Central Oregon Health Council

RHIP Behavioral Health Identification & Awareness Workgroup

Zoom Video-In Only

Agenda: February 26, 2019 from 8:15am-9:00am

https://zoom.us/j/244442348

Dial: 1.669.900.6833
Meeting ID: 244 442 348

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. 8:20-8:30 **Advancing Integrated Care Budget Update—Mike Franz**
3. 8:30-8:50 **Advancing Integrated Care Updates—Dawn Creach**
   - **Budget Adjustment Approval: Project Coordination Support**
   - **Building Bridges Between Behavioral Health & Primary Care**
   - **Additional Technical Assistance Efforts**
4. 8:50-9:00 **MindYourMind Brief Update—Jessica Jacks**
5. 9:00 **Action Items/Next Steps—All**

Next Meeting: **3.26.2019 from 8-9:15am**
Location: Deschutes County Health (2577 NE Courtney Dr., Bend) Stan Owen

BH Screening and Awareness (13)	Organization
Dawn Creach, MS	Consultant: Advancing Integrated Care Project
Barrett Flesh	Deschutes County Behavioral Health
Janet Foliano, PsyD	St. Charles Health System
Mike Franz, MD	PacificSource
Sierra Groenewold, LPC	Mosaic Medical
Jessica Jacks, MPH, CPS	Deschutes County Health Services
Katie Keck, LMFT	Rimrock Trails Adolescent Treatment Services
Larry Kogovsek	CAC Consumer Representative
Christy Maciel	NAMI
Kristi Nix, MD	High Lakes Healthcare
Laura Pennavaria, MD	St. Charles Health System
Jason Prinster, PhD	High Lakes Healthcare
Rick Treleaven, LCSW	BestCare Treatment Services

BH ID & Awareness Workgroup: AIC Project Status Update February 2019

Technical Assistance/Trainings in Progress – Actions steps to start addressing some of the identified needs/gaps

- ✓ **Building Bridges Between Behavioral Health and Primary Care**
  - REGISTER NOW! April 18th 5:30 – 8:00pm at Deschutes Brewery in Bend
  - Vison: Ongoing forum that brings together behavioral health and primary care providers to improve access and coordination
  - Target audience: primary care providers, integrated BHCs, private practice and community-based behavioral health clinicians, BH care coordinators, clinic administrators
  - CME Approved! Primary care providers, psychologists, LCSWs, and LPCs will receive CME/certificate of attendance at no cost
- ✓ **Developing and supporting best practice pilot sites** – Dawn is facilitating and supporting organizations to help establish "good neighbor" or collaboration agreements to outline expectations & processes for increased access & coordination. Some CPC+ clinics may be required to have agreement in place; BH providers have no incentive to participate other than desire to provide better care
  - High Lakes and Brightways Counseling Group
  - St. Charles and Brightways Counseling Group
  - Cascade IM Specialists and Liza Abelson-Gertler, private practice psychologist
  - Joe Barrett, psychiatrist, with High Lakes and Cascade IM (?)
  - Rimrock Trails and TBD pediatric clinic (?)
  - New Tides Counseling and TBD (?)
- ✓ **BHC Community of Practice & Learning Collaboratives**
  - Exploring possibility of training for integrated BHCs around short-term evidence-based treatment for patients with trauma, as well as other topics TBD based on TA survey in development
  - Planning to launch TA survey by end of March 2019

AIC Project Coordination & Support

- PacificSource provides budget management, AIC Workgroup meeting coordination & support, payment administration, and in-kind contribution of Dr. Franz's time & expertise

- Creach Consulting, LLC has identified the need for additional support to conduct trainings, CME, project coordination, and other support to facilitate delivering technical assistance
- **ACTION ITEM: Proposal for BH ID & Awareness Workgroup:** Creach Consulting, LLC would like to contract with Erin Solomon for 5 hours/week of AIC support (70 weeks X 5 hrs/week X $40/hr = $14,000). Funds would be included in current budget and would be tracked as AIC technical assistance coordination & support. This support will help expand training & TA offerings.

