Integrated Behavioral Health

Meeting Minutes

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| Date: 12/8/16 | | |  | 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 * Pediatric Psychiatry Resource Network (PRN) Handouts * Survey Data Results | | |  | Matt Roman, Co-Chair\*  Rena Sheehan, Co-Chair\*  Donna Bagdasarian  Christopher Baker  Tom Bledsoe  Michele Brown\*  Joanna Brown  David Brumley  Susan Bruce\*  Diane Block  Paul Block  Susan Boudreau  Chrystal Boza  Maggie Bublitz  Nelly Burdette  Susanne Campbell  Chris Campanile  Erin Campopiano  Lauren Capizzo\*  Chris Camillo  Liz Cantor\*  Sheila Capece\*  Jody Cloutier  Matthew Collins  Emily Collier  Kathy Congdon  Lisa Conlan | Emily Cooper  Allison Croke  Charlotte Crist  Robert Crossley  Vanessa Cumplido  Kristin David  Betsy Dennigan  Deidre Denning-Norton  Brenda Dowlatshahi  Susan Eagleson\*  Kristen Edward  Gina Eubank  Sarah Fessler  Pat Flanagan\*  Sarah Fluery  Gregory Fritz  Rick Ford  Elizabeth Fortin  Sarah Gambell  Stan Galek  Deidre Gifford  Richard Goldberg  Lynda Greene  Jamie Handy  Emily Harrison  Suzanne Herzberg  Scott Hewitt\* | Kathleen Hittner  William Hollinshead\*  Kristen Hull  Debra Hurwitz\*  Brenda Jenkins  Martin Kerzer  Steve Kozak\*  Jill Lamberton\*  Elizabeth Lange\*  Rachel Legend  Debra Lobato\*  Jim Lucht  Michael Lichtenstein  Jason Lyon\*  Elizabeth Lynch  Joanna MacLean  Linda Mahoney  Gail Martin  Thomas Martin  Ramona Mello  Tammy Messier\*  Stephanie McCaffrey  Suzanne McLaughlin\*  Deb Morales  Mary Moore  Laura Morton  Bill Mueller | | Jessica Nadeau  Alcina Nickson\*  Luz Ospina  Heidi Perreault  Putney Pyles\*  Angela Reda  Nicole Renzulli  Kelley Reilly\*  Helen Rock  Sarah Roderick  Jan Romagnolo  Renee Rulin  Andrew Saal  Marilyn Saunders\*  Donna Soares  Kathy Schwab  Michael Spoerri  Gregory Steinmetz  Sue Storti  Lois Teitz  John Todaro  Iris Tong  Kimberley Townsend\*  Cindy Wyman  Pano Yeracaris  Sherri Zinno  Alice Zory\* | |
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| # | Time | Comments | | | | | | |
|  | Rena Sheehan  5 minutes | * **Introductions and review of agenda** * *Welcome and Review agenda* | | | | | | |
|  | All   1. minutes | * **Practice Report out on Learning Collaborative Work Plan Progress, Third Data Point, Aim Statement Updates and Open Discussion (Expectations, Challenges and Successes):** * *Each practice reported out on their status, challenges and successes, third data points, updates to their aim statement, and how they are working towards their goals.* * ***Coastal Waterman-*** *aims to safeguard the process for writing stimulant prescriptions in our office. In this era of increasing abuse of controlled substances, it is important to have in place a contract with our patients that specifically details the rights, responsibilities and expectations of this special prescription. We will increase the number of patients with signed contracts for their controlled substance prescription from 0% to 50%.* * *The practice has been making little changes to the process flow. They started with 7.1% and their third data point report out is now at 19.7%. They identified that they have a ways to go to reach their goal, but continue to increase each reporting period.* * *One of the processes and next steps is to track who was prescribing the ADHD medications to the patients identified.* * *Questions came up regarding the RIQI prescription order work and if those tools would be helpful for this workflow.* * *Those resources are more helpful when you have patients that lose their medications, overfilling, etc.* * ***East Bay Family Health Center****/****East Bay Medical Health -*** *aims to increase by 25% referrals for pediatric patients with ADHD and their families to RIPIN by March of 2017.* * *One of the workflow elements identified was to hire a child provider, and Susan Eagleson has filled that role.* * *The focus was to look at child and adolescent screening tools to work in to the behavioral health in primary care.* * *The goal now is to figure out which evaluation tools to keep and which to add.* * ***Hasbro Pediatric Primary Care-*** *aims to increase ADHD follow up appointments made at time of visit or when script is given by 10%.* * *The Hasbro practices are in a different position than other practices because they have a resident clinic with additional resident providers and faculty providers.* * *Initially, they reviewed all of their patients to see how many have ADHD as a primary diagnosis (610 patients and out of those, 219 have their medications managed by the practice).* * *Most of the issues identified were lack of knowledge from the parents/guardian/caregivers for the management of these patients, slots to see the patients on a regular basis, and difficulty getting information back and forth from the patients.* * *They have created two different folders of resources and a care plan agreement.* * *They continue to struggle with getting the Vanderbilt forms back from the schools, but have increased the number of care plans signed by the families.* * *The group provided suggestions on how to get the Vanderbilt forms back to the practices (i.e. return envelope in the form, using the Child Health & Development Interactive System (CHADIS), etc.).* * ***Hasbro Medicine-Pediatric Clinic-*** *aims to**reduce the inconsistency with adherence to care guidelines with patients on ADHD meds returning for follow-up visit by 10% by end of year.* * *The processes, updates, and struggles are the same as Hasbro Pediatric Primary Care, although they are a smaller practice, and therefore smaller number of ADHD patients.* * *Although there is a bandwidth issue, the results continue to track in the right direction.* * ***Pediatric Associates-*** *aims to create a consistent guideline across all providers in the practice for diagnosis of ADHD, ADHD follow up and medication management. Their goal is to have 50% of new diagnosed ADHD patients receive the recommended follow-up and 50% of all ADHD patients on medication have appropriate follow up appointments before receiving refills. They will attempt to reach this goal by March 1, 2017.