|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting Title:** | **NYP/Q DSRIP Primary Care / Behavioral Health Integration Project**  | **Meeting Date:** | July 3, 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#  |
|  |  |

**Meeting Purpose:**

|  |
| --- |
| DSRIP Project Implementation – Implementation Plan Deliverables |

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Topic** | **Responsible Person** | **Document** |
| 1. | Welcome & Purpose | M. D’Urso | - |
| 2. | Approve Meeting Minutes – 06/05/17 | 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 has created a PC:BH timeline to be completed by March 2018
	+ The clinics will run 2 days/week (7hrs.)
	+ Pediatrics Clinic will hire LSW
	+ Adults Clinic will hire Licensed Psychologist/Physiatrist or Psych. Nurse Practitioner
* 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 )**
	+ Brightpoint and MHPWQ are currently in the recruiting process – status?
* 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# 5.2: 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)*****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. | **SBIRT for Performing Provider Systems (PPS) Webinar on July 17, 2017** **Douglas G. Fish, MD, NYS DOH Medical Director, Division of Program Development & Management, and Charles W. Morgan, MD, Medical Director, NYS OASAS will conduct the webinar “Screening, Brief Intervention and Referral to Treatment (SBIRT) for Performing Provider Systems (PPS)” on Monday, July 17th 10:30 am – 12:00 pm**. The topics to be covered are:  * how screening, diagnosing and addressing substance use disorders (SUDs) promotes DSRIP goals of reducing avoidable ED and in-patient hospital utilization;
* Why Screening, Brief Intervention and Referral to Treatment (SBIRT) is a critical component of the integration of behavioral health into primary care;
* How individuals with chronic medical conditions who have a comorbid SUD, have healthcare costs 2-3 times higher compared with individuals without a comorbid SUD;
* How only 1 out of 6 adults are asked by their primary care physician about their drinking.

 If you are interested in registering for this webinar, please contact Gerry King at Gerry.King@oasas.ny.gov by COB July 12th. |  |  |
| 5. | Questions & Open Discussion | - | - |
| 6. | Adjourn | - | - |