



# Behavioral Health Integration

## Meeting Notes

**Tuesday, January 5, 2016**

**9:00 am- 12:00 pm**

**Idaho Department of Health and Welfare  
Region 4 Offices, Suite A Room 131, 1720 Westgate Drive, Boise, ID 83704  
Call-In Number: 1-866-210-1669 Participation Code: 4641842#**

**In attendance: Greg Dickerson, Ross Edmunds, Dr. Winslow Gerrish, Rachel Harris, Casey Moyer, Dr. Charles Novak, Gina Pannell, John Tanner, Dr. Martha Tanner, Laura Thomas, Gina Westcott, Dr. Kirsten Williams, Matt Wimmer, Jess Wojcik, Sarah Woodley, Jennifer Yturriondobeitia, Dr. Nikole Zogg  
On phone: Claudia Miewald**

Topic	Presenter	Notes
Welcome/ Introductions	Ross Edmunds Charles Novak	The meeting was called to order at 9:10 am and introductions were made for all in attendance. Claudia Manwield joined via phone mid-way through the meeting.
BHI Survey	Gina Westcott	<p>Gina Westcott presented the resulted of the behavioral health integration survey conducted with current Idaho Medicaid Pilot Medical Health Home providers. The survey collected qualitative data on current practices in addition to assessing each provider’s level of integration as defined by the Integrative Practice Assessment Tool© (IPAT).</p> <p>A copy of the PowerPoint presentation and draft of the executive summary was provided to all attendees (see meeting documents).</p> <p>Discussion covered potential recommendations from the BHI working group to the IHC at the IHC’s February meeting. A summary of comments made during the discussion includes:</p> <p>Funding issues are consistent for all groups – primary care and behavioral health providers. Care management, registries and other integration practices are more likely in practices with funding options.</p> <p>A need to help current integrated practices avoid “drift” back to pre-integrated practices exists. When funding streams end, some integrated services will continue and some may cease. Helping providers sustain integrated practices is key.</p> <p>A suggestion was made to look at the WICHE report for a statewide health education collaborative approach. A need to help educate current and future BH providers on integration practices exists.</p>

Primary care is able and willing to treat mild to moderate mental health issues. High need for help with crisis and more complex patients; that consultative help is not always available.

Real or perceived barriers to integration exist in the BH provider community. Addressing these barriers or perceptions would be helpful.

Outcome measures for both clinical outcomes and process outcomes are needed. Need exists for tangible, focused and targeted actions. The question was raised if this working group can make those type of recommendations to the IHC.

A clarification on timeline of for the SHIP grant is that the first year is basically complete; it focused on strategic planning. Year 2 of funding starts with the first year of cohort enrollment, February 1, 2016. Two additional years with additional cohort enrollment will follow.

General consensus of the group supported the following draft recommendation areas for further development for presentation to the IHC in February (2/10/16):

- Technical Assistance
- Peer to Peer support
- Involvement of regional collaboratives and behavioral health boards in future plans and strategies

#### Technical Support Discussion

Casey Moyer noted that Briljent, the contractor for the SHIP cohort, is well-versed in behavioral integration. Consensus was to pursue a dialogue about technical assistance plans with Briljent as soon as possible. The survey data could provide some guidance for potential need. Briljent is currently conducting readiness assessments with the providers selected for the first cohort. Timing is important as work completed now is the focus of the next year. Gina is meeting with Briljent next week to discuss the survey results and next steps.

#### Peer to Peer Support Discussion

Dr. Gerrish and Gina shared the idea of bringing together behavioralists currently working in patient centered medical homes for peer to peer support. This strategy would help develop sustainability after the SHIP grant is finished. Dr. Gerrish has had a preliminary conversation with BH professionals at Terry Reilly to explore interest and what a group's activities might look like and focus upon. This preliminary idea has support; Ross indicated strong support for this recommendation.

#### Regional Collaborative and BH Board Involvement Discussion

The general consensus was that including both regional



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		<p>collaboratives and behavioral health boards in local efforts to support integration of behavioral health into primary care makes sense. Time is of the essence as the regional collaboratives are in the process of developing work plans for first year implementation.</p>
Updates	Casey Moyer	<p>A summary of SHIP progress reported to the IHC in December 2015 was distributed. Casey noted that Briljent the contractor is working with the SHIP on a daily basis for startup of the first year of cohort enrollment.</p> <p>The next IHC meeting is January 13, 2016.</p>
<b>Action Steps/Wrap-Up:</b>	Ross Edmunds	<p><b>Action Steps:</b></p> <ul style="list-style-type: none"><li>-Gina will include the survey results and draft recommendations from this meeting in conversations with Briljent scheduled for next week.</li><li>-The BHI working group will receive revised draft recommendations for reaction and feedback prior to the February 2 meeting – members agree to read, reflect and provide feedback via email in January and be prepared to help finalize information for the IHC presentation in February (2/10/16).</li><li>-A request for a presentation (at a future meeting) from Blue Cross on their incentive plan for BH Providers was made.</li><li>-A request to learn more about reverse integration was made; topic will be pursued for a future meeting.</li></ul> <p><b>Agenda items for the next meeting include:</b></p> <ul style="list-style-type: none"><li>-Review and further discussion of draft recommendations for the IHC (including feedback received via email prior to meeting)</li><li>-Discussion of meeting schedule in 2016 in anticipation that many of the action items are best accomplished by smaller working groups; does group want to meet every other month or quarterly rather than monthly?</li><li>-Progress updates as available from subcommittee members on focus areas (education for professionals, etc.)</li><li>-SHIP Updates</li></ul>
<b>Adjournment</b>		<p>Meeting adjourned at approximately 12 noon. <b>Next meeting is scheduled for Tuesday, February 2, 2016, 9:00 am-12:00 pm</b> <b>Room 131 at 1720 Westgate Drive, Boise 83704 – Region 4 offices at Westgate campus (between Cole and Milwaukee on Fairview)</b></p>

## 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*