RHIP Behavioral Health Identification & Awareness Workgroup

PacificSource Community Solutions

2965 Conners Ave, Bend (Room #210 on the 2nd Floor)

Agenda: May 23, 2017 from 8:15am-9:30am

Goals

Clinical Goal(s): (1) Increase screenings for depression, anxiety, suicidal ideation, and substance use disorders.
(2) When screenings are positive, increase and improve primary care-based interventions, and, when appropriate, referrals and successful engagement in specialty services.

Prevention Goal(s): Normalize the public's perception of accessing resources for depression, anxiety, suicidal ideation, and substance use.

Health Indicators by 2019	QIM Measure	State Measure	Healthy People 2020
1. Number of SBIRT/CRAFFT screenings provided in healthcare settings shall exceed 12% (Oregon Health Authority, 2015).	√		
2. Number of Depression screenings and follow-up care provided in healthcare settings shall exceed 25% (Oregon Health Authority, 2015).	√		
3. First year develop a baseline of successful referral and engagement in specialty care from primary care. Second year develop performance improvement benchmarks.			

1. 8:15-8:20 **Introductions—All**

2. 8:20-9:30 **Continue A3—All**
   - **Individuals in our communities are suffering and dying from a lack of a seamless and coordinated continuum of care that identifies and effectively responds to behavioral health needs.**

3. 9:30 **Action Items—All**
   - **Next steps**

Next Meeting: **June 27, 2017 from 8:15-9:30am**
(Deschutes County Bldg, 1300 NW Wall St, Bend: DeArmond Room)

BH Screening and Awareness (21)	Organization
DeAnn Carr, LCSW	Deschutes County Health Services
McKenzie Dean, MD	St. Charles Health System
Janet Foliano-Kemp	St. Charles Health System
Mike Franz, MD	PacificSource
Erica Fuller, MA, LPC, CADCIII	Rimrock Trails Adolescent Treatment Services
Jessica Jacks, MPH, CPS	Deschutes County Health Services
Susan Keys, PhD	OSU Cascades
Larry Kogovsek	CAC Consumer Representative
Malia Ladd, EdD	CAC Consumer Representative/NeighborImpact
Nicole Lemmon, MA	Wellness & Education Board of Central Oregon (WEBCO)
Christy Maciel, PSS	National Alliance on Mental Illness (NAMI)
Sondra Marshall, PhD	COPA & St. Charles Health System
Wade Miller, MBA	Central Oregon Pediatrics Associates (COPA)
Leslie Neugebauer, OTR/L, MPH	PacificSource
Kristi Nix, MD	High Lakes Healthcare
Laura Pennavaria, MD	La Pine Community Healthy Center
John Peoples, MD, FAAP	Central Oregon Pediatrics Associates (COPA)
Megan Sergi, MSW	Rimrock Trails Adolescent Treatment Services
Rick Treleaven, LCSW	BestCare Treatment Services
Molly Wells Darling, LCSW	St. Charles Health System
Scott Willard, MA, CADC II, SRC, CPC	Lutheran Community Services Northwest

The Integrated Behavioral Health Alliance of Oregon (IBHAO) is a workgroup of CCO Oregon. CCO Oregon is a non-profit member organization that aims to be shaped and to serve all stakeholders that touch coordinated care in Oregon.

IBHAO promotes the full integration of behavioral and physical health services in primary care settings. In 2015, IBHAO developed recommended standards for primary care practices providing integrated behavioral health. Those recommendations have been incorporated into the 2017 PCPCH standards to define what efficacious integrated care looks like.

In 2016, IBHAO focused its efforts around identifying a recommended set of measures to assess integrated care outcomes. It is important to note that measuring integrated care is a new and challenging area, and there is a dearth of existing measures that fully capture the impact of integrated behavioral health care. Nonetheless, innovative organizations in Oregon are moving forward with developing measures to assess integrated care outcomes.

