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| **Meeting Title:** | **NYP/Q DSRIP Primary Care / Behavioral Health Integration Project**  | **Meeting Date:** | June 5, 2017 |
| **Facilitator(s):** | M. D’Urso, RN  | **Meeting Time:** | 11:00 AM – 12:00 PM |
| **Location:****Dial in:** | NYPQ 56-45 Main Street; Junior Conference RoomDial in: 1-(866) 692-4538 Passcode: 26098085#  |
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**Meeting Purpose:**

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| DSRIP Project Implementation – Implementation Plan Deliverables |

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| **#** | **Topic** | **Responsible Person** | **Document** |
| 1. | Welcome & Purpose | M. D’Urso | - |
| 2. | Approve Meeting Minutes – 05/01/17 | M. D’Urso |  |
| 3. | **Upcoming Deliverables:** **DY3 Deliverables for Model 1:****Milestone #1** Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. * + **Metric# 1.1**: All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3. **Due by DY3Q4 (March 2018 )**

*Minimum Documentation: List of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation.** Brightpoint –Ambulatory Care Center ( both are on track for 2014 NCQA level 3 PCMH certification )
* Brightpoint –collocated internally
* Child Center of NY- Theresa Lang (TL on track for 2014 NCQA level 3 PCMH certification )
	+ **Metric# 1.2**: Behavioral health services are co-located within PCMH/APC practices and are available. **Due by DY3Q4 (March 2018 )**

**Minimum Documentation: List of practitioners and licensure performing services at PCMH and/or APCM sites; Behavioral health practice schedules.*** Task Step # 7: Outline a timeline/roll-out schedule of all participating clinics that shows anticipated clinic start dates & availability. **Due by DY3Q1 (June 2017)**
	+ PMO is scheduled to build a roll-out timeline and will present it to the committee before the quarter ends.
* Task Step # 9: Train staff to ensure full understanding of operational processes, sensitivity, cultural competency, and behavioral health related medical record policies. **Due by DY3Q4 (March 2018 )**
	+ Brightpoint – has completed their workflows and is in the process of getting buy-in and then will work on training.
	+ Child Center of NY, TLCC, ACC, ACQC- status?
* Task Step # 10: Recruit behavioral health care providers based on need of site (Physician/Social Worker/etc.) **Due by DY3Q4 (March 2018 )**
* Task Step # 11: Create scheduling templates for new providers & patients.

**Due by DY3Q4 (March 2018 )****--------------------------------------------------------------------------------------------** **Model 2:**Milestone #5 Co-locate primary care services at behavioral health sites.* Metric# 5.1: PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.**Due by DY4Q4 (March 2019)**
	+ **Update**: this Milestone is no longer a requirement for providers in Model 2.

**Minimum Documentation: List of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation.*** Metric# 5.2: Primary care services are co-located within behavioral Health practices and are available. **Due by DY4Q4 (March 2019)**

**Minimum Documentation: List of practitioners and licensure performing services at behavioral health site; Behavioral health practice schedules.*** Task Step # 6: Outline a timeline/roll-out schedule of all participating clinics that shows anticipated clinic start dates & availability. **Due by DY3Q3 (December 2017)**
* Task Step # 8: Train staff to ensure full understanding of operational processes, sensitivity, cultural competency, and behavioral health related medical record policies. **Due by DY4Q4 (March 2019)**
* Task Step # 9: Recruit or re-allocate primary care providers to sites based on need (MD vs. NP vs. PA) **Due by DY4Q4 (March 2019)**
* Task Step # 11: Create scheduling templates for new providers & patients. **Due by DY4Q4 (March 2019)**

**---------------------------------------------------------------------------------------------****DY4 Deliverables: Both Model 1 and Model 2:** **Milestone #3:** Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. **Due by DY4Q4 (March 2019)*** BH providers should show proof of preventative screenings other than depression/BH screening.

**Metric # 3.1**: Policies and procedures are in place to facilitate and document completion of screenings. **Due by DY4Q4 (March 2019)****Minimum Documentation: Documentation of the policies and procedures used to conduct preventive care screenings, including behavioral health screenings.*** Received policies and procedures from Brightpoint, NYPQ, ACQC,

Pending-MHPWQ & Child Center of NY (need preventative care screenings )----------------------------------------------------------------------------------***Metric # 3.2:*** Screenings are documented in Electronic Health Record. **Due by DY4Q4 (March 2019)*****Minimum Documentation:* Screenshots or other evidence of notifications of patient identification and screening alerts; EHR Vendor documentation.**------------------------------------------------------------------------------------------***Metric/Deliverable 3.3:*** At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT). **Due by DY4Q4 (March 2019)*** **Feedback from IA**

