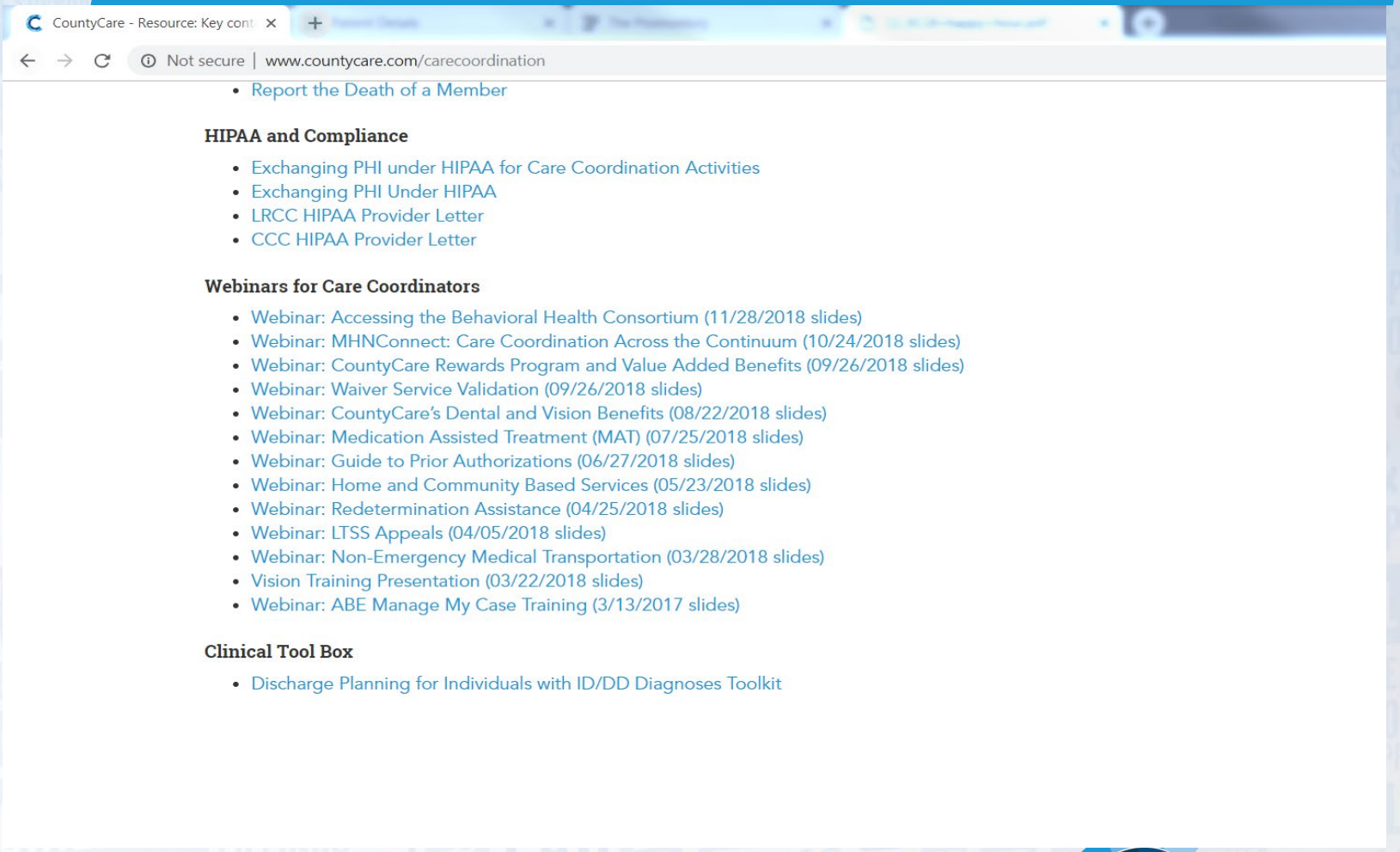
Welcome to the Monthly Care Coordinator Webinar February 27, 2019

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Webinar Agenda

1. HIV Presentation
2. HEDIS Spotlight
3. Care Coordinator Thank You Spotlight
4. Community Spotlight: HUD Lead Grant
5. Questions

Just a reminder…Visit CountyCare Care Coordination Website



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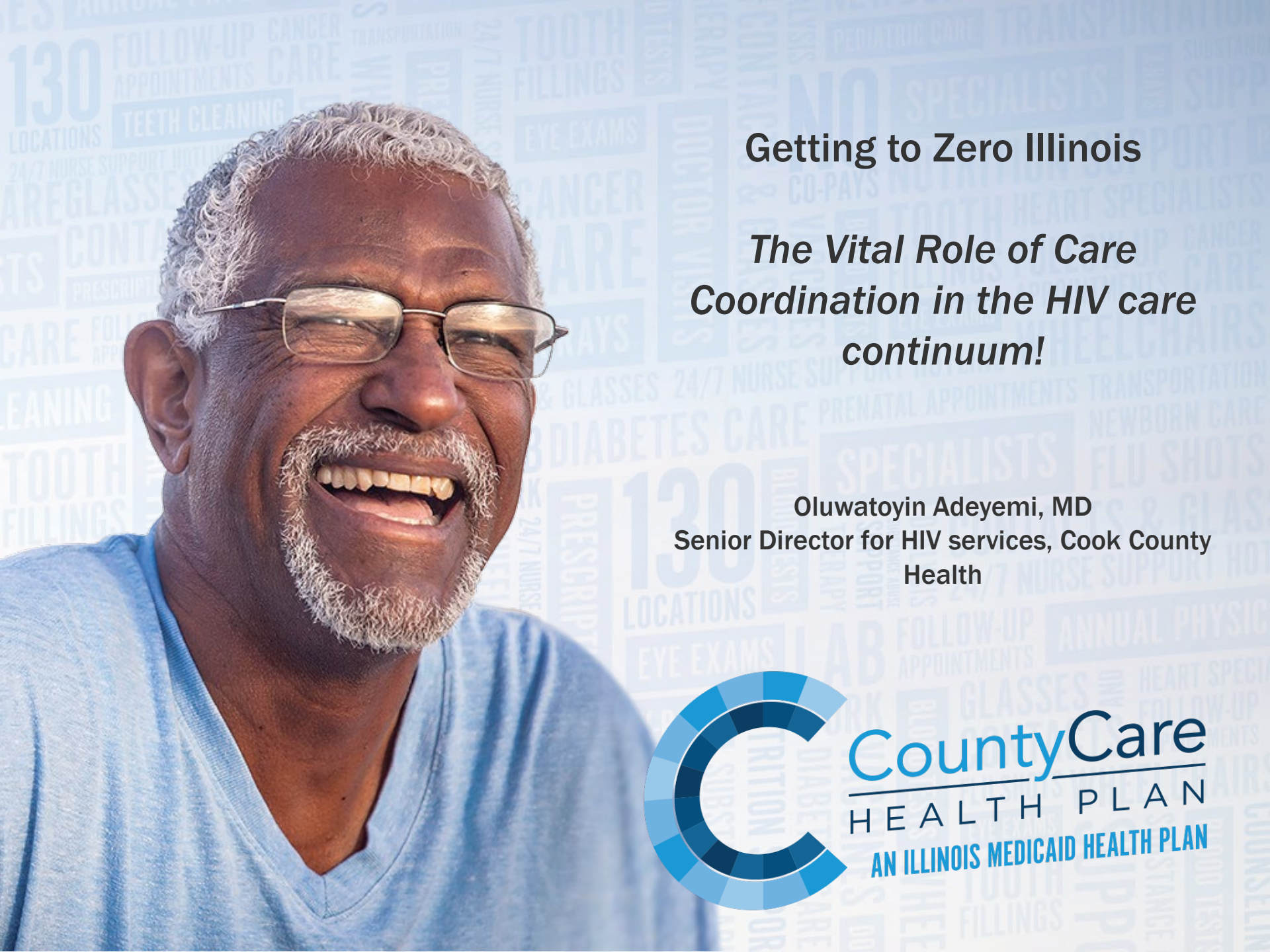

Getting to Zero Illinois

The Vital Role of Care Coordination in the HIV care continuum!