The table below contains a consensus list of recommended measures; please note that IBHAO encourages organizations to begin with process measures, building capacity over time to measure more complex intermediate and outcome measures.

Health Systems, Health Plans, Accountable Care Organizations, CCOs

IBHAO recommends that health systems, insurance plans, and others looking to measure progress toward integrating behavioral health and primary care use the 2017 PCPCH Standard 3.C.3 as the integration metric of choice. At the system level, IBHAO concurs that measuring practice-level progress toward adopting efficacious integrated care delivery models is more meaningful than any current clinical measures.

Numerator: # of PCPCHs that have attested to meeting 2017 PCPCH measure 3.C.3

Denominator: # of PCPCHs in a specified network (System, Plan, or CCO)

To meet Standard 3.C.3 under the 2017 PCPCH standards, practices must provide integrated behavioral health services, including population-based, same-day consultations by behavioral health providers. Further specifications include best practices such as: Behavioral health providers having ample capacity to accommodate same-day access for patients, using the same medical record system as their primary care colleagues, and being active participants in team-based primary care population health strategies and quality improvement activities. IBHAO recommends that primary care homes adopt an integration model that works best for their staff and patient population, and the IBHAO standards provide a framework for practices looking to move beyond simply co-located behavioral health services.

There will be a technical specifications document supplementing this work produced in 2017.

IBHAO will continue to work toward advancing behavioral health integration in Patient-Centered Primary Care Homes across Oregon.

IBHAO Recommended Measures: Primary Care Behavioral Health Integration-November 2016

Integration Concept	Process Measures →	Intermediate Outcome Measures →	Outcome Measures
Access and Quality of Care	Behavioral health screening rates (e.g., SBIRT, PHQ-9, etc.)	1. Depression screening and follow-up plan (e.g. NQF-0418) including integrated care plan involving interdisciplinary team members 2. Identification & Intervention With Target Sub-Populations: Percentage of a sub-population of patients who could benefit from BHC involvement that received a BHC intervention during the reporting period. (e.g., patients with positive PHQ-9 or CRAFFT, or patients with new ADHD or Functional Abdominal Pain diagnoses)	1. Treat to target scores, such as decrease in PHQ-9 scores (Percentage of patients with 50% decrease in scores or PHQ 9 ≤ 10) 2. Aggregated comparison of shift in scores for those who received behavioral health interventions with those who did not receive integrated behavioral health interventions on health measures such as: - Patient-Reported Outcomes (e.g., quality of life surveys CDC HRQOL- 4)
	Percent of completed referrals to outside specialty behavioral health services	Access to Integrated Behavioral Health Services: Percentage of unique patients with a direct patient contact by BHC during the reporting period	Access to Integrated Behavioral Health Services: Sustained evidence of reaching a benchmark population penetration
	Progress toward meeting IBHAO recommended minimum standards for PCPCHs providing integrated care or 2017 PCPCH Standard 3.C.3	Identified Process with goal of meeting the IBHAO recommended minimum standards for PCPCHs providing integrated care or 2017 PCPCH Standard 3.C.3	Verified documentation of meeting the IBHAO recommended minimum standards for PCPCHs providing integrated care or 2017 PCPCH Standard 3.C.3
Utilization & Cost	Fiscal sustainability measures have been identified	Documentation of meeting or exceeding the standards for current behavioral health metrics recognized by Oregon e.g.: - Follow up after hospitalization for mental illness - Avoidable emergency department visits	Established analytics to track the total cost of care prior to behavioral health integration and with behavioral health integrated services
Patient Experience of Care	Patient and family experience receiving integrated care (e.g. CAHPS PCMH item set 3.0)	Patient and family experience receiving integrated care (survey data) Percentage sent and returned	Patient and family experience receiving integrated care (survey data) Comparison of aggregated survey results between those who received integrated behavioral health care with those that did not receive integrated behavioral health care
PCP Retention/ Satisfaction		Systematic evaluation of PCP satisfaction with integrated behavioral health care at practice	Systematic and standardized comparison of PCP retention rates in integrated PCPCHs vs those without BHC

