

Systems Management Group
Meeting Minutes
December 8, 2008

Present: Bonnie Malek – CAPS
Gary Heard – MC Drug Tx
Cary Moller – CAPS
Geoff Heatherington–Polk Co
Jim Russell – MVBCN
Maria Couch – CCS
Doris Reyes - CAPS
Linda Matthais–Consumer Advocate

Absent/Excused: James (Doc) Campbell – Bridgeway and Dean Andretta–MVIP

Guest: Tim Murphy and Stacy Carbillo- Polk County

I. Announcements:

- ❖ Geoff – Geoff introduced Stacy Carbillo. Stacey will be attending SMG on a routine basis and we will add her the distribution list and roster.

II. Minutes Review - Bonnie

- ❖ Minutes were approved with no changes

III. Monthly Report for November - Jim

See handout

- ❖ Membership – 38,488
- ❖ PM/PM - \$3.19
- ❖ Amount Due - \$122,934.61
- ❖ Methadone –
- ❖ MOMS –
- ❖ MOMS MC-\$1900.00

- ❖ Jim gave an overview of the new report changes and additions. If anyone has questions please contact Dean.
- ❖ Membership has increased 5.92% over October 2008. The primary reason is due to Salud Medical Center terminating their contract with Care Oregon.
- ❖ Standard has increased from 2107 patients to 2294 or a 9% increase.
- ❖ Not including the Methadone program, the numbers of unique patients were up slightly from August 2008 to 260 patients.

IV. Bridgeway Recovery Services update- Tim

- ❖ Tim – the Cascadia/Bridgeway transition is progressing. There is a meeting next week with the principles of Cascadia and MC to discuss the buildings and negotiate an appropriate purchase cost. MC has made an offer but hasn't received any response

to date. Once a decision on the buildings is made, the process will move forward quickly. Due to the current proposed governors budget, there are a number of concerns about decreases in detoxification and residential services.

V. The RFIQ – Cary & Sue

- ❖ We are examining the proposed Governors’ budget and funding to determine if any additional providers will be added to the panel. CAPS is talking with several of the respondents’ to determine if they are still interested in the revised book of business.
- ❖ Jim stated that OHP funding is based largely on tobacco tax and that OHP Standard is based largely on the provider tax and matching federal fund. It is not based on the general fund. OHP funding is increasingly more important for preserving A&D services. Jim cautioned the group regarding the optimism in the press about OHP capacity offsetting the reductions in general fund money. We should have a better read on impacts over the next few months.

VI. Reconfiguring the System Management Group – Cary and Dean

- The Oregon Health Plan Business & Indigent Services
 - Detoxification and Residential Services
 - Corrections
 - Intensive Treatment and Recovery Services
-
- ❖ Cary and Bonnie explained some of the potential benefits of having all of the systems partners and funders at the same table. Bonnie is currently drafting some documents on how the system integration might be accomplished.
 - ❖ It is expected that a work group will be formed to move the project forward.
 - ❖ It is hoped that we will be able to track and utilize data on people who cycle through the system without fully stabilizing, who we are and are not serving, and practice specific outcomes.
 - ❖ It is also hoped that we will develop training and technical assistance resources as a system that will benefit the whole continuum of care.
 - ❖ Collaboration between systems and clinical partners will also facilitate the system operating in a way that makes more sense for people and is easier to manage.
 - ❖ Jim asked about Polk County’s interests in the integration of SMG and if it made sense for them to still attend.
 - ❖ Geoff replied that for the time being he is still interested in attending and possible implementation ideas for Polk County. Geoff will invite Polk County Corrections to the table.

VII. Preliminary impressions from the utilization reviews – Bonnie

- PCP notification of admit and discharge/collaboration
 - Systems Trauma
-
- ❖ Bonnie reports that across the board, it is unusual to find collaboration with PCP’s. There has been substantial deterioration in this contract performance measure. Integration is important in order to properly help people whom have health issues.

- ❖ Last year, identifying systems trauma was added to the UR review to get a baseline measure on how well programs were doing in adding this to their trauma screening and assessment. Implementation looks hit and miss across the system. Bonnie asked everyone to think about some options to move this quality improvement initiative forward. The group will follow up next month.

VIII. QI Initiatives

- Adding a bilingual/bicultural representative to SMG
- ❖ As a system we are out of touch with the Hispanic/Latino community. Linda stated that she is working on inviting someone to come to the meeting. Bonnie suggested that as a system we also look at inviting one of the bilingual/bicultural clinicians to attend.

IX. Agenda items for next month

- Reconfiguration
- Cascadia update
- Bring back information on the new financial report – highlight last page

Adjourned at 3pm
Next meeting is January 12, 2009
Minutes by: Doris Reyes