

**The Medicaid population: Identifying, Locating and  
Engaging a Hard-to-Reach Population for Disease  
Management Success**

PATRICIA DONOVAN: This is Patricia Donovan from the Healthcare Intelligence Network. Today I am speaking with Caryn Jacobi, who is Associate Vice President of Operations for Illinois for McKesson Health Solutions. Caryn is presenting at HIN's audio conference, on "The Medicaid population: Identifying, Locating and Engaging a Hard-to-Reach Population for Disease Management Success." Thanks for joining me today Caryn.

CARYN JACOBI, ASSOCIATE VICE PRESIDENT OF OPERATIONS FOR ILLINOIS FOR MCKESSON HEALTH SOLUTIONS: You're welcome. Thank you for having me.

PATRICIA DONOVAN: To begin with, has non-urgent emergency room use among the Medicaid population been an issue for your organization?

CARYN JACOBI: It certainly has. It's one of the major areas of focus of our disease management program here in Illinois.

PATRICIA DONOVAN: I see. How are you working to reduce this type of utilization?

CARYN JACOBI: On several different levels actually. One being placing staff in emergency rooms around the state as a means of meeting and intervening with patients at the point of care. That's been a cooperative initiative obviously with high volume hospitals here in the state. And we've been very pleased with their partnership and the welcoming nature that they've had for our staff. Another area that goes along with that is also access to our 24 hours triage line, helping educate our clients, our patients, our members to call in with questions about symptoms,

realize that they often can manage things either on their own or with their provider instead of rushing into the emergency room. So having a 24 hour access line for members has also been a strategy for the ER utilization decrease. The other thing we've done too is to reach out to members that have been identified as frequent ED utilizers and make sure that they select as well as use a medical home. That's been a very important initiative to try to educate members with the thought that their doctor really is the best one to direct their care and having that continuity and pointing them back to that medical home is something that's very important.

PATRICIA DONOVAN: Thank you Caryn. And really as a follow up to that, communicating with the Medicaid members can be challenging at times. What's been your most successful strategy to date for maintaining contact and even getting information to them about some of the programs that you just mentioned, especially when we're dealing with what can sometimes be a transient population?

CARYN JACOBI: Absolutely. It's a multi-channel approach that is needed. And I think one of the most successful strategies that we've put in place is what we call our catchment team model. We've got geographically placed teams of staff throughout the state and really have sought staff members with local geographical neighborhood resource and knowledge as well as cultural competency to understand the members that we're serving and really coordinate care in a way that's meaningful. Our outreach has been on several different levels. There have been mailings, there have been phone calls, and there have been field visits. There have been presentations in a variety of settings. All of those have really helped us to find as you say a population that can be transient. And we've had some good responses there. The field team again lives and works in the community that they're serving. And that has been a strategy that has been very successful for us.

PATRICIA DONOVAN: Thank you Caryn. You previously mentioned the importance of having a medical home. Do you think that the emergence of retail clinics or convenient care clinics as they're sometimes called will help or hurt the efforts of health plans who are trying to improve contact with Medicaid patients?

CARYN JACOBI: That's an interesting question. Certainly from an access perspective, there's some attractiveness to the retail model or the continued convenient care clinic model. We've been trying to emphasize medical homes and certainly from program to program, state to state this emergence of retail clinics is going to be an interesting thing to watch, access versus continuity of care. I think what it really pushes to the forefront is just the whole concept of electronic health records or peer based health records. Now more than ever having a single source of data in an effort to avoid duplicative services and ensure that the highest quality of care is being provided, puts the electronic health care record at the forefront now more than ever.

PATRICIA DONOVAN: Thank you. That's an interesting perspective Caryn. Those are all the questions that I have today. I want to thank you for being with us and we're looking forward to hearing more from you during the audio conference.

CARYN JACOBI: Thank you Patricia.