CPAA Clinical Provider Advisory Committee Meeting Notes

Date: October 17, 2017; 5:30-7:30PM
Location: Waterstreet Café, 610 Water St. SW, Olympia, WA 98501
Support Staff Attending: Winfried Danke – CHOICE, Kyle Roesler – CHOICE, Christina Mitchell – CHOICE

Attendees:

Attending:	Work Group Members	Organization
✓	Kathie Olson	Molina Healthcare
✓	Jennifer Polley	Northwest Pediatrics
✓	Mary Goelz	Pacific County Public Health
✓	Beth Harvey	South Sound Pediatrics
✓	Kevin Haughton	Providence Medical Group
✓	Bernadette Huard	Summit Pacific Medical Center
✓	Tre Normoyle	Valley View Health Centers
✓	David Little	Valley View Health Centers
✓	Dean Gushee	Mason General Hospital
✓	Larry Horne	Behavioral Health Resources

Overview and Next Steps:

- ❑ CHOICE will send out project plans to all committee members when complete.
- ❑ Next quarterly meeting in January 2018. Invitation and agenda will be sent out prior to meeting.
- ❑ Invitations will be sent to additional members including dental, BHOs, OB-GYN, & Dr. Addie Spencer.
- ❑ Winfried to contact HCA to determine criteria for evidence-based approaches.
- ❑ Kyle & Dr. Huard will research additional metric reporting that captures health outcomes instead of outputs.
- ❑ Kyle will connect with VVHC and the AIMS Center about shadowing Collaborative Care Models.
- ❑ Kyle will follow up with Dr. Beth Harvey regarding access to Health Home funding.
- ❑ CPAA and Committee members to identify executive-level champions to overcome behavioral health integration barriers.
- ❑ Dr. Dean Gushee agreed to serve as the Committee Chair. No Co-Chair was identified at this time.

Summary:

Winfried Danke, Executive Director with CHOICE Regional Health Network and Kyle Roesler, Bi-Directional Care Integration Program Manager, facilitated the meeting. The group was tasked with reviewing and accepting the charter. Committee members reviewed the six accepted projects and identified correlating evidence-based practices and gaps in reaching associated metrics. Project Area Alignment was discussed and ensured they were in line with the Transformation. The committee discussed best practices for implementation of Bi-Directional Care Integration.

Review of Clinical Provider Advisory Committee Charter:

The Charter was reviewed and accepted by all members in attendance. There were concerns with the broad capacity of the charter. Winfried assured the members the committee would address specific issues where the greatest impact could be made.

Review of Project Portfolio & Evidence-based approaches:

- Committee discussed if there were enough resources to do 6 projects versus the mandatory 4. Six projects were already confirmed by the CPAA Council/Board. All 6 projects are interconnected and crucial to the CPAA region.
- Committee discussed evidence-based approaches and the allowed flexibility to use other evidence-based approaches not listed in the Toolkit. Additional information needed about evidence-based criteria.
- Providers were concerned with the metrics only measuring processes, not clinical outcomes. Example, Bi-directional care integration measures medication management, but does not account for therapy referrals, alternative treatment options, or other health outcomes. Further research on additional metrics needed.

Review of Project Metrics & Toolkit Strategies and Gaps:

- Metrics and data drive funding for the Transformation. Providers must have a good baseline and timely and accurate data in order to adjust clinical and business practices. If data is received 12-18 months later from the HCA, many of the problems may have been addressed, and will not be reflected. Winfried stated we may have to rely on internal data, and not wait for the HCA to publish.
- Bi-directional Care Integration metrics do not capture level of behavioral health integration. All metrics could be met without integration. However, to receive Pay for Reporting funding, one of the evidence-based approaches must be implemented. HCA will provide a certification for Collaborative Care implementation.
- Providers were unclear regarding the patient registry mentioned in the Collaborative Care model. Additional training is needed regarding the Collaborative Care Model, patient registry, and timeline for implementation.
- Additional providers and support staff may need to be hired to support the shift in workload and additional requirements of behavioral health integration.
- There is concern additional workload will be captured through screenings, but there is no capacity for referrals.

Review of Project Area Alignment:

- Additional training will be needed for all providers and support staff involved. One universal approach cannot be used as different areas have specific needs (i.e., rural vs. urban).
- Many challenges to starting a suboxone program including resource shortages, geographic limitations, and a limited number of credentialed prescribers and BH providers.
- Getting additional waivers will increase number of patients reached, but could decrement quality of care. It was recommended we focus resources on prevention versus treatment.

Review of Bi-Directional Care Integration Project:

- Providers must have buy-in from their management team to make changes. A champion should be identified and providers requested to tour those facilities and discuss best practices.
- Additional BH providers must be identified for integration into primary clinics. With a shortage of providers, this may be difficult. Which BH providers can they refer to and do they have capacity?
- Provider training is needed to implement behavioral health integration. Providers need to understand the roles of each provider and how they work together for a team approach to care to include proper terminology to reduce stigma.
- Concern that a patient registry will only add another EHR and require additional time. However, the AIMS Center patient registry is basis and can be populate with information already gathered on medical charts.
- Providers are concerned with additional time and resources due to limited funds with Medicaid Reimbursement.

Chair and Co-Chair Discussion:

Dean Gushee agreed to Chair the Clinical Provider Advisory Committee with the support of CHOICE Regional Health Network. No Co-Chair has been identified.