Integrated Behavioral Health

Meeting Minutes

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| Date: 3/9/17 |  | 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
 |  | Matt Roman, Co-Chair\*Rena Sheehan, Co-Chair\*Kathryn Amalfitano\* Donna Bagdasarian Christopher BakerTom BledsoeMichele Brown\*Joanna BrownDavid BrumleySusan Bruce\*Diane Block Paul BlockSusan BoudreauChrystal BozaMaggie BublitzNelly Burdette\*Susanne Campbell\*Chris CampanileErin CampopianoLauren Capizzo\*Chris CamilloLiz Cantor\*Sheila Capece\*Amy Chirichetti\*Jody CloutierMatthew CollinsEmily CollierKathy Congdon | Emily Cooper Allison Croke Charlotte CristRobert CrossleyVanessa CumplidoKristin DavidBetsy DenniganDeidre Denning-NortonBrenda DowlatshahiSusan EaglesonKristen EdwardGina EubankSarah FesslerPat FlanaganSarah Fluery\*Gregory FritzRick FordElizabeth Fortin Sarah GambellStan GalekDeidre GiffordRichard Goldberg Lynda GreeneJamie HandyEmily HarrisonSuzanne HerzbergScott Hewitt\*Kathleen Hittner | William Hollinshead\*Kristen HullDebra Hurwitz\*Brenda JenkinsMartin KerzerSteve KozakJill Lamberton\*Elizabeth Lange\*Rachel LegendDebra LobatoJim Lucht Millie Luckens\*Michael Lichtenstein Jason LyonElizabeth LynchJoanna MacLeanLinda MahoneyGail MartinThomas Martin Ramona MelloTammy MessierStephanie McCaffrey\*Suzanne McLaughlin\*Deb Morales Mary Moore Laura MortonBill MuellerAlcina Nickson | Luz OspinaHeidi PerreaultWendy Phillips\*Putney Pyles\*Angela Reda\*Nicole RenzulliKelley ReillyHelen RockSarah RoderickJan RomagnoloRenee RulinAndrew SaalMarilyn Saunders\*Jessica SavocaDonna SoaresKathy SchwabMichael SpoerriGregory SteinmetzSue Storti Lois TeitzJohn TodaroIris TongKimberley Townsend\*Tilak Verma\*Cindy Wyman Pano Yeracaris\*Sherri ZinnoAlice Zory |
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| # | Time  | Comments |
|  | Debra Hurwitz5 minutes | **Introductions and Agenda Review**  |
|  | All45 minutes | **Practice Report out on Learning Collaborative Work Plan Progress, fourth data point and a summary of the year’s activities in the current ADHD learning collaborative (Expectations, Challenges and Successes):*** *Each practice reported out on their status, challenges and successes, fourth data points, updates to their aim statement, and how they are working towards their goals as the project comes to an end.*
* ***Coastal Waterman-*** *aims to safeguard the process for writing stimulant prescriptions in their office. In this era of increasing abuse of controlled substances, it is important to have in place a contract with their 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 reported having different struggles in the last quarter with increasing the number of patients with signed controlled substance agreements.*
* *They do attribute some of that to the timing (i.e. holidays, vacations, flu season, etc.).*
* *Although the practice was disappointed that the percentage did not increase, they reported that the project has been a very beneficial for them to drilldown into their workflows to make it better.*
* ***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.*
* *Part of their goal was to refer to community agencies as needed.*
* *The practice also has behavioral health onsite (East Bay Mental Health), which has helped decrease the outside referrals.*
* *There were some questions around follow up on patients after the referrals.*
* *They have better turn out with the onsite BH service referrals.*
* *There were additional questions around the warm hand off process.*
* *The practice has SBIRT clinicians and family advocates to help to increase the number of warm hand offs.*
* *The BH clinician is only seeing a small population of the ADHD patients as most of them are managed by their PCP.*
* ***Hasbro Pediatric Primary Care-*** *aims to increase ADHD follow up appointments made at time of visit or when script is given by 10%.*
* *Initially, 40% of the ADHD patients did not have follow up visit. Currently, the practice is down to 18% due to the updated processes from the learning collaborative work flows.*
* *The practice also has a Saturday clinic to help with patients that cannot get there during the week.*
* *The other measure was getting the families to sign off on a family agreement. Their baseline was 0% when they started. Currently, the practice has 48% of the families with stimulant medications assigned to them that have signed agreements (i.e. the family agrees to only take the medications as prescribed, etc.). They anticipate the percentage to improve with time.*
* *There were questions around the penalties for the patients that break the agreement.*
* *The penalties are up the discretion of the provider.*