Oluwatoyin Adeyemi, MD
Senior Director for HIV services, Cook County Health

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Outline

- Brief HIV Epidemiology update- State, City, Cook County Health
- Overall goals for HIV care in 2019 – CCH
- HIV care in CCH- Primary and specialty care
- Getting to Zero IL plan- www.gtzillinois.hiv
- Care coordination in the HIV care continuum
- How to access care at CCH
- Conclusions

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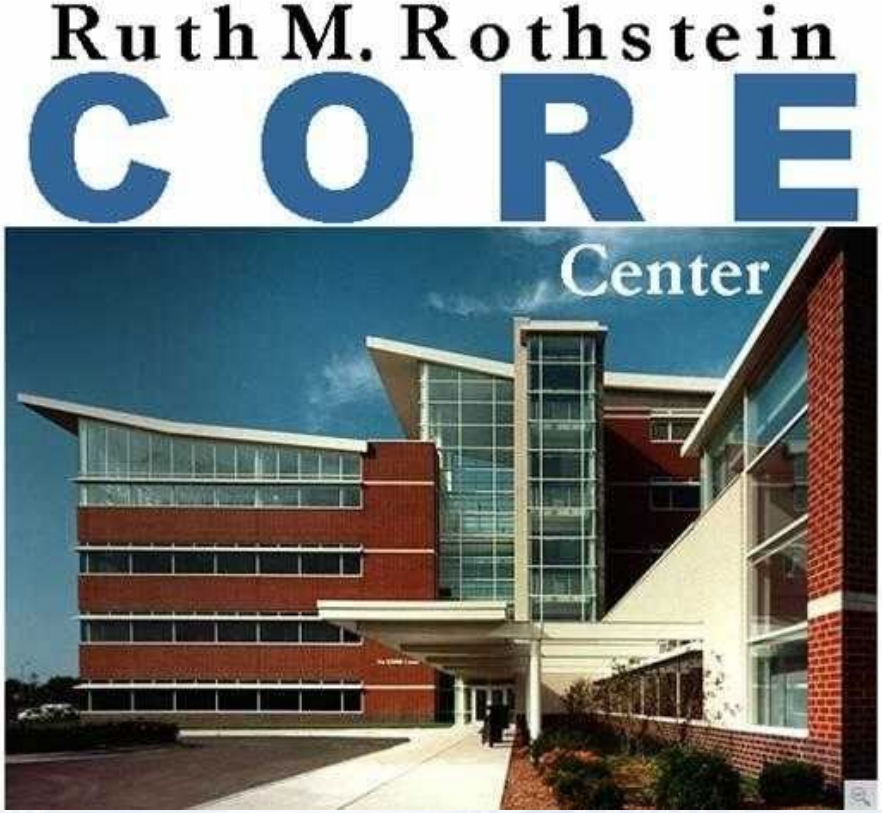
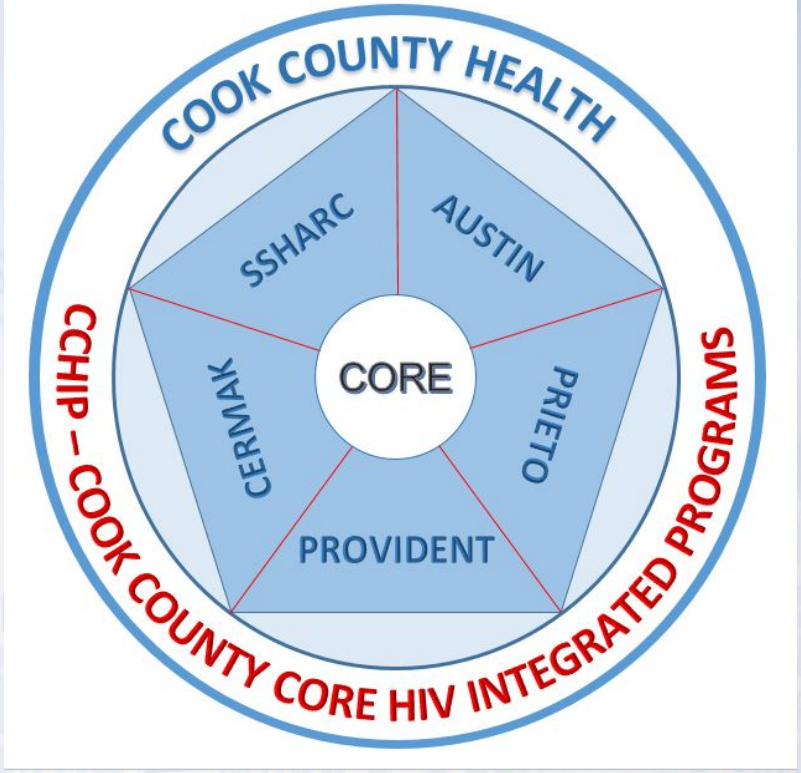
Cook County Health (CCH) Sites where HIV care is provided





*SSHARC-Oak Forest, Robbins, Cottage Grove

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The HIV Care Continuum

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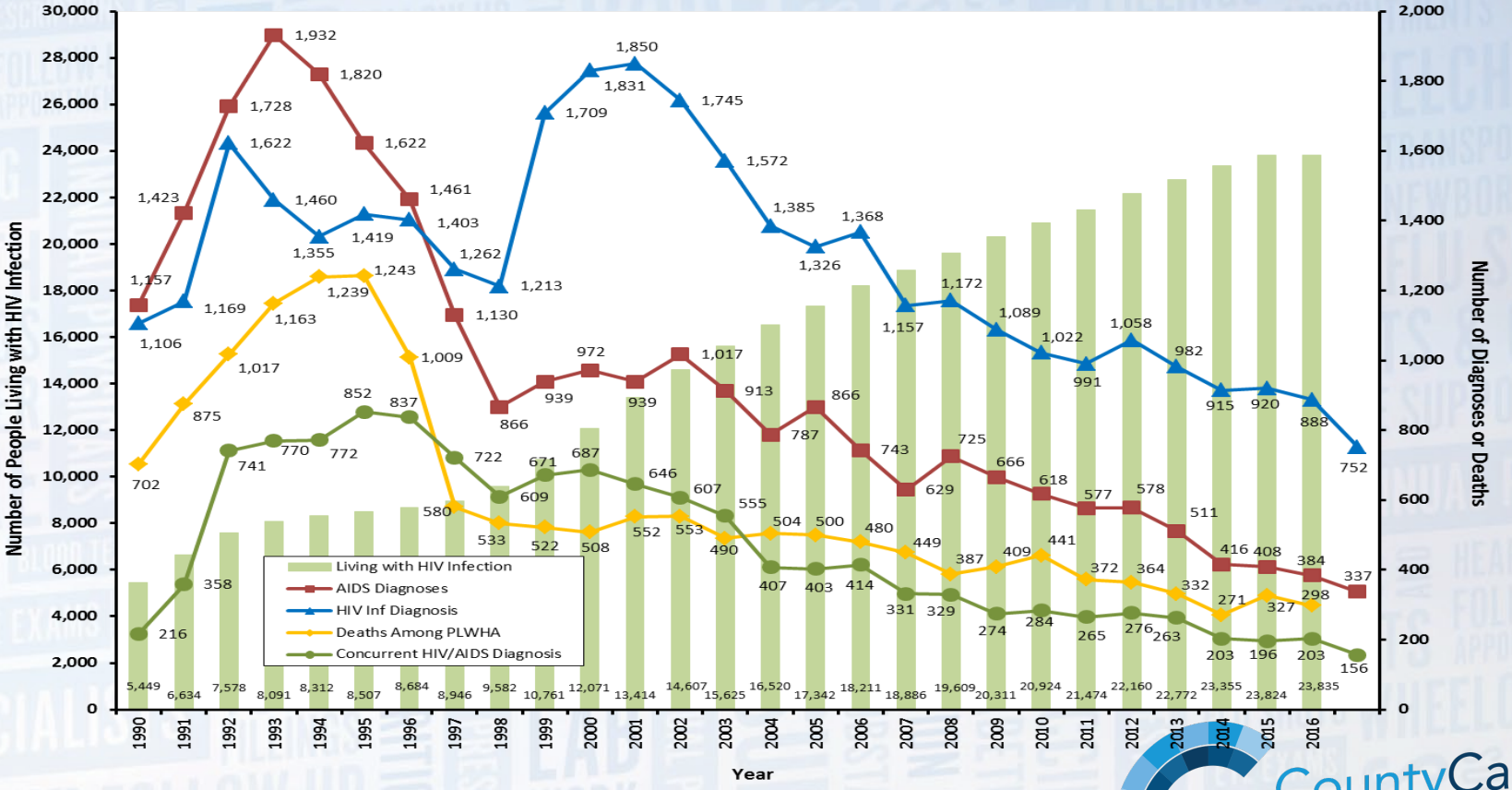
HIV Trends