* * *Initially, their aim was to increase follow up visits. However, based on the baseline report they had to restructure their aim because they were not able to identify follow up visits for ADHD.* * *After the second round of data, they were able to report that 519 patients with ADHD on medication and that 200 of them had been seen for follow up visits (38%). Reports for the third quarter, 498 patients with ADHD on medication, and 225 of them had been seen for follow up visits (45%).Their goal is to get to 50% by next March.* * *There isn’t a way to eliminate the patients that receive their ADHD medications from another provider.* * ***Wood River Health Services-*** *aims to implement a pediatric ADD/ADHD Management protocol.* * *This practice initially ran some reports to identify patients with ADHD and from there wanted to get the patients on to a registry.* * *They had to develop a new medication management protocol, identify co-mobility’s that interfere with ADHD diagnosis, update referral process including a resource binder, gather a lot of ADHD education for different age group and tweaking in their EHR (Nextgen).* * *They came up with a letter and a survey to give the practice an idea of the resources that the families have, if they are currently seeing a therapists, home services they might be receiving, if the patient has an IEP, and asking them if they’d like to see the BH specialist in the practice. Unfortunately, they received very little response from the surveys but will continue to work on workshops for the families that did respond.* * *Their current process is reaching out to the families to invite them to call the ADHD coach to discuss their issues for problem solving to reduce the amount of possible no shows.* | | | | | | |
| 3. | Deb Lobato  Liz Cantor  20 minutes | * **Practice Survey Results and Next Steps** * *CTC-RI recently conducted a survey where we asked practices involved in the Pediatric IBH/ADHD Learning Collaborative to indicate any challenges that they were facing in accessing BH services to get a better understanding of which sites the content experts could be most helpful. In reviewing the survey, several areas were identified where the expert/consultant could assist.* * *The content experts, Deb Lobato, PhD and Liz Cantor, PhD reviewed the survey results with the group and reported that they will be in contact to schedule site visits with the following corresponding practices:* * *Deb Lobato* * *Hasbro Medicine Pediatrics;* * *Hasbro Pedi Primary Care; and* * *Coastal Waterman Pediatrics* * *Liz Cantor* * *Wood River;* * *EBCAP; and* * *Pediatric Associates* | | | | | | |
| 4. | All  5 minutes | * **ADHD Learning Collaborative Update** * *The BH Learning Collaborative for Post-Partum depression is tentatively scheduled for 4/26/17. Practices will receive a save the date for the event soon.* * *The ADHD Learning Collaborative participants will report out on their process, results and next steps by using story boards.* * *More info on how to apply and register for the event will be sent out soon.* * *A storyboard/poster template will be sent to the practices.* | | | | | | |
| 6. | Deb Lobato  5 minutes | * **Pediatric Psychiatry Resource Network** * *At last week’s stakeholder meeting, Dr. Rajvi Broker-Sen and Dr. Elizabeth Lowenhaupt presented the Pediatric Psychiatry Resource Network (PRN) (previously presented as Child Psychiatry Access Program), which is an innovative program designed to help pediatric primary care providers meet the needs of children with behavioral health struggles.* * *Service is available to all Pediatric Primary Care Providers (PPCP’s) in the state of RI at no cost.* * *Practices must enroll to participate. The program starts on December 15, 2016 and the number to call is (401) 432-1KID or (432-1543) between 8am-5pm on weekdays.* * *Enrollment and Survey forms are available on the CTC-RI website for those that are interested.* | | | | | | |
| 7. | Health Plan Reps  10 minutes | * **ADHD Resources for Families** * *As feedback from the survey mentioned earlier, some of the PCMH-Kids practices identified that they had difficulty recruiting providers. CTC invited health plans to report out on some of the resources/contacts that are available to patients and families that have children with ADHD.* * *Blue Cross Blue Shield of RI, United Health Care, and Tufts were able to report out and provide resources to the practices.* * *Those resources will be available on the CTC-RI website, as well as be sent out with the meeting minutes.* * *Practices were encouraged to call the health plans when they are dealing with complex patients to see what resources or additional assistance the health plans can provide.* | | | | | | |
|  | All | * **Next Steps** * 2017 BH Learning Collaborative (Save the Date 4/26/17) * **Upcoming Events/Meetings:** * 2017 Meeting Frequency * January 12, 2017- Quarterly Adult IBH Program * February 9, 2017- Regular Committee Meeting * **March 9, 2017- Quarterly Pediatric IBH Program** * April 13, 2017- Quarterly Adult IBH Program * May 11, 2017- Regular Committee Meeting * **June 8, 2017- Quarterly Pediatric IBH Program** * July 13, 2017- Quarterly Adult IBH Program * August 10, 2017- Regular Committee Meeting * **September 14, 2017 - Quarterly Pediatric IBH Program** * October 12, 2017- Quarterly Adult IBH Program * November 9, 2017- Regular Committee Meeting * **December 14, 2017 - Quarterly Pediatric IBH Program** | | | | | | |

| ACTION ITEM LOG | | | | | |
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| Added | Action # | Assignee | Action /Status | Due | Closed |
| 12/8/16 | 1 | D. Lobato L. Cantor | Work with their respective practices on: screening guidelines for kids 0 to 6 years old, communications to the schools, over and under diagnoses, tips on how to get engagement, and facilitate discussions of some of the complex cases. | TBD |  |