AIC Grant Outcomes - Data Collection Plan

- Draft measure specifications completed and plan to distribute at AIC Workgroup meeting on 2/25:
  - Metric #1: Completed Referrals: Timely access to specialty behavioral health
  - Metric #2: Access to & engagement with specialty behavioral health treatment
  - Metric #3: Care coordination & communication between primary care & specialty BH
- This is a voluntary effort and would require significant resources from primary care clinics to collect & report data (Fingers crossed that some clinics will participate!)

Regional Needs Assessment

- Dawn met with folks from Deschutes County re: including AIC needs assessment results in the Regional Health Assessment (RHA). Many of the same themes have been coming up from other data sources and AIC results will be included in the RHA ☺

Results from Regional Needs Assessment

- **December -** Presented high level results based on themes consistently heard across ALL populations (Medicaid, Medicare, Commercially Insured, All Geographic Areas)

  Recap of SYSTEMIC needs identified:

  1. Lack of access, including timely access, to specialty behavioral health care, especially for Medicare and commercially insured patients, and rural areas
  2. Very little, if any, coordination between primary care and specialty BH
  3. Sustainable payment remains the primary barrier to integrated care
  4. The prevalence of trauma is extremely high in primary care - clinics and integrated BHCs don't always feel equipped for treating
  5. Some primary care clinics face unique challenges and/or are shouldering a very high burden and need additional support (rural, IM, peds, SBHC)

- **January –** Presented results based on themes for each of the 5 key components of the AIC project
    1. Identification of BH issues in primary care
    2. Integration of behavioral health care in primary care
    3. Referrals from primary care to specialty behavioral health
    4. Coordination between primary care & specialty behavioral health
    5. Expanding the primary care team with peers, recovery mentors, patient navigators, etc.

- **February –** Present results based on insurance type (Medicaid, Medicare, commercial and considerations for special populations). Needs assessment report completed by end of March; PacificSource will present budget overview to BH ID & Awareness Workgroup

Commercially Insured

- Access is a real barrier - Commercially insured people have few options, particularly for those with high needs
- Many private practice BH providers tend to only accept insurance plans that pay the most; contributes to lack of access
- Many patients report that private practice BH providers do not pick up the phone and do not call patients back, or have a voice message that says they are full and not accepting new patients
    - Being full is considered a "successful private practice"
    - No incentive to do anything different
- For integrated BH in primary care, inconsistent payment coverage across many health plans is a huge barrier
- Private practice BH providers are stuck on the fee-for-service rat wheel that disincentivizes better coordination & access
    - Unable to be reimbursed for coordination or non-face-to-face services; no incentives to provide more timely access
    - Lack of a large specialty BH organization in Central Oregon that would allow for group and value-based contracting, more accountability, infrastructure, etc.
- Commercial insurance does not reimburse for any of the wrap-around, coordination, or team-based services
    - This makes private practice BH providers uncomfortable with the risk and unable to care for many higher-needs patients

Medicaid/CCO Insured

- For people with the highest needs, the full array of services available at CMHPs is very helpful
- Timely access is a problem but has improved recently
  - Primary care clinics report long waits for people to access care at CMHPs. Patients can get in for an assessment, but treatment is a long wait
  - PacificSource opening the Medicaid panel to outpatient BH providers has helped with access and people finding the right level of care
- CMHPs operate under a wide range of OAR requirements, outcome requirements, and capitation limitations – they feel misunderstood and under-appreciated
  - At the same time, primary care is frustrated that behavioral health is different than other medical specialties
- Many patients do not want to participate in group therapy sessions, which are required, so they end up in primary care
- Very little ability to step up/step down patients - PCPs won't take patients back from specialty because of the inability to get them back into specialty BH in a timely manner
- Lack of trust between primary care & specialty BH - both feel like patients are "dumped" on them
- Opportunity for better coordination among organizations with Epic EHR, e.g. primary care clinics report that DCBH not entering patient medications in Epic
- Many private practice BH providers believe Medicaid is “too burdensome,” they are nervous about liability when caring for higher-needs people, and that the PacificSource Medicaid panel in Bend is “closed” (which is not accurate)
  - Private practice BH providers who are accepting Medicaid report generally good experiences and competitive payment rates