Figure 2.1 People Living with HIV Infection (PLWH), People Diagnosed with HIV Infection, People Diagnosed with AIDS, Concurrent HIV/AIDS Diagnoses, and Deaths Among PLWH, Chicago, 1990-2017 (as of 10/26/2018)



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HIV Trends

Certain population groups are more impacted by HIV than others in 2017.

- Males
  - 82% of new HIV diagnoses (5.1 X more than females)
  - 78% of late HIV diagnoses
  - 80% of people living with HIV
- Gay, bisexual and other men who have sex with men (MSM)
  - 77% of new HIV diagnoses
  - 65% of late HIV diagnoses
  - 68% of people living with HIV
- Non-Hispanic Blacks
  - 55% of new HIV diagnoses
  - 55% of late HIV diagnoses
  - 80% of people living with HIV
- Individuals ages 20-39
  - 65% of new HIV diagnoses
  - 51% of late HIV diagnoses

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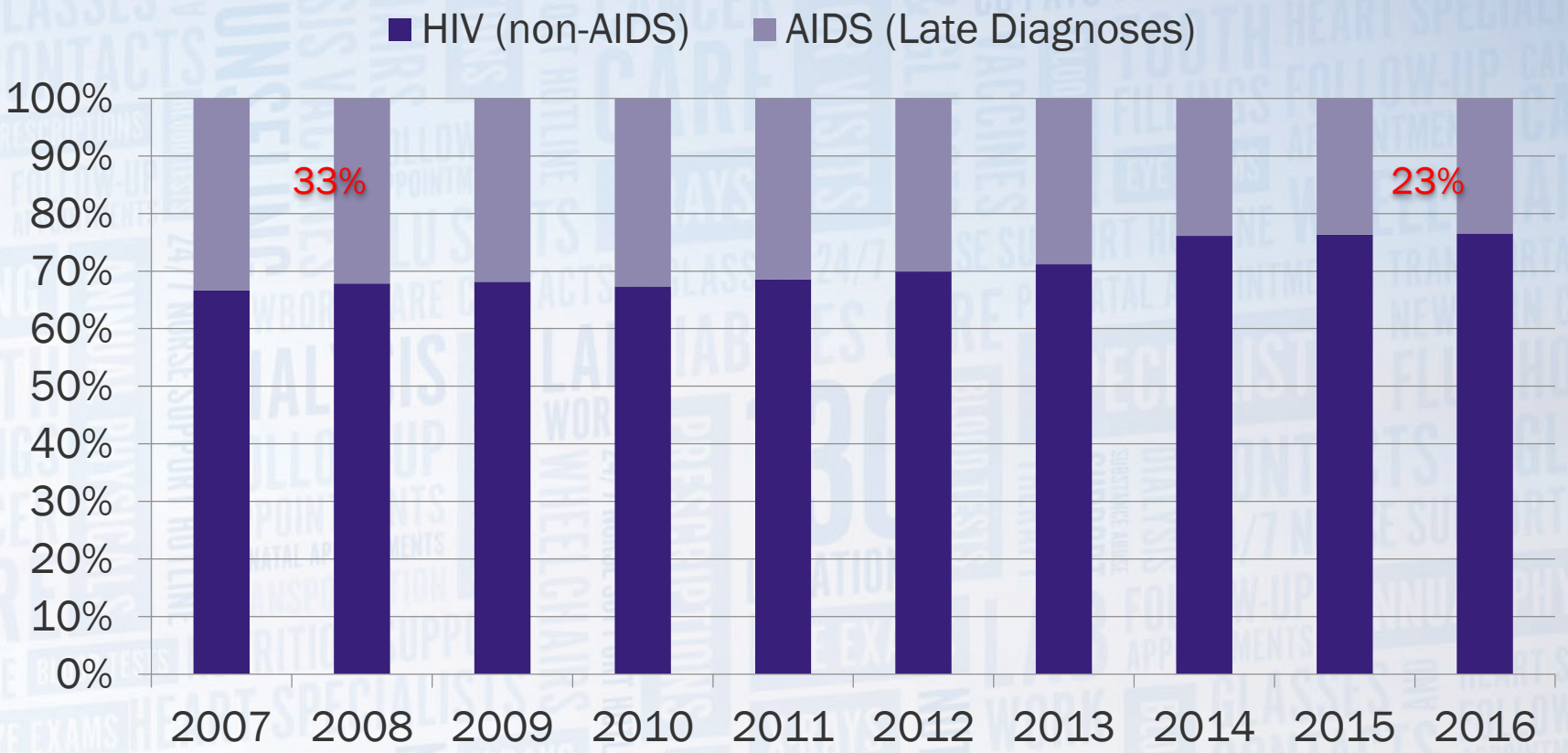
Diagnostic Status of New HIV Dx in Illinois by Year



- * The Annual Percent Change (APC) is significantly different from zero at alpha=0.05.

Source: Illinois Department of Public Health, HIV/AIDS Surveillance Unit. Data as of June 2017.

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CountyCare and CCH HIV Care Quality Metrics

CountyCare Metric #	NQF #	Name	Description	National Performance	CountyCare baseline (7/1/17-6/30/18)	CountyCare CY2019 Q1 (10/1/17-9/30/18)
1	2082 (adapted)	HIV Viral Load Suppression	Percentage of members for whom lab data is available* with viral load less than 200 copies/ml	72% (2013)	n/a	n/a
2	2083	Prescription of HIV Antiretroviral Therapy	Percentage of patients prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	87% (2012)	94%	95%
3	2079	HIV Medical Visit Frequency	Percentage of patients who had at least one medical visit in each 6-month period of the 24-month measurement period	90% (2012)	79%	85%
4	NA	Population	Number of CountyCare members with diagnosis of HIV	~24,000 in Chicago	NA	1577

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An Aging HIV Population

Our HIV population is aging and with aging comes increasing co-morbidities
(2017 survey of 389pts>50yrs)

Comorbidities & Health Status	% Responded
High Blood Pressure	44%
Hepatitis C	24%
High Cholesterol	22%
Diabetes	17%
Kidney Problems	12%
Depression	42%
Greater than 4 Daily Prescriptions	54%

PsychoSocio-Economic Concerns	% Responded
Live Alone	46%
Main Caregiver = self	81%
Living with HIV	61%
HIV disclosure/ stigma	35%
Other medical concern	35%
Mental health	40%
Housing	41%
Retirement planning	30%
Sexual health	27%
Memory issues	29%
Who will care for me in old age?	35%
Money concerns	61%

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HIV and PrEP services at Cook County Health

- Primary HIV care
- STI screening and treatment
- Health education
- Viral hepatitis care (Hepatitis B, Hepatitis C)
- HIV specialty care- dental, dermatology, nephrology, neurology, hematology-oncology, hepatitis, nutrition.
- PrEP (Pre Exposure Prophylaxis) services
- **We understand the importance of addressing the Social determinants of health (eg transportation, housing, poverty, food insecurity, trauma, violence, substance use, childcare) at clinical and non-clinical encounters.**

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CCHIP-What do we want to do?