RHIP Workgroup Updates: April

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry, Rick Treleaven & Nikki Lemmon)

- This group meets the fourth Tuesday of every month from 8:15-9:30am and currently has 21 members.
- In April, the group began their A3 process around creating a common response matrix that clinics could adopt, including physician intervention, BHC intervention, short-term behavioral health intervention, and referral to specialty behavioral health. The group also approved and adopted their workgroup charter.

Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry, Rick Treleaven & Mike Franz)

- This group meets the third Wednesday of every month from 3:45-5pm and currently has 23 members.
- In April, the group began the A3 process for their area of focus. They received an overview and prioritized their first A3, which will be around making SUD engagement services available at hospitals and primary care clinics. Before this group begins their A3, they will review and evaluate their metrics during their May meeting. The group also approved and adopted their workgroup charter.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry & Shiela Stewart)

- This group meets the fourth Tuesday of every month from 3:45-5pm and currently has 10 members.
- In April this workgroup began their A3 around promoting/saturating SmokeFree Oregon cessation and prevention campaigns in Central Oregon. Before the group began working on their A3, they learned more about SmokeFree Oregon through a presentation by public health staff. The group will continue working on their first A3 in May. The group also approved and adopted their workgroup charter.

Diabetes—Clinical (Support: Rebeckah Berry & Therese McIntyre)

- This group meets the second Thursday of every month from 9-10:30am and currently has 15 members.
- In April, this workgroup began their A3 around implementing community-wide standards for the prevention and treatment of type 2 diabetes. The group will continue working on their first A3 in May. The group also approved and adopted their workgroup charter.

CVD & Diabetes: Prevention (Support: MaCayla Arsenault, Sarah Worthington, & Steve Strang)

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 27 members.
- The workgroup moved their April 25 meeting to May 9 and will begin their first A3 around reducing barriers for children accessing after-school sports. The workgroup will also go over the results of their School Physical Activity Survey and updated data for their metrics.

RHIP Workgroup Updates: April

Oral Health (Support: Donna Mills & Mary Ann Wren)

- This group meets the third Tuesday of every month from 11-12pm and currently has 24 members.
- The Oral Health Workgroup took the April meeting to review a Prevention and Disease Management presentation by Sharity Ludwig with Advantage Dental. Both House Bills 3353 & 2882 were reviewed by the group with no additional action required or requested. The remainder of the meeting was spent on Box 5 (Solution approaches) of the current A3.

Reproductive Health/Maternal Child Health (Support: Donna Mills & Muriel DeLaVergne-Brown)

- This group meets the second Tuesday of every month from 4-5pm and currently has 23 members.
- The Reproductive and Maternal Child Health Workgroup approved their Workgroup Charter. A review of the metrics, as outlined in the RHIP, was performed before the group launched into their A3 Introduction, training and practice. In May, the Workgroup will have a report out from the Perinatal Care Continuum project.

Social Determinants of Health

- This group meets the third Friday of every month from 10:30-11:30am and currently has 30 members in Kindergarten Readiness and 37 members in Housing.

Education & Health (Support: Donna Mills & Desiree Margo)

- The Kindergarten Readiness Workgroup met for an extended three-hour meeting to hear an update from the TRACEs steering committee, as well as approve their Workgroup Charter. They then launched into their A3 Introductions, training and practice. The homework for the workgroup consists of submitting Box 1 (AIM) recommendations prior to the next meeting in May.

Housing (Support: Bruce Abernethy & MaCayla Arsenault)

- In April, the Housing workgroup began their first A3 around developing a housing needs assessment for Central Oregon in order to provide more accurate and actionable data that can be used to better align housing efforts in the region. The workgroup also approved their charter.