* *There were additional questions about the agreements and how they have improved patient care.*
* *The signed agreements ensure that the families are using the prescriptions adequately and helping the families understand why they need to come in so frequently for visits.*
* ***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.*
* *The number of signed contracts has increased and the care coordinator goes through the list of patients to make sure they are scheduled for follow up visits.*
* *There was a question regarding the workflows and who is conducting the agreement discussion.*
* *Both Hasbro Pediatric practices reviewed the packet that is signed by the family with the Physician at the last IBH Pediatric Meeting in December.*
* *There were some suggestions around the medical assistant initiating the agreement discussion and then the Physician following up to see if they have any questions.*
* *The practices also conduct morning huddles which have been a great help in getting everyone on the same page.*
* ***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 for ADHD medication refills. However, they have patients that they don’t refill ADHD medications for and patients that they do. They had initially had problems tracking which patients had ADHD, which were on medication, and how to tell if they were scheduled for a follow up appointment.*
* *The practice’s initial baseline is 0 because they didn’t have any data at the start of the project.*
* *The practice spent the first quarter setting up a process in their electronic health record (EHR) to flag their ADHD patients.*
* *They still have not been able to track the patients that they are prescribing the ADHD medications for in their EHR.*
* *There were some comments and concerns from the group around not being able to track the difference between reported medications and prescribed medications in their EHR.*
* *The practice does have an updated percentage of 48% based on the new system.*
* *The practice was also affected by visits being cancelled in the last quarter (i.e. holidays, vacations, flu season, etc.).*
* ***Wood River Health Services-*** *aims to implement a pediatric ADD/ADHD management protocol.*
* *This practice initially developed a registry to identify patients with ADHD and were able to identify 95 patients based on that process.*
* *They additionally implemented a process to send letters and surveys, but did not receive many back. From there they tried phone calls, which also did not work too well.*
* *The practice then identified that they needed to implement more warm hand offs so that they are directly connecting with the families.*
* *They also need to implement a better warm hand off tracking system, and have put together resource information to give to the families during the warm hand offs.*
* *The group provided suggestions around possible learning sessions or educational resource learning sessions for Pediatric Associates and Wood River because they have similar processes and struggles.*
* *The group additionally suggested having some resource videos playing for while the parents in the waiting room during the visits.*
* *These types of videos are available through the Additude website (http://www.additudemag.com).*
* *This is the last required meeting as part of the ADHD learning collaborative. Please continue to utilize the content experts and other resources for help on this ongoing practice project.*
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|  | All45 minutes | **Practice Story Board Work*** *The April PCMH-Kids Learning Collaborative will be two parts.*
* *The first part of the morning will be closing out the ADHD learning collaborative with report outs from the practices that participated.*
* *The second part of the morning will be developing aim statements and goals for the practices that are participating in the maternal depression learning collaborative.*
* *The practices broke out into groups to work on their ADHD story boards for the April 26th Learning Collaborative.*
* *Story boards are due to Michele Brown by 4/17/17 to be printed for the learning collaborative presentations.*
* *Please contact Michele if you have any questions or need help formatting.*
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|  | All | * **Next Steps**
* 2017 BH Learning Collaborative (Save the Date 4/26/17)
* **Upcoming Events/Meetings:**
* 2017 Meeting Frequency
* 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**
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| ACTION ITEM LOG |
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| Added  | Action # | Assignee | Action /Status | Due  | Closed |
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