1

Improve Quality of Life (QOL) for People living with HIV

Earlier diagnosis, linkage to care, retention in care, viral suppression, managing co-morbidities-physical and mental health, healthy aging, addressing social determinants of health

2

Work towards ZERO NEW INFECTIONS

More people with undetectable viral loads (U=U), increase access to Pre-exposure prophylaxis (PrEP) community engagement, patient-centered research, strengthening collaborations, advocacy

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What HIV related initiatives are being planned by CountyCare?

- HIV measure in the CountyCare quality program
- Maximize Cook County Health's world-renowned services for all members
- Promote the HIV Home and Community Based Services program for members living with HIV and also living with disability
- Provide excellent access to medications, care coordination and comprehensive services for members living with HIV

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The HIV Care Continuum

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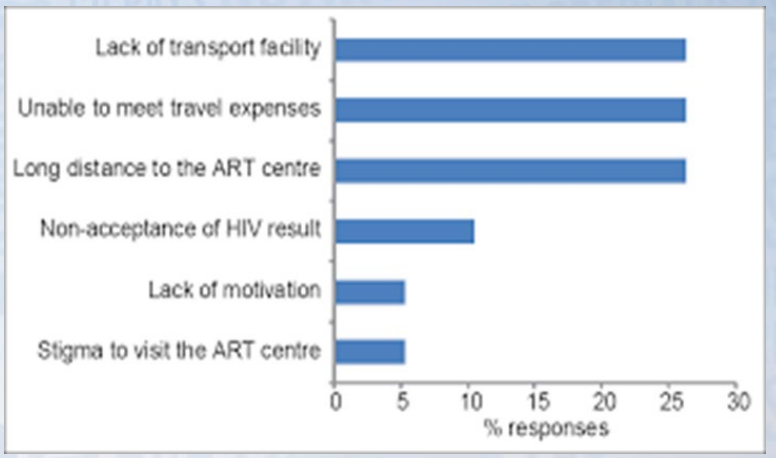
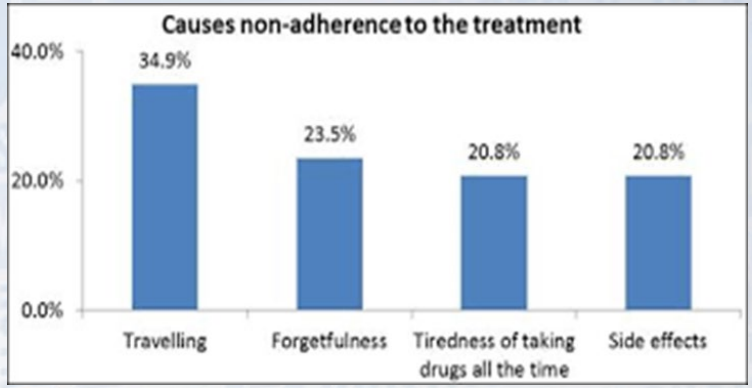
Top Reasons for Medication Non-Adherence

Table 1. Common Factors Associated With Poor Treatment Adherence to ART[7]

• Low levels of health literacy
• Age-related challenges (eg, polypharmacy, vision loss, cognitive impairment)
• Younger age
• Psychosocial issues (eg, depression, homelessness, low social support, stressful life events, psychosis)
• Nondisclosure of HIV serostatus
• Neurocognitive issues (eg, cognitive impairment, dementia)
• Active (but not history of) substance abuse, particularly for patients who have experienced recent relapse
• Stigma
• Difficulty with taking medication (eg, trouble swallowing pills, daily schedule issues)
• Complex regimens (eg, high pill burden, high-frequency dosing, food requirements)
• Adverse drug effects
• Nonadherence to clinic appointments
• Cost and insurance coverage issues
• Treatment fatigue

ART indicates antiretroviral therapy.





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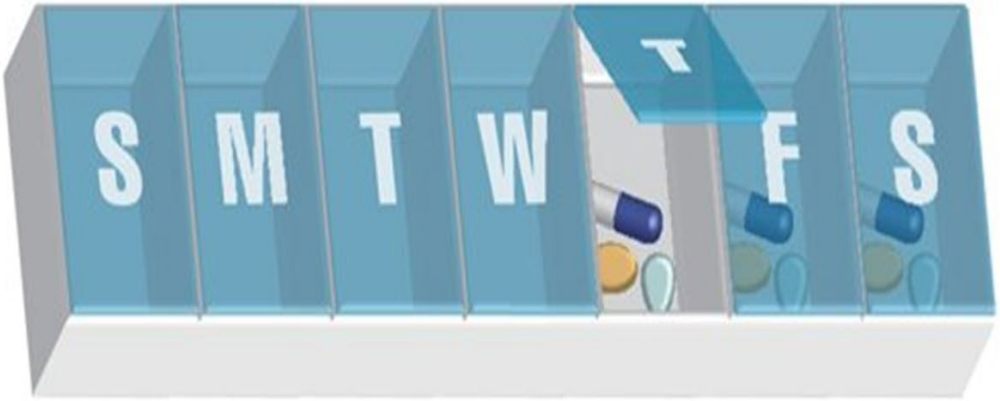
Adherence



Benefits of Adherence

- Sustained Viral Suppression
- Reduced Risk of Drug Resistance
- Better Overall Health
- Improved Quality of Life
- Decreased Risk of HIV Transmission

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HIV Continuum of Care

Biomedical Interventions:

- PrEP, nPEP, PEP
- ARVs
- HCV Treatment

Structural Interventions:

- PrEP Enrollment
- HIV Testing: (-) (+) Pathways
- ECM: Navigation, Retention, Housing

Behavioral Interventions:

- Client-centered
- PrEP, Condoms, Harm Reduction
- STI screen/treat, as needed
- Health Care Access point
  - Mental Health
  - Substance Abuse

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Getting to Zero Illinois (gtzillinois.hiv)

GOAL & VISION

We want to make sure that the HIV epidemic is no longer able to sustain itself by achieving both HIV prevention and access to care goals.

We want to see:

1. Zero new HIV transmissions

2. Zero people living with HIV who are not receiving treatment

Through increasing access and uptake of PrEP (pre-exposure prophylaxis), retaining more people living with HIV (PLWH) in care and the continued funding of ongoing supportive services, we can get to zero in Il by **2030.**

Cook County Health supports and is a partner in the GTZ Illinois initiative.

