disease; hyperthyroidism
- Spinal stenosis with chronic back pain
- Coronary artery disease

100% reduction in inpatient and skilled nursing facility days since direct care intervention

A Vision for Complex Care

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A data-driven, flexible and scalable solution for frequent utilizers of the health care system.

Driven by a Population Focus: Examples of Targeted Groups

Frail Homebound

Addicted Pregnant Moms

Chronically Homeless

Jail Transition

What Are We Building?

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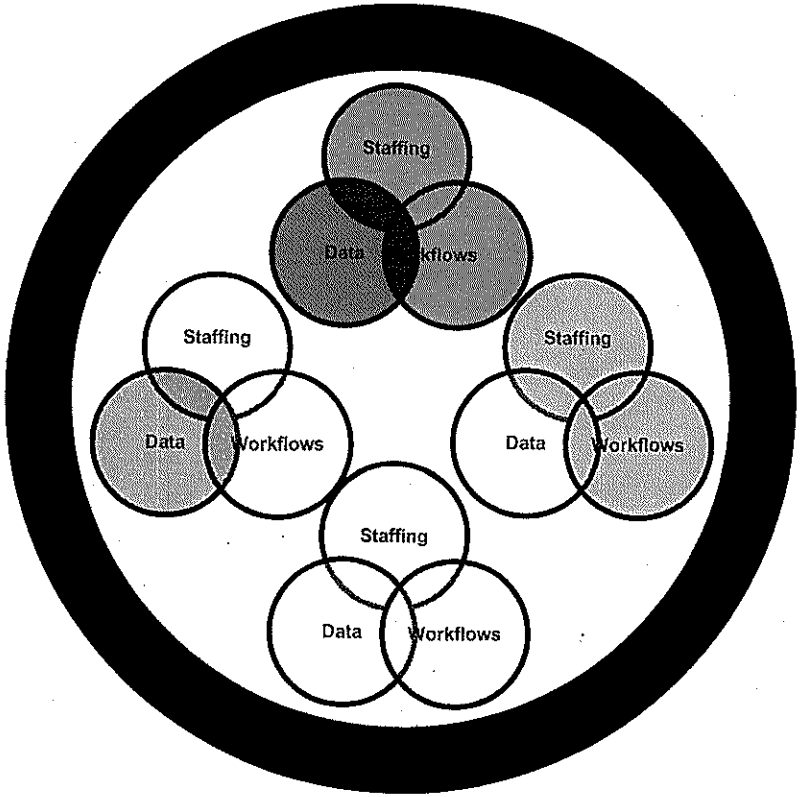
Care Ecosystem

- Segmentation and targeting strategy
- Payment/ROI model
- Process and outcome data




Health Care Hotspotting:
The **strategic use of data to deliver targeted, evidence-based services** to complex patients with high utilization.
These patients are experiencing a mismatch of their needs and the services available.

Research Article

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

Clinical Model Evolution

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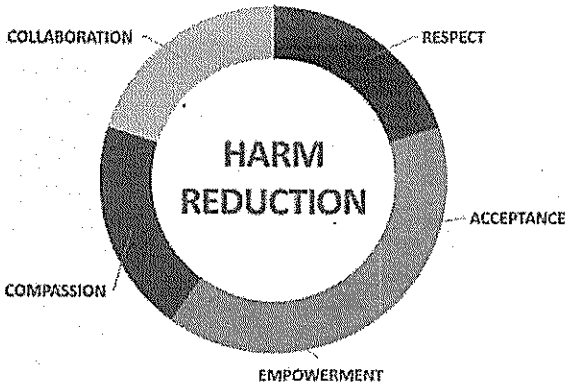

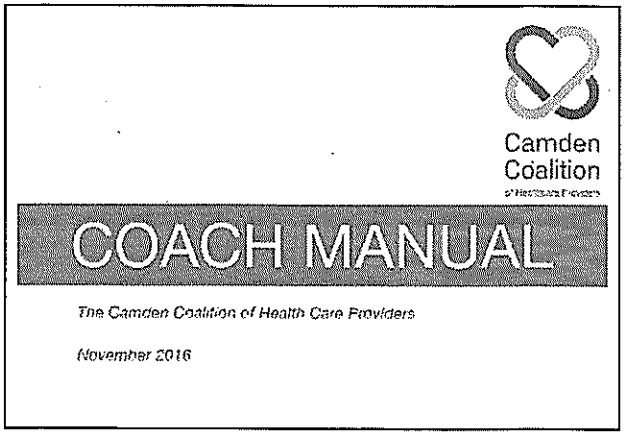

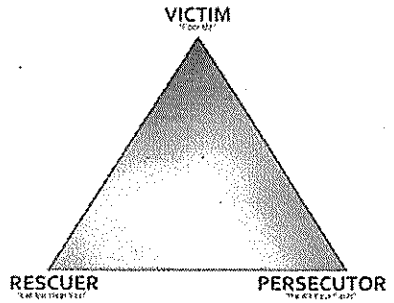

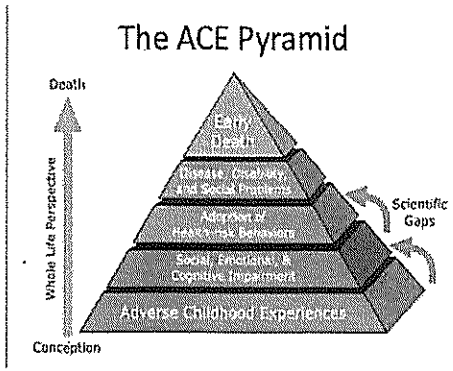

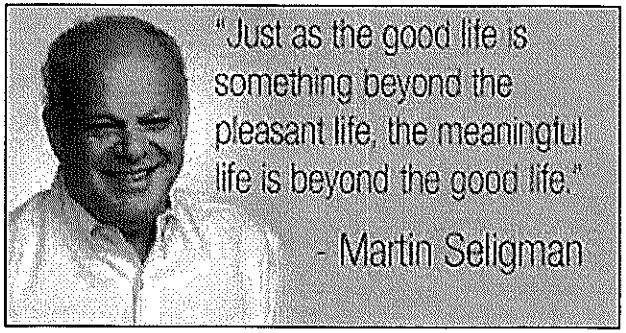

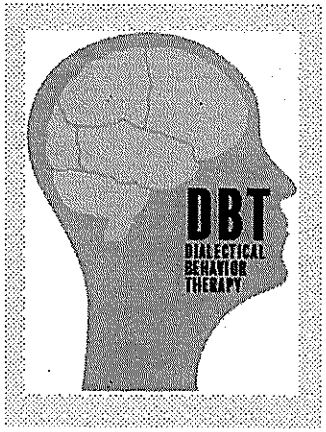

Problem Definition: Patient Complexity

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Medical

- Age
- Heart failure
- Pain syndromes
- Diabetes
- Kidney failure

Addiction

- Alcohol
- Cocaine
- Prescription medication
- Heroin

Mental Health

- Schizophrenia
- Factitious disorder
- Borderline personality disorder
- Bipolar disorder

Social

- Homeless
- Disabled
- Unemployed
- Hungry
- Criminal record
- No transportation