



South Carolina Behavioral Health Coalition

Behavioral Health/Primary Care Outpatient Alignment

Meeting Date: November 9, 2017

Chair: Pete Liggett, PhD, DHHS

Co-Chair: Bob Bank, MD, DMH

Scribe: Sharon Mancuso

We began our Primary Care breakout session by breaking into the three small groups we had decided upon. It was decided that each group would take notes during their small group discussion, focusing on realistic things that we can do as a group and that we would all meet back as a large group to discuss what each group had come up with. We separated into our small groups with the broad goal of targeting Aligned Care Projects. The hope is that our group can come up with 4-6 reasonable and realistic projects over the next year that we can focus on.

We joined back together as a large group for the last several minutes of the breakout session and each group shared the highlights of the small group discussions with the large group. We ended our breakout session by planning for our next meeting. At the next meeting, we plan to hold our Primary Care breakout session with the whole group to see where we think we are and to see how we want to move forward.

A. Clinical Information and Data Sharing

- SC Office for Healthcare Workforce
- SCHIEX (a bridge to EHR)
- Direct Messaging
- Clinical Viewer
- Interactive contribute Information
- Incentivize organizations to use SCHIEX and contribute
- Trident Partner Caresouth Integration
- Department of Mental Health Telepsych Program
- Clinical Data Research Network – ITSSC Health Sciences South Carolina – Mid South CDRN reps SC
- Are schools using EHR?
- How do we pull in DJJ records? (SCHIEX?)
- Can we get local partners to share data?
- Need Care Coordinators that can look at the records
- What data would we need?
- PMA's (meds, frequency of visits)
- Plan of care
- Simplification of steps for sharing data
- Data from case managers

Possible Projects:

- Replicate what Tri-County is doing?
- Access to Medicaid claims data for this project
- Pull in specialized care professionals
- Baseline Measures



South Carolina Behavioral Health Coalition

Behavioral Health/Primary Care Outpatient Alignment

Meeting Date: November 9, 2017

Chair: Pete Liggett, PhD, DHHS

Co-Chair: Bob Bank, MD, DMH

Scribe: Sharon Mancuso

- Crisis incidents
- Trips to ER
- Readmissions
- Basic health measures
- Sumter Family Health Center
- Recruit Psych and incorporate into Telehealth Alliance
- Training Models on behavioral health for PCP – Motivational Interviewing

B. Access to Aligned Care

- Current Model – Sumter Family Health Center (FQHC)
- Hospital, Behavioral Health, Primary, OB/GYN, Pediatrics and Dental
- Expanded telepsychiatry (Behavioral Health – substance and health)
- Time Constraint (late check-in, covering all the health issues, mental health patients)
- Collaborative Care Model (Select Health, DMH, Payer SCDHHS, CMS)
- Housing – a critical component for success
- Opioid Crisis
- List Existing models across population
- Clinical Outcomes are key
- Payers of services drive the system
- SCDC – mental health services partnership with law enforcement intervention vs. arrest/re-incarceration
- Mental Health Courts – diversion program
- Workflow/Process mapping of existing system
- De-collaborative care for mild mental health
- Telehealth Diversion in shelter

C. Funding Platforms and Resources

This group gave themselves the task of identifying resources to support Aligned Care Projects that can be feasibly completed over the next 12 – 18 months

Current initiatives (expand/enhance):

- Telepsychiatry
- Telemedicine for Opioid Rx

Strengths:

- Wiring/infrastructure in place
- Funding available for equipment
- Who can be reimbursed?

Barriers:

- Gaps in reimbursement
- Re: SW in FQHCs (Health and Behavioral Codes)



South Carolina Behavioral Health Coalition

Behavioral Health/Primary Care Outpatient Alignment

Meeting Date: November 9, 2017

Chair: Pete Liggett, PhD, DHHS

Co-Chair: Bob Bank, MD, DMH

Scribe: Sharon Mancuso

- Lower than average rates

Recommendations:

- Explore payment models that are successful in other states. (VBM, PMPM, Risk)
- Explore FFS practices to identify opportunities for VB and outcome based analyses that may id savings that could be shifted to other uses/enhance current system/infrastructure needs (data)
- Use the opioid crisis to leverage on-going support for PH/BH initiatives and services