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What does "Getting to Zero" mean? (GTZIL.HIV)

Ultimately, we want to see …

- Zero new HIV transmissions
- Zero people living with HIV who are not on treatment

By 2030, we want to reach "functional zero"

What's that? When there are fewer than 100 new transmissions per year and the epidemic can no longer sustain itself

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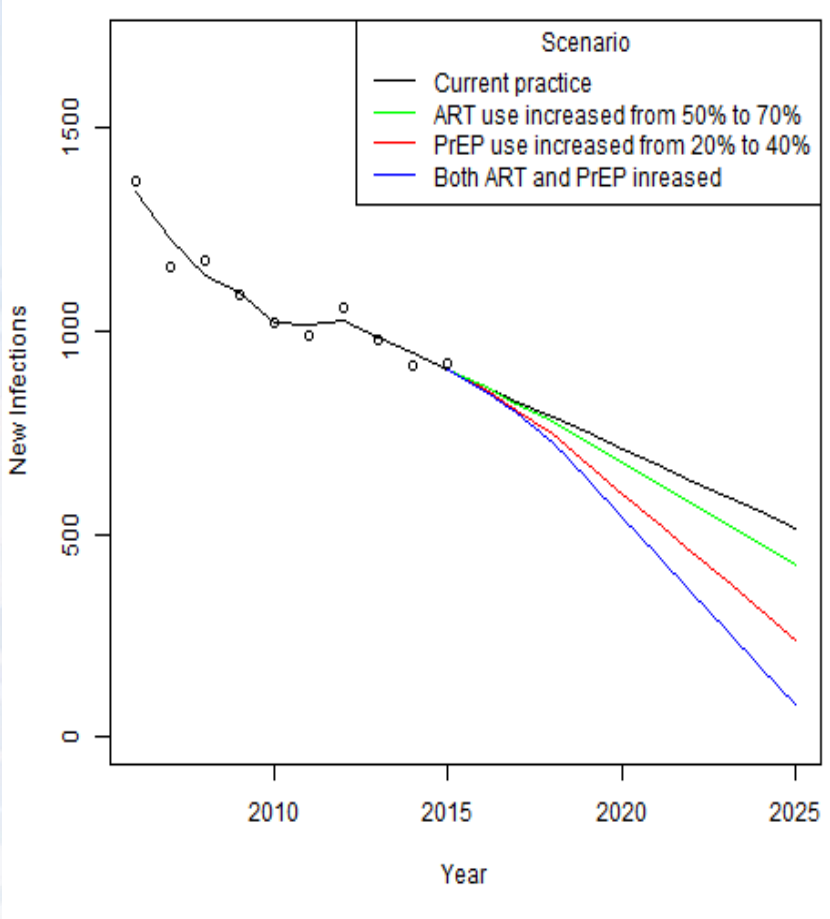
We can change the course of the HIV epidemic in Illinois

We have made great strides but there is still lots to do.

If we …

- Increase PrEP uptake by 20 percentage points
- Increase viral suppression by 20 percentage points

we could see fewer than 100 new cases by 2030



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GETTING TO ZERO ILLINOIS

DRAFT PLAN
2019-2023
Released Dec. 3, 2018

Public comment and feedback through Jan 25, 2019
GTZillinois.hiv

Final plan release March 2019

DEDICATION

This draft plan and the Getting to Zero Illinois project are dedicated to and in memory of the more than 500,000 United States residents who have lived with and died from HIV- and AIDS-related complications

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Getting to Zero Steering Committee

Oluwatoyin Adeyemi, Health Care Access Committee Co-chair
Eduardo Alvarado, Illinois Department of Public Health representative
Scott Ammarell, Committee Co-chair
Nanette Benbow, Research, Data and Evaluation Committee Co-chair
Candi Crause, Health Care Access Committee Co-chair
Erik Glenn, Health Care Access Committee Co-chair
Noel Green, Housing Committee Co-chair
DeVante' Harris, Communications Committee Co-chair
Jolie Holliman, Social Determinants of Health Committee Co-chair
Valerie Johansen, at-large member
David Kern, Chicago Department of Public Health representative
Diana Lemos, Research, Data and Evaluation Committee Co-chair
Latonya Maley, Social Determinants of Health Committee Co-chair
John Peller, AIDS Foundation of Chicago representative
Gregory Phillips, Research, Data and Evaluation Committee Co-chair
John Schneider, Research, Data and Evaluation Committee Co-chair
Nicole Seguin, Chicago Area HIV Integrated Services Council representative
Brian Solem, Communications Committee Co-chair
Chris Wade, Social Determinants of Health Committee Co-chair

AIDS Foundation of Chicago Project Team members
Simone Koehlinger Meg McElroy Sara Semelka

Getting to Zero Partner Organization

Getting to Zero Partner Organizations as of Dec. 3, 2018

AIDS Foundation of Chicago
Illinois Department of Public Health
Chicago Department of Public Health
Alexian Brothers Housing and Health Alliance
Access Community Health Network
Broadway Youth Center
Brothers Health Collective
CALOR
Center on Halsted
Champaign-Urbana Public Health District
Chicago Black Gay Men's Caucus
Chicago Women's Project
Chicago Center for HIV Elimination
Christina Community Health Center
Cook County Department of Public Health
Cook County Health and Hospital System
Coalition for Justice & Respect
Equality Illinois
Evaluation Center
Friends of Central Illinois
Greater Community AIDS Project of East Central Illinois
Haymarket Center
Heartland Alliance Health
Hektoen Institute of Medicine
Illinois HIV Care Connect
Howard Brown Health
Illinois Public Health Association
Lake County Health Department and Community Health Center
Legal Council for Health Justice
Midwest AIDS Training and Education Center
McLean County Health Department
Northwestern Institute for Sexual and Gender Minority Health and Wellbeing
Open Door Health Center of Illinois
Pediatric AIDS Chicago Prevention Initiative
Planned Parenthood of Illinois
Positive Health Solutions
Positive Women's Network
Projects Advancing Sexual Diversity
PrideFlags.com - Alan Spaeth and Steve Ryan
Public Health Institute of Metropolitan Chicago
Ruth M. Rothstein CORE Center
Sinai Health System
Third Coast Center for AIDS Research in Chicago
University of Chicago Medicine

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GOAL 1: Increase use of PrEP to reach zero new HIV infections

- **What it is:** PrEP is a pill and a program that is up to 99% effective at preventing HIV when taken consistently and correctly.
- **The challenge:** Just 10-20% of people who need PrEP are taking it, and populations most vulnerable to HIV (Black gay men, trans women of color, Black women) are not aware or are not taking PrEP.

GOAL 2: Increase the number of people living with HIV whose viral load is undetectable

- **The challenge:** About 50% of people with HIV in IL are NOT virally suppressed.
- **Why it matters:** People who are virally suppressed live longer, healthier lives, and cannot transmit HIV sexually if they have been undetectable for at least six months.

