SCBHC
South Carolina Behavioral Health Coalition

Behavioral Health/Primary Care Outpatient Alignment
Meeting Date: December 7,2017
Chair: Pete Liggett, PhD, DHHS
Co-Chair: Bob Bank, MD, DMH
Scribe: Sharon Mancuso

Last time we met, we decided to meet back as a whole group instead of breaking into our subgroups. (Access to Aligned Care, Data and Information Sharing and Funding Platforms) We talked about expansion of MCO/Behavioral Health/MCO Resource – embedding into practices and developing communication lines.

Informally the CEOS's of 4 hospitals have agreed on a partnership ACO model for care management. Bon Secours, GHS, Self, Anmed (Upstate area) partnership ACO model for care management. They want to have 3-4 clinics as initial model and they are looking at 4 ideas for deployment that will ideally include kids as well as adults and substance abuse. All are on Epic (EHR). They are willing to partner with the Behavioral Health Coalition and the Hospital Association. There is also a group in the Pee-Dee area, Tri-County/Care South/ Trinity group that is the largest MAT program in the State. They are currently "capped out" at 9 RX providers. They would like letters sent to the DEA to get waivers to increase "cap." It was suggested that the opioid work group under Bryan Amick at SCDHHS may be able to assist with the letters. They may need funding to exceed 9 prescribing providers. The Tri County/Care South/Trinity group (Upstate area) is willing to partner with the coalition as well.

How can MCOs communicate with these 2 groups? A start would be to have them "at the table" with each of these groups and really have the MCO's be a part of these groups. This can also be fostered through the Alliance of Health Plans. There was a question about whether or not FFS covers case management or whether it is innovation on managed care side. We need to look at the HOP Proviso to see how to fund uninsured people.

As we look to outcomes – how do we track data and outcomes? Dr. Carson Felkel mentioned that he wished we could focus on other measures other than what we focus on now. Sharon Mancuso suggested checking the National Quality Forum (NQF) to see what other measures are there. It is a national repository that includes HEDIS measures. Sharon recommended that we avoid "inventing" measures. Dr. Felkel indicated he had checked NQF and had not seen any measures that were truly outcome measures there. The question was posed, what is IFS (Institute For Families in Society at the University of South Carolina) doing as far as tracking outcomes? Kristine Hobbs suggested looking to the AHRP/California model for this. The data group needs to know our needs. We need a grant that requires things like loneliness, where did you sleep last night, etc. (Getting at social determinants)

As we create models, we need to define the model and track all of the steps in between so that we can replicate it. Otherwise, it does no good to create a model.

A member of the group shared their personal experience as a family member and reminded the group that quality of life is very important. We need to make sure and commit as a group that we want to help people achieve a quality of life worth living. We need to ask patients if their life has improved as a result of partnering with their provider. Dr. Felkel felt the CG-CAHPS focusses on the wrong types of questions, (things like the cleanliness of the bathroom, etc.) and not on whether or not the patient believes they are getting better. Sharon Mancuso mentioned we could use Medicare's Health Outcomes Survey (HOS) which does ask patients such questions as: Is your mental health improving?

Are there any outcomes from the SAPT Block Grant? Yes but they are not necessarily quantitative. It would be nice if we could match up the Block Grant data with current Hedis data and see where we match up.

Dr. Liggett brought up the COSY Program (Collaborative Organization of Services for Youth) and he thinks they are also forming a COSA (Adults) Program as well. This program is based in Beaufort and he wants to look into them coming to present to our Primary Care Group. COSY basically is a continuum of support for youth and their families who need coordinated services. They also advocate for family-centered practices and local services.

We circled back to the two groups that we want to use as models (Bon Secours, GHS, Self, Anmed – Upstate Group and the Tri County, Care South, Trinity – Pee Dee group) and Dr. Liggett asked what we can do as a group to support these groups. Each group was asked if they could attend one of our monthly meetings to present an outline of their model. We will ask someone from COSY to come present to our group as well since they did not have a representative present. The groups will present as follows:

- January – COSY
- February – Upstate (Bon Secours, GHS Self Anmed)
- March – Pee Dee (Tri County, Care South, Trinity)

It was noted that we need to look at value-based contracting opportunities in the two models. It was suggested that we get input from the HOP program. HOP programs are anchored with hospitals and about $60 million per year goes into HOP Programs.

With respect to opportunities to revise reimbursement policy, there was a mention that we should adopt the CMS G-Codes. It was said that this generates a co-pay of 20%.

Our breakout session adjourned until our next meeting in January.