



Behavioral Health Integration

Meeting Notes

Tuesday, October 13, 2015

9:00 am- 12:00 pm

**Idaho Department of Health and Welfare
PTC Building, 450 W. State Street, 10th Floor Conference Room
Call-In Number: 1-866-210-1669 Participation Code: 4641842#**

**In attendance: Ross Edmunds, Dr. Charles Novak, Matt Wimmer, Greg Dickerson, Gina Pannell, Bruce Krosch, Rachel Harris, Dr. Winslow Gerrish, Becky diVittorio, Miro Barac, John Tanner, Dr. Martha Tanner, Dr. Kirsten Williams, Jess Wojcik, Jennifer Yturriandobeitia, Heidi Traylor, Candace Falsetti, Jennifer Barnett, Laura Thomas, Cynthia York, Gina Westcott
On phone: Claudia Miewald, Sarah Woodley, Rob Petroch**

Topic	Presenter	Notes
Welcome/ Introductions	Ross Edmunds	The meeting was called to order at 9:05 and introductions were made for all in attendance.
Idaho Health Data Exchange	Steve Carroll	<p>Scott provided an overview of the project since inception and demonstrated how the program works for the organizations that are members of the exchange.</p> <p>The exchange currently excludes 42 CFR – MH and SUDS diagnoses are not captured but the information may be found indirectly through progress notes entries and medications. The next questions are how to include BH into the system. It makes sense to work with the SHIP to integrate BH rather than for the IHDE to pursue incorporation of BH independently.</p> <p>It was noted that 42 CFR applies to SUDS only and not MH.</p> <p>The exchange is \$390 yearly that includes 4 logins and passwords. The account must be tied to a licensed provider. Information access can be view only.</p> <p>The next advancement will be connection to claims data.</p> <p>On the distant horizon, and not yet developed, is the option to enable patients to log in and see records and data viewers.</p> <p>Pharmacy does not interface yet as there is no direct data source. The capacity exists but currently all data is with the current business entity.</p>

<p>PEER Specialist Certification Update</p>	<p>Candace Falsetti and Jennifer Barnett</p>	<p>A one page summary was distributed to support the presentation and discussion. The deadline to apply for the new certification for peer specialists for those who have previously trained through coursework offered by Jannus is December 31, 2015. The new process includes supervised experience component and a 6 month period is allowed for applicants to complete this requirement. The process for applicants includes a 30 day notification period, meaning that after submitting an application the applicant is notified within 30 days. If denied, the option for requesting a review board for grievance exists.</p> <p>Jannus is creating an Agency Readiness training for peer specialists that will be offered in 2016. A live training connected to a major provider meeting with webinar options for those unable to attend the meeting is the most likely training approach. Stay tuned for more details.</p> <p>Discussion included concerns of a non-licensed paraprofessional (such as a community health worker) and any ethics issues that could arise. It is uncertain how those would be sanctioned.</p>
<p>Behavioral Health Integration Survey:</p>	<p>Gina Westcott</p>	<p>Gina updated the subcommittee on plans for beginning the statewide tour to conduct the survey via in-person meetings with current patient centered medical homes enrolled in the Medicaid project.</p>
<p>Updates</p>	<p>Ross Edmunds Cynthia York</p>	<p>The Regional Health Collaboratives have established leadership teams (2 MD's, Health Dept. Director, SHIP manager).</p> <p>Tele-health subcommittee is focusing on behavioral health services.</p> <p>IHC meeting is tomorrow, October 14, 2015.</p> <p>The final application process and selection criteria for PCMH as developed by the IMH Collaborative and approved by the IHC is slated for approval at the meeting this week. Pending that final approval, the 135 applicants who submitted interest applications will be sent the complete final application, which is due in about 4 weeks. To follow conflict of interest regulations, a DHW team will use the process developed by IMHC and approved by IHC (neither can participant in selection process due to conflict of interest) to review and select the first co-hort set. Goal is to be ready to award contracts by February 1, 2016. Selected clinics will be notified in January 2016.</p> <p>The IHC will also approve the definition of Medical Health Neighborhood.</p>



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		<p>Mercer is developing a communications and operations plan, which is due to the CCMCI by December 1, 2015. Current work is focused on aligning the 16 clinical measures agreed to for the state with the wording of the federally required clinical measures.</p> <p>The Data Analytics RFP was released October 7 and after about 35 the standardized evaluation process will be used to determine a contractor; hopefully the contract will be awarded by February 1, 2016.</p> <p>Medicaid rates for PMPM are under development and will be released when ready.</p>
Action Steps/Wrap-Up:	Ross Edmunds	Agenda items for the next meeting include: National Academy of State Health Policy site visit and technical assistance visit for Behavioral Health Integration and Patient Centered Medical Homes.
Adjournment		Next meeting is scheduled for Tuesday, November 3, 2015, 9:00 am-12:00 pm Room 131 at 1720 Westgate Drive, Boise 83704 - Region 4 offices at Westgate campus (between Cole and Milwaukee on Fairview)

Mission and Vision

The goal of the SHIP is to redesign Idaho's healthcare system, evolving from a fee-for-service, volume based system to a value based system of care that rewards improved health outcomes.

Goal 1: Transform primary care practices across the state into patient-centered medical homes (PCMHs).

Goal 2: Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood.

Goal 3: Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood.

Goal 4: Improve rural patient access to PCMHs by developing virtual PCMHs.

Goal 5: Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide.

Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value.

Goal 7: Reduce overall healthcare costs