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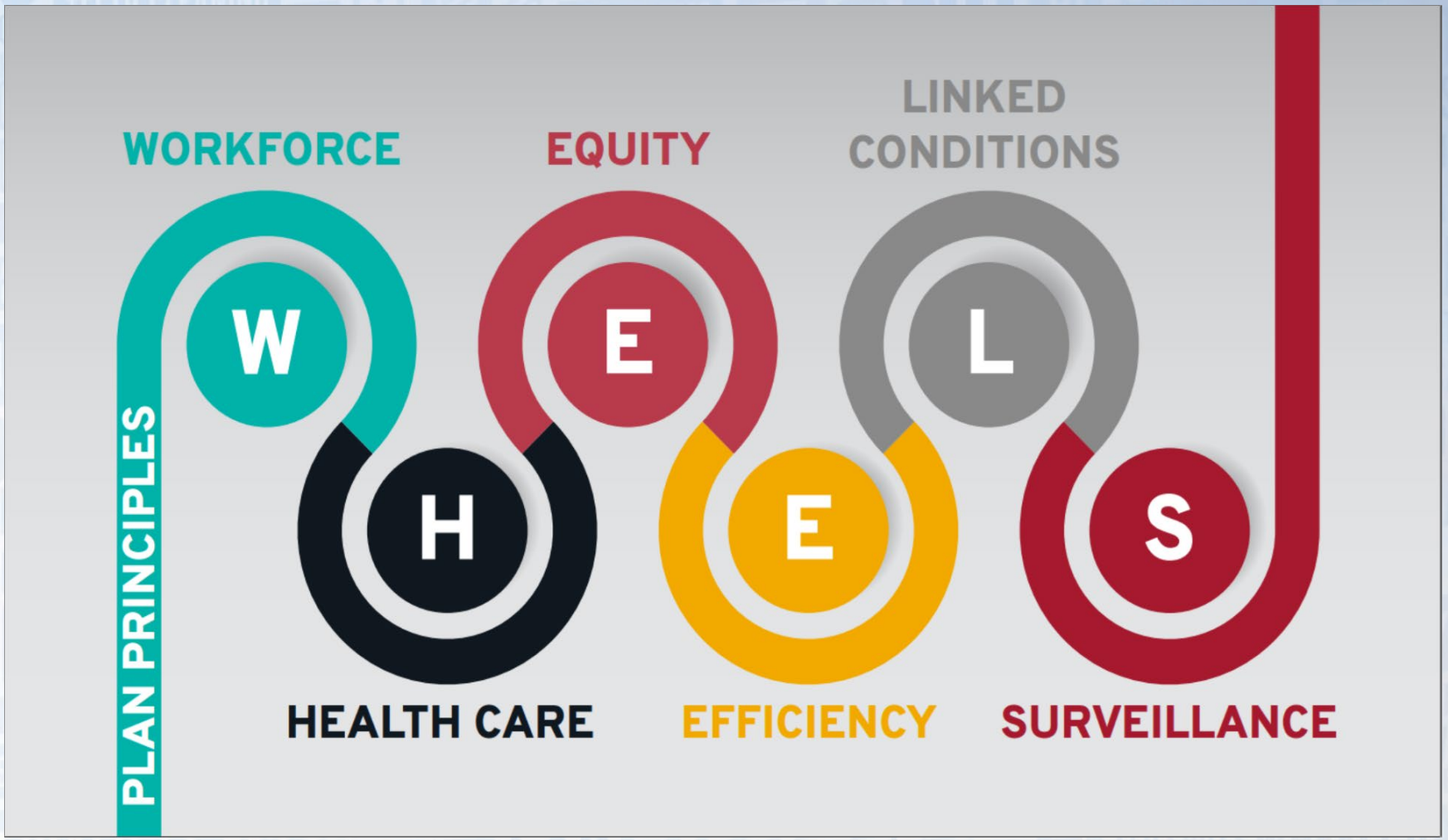
The 6 DOMAINS of the GTZ PLAN



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The Draft Plan 2019-2023

- While the goal of GTZ-IL is fewer than 100 new HIV cases by 2030, this Draft Plan covers the five-year period from 2019-2023.
- In 2023, we will evaluate the success of our efforts and make strategic decisions about additional strategies needed to achieve our goals for the remaining period.

The draft GTZ-IL Draft Plan is organized into six domains:

1. Increase Access to Health Care
2. Improve Health Equity
3. Care for Linked, Co-Occurring Conditions
4. Increase Efficiency through Governmental Coordination
5. Build the Future Workforce
6. Measuring Our Progress through Surveillance and other Data

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Increase to Access to Health Care

- Expand routine screening in health care settings that don't depend on grant funding by developing screening protocols, modifying EMRs, and creating linkage to care strategies
- Increase the number of providers that offer same-day medication start ("rapid start") programs
- Implement programs to improve health and insurance literacy of the HVI workforce and clients, and make materials available in English and Spanish
- Leverage Medicaid data to increase viral suppression rates; Medicaid covers 6 in 10 people with HIV in Illinois but half may not be taking HIV medications

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GTZ- IL Draft Plan

Find the full version of the draft plan at

www.gtzillinois.hiv/draft

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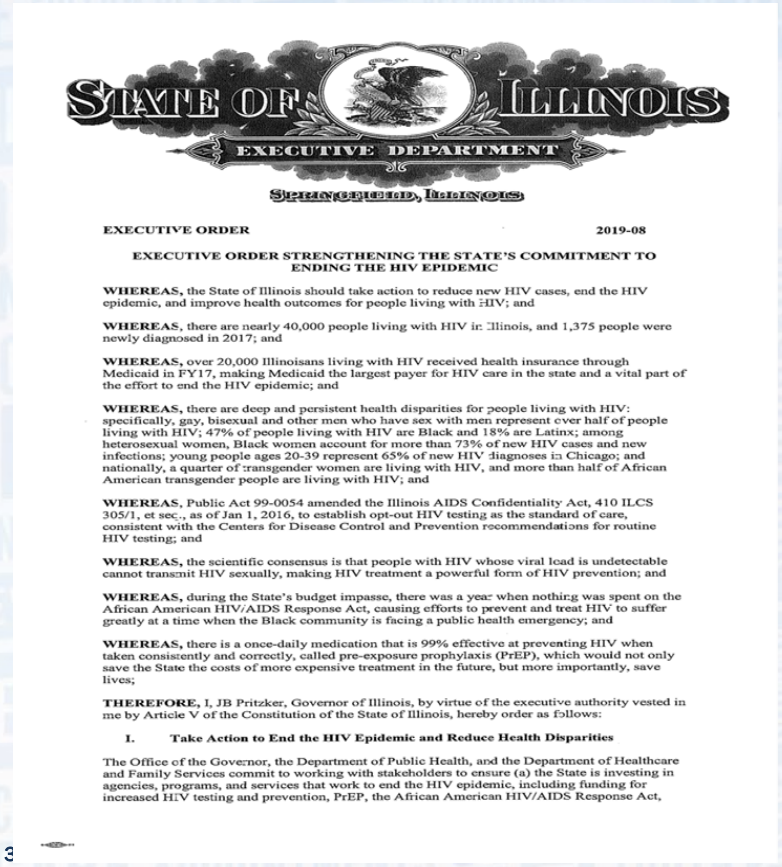
February 2019 Updates

- February 1- Il Governor Executive order re: HIV
- February 5- State of union address- HIV elimination plan



STATE OF ILLINOIS
EXECUTIVE DEPARTMENT
SPRINGFIELD, ILLINOIS

EXECUTIVE ORDER **2019-08**

EXECUTIVE ORDER STRENGTHENING THE STATE'S COMMITMENT TO ENDING THE HIV EPIDEMIC

WHEREAS, the State of Illinois should take action to reduce new HIV cases, end the HIV epidemic, and improve health outcomes for people living with HIV; and

WHEREAS, there are nearly 40,000 people living with HIV in Illinois, and 1,375 people were newly diagnosed in 2017; and

WHEREAS, over 20,000 Illinoisans living with HIV received health insurance through Medicaid in FY17, making Medicaid the largest payer for HIV care in the state and a vital part of the effort to end the HIV epidemic; and

WHEREAS, there are deep and persistent health disparities for people living with HIV: specifically, gay, bisexual and other men who have sex with men represent over half of people living with HIV; 47% of people living with HIV are Black and 18% are Latinx; among heterosexual women, Black women account for more than 73% of new HIV cases and new infections; young people ages 20-39 represent 65% of new HIV diagnoses in Chicago; and nationally, a quarter of transgender women are living with HIV, and more than half of African American transgender people are living with HIV; and

WHEREAS, Public Act 99-0054 amended the Illinois AIDS Confidentiality Act, 410 ILCS 305/1, et seq., as of Jan 1, 2016, to establish opt-out HIV testing as the standard of care, consistent with the Centers for Disease Control and Prevention recommendations for routine HIV testing; and

WHEREAS, the scientific consensus is that people with HIV whose viral load is undetectable cannot transmit HIV sexually, making HIV treatment a powerful form of HIV prevention; and

WHEREAS, during the State's budget impasse, there was a year when nothing was spent on the African American HIV/AIDS Response Act, causing efforts to prevent and treat HIV to suffer greatly at a time when the Black community is facing a public health emergency; and

WHEREAS, there is a once-daily medication that is 99% effective at preventing HIV when taken consistently and correctly, called pre-exposure prophylaxis (PrEP), which would not only save the State the costs of more expensive treatment in the future, but more importantly, save lives;

THEREFORE, I, JB Pritzker, Governor of Illinois, by virtue of the executive authority vested in me by Article V of the Constitution of the State of Illinois, hereby order as follows:

I. Take Action to End the HIV Epidemic and Reduce Health Disparities

The Office of the Governor, the Department of Public Health, and the Department of Healthcare and Family Services commit to working with stakeholders to ensure (a) the State is investing in agencies, programs, and services that work to end the HIV epidemic, including funding for increased HIV testing and prevention, PrEP, the African American HIV/AIDS Response Act, and other public health initiatives; and (b) Illinoisans living with HIV, along with their healthcare providers, are supported in achieving undetectable viral loads.