Medicare Insured

- Many key informants reported that access is the worst for Medicare patients
  - Places huge burden on Internal Medicine & rural clinics
- Medicare patients include older adults but also young disabled adults, many of whom have very high needs
- Very few private practice BH providers accept Medicare; it is seen as burdensome and pays the least
- Lack of Medicare payment for LPCs is huge barrier, particularly in rural areas
  - PacificSource Medicare Advantage started to reimburse LPCs on 1/1/19 to help address this, but most patients have Medicare standard (and it’s a federal CMS issue)

Special Populations

- Harriman Health Center at DCBH downtown clinic & the Cascade Peer Center are providing great care for people with SMI and those experiencing homelessness
    - Peers are critical members of the care team
- Access to BH is especially acute in rural areas (Prineville, Madras, La Pine, Warm Springs)
    - Lack of access takes many forms, is multi-dimensional and has many root causes, not just a workforce shortage issue
- Access to BH is especially difficult for people who speak Spanish; Lack of bi-cultural, bi-lingual behavioral health providers
- Lack of pediatric behavioral health providers, especially for adolescents, early childhood (0-5), and eating disorders
    - Private practice BH providers often see children as “too risky”
    - Lots of confusion about where to send children with developmental issues - Do we need a centralized “hub” to send patients/families?
- Lack of clear pathways & supports for new parents, positive post-partum depression screenings, etc.

YOU'RE INVITED!

Building Bridges Between Behavioral Health & Primary Care

WHAT: Join us to learn more about the future of integrated care. Help build stronger relationships between mental health, substance use, developmental, and primary care providers in Central Oregon.

Please join us for this unique opportunity to:

- Network and make connections with other mental health, substance use, developmental, and primary care providers in the region
- Learn more about behavioral health integration in Central Oregon
- Enhance awareness of community resources to support people with behavioral health needs

Upon program completion, CME certificate or Health Professional certificate of attendance (for psychologists, LCSWs, LPCs, etc.) will be provided at no cost to participants.

WHEN: Thursday April 18, 2019
5:30pm – 8:00pm

- Buffet dinner & networking begin at 5:30pm
- Program begins promptly at 6:00pm

WHERE: Deschutes Brewery (Mountain Room)
901 SW Simpson Ave. Bend, Oregon

REGISTER NOW: Advanced registration is required. Click here to register.

A Collaborative Effort of:

PacificSource Health Plans

Advancing Integrated Care Central Oregon

Brightways Counseling Group

Central Oregon Health Council

Sponsored by:

High Lakes Health Care

Introduction

The Health Information Exchange (HIE) Onboarding Program is designed to support care coordination by advancing the exchange of information across Oregon's Medicaid provider network. Priority Medicaid providers include behavioral health, oral health, critical physical health and others. The Program leverages 90 percent federal funding to support the initial costs of connecting (onboarding) priority Medicaid providers to community-based HIEs. Later phases of the program may include the onboarding of long-term services and supports, social services, as well as other providers. OHA has contracted with Reliance eHealth Collaborative (Reliance) for this program. The Program will run through September 2021.

The Health Information Technical Advisory Group provides oversight and guidance for the Program.

How Does the Program Work?

Reliance will onboard priority Medicaid physical, behavioral, and oral health providers, according to a work plan developed in consultation with Medicaid partners. CCOs will be involved in determining whether providers in their region participate in the Program and provide input on annual work plan development. To participate in the Program, CCOs must have a data, funding, or governance relationship with Reliance.