(Q) In Project 3ai Model 2 requirement states “At least 90% of patients receive screenings at the established project sites”–a. Is the expectation that 90% of BH Clinics engaged in this model, that 90% of their patient population receive primary care services at the BH Clinic?b. How is the IA going to measure this? So we can assure that we collect the information correctly. We will use whatever you define is the correct cohort for “100%” of patients, and then try to collect fromThe site who in that cohort received the screen, then calculate if they met 90%.      i. What is the denominator for the patient panel – is it all patients seen in 1 day? Or all active patients in a given time period?     ii. Since this is a Domain 1 requirement, what is the time period that we need to assure 90% were screened**?** **(A) Project Requirement 3 of Project 3.a.i (Model 2) includes the metric that, "At least 90% of patients receive screenings at the established project sites."** **a. This indicates that, out of all BH providers engaged by the PPS in this project, 90% of patients seen must be receiving screenings upon project completion.** **b. The IA will request a list of screenings completed at the established project sites and select a sample of these screenings.****i. The denominator of this percentage would be all patients seen by the BH provider while the numerator would be all patients receiving screenings.** **ii. This metric, and associated project requirement, should be completed by the date indicated in the PPS's speed & scale commitment for Project 3.a.i (Model 2). (March 2019)*****Minimum Documentation:*** Roster of identified patients. Number of screenings completed.----------------------------------------------------------------------------------------***Metric/Deliverable 3.4:*** Positive screenings result in "warm transfer” to behavioral health provider as measured by documentation in Electronic Health Record. **Due by DY4Q4 (March 2019)*****Minimum Documentation:* Sample EHR demonstrating that warm transfers have occurred.**  | M. D’Urso |  |
| 4. | OASAS is offering SBIRT training throughout the state in the coming months.  If you or a member or your provider network is planning to implement SBIRT and would like to attend training, **please complete the appropriate attached registration form and submit to** **NYSBIRT@oasas.ny.com****.** Registration forms can also be faxed to OASAS at #518-457-5228.  **Training dates and locations:**Finger Lakes (Rochester) – June 6Western (Buffalo) – July 11 | M. D’Urso |  |
| 5. | **OASAS Certified Part 822 Programs Services in the Community Clinical and Billing Guidance** The Office of Alcoholism and Substance Abuse Services would like to share a new resource regarding “In-Community” Services.  As you may know, OASAS providers are able to offer services to patients in the community, at school, criminal justice settings, or other sites where an individual may be in need of services.  Please refer to the attached guidance and video link below, which includes clinical and billing guidance as well as a short video where providers share their experiences utilizing this service.   [https://www.youtube.com/embed/145BPUydtro?rel=0&autoplay=1](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.youtube.com_embed_145BPUydtro-3Frel-3D0-26autoplay-3D1&d=DwMFAw&c=apLCJo22jkVRpFivmRGGHnRn85FoLi_g9mEBSlVKwRY&r=-BiLnYSVSFn9rrPFWQh9Ew&m=iEefT4_doMmX9XayopS_TN9DH80Pii-IXjB2S5L73Y0&s=w9ocbt5IbvkLDite8orliHx-bQcriUfGwC2xyQpGcmM&e=) Please email PICM@oasas.ny.gov with any questions. |  |  |
| 6. | **Disorder Symposium: An Opportunity for Partnership on June 22, 2017** The New York State Department of Health and the New York State Office of Alcoholism and Substance Abuse Services would like to invite you to participate in the NYS Substance Use Disorder Symposium: *An Opportunity for Partnership*.   This Symposium will highlight innovative state initiatives to address the heroin/opioid epidemic, and how PPS’ can leverage these initiatives to meet the needs of substance use disorder populations within DSRIP.  Participants will have ample opportunity for questions and dialogue.  The agenda will include the following topics:·           Newly implemented models that will be presented include 24/7 open access centers, in-community services, the use of peers, Center of Treatment Innovation,  and Medication Assisted Treatment.  ·           Federal SUD Confidentiality Laws – Presenters will offer an overview, and recently enacted changes, of substance use disorder treatment record confidentiality regulations.  The session will cover exceptions to the general rule and best practices. This event is a great opportunity for PPS behavioral health leads, medical directors, and line staff to familiarize themselves with exciting developments in the SUD world.  Participation is limited to PPS Staff and is by invitation only. **The Symposium will take place Thursday, June 22, 2017 from 10:30 a.m. to 3:30 p.m. at the Empire State Plaza Concourse in Albany, New York.  Lunch will be provided.** **To register for this event, please go** to: [https://www.surveymonkey.com/r/627P3LX](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.surveymonkey.com_r_627P3LX&d=DwMF-g&c=apLCJo22jkVRpFivmRGGHnRn85FoLi_g9mEBSlVKwRY&r=w3kje2VvyNWgzgyZmOj4lw&m=mmxAMXzEOBJu3bz90ljOU5LpGCY5Ldu5bawMW6wdiEk&s=mcjMUeLpX5qwFZN4pKT0HSwc38Fedt1umVDTkpoDR-4&e=) . Registration will be open until Friday June 16, 2017 at 5 p.m. |  |  |
| 7. | Questions & Open Discussion | - | - |
| 8. | Adjourn | - | - |