II. Monitor Viral Load Metrics

The Department of Public Health and the Department of Healthcare and Family Services, in conjunction with the contracted Medicaid Managed Care Organizations (MMCOs), shall, within 90 days of the effective date of this Executive Order, deliver a report to the Governor containing a plan for the MMCOs to share data with the State in accordance with all laws and regulations governing health privacy, including a viral load metric, so that the State can monitor progress to ensure Illinoisans living with HIV have access to the healthcare they need to keep their viral loads at zero.

III. Savings Clause

Nothing in this Executive Order shall be construed to contravene any federal or State law or regulation. Nothing in this Executive Order shall affect or alter the existing statutory powers of any State agency or be construed as a reassignment or reorganization of any State agency.

IV. Prior Executive Orders

This Executive Order supersedes any contrary provision of any other prior Executive Order.

V. Severability Clause

If any part of this Executive Order is found to be invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. The provisions of this Executive Order are severable.

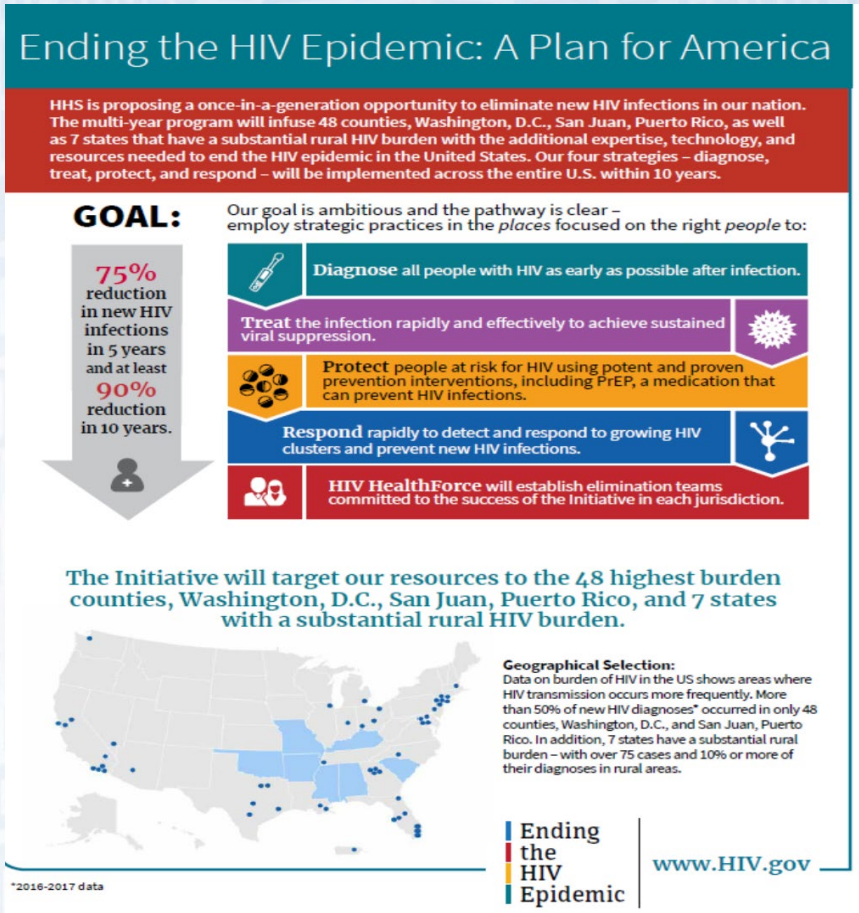
VI. Effective Date

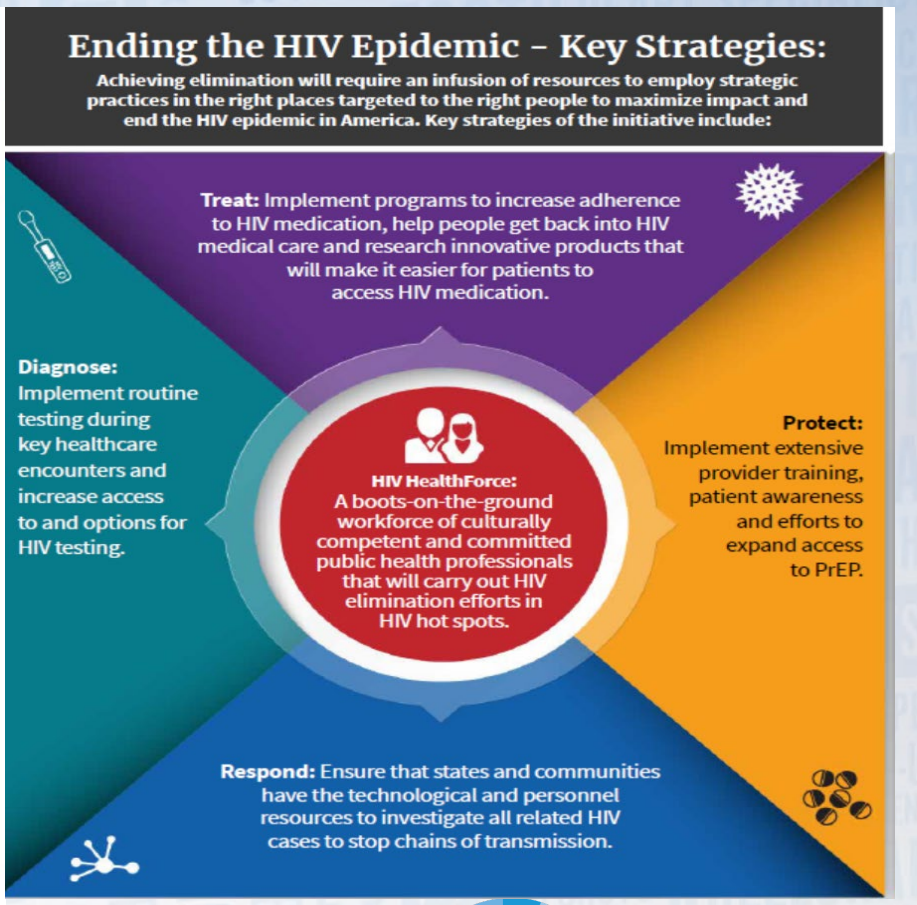
This Executive Order shall take effect immediately upon its filing with the Secretary of State.

JB Pritzker, Governor

Issued by Governor: February 1, 2019
Filed with Secretary of State: _____

National HIV Plan-February 2019





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How can a care coordinator help?

