



Illinois Department of Healthcare and Family Services Behavioral and Mental Health Subcommittee Meeting

Date: Wednesday, July 28, 2010

Time: 12 noon CDT – 1:00

Teleconferencing #: 1-877-684-9625 passcode 102953#

Minutes

- A. Department of Mental Health (DMH) Partnership Update—Caryn Jacobi/Felicia Vertin
- a. Felicia reported this is really a strong partnership and expressed thanks to all at DMH for their collaboration. YHP work with DMH has now completed rolling out through the five regions (Region 5 was our last rollout).
 - b. YHP has in past quarter had the opportunity to participate in consumer level teleconferences in Regions 3, 4, and 5; we will get to be a speaker at one of the consumer forums in region 5 on August 12th. YHP attended one of the active networks and observed strong consumer participation.
 - c. Marvin Lindsay asked a question about the number of participants in the YHP program. In addition does YHP anticipate any problems with recent cuts in the MH system? YHP has around 107,000 eligible clients in the community Adult Disabled population statewide (there are another ~10,000 in the Institutionalized setting). We stratify that group for outreach and have around 40% targeted for more intense interventions. Of that group we have engaged around 40%. In regards to the second part of the question – the YHP program is committed to working with providers and eligible YHP clients. To date we have not seen specific issues or impacts for our population but we are certainly sensitive to and aware of provider concerns. We will continue to do what we can in working with this population.
- B. Department of Alcohol and Substance Abuse (DASA) Partnership Update—Caryn Jacobi/Felicia Vertin
- a. We are slowly making progress with DASA and their providers. Thanks to Trina Dietrich (DASA) and Diane Turner (BH Specialist with YHP). Together they have been reaching out to DASA agencies and working to get meetings on the calendar. Where possible we are encouraging the use of MEDI for DASA providers.
- C. CMT Messaging
- a. As discussed in previous meetings, we continue to work with Care Management Technologies (formerly CNS) on targeted messaging re: Psychotropics.
 - b. The intent of the intervention is to support decision making by providing useful and evidence-based information.

- c. We are always interested in feedback; PCPs tend to respond readily to the messaging.

D. Reminder for CME Modules

- a. We are transitioning our CME modules to a new platform. It is not yet up but should be ready to launch within the next two weeks.
- b. Current CME modules include one for Depression and another for Substance Abuse.

E. Primary care support for managing behavioral health conditions

- a. The below questions were provided to the subcommittee ahead of time. We were able to discuss as part of our subcommittee meeting.

A core feature of the Your Healthcare Plus program is to strengthen the bridge between the management of mental health and physical health conditions. In addition the importance of the PCP role in managing mental/behavioral health conditions cannot be underestimated. In order to enhance our ability to support these functions of the healthcare system, please consider the following questions. NOTE: Discussion amongst group from the meeting is noted below each question.

What top three mental health/behavioral health diagnoses would you identify as good opportunities for YHP to provide primary care support?

1. Use of screening tools in primary care offices that can be administered by staff (PHQ-9; ADHD, developmental, post-partum and prenatal screening tools to identify those at risk for pp depression; Substance abuse screening
2. YHP nurse can help encourage patients to see MH provider when they may be resistant—this is seen as a good resource to PCPs
3. Maria Devins practices in an integrated model in Family Medicine. Co-location of a MH provider in the PCP office is highly valuable. The business model can be discussed at a later date. Oregon has a good model.
4. Telehealth has been approved by HFS and should be used more. One model could be that a PCP in a low service area could teleconference for specialist care. There are issues of privacy and hacking so a dedicated line is considered optimal. Margaret Kirkegaard is not aware of any organizations doing telehealth yet but stated IHC would be willing to host a webinar to highlight practitioners that are doing this already. Cindy Myer stated they are doing telepsychiatry and will follow-up with Dr. Kirkegaard. PCPs are not always aware of how to access CMHC resources. There would be value in enhancing knowledge of services available.
5. A question was asked as to whether patient oriented educational groups could occur at different times along with someone in recovery. This was seen as an outreach idea.

What MH medication management challenges would be good opportunities for YHP to provide PCP support?

1. Issues of medication non-adherence are problematic and result in ED visits. When data shows this how can the doctor be made aware? Felicia stated that when there is a YHP pharmacy review, the nurse will discuss medication adherence and set up appointment for BH/PCP doctor to evaluate further.

What would mental health providers like primary care providers to know about how to best partner with mental health providers?

1. PCPs should know the MH assessment, diagnoses and medications the patient is placed on. This information does not currently come from CMHCs. Release signing is required and participants stated that is not usually a barrier.
2. Bidirectional communication is essential. Marvin Lindsay agrees that lack of information is problematic on what services are provided at CMHCs. He has been involved in a lot of

“integration” type of work in which learning communities are being developed between CMHCs, hospitals and doctors offices. He stated these will start meeting this Fall – more follow-up to come.

What would PCPs like MH providers to know about how to best partner with PCPs?

As above.

Can you identify discrete “do’s” and “don’ts” relating to the care of people with MH/BH conditions that you would like every provider to know?

No specific input given.

F. Next Meeting October 13, 2010 12:00-1:00 pm (CT)