BI-DIRECTIONAL CARE INTEGRATION WORK GROUP MEETING

DECEMBER 12, 2017

Welcome and Introductions

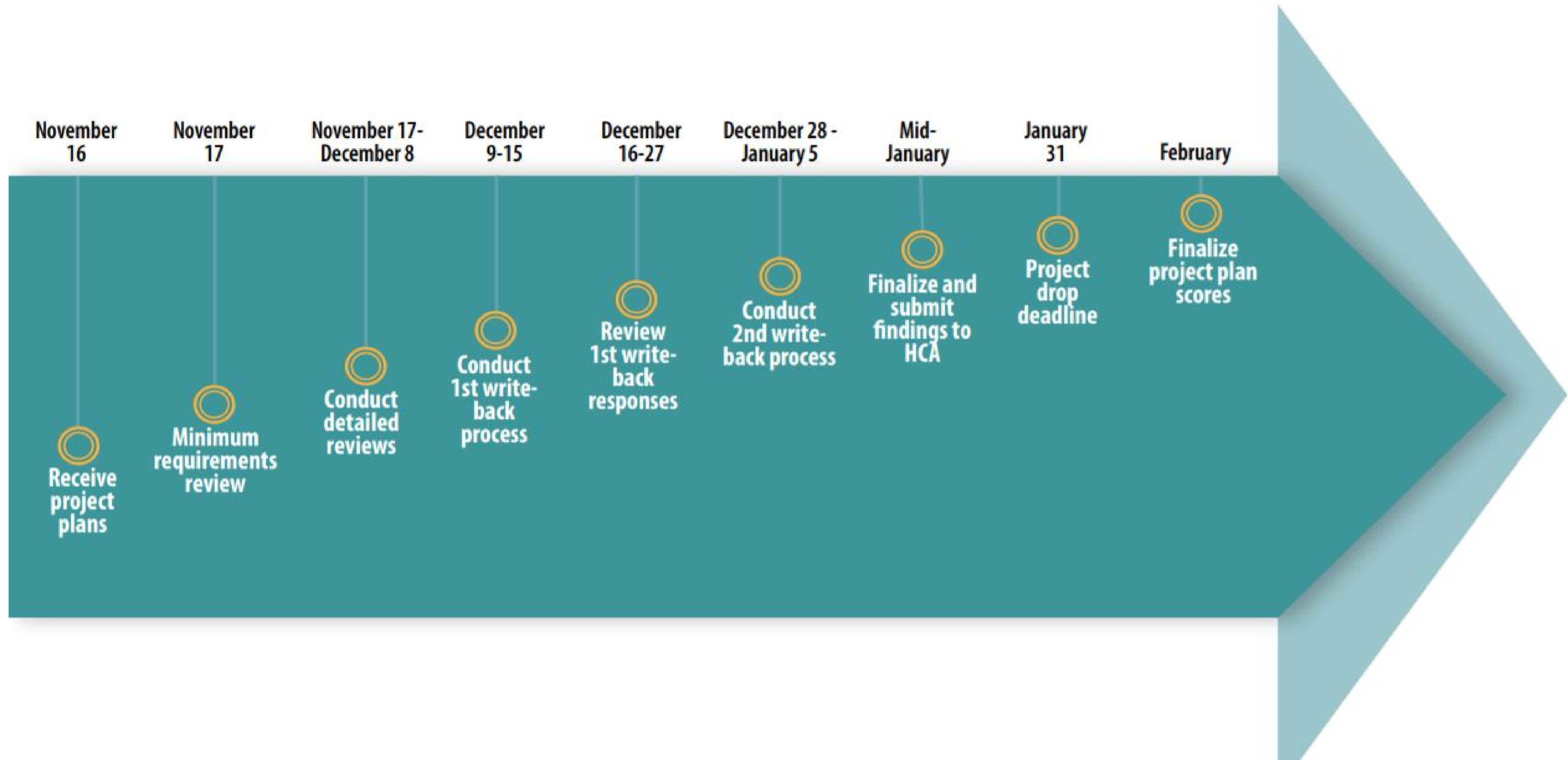
Introduce yourself: Name, organization, and county

WELCOME

Review Desired Meeting Outcomes

- ✓ Review & Discuss Write Back Requirements Identified by HCA
- ✓ Discuss First Milestone for 2018: Current State Assessment
  - ✓ Review strategies to achieve milestone

