Integrated Behavioral Health

Meeting Minutes

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| Date: 9/8/16 |  | 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
* QI Strategies Presentation
* Workforce for the Future Forum
 |  | Matt Roman, Co-ChairRena Sheehan, Co-Chair\*Marilyn Alves\*Donna Bagdasarian Christopher BakerTom BledsoeMichele Brown\*David BrumleySusan BruceDiane Block Paul BlockSusan BoudreauChrystal BozaMaggie BublitzNelly Burdette\*Susanne Campbell\*Chris CampanileErin CampopianoLauren Capizzo\*Amy Chirichetti\*Matthew CollinsEmily CollierChris CamilloLiz Cantor\*Sheila Capece\*Jody Cloutier\*Kathy Congdon | Lisa ConlanEmily Cooper Allison Croke Charlotte Crist\*Robert CrossleyVanessa CumplidoKristin DavidGail Davis\*Deidre Denning-NortonBrenda DowlatshahiKristen EdwardGina EubankPat Flanagan\*Sarah Fluery\*Sarah FesslerGregory FritzRick FordElizabeth Fortin Sarah GambellStan Galek\*Andrea GalgayDeidre GiffordRichard Goldberg Lynda GreeneJamie HandyEmily HarrisonYamilette Hernandez\* | Suzanne Herzberg\*Scott Hewitt Kathleen HittnerKristen HullDebra Hurwitz\*Brenda JenkinsMartin KerzerJill Lamberton\*Elizabeth Lange\*Rachel LegendDebra Lobato\*Jason Lyon\*Michael Lichtenstein Elizabeth LynchJoanna MacLeanMatthew MalekLinda MahoneyGail MartinThomas Martin Ramona MelloAdam McHughStephanie McCaffreyDeb Morales Mary Moore Laura MortonBill MuellerJustin Nash | Jessica Nadeau\*Luz OspinaAnn Marie Peters\*Heidi PerreaultPutney Pyles\*Angela RedaNicole RenzulliHelen RockSarah RoderickJan RomagnoloRenee RulinAndrew Saal\*Marilyn Saunders\*Sheri Sharp\*Donna SoaresKathy SchwabMichael SpoerriGregory SteinmetzSue Storti Lois TeitzJohn TodaroSarah Thompson\*Iris TongPaco TrillaCindy Wyman Pano Yeracaris\*Sherri Zinno |
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| # | Time  | Comments |
|  | Debra Hurwitz5 minutes | * **Introductions and review of agenda**
* *Welcome and Review agenda*
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|  | Lauren Capizzo, Putney Pyles1. minutes
 | * **QI Strategies Presentation and ADHD Learning Collaborative Updates**
* *Lauren Capizzo and Putney Pyles from HealthCentric Advisors facilitated a presentation and discussion on Quality Improvement Strategies to Increase Success, which included: common reasons why QI processes fail; how to best identify the problem for your QI project; how to track and measure for QI success; the PDSA process, and aim statements/measures strategies.*
* *The group discussed questions around:*
* *A project leader versus getting everyone from the practice involved for a multi-disciplinary approach;*
* *Implementing PDSAs sometimes being the hardest part;*
* *Team members need to listen before they act; and*
* *Creating a capacity of a team approach.*
* *Practices can contact Lauren (401-528-3239) and Putney (401-528-3216) for further questions, comments or concerns.*
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|  | All40 minutes | * **Open Discussion re: Pediatric PDSA Report outs**
* *Each practice reported out on their status, challenges and successes, second 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%.*
* *This practice hopes to increase having Attention Deficit Disorder to the problem list. They initially started with how many patients had stimulant medications identified on the medication list as a mechanism to identify patients with stimulants (denominator), and filling out control substance agreement forms (numerator). They all needed to agree where the data will be kept in the chart so that they are pulling from the same area. The next workflow is to streamline the process for data pulling and chart triggers for screening tools.*
* ***Hasbro Pediatric Primary Care-*** *aims to increase ADHD follow up appointments made at time of visit or when script is given by 10%.*
* *This practice is working on getting packets together for educating parents. They have decided to also do this for Hasbro Medicine-Pediatric Clinic as well. They wanted to focus more on putting the packets together. Reporting is difficult, which is similar for Hasbro Medicine Pediatric Clinic. They are trying improve patients with follow up appointments by 10%. The problem was that appointments weren’t being scheduled.*
* ***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.*
* *This practice has the same practice manager as Hasbro Pediatric Primary Care. They started out with 90 patients and are working on a smart list to be able to track the forms that are being sent to patients, in addition to tracking if they sign the care agreement. They are now down to 35 patients down from 90. The data was different than what they had originally thought. They are still going to do the packets, but to decrease the amount to make sure the patients have follow up appointments. Even without availability, putting patients on the wait list helped, and are trying to drop by 10%. The problem was that appointments weren’t being scheduled and the availability of appointments.*
