Integrated Behavioral Health

Meeting Minutes

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| Date: 7/14/16 |  | Time: 7:30am to 9:00am |  |
| **Location**: Washington Room RIQI, 50 Holden St, Providence, RI |  | Call-in: 508.856.8222 code 4614 (host 7191) |  |
| Meeting Information: |  | **Attendees (marked with an \*)** |
| **Meeting Purpose/Objective:** to establish a work group to lead the transformation of primary care in RI in the context of an integrated health care system **Handouts/Attachments:*** Meeting Agenda
* Screening and Rescreening Measures
* Process Mapping Activity Presentation
 |  | Matt Roman, Co-Chair\*Rena Sheehan, Co-Chair\*Donna Bagdasarian Christopher BakerTom Bledsoe\*Michele Brown\*Joanna BrownDavid BrumleySusan Bruce\*Diane Block Paul BlockSusan BoudreauChrystal BozaMaggie Bublitz\*Nelly Burdette\*Susanne Campbell\*Chris CampanileErin CampopianoMatthew CollinsEmily CollierChris CamilloLiz CantorSheila Capece\*Jody Cloutier\*Kathy Congdon\* | Lisa ConlanEmily Cooper Allison Croke Charlotte CristRobert Crossley\*Vanessa CumplidoKristin David\*Betsy Dennigan\*Deidre Denning-NortonBrenda DowlatshahiKristen EdwardGina Eubank\*Sarah Fluery\*Sarah FesslerGregory FritzRick Ford\*Elizabeth Fortin Sarah Gambell\*Stan GalekAndrea GalgayDeidre GiffordRichard Goldberg Lynda GreeneJamie HandyHannah Hakim\* | Emily HarrisonSuzanne HerzbergScott Hewitt Kathleen HittnerKristen Hull\*Debra Hurwitz\*Brenda JenkinsMartin KerzerElizabeth LangeRachel LegendDebra LobatoJim Lucht Michael Lichtenstein Elizabeth LynchJoanna MacLean\*Matthew Malek\*Linda Mahoney\*Gail MartinThomas Martin Ramona MelloAdam McHughStephanie McCaffreyDeb Morales Mary Moore Laura Morton | Bill MuellerJustin NashJessica Nadeau\*Luz Ospina\*Heidi PerreaultAngela Reda\*Nicole RenzulliHelen RockSarah RoderickJan RomagnoloRenee RulinAndrew SaalDonna SoaresKathy SchwabMichael Spoerri\*Gregory Steinmetz\*Sue Storti Lois TeitzJohn TodaroIris TongPaco TrillaCindy Wyman Pano YeracarisSherri Zinno |
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| # | Time  | Comments |
|  | Debra Hurwitz5 minutes | * **Introductions and Agenda Review**
* *The group went around the room and on the phone for introductions.*
* *Nelly reminded the group that this was the second quarterly IBH meeting for the practices that are participating in the Adult Pilot Program, and that the next one will be in October with a speaker to discuss behavioral health documentation and confidentiality issues in primary care from the field of social work.*
* *The group was also reminded that the last agenda item will be a working activity for the Adult IBH Pilot Program practices, so committee members are welcomed to stay but are free to leave during that time.*
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| 1. 2
 | All20 minutes | * **Adult IBH Pilot Program Practice Sharing (Cohort 1)**
* *Cohort 1 practices were asked to discuss some of the successes and barriers that they have come across during the pilot program. Most have been discussed with Nelly already on their monthly site visits, but it was good for the cohort 2 practices to get an update as well.*
* **Successes**
* *It’s very exciting to see patients following through with the IBH services*
* *Positive experiences regarding availability and access for patients*
* *In some cases, ED visits have decreased for patients.*
* *Staff are working to be on the same page with the patients*
* *More of a collaboration with staff*
* *The new processes seem to be working*
* **Barriers**
* *Some commercial plans have a high co-pay for mental health which limits patients being able to obtain needed services*
* *Feedback: think about having groups be self-pay and determine a sliding-scale fee that is consistent with the fees of the practice.*
* *IBH provider is almost too popular and schedules are filling up*
* *Long wait lists for community referrals, especially psychiatry*
* *Feedback: Start a group that is consistent with the types of patients you see so individual visits can be opened up (i.e. stress management).*
* *Some patients seem to keep looping back to primary care, perhaps due to lack of BH services*
* *When compacts are full it’s hard to work into workflow*
* *Feedback: Establish more than one compact to meet a variety of needs.*
* *Data and registry process (EHS/Epic vs. manual data entry)*
* *Feedback: Break up the tasks. Use students, or admin staff to focus on certain components related to strict data-entry. Only have clinical staff assisting when there is a clinical component of the registry needing feedback or assistance. It does take some time by the payoff in the end should be worthwhile.*
* *There is a need for more physicians that can provide Medication Assisted Treatment*