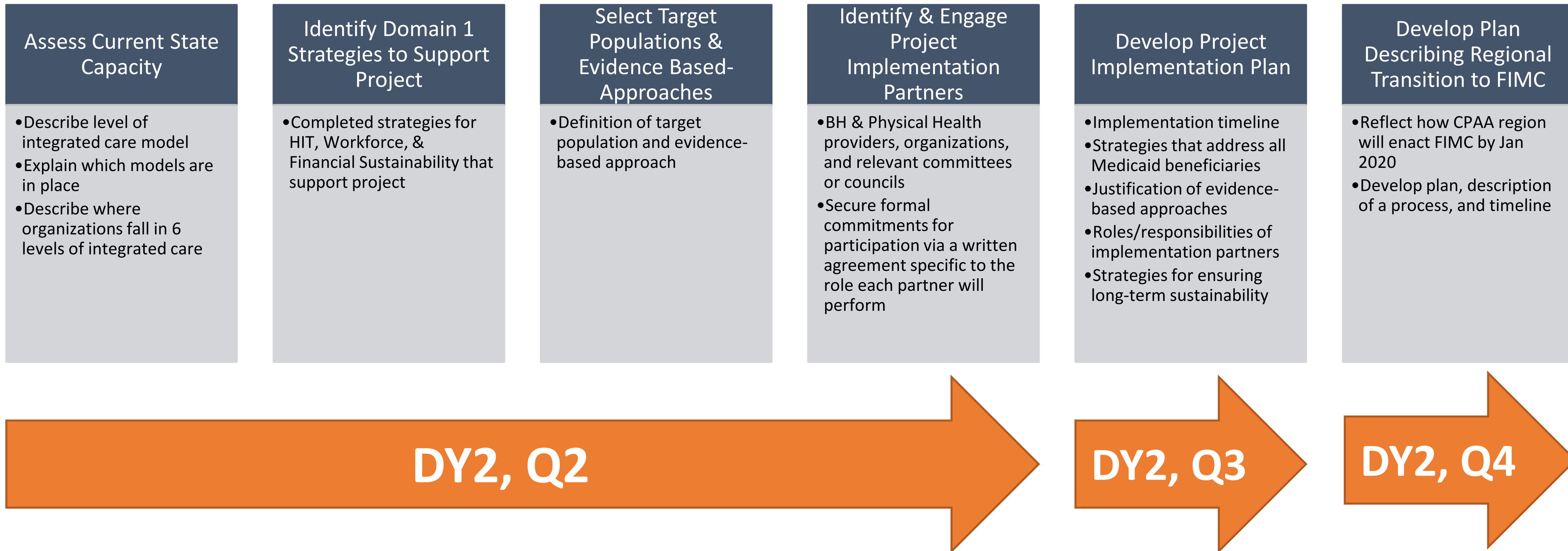
Accountable Communities of Health Project Plan Assessment Timeline



1st Write Back Requirements

- Scored very well – Meets/Exceeds Criteria
- Clarification Questions
  - Partnering providers
  - Reporting to partners

Project Work Plan Timeline & Milestones - 2018



Assess Current State Capacity

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1. Describe level of integrated care model adoption among target providers/organizations
2. Explain which integrated models or practices are in place
3. Describe where organizations fall in 6 levels of integrated care

- 1. What aspects of Collaborative Care Model are being implemented? Which core elements of from Bree Recommendations are in place?
- 2.(BH -> PC) Collaborative Care Model; Bree Recommendations;
- 2. (PC -> BH) off-site, enhanced collab.; co-located, enhanced collab.; co-located, integrated

SAMHSA Levels of Integration

3. Describe where organizations fall in 6 levels of integrated care

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some Systems Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed /Merged Integrated Practice

Assessment Strategies

- Strategy 1: Schedule w/ Qualis Health to Complete PCMH-A or MeHAF assessment
  - Pros: Standardization; data collection, aggregation & reporting; several partners have already completed
  - Cons: Time intensive, scheduling conflicts, loss of productivity
- Complete short questionnaire by phone, in-person meeting, or electronically

- Strategy 2: Complete PCMH-A or MeHAF assessment with 3 team members
  - Pros: Scheduling more feasible; data collection, aggregation & reporting; several partners have already completed
  - Cons: Still requires time to complete; lose standardized process
- Complete short questionnaire by phone, in-person meeting, or electronically

Summary and Next Steps

- Next steps
  - Continue/finalize assessment strategy
  - Determine Domain 1 investments by project area
  - Finalize target populations and evidence-based approaches

- Next meeting in person/ teleconference is:
  - Cascade Mental Health, 1/30/17; Time: 9:00am – 10:30am
  - Teleconference: 1-872-240-3311
  - Access Code: 942-416-725

Coordinated *Communication*

Level 1: Minimal Collaboration – Separate facilities and systems, little to no communication

Level 2: Basic Collaboration at a Distance – Separate facilities and systems, communication based on specific issues or patients

Co-Located *Physical Proximity*

Level 3: Basic Collaboration Onsite – Behavioral and physical health providers located at the same site, separate systems, referral process to behavioral health

Level 4: Close Collaboration with Some System Integration – Providers located at same site, some shared systems and records, some face-to-face communication

Integrated *Practice Change*

Level 5: Close Collaboration Approaching an Integrated Practice – Providers work as a team, frequent communication, may have separate medical records

Level 6: Full Collaboration in a Transformed Practice – Providers work as a team, patients have a single treatment plan, all patients treated as whole person

Change Concepts for Practice Transformation

The Safety Net Medical Home Initiative developed a framework – The Change Concepts for Practice Transformation – to help guide primary care practices through the PCMH transformation process. "Change Concepts" are general ideas used to stimulate specific, actionable steps that lead to improvement. Our framework includes eight change concepts in four stages:

- **Laying the Foundation**:
  Engaged Leadership and
  Quality Improvement Strategy
- **Building Relationships**:
  Empanelment and Continuous and
  Team-Based Healing Relationships
- **Changing Care Delivery**:
  Organized, Evidence-Based Care and
  Patient-Centered Interactions
- **Reducing Barriers to Care**:
  Enhanced Access and
  Care Coordination