Behavioral Health Task Force: Primary Care (including Urgent Care) and Behavioral Health Work Group

Notes: January 6, 2015 Meeting
Chase Brexton Health Services

Attending:

Joy Stephens	Vickie Miles
Becky Bell	Leah Blaine
Mark Donovan	Judy Grusso
Connie Angiuli	

(Note: please see updates at the end of these notes)

The following notes reflect the discussions of emerging issues:

Insurance/access/website:

Integrating mental health and primary care: being able to do some advocacy so that we can influence health and behavioral codes for billing insurance. If behavioral health is integrated with primary care, behavioral health consultations can be billed but at a much lower level. Screening can be included. Brief intervention and help with referrals and support groups (like Coping with HIV, Club Med – health and behavior groups) Lots of evidence but not enough policy. Maryland issue…not fed. Billing for two services in a day issue…can provide service but is not reimbursed and time is trouble.

i.e. child service that also needs family services – availability of providers at evenings…

CONSIDER inviting Chase Brexton person in charge – and develop policy plan (LEAH will send out more information)

Consultative model versus open access (urgent – now)

Link to population health -

Joy: from the HCC perspective, she recommends the promotion of or development of urgent care and alternative care/transition for young adults.

Vickie: recommends we find best practices in existence and expand them. Not reinvent the wheel…

Mark: provider list that is flexible and useful – accessible for providers to update information in real time.

Becky: consumer access that is easy to navigate

Judy: autism and parent: adoption/placed out of the home but have not gotten support they needed to keep children in the home and now that they are out…insurance

Grassroots is crisis center (police give it out). How is this working…Judy/Leah – crisis level – walk in counselling for free, hotline for free, help with hospitalization required, but cannot see people on a chronic/consistent basis. Good job referring to providers and coordinating to see if services are completed. Grant funded, confidential – learn more from this model.

Insurance companies are limiting number of people on their panels. Process for registering therapists (who have state licenses) with the company (can take up to four months) (or a month or 120 days even to change therapists place of employment if they have already been on the insurance company's panel) WORK ON THIS TOO

Credentialing of addictions counselling clinics, centers… (Mark)

Licensed Counsellors for addictions, counselling, and others. Certifications. LCPCs

Describe the whole process of combining the needed professionals and the available insurance, the cost of care, ability to pay

Fee for service/grant/providers education on how to maximize funding sorts.

Medicaid is now easier for people with addictions (Value Options) to access services. But they are now surveying/auditing and reclaiming funds for funny reason (Medicaid tripled audit/survey force)

LEAH: could we focus on

1) Navigator for our clients (website)
2) Navigator for practice managers/practitioners related to above issues (training, best practices summit – consider arming an ombudsman with ongoing advocacy) How can we improve the practitioner experience so that …

Judy: Residential Treatment Centers are not treatment centers as much as they are housing. Same with DJS placements. Foster care is also an issue…level of care, education, coaching to get through the next stages, insurance appeals.

Becky: who is going to help with insurance issues? Reminder that help is needed to match consumers with mental health practitioners…

Connie: need for specialty care/services – not every practitioner is able to provide behavioral services – one size does not fit all – so how can we find and/or educate about those specialties…Mark:
Burden falls unfairly on the consumer to find this. It is also challenging for practitioners to step up and provide services (i.e. Spanish speaking therapist – Mark).

Judy: Therapy versus support….need both – what are the structures that would make both needed activities effective or more effective….

Mark: should we tie in with the alcohol and drug abuse advisory board
Disparity between for instance – County Health Department and local practitioners….
Billing and collecting/caseload/employee benefits/etc.

Connie: model for therapeutic group homes (not fee for service which does not seem to work) per diem model seems to be more flexible and
Mark: high risk clients will not be taken…by experience
Leah: outcomes…based on hospital model…

Judy: transportation issues…

NOTES TO THE WORK GROUP ON ACTIVITIES THAT HAVE OCCURRED AS A RESULT OF OUR WORK:

From Leah (Chase Brexton): I wanted to follow up regarding the H&B codes we discussed. I have attached a spreadsheet which maps out the most recent guidance (Source: http://www.integration.samhsa.gov/financing/billing-tools). As you can see from the comments next to the

H&B codes in the attached, these coeds have been usurped for an alternative purpose in the current MD system. I am also in the process of setting up a call with a colleague who has had extensive experience with this side of the world to get her thoughts on actionable steps for coverage change. I will send an update as soon as I have a bit more information. (see attachment)

From Steve (Howard County General Hospital): I am a member of the Maryland Hospital Association's Quality Council and spoke to them about our task force's initiative. One of their analysts expressed interest in learning more to see how they might assist us. I have invited her to attend one or more of our sessions to see if we can identify a value proposition. Her name is Sheena Siddiqui. I'm excited about the prospects of including the MHA participating in our work because as you might expect mental and behavioral health is not just a Howard County concern and the MHA may be able to bring resources and talent to our project.

From Steve (Howard County General Hospital): Our colleague Linda Dunbar at Johns Hopkins Health Care. Her team has been working on mapping both the supply and demand of behavioral health resources in Howard County. (note from Anne: we are hoping to have her present to the February full task force meeting)

On the "demand" side of our mental health question, we have collected information on mental health and substance use prevalence from the County Health Rankings, and from our own JHHC lines of business (EHP, USFHP, Priority Partners MCO and JMAP-Medicare ACO). The data are only representative of the data that we have as we have not been able to access the Medstat or Medicare 5% databases at the School of Public Health, mostly due to the timing of the holiday. On the supply side of the question, I have geomaps of Howard County showing the providers that are contracted with JHHC. So I believe we have a good beginning for our discussions about prevalence and practitioner supply.