

IDS Advisory Committee
Meeting Minutes
May 9, 2011

Present:

Kelly Washam, BRS
Jennifer Lief, PCMH
Sandy Stewart, MCHD
Rod Calkins, MCHD
Scott Richards, MCHD
Dwight Bowles, CAPS
Cary Moller, CAPS
Terry Dethrow, NPC
Paul Logan, NWHS
Lona O'Dell, ESCTC

Christina McCollum, CAPS
Steve Kuhn, CAPS
Janice Veenhuizen, VMH
Kathleen Boyle, VMH
Marcus Berglund, CCS
Tim McGee, ESCTC
Tim Markwell, NPC
Steve Allan, Options
Geoff Heatherington, PCMH

Meeting called to order at 11:05am

I. Announcements and Introductions – All

- ❖ Cary asked programs to hold May 31st for the Utilization Management level of care training. Looking at training to be held at Lancaster.
- ❖ Inclined to offer training to management, not a system wide training
- ❖ BCN has an update on the social security number and date of birth information, for new practitioners effective March 2^{1st}.
- ❖ Christina added the BCN form is being worked on and only practitioners that are licensed in Oregon need to do this
- ❖ EAST Program celebrated 10 year anniversary 5-6-2011

II. Legislative Report – Rod

- ❖ Rod touched on pointed from the joint committee on Health Care Reform, stating the workgroup had come out with a amendment. The amendment takes authority away from local Mental Health Authority and provides it to the Coordinated Care Organizations (CCO's). Earlier drafts required contractual relationships with Local Mental Health Authority, but the new amendments do not include anything about them needing to be indicated in the agreement.

- ❖ Revenue forecast due out Thursday May 12th and the governor was quoted as saying that any new moneys would go to long term care for seniors and health services and that no more money will be allocated to education.
- ❖ Tim Markwell stated that the provider tax will make things better but will not fix the short fall. They still need to look into how much people are willing to give up.
- ❖ Rod indicated that Senator Morris, who is on the Board at Good Samaritan in Corvallis are being asked to do more for less and assume most of the risk and they are not willing to do that.
- ❖ Tort reform is being considered through the same committee.

III. IDS Reports - Dwight

- ❖ Slight increase in ABH on the adult side up 4% with New Perspective up 8% and Valley Mental Health up 6%
- ❖ Kids side pretty much stayed constant
- ❖ On the adult side cost per client all agencies are operating under the cost per client
- ❖ Engagement Performance - There was a significant decrease in no shows at most agencies. Recognizing the good work at BRS, ESCTC, MCHD and NP. ESCTC and Options are working with a new billing entity and a new billing system respectively and have not yet worked out the reporting of BCN04 claims.
- ❖ Agency Access - There was a 25% decrease in the number of logged calls in April. Postulated that the decrease could be due to spring break. As a result of the decrease in calls, it led to an increase in number of clients that were able to be seen.
- ❖ Administrative Report – Good work as there was a decrease in billing errors for Northwest and Options. Slight increase in turnaround times for a couple of agencies
- ❖ Development of the leveling system started. CAPS is attempting to identify high utilizers in the system as a whole on the inpatient and out patient sides to see what the connections are. Associated Dx's for those individuals with high cost will be evaluated so we can look on how to determine the different levels of care we are going to establish.
- ❖ When including the cost of service inpatient care of the most costly encounters, only 8 of the individuals were receiving outpatient services as well in the years of 2009 and 2010 with an IDS provider.

IV. Discussion – Increasing #'s and Cost Per Client

- ❖ Lona stated that there is an issue with the barriers on closing and reopening clients and the numbers aren't going to match up if it isn't done correctly

- ❖ Steve Allen added he feels they need to look into what there reasons are for a high cost per client.
- ❖ Kathleen stated that VMH was cancelling authorizations instead of closing so they weren't getting credit for it.
- ❖ Cary added that Dwight will verify and get a number of authorizations that are in that status as cancelled.

V. System Considerations

- ❖ Cary brought forward the notion of potentially opening up the panel for all IDS providers to service both populations (children and adults) and looking into to see if a contract change is required.
- ❖ Scott stated he believes that it might be hard to keep up for the agencies that are already to capacity in their one area.
- ❖ Tim McGee added he can see it being a great option for the children who are transitioning into the adult sector.
- ❖ Marcus Berglund from CCS likes the idea of opening up the panel as it will provide good transition for Transition Age Youth (TAY)
- ❖ Steve Allen agreed with Tim McGee on the transitioning area and he also added that they will need to be careful on how often they offer this to youth because you want your goal to be more focused on transitioning them out of them systems
- ❖ Rod added we are wanting to create additional capacity in the system, not just to add the other population and diversify a therapists caseload, so we need to find a balance on how to do this and to prioritize accordingly
- ❖ Tim Markwell suggested a full review of the impact of opening capacity . He indicated that the 19% decrease in funding could be a disincentive
- ❖ Cary stated there are some reserves that have been set aside for that transition, also looking at what the impact might be from the West Salem Clinic
- ❖ Geoff stated that services in West Salem will give improved access to Polk families rather than having to go to Dallas for services. He is also mentioned that the clinic anticipates opening on 7-1-2011.
- ❖ Scott stated they have a nurse practitioner that wants to expand his hours, so they have looked at where to use those hours. One area they are thinking about using some time is with one time initial appointment/assessments, also with one time evaluation appointments doe access for the entire IDS system.
- ❖ Paul added there might be issues with the one time appointment with medications because there are many times where you need to get documents and proof and these can take up to 2 or 3 visits.
- ❖ Lona asked for clarification of the range of ages to service to ensure appropriate referrals.
- ❖ She is concerned about mixing of kids and adults within ESCTC.

VI. Health Care Reform – Oregon’s Version

- ❖ Cary quoted Don Burwich from the National Behavioral Health Conference that the primary message in the seamlessness in health care is how we are going to sustain health care
- ❖ His comments were that there are 2 strategies one is to cut the benefits and restrict care and the other is to change the work that we have been doing
- ❖ His message was that the focus should be the journey of the care and not just the care itself, and the corner stones of the affordable care act are patient centered, rooted in primary care, accountable for what happens for the improvement of quality and the reduced cost, patient choice, and seamlessness of care.
- ❖ Payment reforms are considering a guarantee of care and having the payment be structured with outcomes, which looks like that the patients will know what they can expect from their care, anticipated outcomes and the associated costs - this is the notion of a “warranty”
- ❖ The role of behavioral health with the integration of physical health care, the message is to be really good at what you are doing so that we have something to offer the primary care.
- ❖ The impact of the dually eligible’s looks to be pretty significant, facts show that 9.2 Americans who are duly eligible and that 40% of Medicaid budget goes to support them, also that only 100,000 of them are in some sort of coordinated care
- ❖ There is \$10 billion set aside for the Center for Innovation, “the states may look for the opportunity not have to apply for the grants but individual agencies might be able to apply themselves

Meeting Adjourned at 12:55

Next meeting June 13, 2011

Minutes by Shayla Pequeno