* ***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.*
* *This practice is starting to identify patients with ADHD, working on getting everyone involved, patients back for making an appointment before the next refill, and triage ADHD appointment calls. They are creating care plans for those identifying, following up with them to see where they are with their goals, tracking any changes, and have a liaison for the schools to discuss IEPs, school meetings, basically helping them prepare.*
* ***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.*
* *This practice has a good handle on the process changes. They are working to ensure that families are aware of all of the resources there are (parenting classes, etc.). The patients will have an initial visit with them and then referrals from there. They would like to see how well the referrals are going and are reaching out to the patients to see if they have been referred or followed through, everything that a parent can use (group meetings are a great idea), in addition to outreach to schools as needed. There is so much more to ADHD than meds (i.e. diet, exercise, parent education, caffeine and sugar consumption, etc.). (REM SLEEP) Screening and Referral for Treatment-onsite councilors that meet with families to assess.*
* ***Wood River Health Services-*** *aims to implement a pediatric ADD/ADHD Management protocol.*
* *This practice is working on identifying and outreaching to patients with ADHD. They have two physicians taking on the patients, and are working on setting up a protocol for an ADHD (grid) to make sure all patients are offered the services that they need with follow up. For newly identified ADHD patients, they are working on figuring out how to get those kids involved in management protocol and triaging to identify what kind of services these patients need, in addition to a medication management protocol. They are also hoping to offer a program to work with the school to help jump start into the next semester with organization tools. Their goal is getting all of the patients stabilized.*
* *The team had questions around the approach for working with the schools.*
* *The practice isn’t doing it yet, but the process will be around notes from the teacher or working with the parents on reaching out to the school to see how they can help (i.e. medication, etc.).*
* *There was discussion around what happens prior to making the diagnosis of attention deficit disorder. Liz indicated that this might be an area where she and Deb could be of assistance to the practices*
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|  | Debra Hurwitz5 minutes | * **IBH Workforce Development Focus Group**
* *CTC met with Justin Nash from Memorial Hospital of RI who has been working with representatives with other family medicine and primary care groups in the New England region as part of the Integrated Behavioral Health Primary Care Learning Community (IBHPC). The group was formed and is coordinated through the efforts of Julie Schirmer, LCSW from Maine Medical Center. The group has also interfaced with NESCSO (New England States Consortium Systems Organization) which is directed by Elana Nicolella from Rhode Island. The current project the IBHPC Learning Community is working on is an inventory of the workforce development needs and initiatives for behavioral health integration in each state. The resulting report has been invited to be published in a family medicine journal. To gather information, group members are meeting with thought leaders in each state.*
* *CTC would like to use a portion of the November IBH Committee meeting as a focus group discussion as part of the IBHPC.*
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|  | All | * **Other**
* *CTC introduced Deb Lobato and Elizabeth Cantor, clinical psychologist that have agreed to work with the PCMH-Kids ADHD project in a subject matter expert capacity. They will be a resource for the practice facilitators working on the ADHD project, and they will be available for a conference call with the practice for feedback. CTC is very excited to have them on the project.*
* *The group identified the following as areas that the practices could use SME help with:*
* *Process for identifying and diagnosing patients with ADHD;*
* *School absence data and social determinants of health; and*
* *Undiagnosed learning disabilities as inattention*
* **Upcoming Events/Meetings:**
* 2016 Meeting Frequency
* October 13, 2016- quarterly IBH pilot program
* November 10, 2016- Regular Committee Meeting
* BHDDH presentation
* IBHPC Focus Group
* December 8, 2016- focus on pediatric topic
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| ACTION ITEM LOG |
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| Added  | Action # | Assignee | Action /Status | Due  | Closed |
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