



Bi-Directional Care Integration Work Group Meeting

Meeting Summary, 01/29/2019

Support and Backbone Staff: Kyle Roesler – CHOICE, Abby Schroff – CHOICE, Madi Tanbara – CHOICE
In Attendance: Janelle Tiegs – Olympia Pediatrics, Stephanie Shushan - CHPW, Sarah Harper – CORE, David Stipe - Qualis, Jennifer Mooney - SPMC, Terri Gushee – Mason General, Sara Barker – AIMS Center, Karla Cain – Answers Counseling, Matt Patten – Cascade Mental Health, Laura Johnson - UHC, Christina Mitchell - CHOICE, Mario Paredes – Consejo Counseling, Lesli Scharbrough - Molina, Mattie Osborn - Amerigroup, Annie McGuire - Providence, Vicki Brown – Morton General, Daniel Lindberg, Julie Nye – Child and Adolescent Clinic, Phyllis Cavens – Child and adolescent Clinic, Alicia Ferris – CYS, Ann Cooper – Cowlitz

I. Welcome, Introduction, & Pre Meeting updates

Upcoming events include:

- CPAA council Meeting – February 14
- CPAA Regional Networking Event – February 27
 - To register for the Networking Event, [please click here.](#)
- Better Health Outcomes Conference – March 21
- For more information on any of these events, please contact schroffa@crhn.org

Workgroups will be transitioning to a regional learning collaborative. As we move into the implementation phase of the MTP work, this platform will support peer learning across the region. We will meet every other month, for 3-4 hours, and topics will center on regional data, shared learning, guest speakers, breakout sessions, and lunch will be provided. Each topic will be guided by the data that's available to CPAA as much as possible, whether that is from the common measure set, population health data, or specific partner data. The emphasis will be on peer learning, evidence-based practices, and following best practices at state/national standards. The Learning Collaborative will help support the shift towards value-based payment. The First Learning Collaborative will be in May.

II. Depression Screening

Depression screening and treatment is becoming increasingly important and prevalent in primary care. Research suggests that screening for depression is not enough; only when diagnosis, treatment and follow up occur, preferably in a team-based setting do patients demonstrate significant improvement over time. There are 8 Best practices listed from the US Preventative Services Task Force and other research studies. Click here to review [Best Practices Depression Screening](#) Tool discussed.



1. Understand importance of depression screening
2. Able to score and interpret PHQ results
3. Regular screenings
4. When PHQ is +, diagnosis, education, and plan is documented
5. When PHQ is +, appropriate referrals are offered
6. Appropriate follow-up after +PHQ
7. Collaborative depression care improves outcomes
8. Screening and treatment are culturally appropriate

III. Depression Metrics

1. Utilization of the PHQ-9 or PHQ-a to monitor patient following depression diagnosis (DMS)
2. Depression Remission and Response (DRR)
3. Depression screening and follow up for adolescents and adults (DSF)

These metrics need to be able to demonstrate patient improvement, population improvement, and ultimately value to the payers and system at large. As programs adopt integrated care into their clinic, incorporating evaluation and population outcomes is becoming more important. The learn more about the denominator, numerator, and how the metrics are measured, [please review the slides.](#)

IV. Value Based Payment in MHIP (Mental Health Integration Program)

Stephanie Shushan from Community Health plan talked about Value based payment and sustainability. [Her slides can be found here.](#)

The goal of VBP aligning with collaborative care is to improve the quality of care. Performance is tracked monthly and payment is withheld and paid out annually according to performance targets that are met

V. Summary and Next steps

- If you would like to review a handout discussed at the meeting that you do not see hyperlinked above, please message schroffa@crhn.org.
- Please be on the lookout for the next meeting invitation. The February workgroup will not be held due to the networking event.