IDS Advisory Committee
Meeting Minutes
December 09, 2013

Present:

Cary Moller, CAPS
Dawn Cottrell, CAPS
Debby Davis, Options
Dwight Bowles, CAPS
Janice Veenhuizen, VMH
Kathleen Boyle, VMH
Marcus Berglund, CCS
Paul Logan, NWHS
Rod Calkins, MCHD
Scott Richards, MCHD
Steve Allan, Options
Terry Dethrow, NPC
Tim Markwell , NPC

Absent: Christina McCollum, CAPS Phil Blea, CBH Tim Murphy, BRS

Guest: Renee Hancock, BRS

I. Review of Minutes

II. Announcements and Introductions

- New Perspectives has completed their first month on EMR
- BCN no longer an MHO as of December 31
    - Members will go to their respective CCO's
        - CCOA
        - CCOB
        - CCOE MH Only
        - CCOG
        - CCOF
    - Interest in further conversations about how to coordinate and transfer care with Kaiser members
    - Request the break down of members between Care Oregon and Kaiser
- New Outpatient rule requires agencies to give the members the opportunity to register to vote
    - Can order voter registration forms
    - Suggest offering this at intake and at annual
    - Agencies need to document the offer of registration

III. Incentives 2014

The Engagement incentive for 2014 is being removed and replaced with two (2) new incentives that will support the metrics of the CCO - a Clinical Outcome Measurement tool incentive an Emergency Department Utilization incentive

For 2014, the following will be the allocation and structure of the incentives:

- Budget incentive represents 40% of the available incentive and will be based on the contracted number of members seen by each agency while remaining within the contract budget for each age group.
    - Each agency will have a targeted number of adults and children and an associated budget for each group. If the contracted number of members for an age group are enrolled, actively in service and 85% or more of the agencies associated age group budget is expended, the agency will receive the entire age group incentive.
- Clinical Outcome Measure represents 15% of the available incentive – Clinical Supervisors will review and select a clinical outcome measurement tool, approved by the IDS Advisory group to be piloted in 2014. A baseline will be established after review of the 2014 data to establish the 2015 incentive target.
- Emergency Department Utilization represents 15% of the available incentive – awarded for overall decrease in ED utilization. Further definition of a decrease will be agreed upon by the IDS. This incentive could be paid out on a quarterly basis. The would be a good time to get involved in helping with the models for EDIT and Peers
- Admin Performance represents 15% of the available incentive – With the exception of the allocated amount available for the incentive this metric remains the same for 2014.
- Access represents 15% of the available incentive – changed to 95% access within 14 days
    - Going to use CAPS staff to return calls for members that called and did not get in. Agencies should have staff include a phone number of the individual in CIM to be called back.
        - Going to help them get into care or see if they are no longer interested in care.

Group discussion surrounding access:

- NP-VMH always asking for OHP first. VMH logging VM. Other agencies maybe getting more calls, but they are not getting the OHP information before telling them there are no available openings.
- Need to continue to educate the PCP's about different insurance
- Open behaviorist slots at 48hours unfilled for general access

IV. Strategies for Continued Integration Efforts – Discuss strategies to further integration between PCP's and mental health. Review Jarvis Recommendations.

- **High Performing Care Management Teams – consideration**
    - For members where there is high medical and high mental health
    - Emergency department might be a starting place
- **Outcome Based Care**
    - Reviewed with PCAG IDS discussion regarding outcomes measure and confirmed their use of PHQ9.
    - Top diagnosis

        - PTSD
        - Adjustment Disorder
        - Depression
    - Outcome ratings – interest in overall outcome rating scale
        - Would like only 1 tool to start with
        - Dawn will work with IDS Clinical supervisors for further discussion
- **Learning Communities**
- **Co-Location**
    - Willamette Family Medicine has a space available
        - What would this person do
            - More than what the behaviorist can handle
            - What problems are they trying to solve?
            - Are they looking for medications faster?
            - Are they looking for a systems navigator/care management?
    - Do a request for interest
        - Suggest to move interest through a simple RFI
    - Suggested focus to the value and specific focus on building relationships rather than co-locations

Next Meeting January 13, 2013
Minutes by Janette Cotton