* *Requiring more manpower and maintaining registries*
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|  | Nelly Burdette5 minutes | * **Warm Hand off and Team Huddle Videos**
* [**https://www.youtube.com/watch?v=pkKZ4e0iUqg**](https://www.youtube.com/watch?v=pkKZ4e0iUqg) **(Warm Hand Off)**
* [**https://www.youtube.com/watch?v=-8lDsdru0Hs**](https://www.youtube.com/watch?v=-8lDsdru0Hs) **(Team Huddle)**
* *Although we did not have time to watch the videos during the meeting, please watch them with your IBH team members.*
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| 1. 15
 | Debra Hurwitz, Susanne Campbell15 minutes | * **Screening and Rescreening Measure Review**
* *CTC-RI thanked the practices for their patience as we work through the details on the data collection and the measurement specifications. Although the process has been complicated and is taking longer than expected, we want to make sure they were in line with the SIM alignment work and the RIF grant requirements.*
* *Revised Depression and Follow up measure required for all CTC Practices: An email went out to all of the CTC practices instructing that if they were unable to submit using the new CTC measure specifications for the depression measure (screening and follow up), they could utilize the old measure specifications and include an annotation in the reporting tool. An additional email went out to CTC practices* ***unable to use the new specifications*** *to not submit at all for these measures rather than have some practices submit with old measure specifications and others with the new.*
* *Practices will be expected to report using new measure specifications in the October submission and also be expected to submit reports for the Q2 reporting period once their reports have been corrected (no later than October 15th).*
* *In regards to the Screening Reports Specific to the Adult IBH Pilot Program: Cohort 1 practices will not have to send in their screening reports on July 15th. The reports will now be due on Oct 15th for the first three quarters, and will be due on a quarterly basis from there (updated milestone document attached).*
* *Depression, Anxiety and SUD Re-*screening: CTC will be sending out the re-screening measure. Practices can use the re-screening measurement specifications to monitor their effectiveness for re-screening. This information does not need to be submitted to Marie but can be shared during meetings with Nelly for performance improvement purposes.
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|  | Nelly Burdette15 minutes | * **Data Collection Updates**
* Warm hand off, No Show, and Referral to External
* *As part of the data collection process, CTC wanted to check with practices on how difficult it would be to collect information for each patient regarding a warm hand off to an IBH Professional, no shows for appointments and if they were referred to an external provider.*
* *A follow up email will go out to poll the pilot program practices to see if these data fields will be possible to collect, and if that data would be aggregate or for each individual patient.*
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|  | Nelly Burdette30 minutes | * **Process Mapping Activity**
* *Nelly reviewed the process mapping presentation and the pilot practices worked with their teams to begin to simplify a process. It was recommended for Cohort 1 practices to work on the PDSA process and for Cohort 2 practices to work on any IBH process that may not be occurring as smoothly as possible.*
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|  | All | * **Next Steps**
* **Upcoming Events/Meetings:**
* 2016 Meeting Frequency
* August 11, 2016- Regular Committee Meeting
* September 8, 2016- Focus on pediatric topic
* Attendance at this meeting is **required** for PCMH-Kids practices participating in the Behavioral Health Learning Collaborative
* October 13, 2016- Quarterly Adult IBH pilot program
* *Attendance at this meeting is* ***required*** *for practices participating in the IBH Pilot Program.*
* *Attendance at this meeting is* ***optional*** *for practices participating in the PCMH-Kids Contract.*
* November 10, 2016- Regular Committee Meeting
* December 8, 2016- Focus on pediatric topic
* Attendance at this meeting is **required** for PCMH-Kids practices participating in the Behavioral Health Learning Collaborative.
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| ACTION ITEM LOG |
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| Added  | Action # | Assignee | Action /Status | Due  | Closed |
| 7/14/16 | 1 | CTC Mgmt | Follow up on Matt’s question about measures issued 2-3 years ago and SBIRT billing codes on SUD side. | TBD |  |