Providers who participate will receive financial or in-kind support from the HIE, as well as financial support from OHA to offset or partially offset their administrative onboarding costs. OHA will pay Reliance to support the initial costs of new connections to the HIE.

While the current contractor is Reliance, OHA reserves the right to re-open the RFP to potentially add additional community-based HIEs to the Program.

Timeline

The program launched in January 2019. OHA estimates that the Program will run through September 30, 2021.

Funding and Funding Requirements

The Program is funded by the Centers for Medicare & Medicaid Services (CMS) with 90 percent federal funds under the Health Information Technology for Economic and Clinical Health (HITECH) Act, which is available through 2021. State funds make up the remaining 10 percent, with approved funding for the 2017-19 and 2019-21 biennia.

As of February 2016, HITECH funds may be used to support HIE onboarding (connecting) of providers and hospitals eligible for federal electronic health record (EHR) incentive payments ("eligible providers") and those Medicaid providers who are not eligible providers (including behavioral health, long term care, corrections, etc.).

Onboarding must connect the new Medicaid provider to an eligible provider and help that eligible provider meet federal "meaningful use" requirements. The new Medicaid provider being onboarded does not need an EHR to participate; for example, connections through Reliance's web portal to the Community Health Record will also be available.

Specific Providers to be Onboarded

The Program is voluntary and can help providers who, in the past, may have been unable to connect to an HIE due to financial or other barriers, as well as providers who have previously been ineligible to receive federal financial support for health information technology.

The first phase of the Program will focus on supporting integrated care: behavioral health, oral health, and physical health. This also includes Major Trading Partners such as hospitals, labs, etc.

Phase I Priority Medicaid Providers	
Provider Type	**Specific Providers Covered**
Behavioral health	Community Mental Health Programs, Certified Community Behavioral Health Centers, Behavioral Health Homes, Assertive Community Treatment teams, mobile crisis teams, and other state-licensed behavioral health organizations
Oral health	Clinics and providers serving Medicaid members, including those contracted with managed care entities and those serving fee for service (i.e., open card) populations
Critical physical health	Medicaid providers who participate in: Patient-Centered Primary Care Homes, Federally Qualified Health Centers (FQHC), Rural Health Centers, Comprehensive Primary Care Plus, tribal health, equity-focused/culturally specific clinics, and county corrections health
Major Trading Partners	Major trading Partners include hospitals, health systems, multi-specialty clinics, laboratories and radiology, especially those that affect the value of HIE for smaller and rural/frontier providers

Stakeholder Input

The Program was developed after extensive engagement with a variety of stakeholders, including OHA stakeholder groups, like the Health Information Technology (HIT) Oversight Council, the HIT Advisory Group (with Medicaid Coordinated Care Organization representatives), and the HIT/HIE Community and Organizational Panel.

OHA also formed a short-term advisory group of stakeholders across the state to inform program development. OHA met individually with stakeholders from corrections, long-term services and supports, behavioral health, social services, frontier providers, supported housing, and others. OHA interviewed eight states with similar programs about best practices. Finally, OHA received helpful input through a request for information open to organizations operating an HIE in Oregon.

To get the latest information about the Program, as well as information about program development and stakeholder involvement, please visit our website.

Stay Connected

You can find information about HITOC at https://www.oregon.gov/oha/HPA/OHIT-HITOC/Pages/index.aspx. Meetings are open to the public and public comments are accepted at the end of each meeting or in writing to the HITOC Chair and Vice-Chair in care of OHA (ohit.info@state.or.us).

Program Contact

Kristin Bork, *HIE Onboarding Program:* Kristin.M.Bork@state.or.us

Get involved with Oregon Health IT

Office of Health Information Technology: HealthIT.Oregon.gov

Join the listserv: bit.ly/2VYgoDB

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