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Care Coordination in the HIV Care Continuum

- Important/vital/crucial in every step of the care continuum
- Education
- Stigma reduction
- Screening and testing
- Linkage to care
- Retention in care (Assessment for barriers to success, promoting healthy and positive behaviors, Coordinating the management of co-morbidities
- Staying on/adherence with HIV medications
- Navigation of the moving parts- patient, clinics, systems, larger issues
- On going involvement outside of health care settings
- Community involvement/feedback

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Care Coordination in the HIV Care Continuum

- **What a care coordinator can do to help a member living with HIV to get needed care?**
  - Health care appts- assistance with reminders, pill boxes, assessments for barriers
  - Filling prescriptions for ART- reminders, insurance re-determination
  - Undetectable viral load (med adherence)- education.
  - Coordination of benefits, transportation, housing assistance

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Care Coordination in the HIV Care Continuum

- **What a care coordinator can do to promote sexual health (screening and prevention)?**

  - Make appt for annual visit, encourage routine STI and HIV screening, HCV (1945-1965 birth cohort)
  - Make appts more often for testing and care if has higher risk
  - Encourage clients to pick up free condoms and vitamins for women offered by CountyCare
  - Acknowledge sexual and reproductive health in screens, assessments and offers of services/resources
  - Take opportunities to promote STI screening and family planning for CountyCare women of childbearing age and all parents of CountyCare children
  - Encourage partner health and offer resources for partners

”

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HIV primary care sites-Cook County Health

Austin Health Center 4800 W. Chicago Ave. Chicago, IL 60651 HIV CARE DAYS: Monday afternoon 12-4pm Tuesday 10-5p Wednesday 8-4p Thursday 10-5p	**Care Manager** Contact: Chamille Johnson Phone: 773-826-9928 Email: chamille.johnson@hektoen.org	**Oak Forest Ambulatory Health Center** 15900 S. Cicero Ave. Oak Forest, IL 60452 HIV CARE DAYS: Tuesday & Wednesday (Morning Only) 8:30 – 11:40	**Patient Care and Prevention Coordinator: Diane Clay** Phone: 708-633-2868 E-mail: dclay@cookcountyhhs.org	**RUTH M. ROTHSTEIN CORE CENTER/SPECIALTY CARE CLINIC**	
John Sengstacke Health Center 450 E. 51st St. Chicago, IL 60615 HIV CARE DAYS: Tues, Thurs and Friday (Morning Only) 9:00AM-11:30AM	**Nurse Navigator** Contact: Kelley Taylor, LPN Phone: 312-572-2734 E-mail: ktaylor@cookcountyhhs.org	**Cottage Grove Medical Center** 1645 Cottage Grove Ave. Ford Heights, IL 60411 HIV CARE DAYS: Friday Only 8:30AM-4:30PM	Patient Care and Prevention Coordinator: Diane Clay Phone: 708-633-2868 E-mail: dclay@cookcountyhhs.org	**Ruth M. Rothstein CORE Center** 2020 W. Harrison Chicago, IL 60612 HIV CARE DAYS: Monday and Wednesday 8:30 AM to 4PM Tuesday 8:30 AM to 6:30 PM Thursday 1:00 PM to 4:00 PM Friday 8:30 AM to 12 Noon	Clinical Transition Liaison Contact: Dan Taussig Office Phone: 312-572-4617; Cell Phone: 708-514-8296 Email: dtaussig@cookcountyhhs.org ACCESS LINE: ACCESS Line Staff (Direct Line to Make Appt.) Phone: 312-572-4500 & press 1
		Robbins Health Center 13450 S. Kedzie Robbins, IL 60472 HIV CARE DAYS: Monday Only 8:00AM-4:30PM	Patient Care and Prevention Coordinator: Diane Clay Phone: 708-633-2868 E-mail: dclay@cookcountyhhs.org		

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Conclusions

- HIV rates are going down in Illinois but not uniformly in all populations
- Half of the 40,000 PLWH in Illinois are in Medicaid plans
- To get to “functional zero” we need to increase viral suppression and PrEP use
- Retention in care is the most vulnerable part of the care continuum
- Care coordinators have a key role in all parts of the care continuum for HIV infected and HIV uninfected adults
- CCH provides outstanding HIV primary and specialty care, PreP and STI services.

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HEDIS Measures
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Applicable HEDIS Measures

- *P4P Priority Measures:*
  - **Adults' Access to Preventative Ambulatory Health Services (AAP)** – The percentage of members 20 years and older who had an ambulatory or preventive care visit.
    - When providers will typically do a complete health history, physical exam, and all testing that is indicated including HIV and other STI testing
  - **Timeliness of Prenatal Care (PPC)** – The percentage of deliveries that received a prenatal care visit in the first trimester.
    - When providers will typically do a physical exam and all labs, including HIV and other STI testing
- *Other Measure:*
  - **Chlamydia Screening in Women (CHL)** – The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

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Community Spotlight

CCDPH's HUD Lead Grant

Diamond S. Ross, MPA, MPH, CHES
Health Educator, Lead Poisoning Prevention
Cook County Department of Public Health

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What is Lead?

- Lead is a naturally occurring element found in small amounts in the earth's crust. While it has some beneficial uses, it can be toxic to humans and animals causing of health effects.

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Paint Based Lead Hazards

- Paint prior to 1978 had lead components.
- Homes built before 1978 contain lead-based paint.
- Lead is commonly found in paint chips and dust.

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Non-Paint Lead Hazards

- Imported candies, especially from China and Mexico
- Imported pottery, especially from Mexico
- Imported makeup- Kohl, kajal, surma
- Imported spices - turmeric
- Folk or alternative medicines
- Pipes – although water is much smaller risk than paint

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Who is at Risk?

- Pregnant women
- Children under the age of six

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Effects of Lead Poisoning

Pregnant Women

- During pregnancy, lead is released from the mother's bones along with calcium and can pass from the mother exposing the fetus or the breastfeeding infant to lead. This can result in serious effects to the developing fetus and infant, including:
- Cause the baby to be born too early or too small
- Hurt the baby's brain, kidney's, and nervous system;
- Increase the likelihood of learning or behavioral problems; and
- Put the mother at risk for miscarriage.

Children

- Even low levels of lead in the blood of children can result in:
- Behavior and learning problems
- Lower IQ and Hyperactivity
- Slowed growth
- Hearing Problems
- Anemia
- In rare cases, ingestion of lead can cause seizures, coma and even death.

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What is the HUD Lead Grant?

This Grant is provided by the U.S. Department of Housing and Urban Development (HUD).

- It provides funding for CCDPH to correct lead paint hazards in homes in select suburban Cook County communities for families that qualify.
- Work can be completed in their main residence or a home where the pregnant woman or child spends a significant amount of time – more than 6 hours a week. **That means that family members who provide childcare, for example, could qualify.**
- CCDPH will work with families to identify any lead paint hazards in their home and contract with a licensed contractor to fix the hazards at no cost to you.
- Lead hazard repairs typically include: painting, replacing windows, or other home repair work to remove or contain the lead paint.

Program Eligibility

- Pregnant woman or child under the age of 6.
- Resident of **Berwyn, Blue Island, Calumet City, Calumet Park, Cicero, Dolton, Maywood, Riverdale, Robbins,** or **Summit.**
- Home built before 1978 -primary residence or a home where they spend significant time
- Must income qualify
- If resident participated in HACC Voucher Program- automatically income qualifies for this program.

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Referral Process

North West Housing Partnership

- Residents of **Berwyn, Cicero,** or **Maywood.**
- Call 847-969-0561

Neighborhood Housing Services

- Residents of **Blue Island, Calumet City, Calumet Park, Dolton, Riverdale, Robbins,** or **Summit.**
- Call 773-329-4146

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Additional Resources

- Community Workshops
- Educational Presentations
- On-site Application Assistance
- Bilingual Assistance

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Contact Information

Diamond Ross
Health Educator, Lead Poisoning Prevention Unit
dsross@cookcountyhhs.org

Deanna Durica
Director, Lead Poisoning Prevention Unit
ddurica@cookcountyhhs.org

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Thank You!

- Jennifer Kim
- Jewel Scott
- Micah Frey

Thank you for your work with the transition of care pilot with Swedish Covenant Hospital and being at the hospital on January 30th, the coldest day of the year!

If you have a care coordinator you want to give a special Thank you, Please email them to **Lanisha.Thadison@cookcountyhhs.org**

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We need your Feedback!

Please remember to complete the webinar survey which is available on the outlook invite and in the comment section of this webinar.

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Questions?
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Thank
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