Meeting Minutes - Arkansas Behavioral Health Integration Network

Location: Zoom

Date: February 19, 2024 Meeting: AR CoCM Community Stakeholders Meeting

Time: 12:00-1:00

Attendance

1. Julie Carman 5. Chad O'Kane 9. Rachael Marx 13. Susan Ward-Jones

Kim Shuler
 Nicole Portrude
 Virna Little
 Mark Jansen

3. David Jones 7. Miste Trent 11. Brea Strong

4. Caitlyn Johnson 8. Patty Gibson 12. Scott Smith

Agenda Items

1. Welcome/Updates/Announcements

2. SAMHSA BHI-Hub Executive Committee Meeting Report CoCM Grant Review

3. Local & National CoCM Updates

4. Update from DHS

5. Upcoming Events

Summary:

- Kim Shuler, David Jones, Dr. Gibson, and others provided updates for the grant as well as what's going on with CoCM on a local, regional, and national level.
- David Jones, with DHS shared that they are in the process of submitting a continuing application for the grant. Kim provided an update on the state's CoCM grant that will involve training, education, and technical assistance. Eastern Arkansas Family Health Center will be a part of the project as well as AFMC. She also mentioned the formation of the executive committee to oversee the project, which met last week and will continue to meet once a month for the duration of the project. The first meeting consisted of introductions and an overview of the grant.
- Or. Patty Gibson provided updates on a local and national level, starting with BCBS. BCBS's commitment to integrated behavioral health and its benefits, is demonstrated through a decrease in inpatient and ER visits and overall cost per member per month. Dr. Gibson also mentioned her involvement as president of the Arkansas Psychiatric Society, which played a significant role in passing legislation and providing education to psychiatrists and other health professionals in the state. She also touched on an upcoming annual meeting focused on addiction and substance use disorders. Additionally, she mentioned a new policy statement by the Arkansas Medical Society, which aims to treat obesity, addiction, and mental health diseases as chronic medical diseases and to increase education and decrease stigma around these disorders.
- As Dr. Gibson continued providing updates, she brought awareness to the American Medical Association's (AMA) efforts to implement integrated behavioral health and specifically, CoCM. She highlighted the AMA's BHI collaborative and its resources, as well as the experience of Mayo Integrated Care Conference. Dr. Gibson also discussed North Carolina's initiatives and a white paper detailing their roadmap to success. Finally, Dr. Gibson mentioned the Bipartisan Policy Center's identification of workforce needs.
- The team also discussed various healthcare and behavioral health matters, including the challenges
 of measuring outcomes in behavioral health, the potential benefits of a blended model, the need to

- monitor the effects of co-pays on patients and emphasized the importance of involving all stakeholders in the work group.
- There was discussion on the challenges faced in providing quick access to mental health care. They highlighted the need for a system where primary care clinicians could perform behavioral health evaluations with consultation from psychiatrists within 24 hours, while Dr. Gibson emphasized the potential cost savings and quick access to care. They also discussed the importance of identifying social service needs and highlighted the value of cost savings and the potential for future cost savings through the introduction of Community Care Organizations.
- o Kim raised a question about the inclusion of value-based contracts in their work and asked for thoughts on the topic. Mark T. Jansen, M.D., joined the conversation and questioned the uptake of value-based contracts in their sector. He suggested that the answer depends on whether payers are willing to pay for good care and how outcomes are measured. Mark also highlighted the challenges in setting up a value-based payment model, especially in areas where outcomes are difficult to measure. However, he proposed that recognizing the impact of behavioral health issues on chronic health care conditions could potentially show the value of their work.
- Virna highlighted the challenges faced in implementing collaborative care in primary care providers, particularly the lack of understanding and uptake of treatment choices in collaborative care. She suggested the need for more prescriptive follow-up training and mentioned the recent guidance issued by CMS to address compliance issues at academic hospital-based sites. Mark T. Jansen, M.D. proposed introducing collaborative care into medical education and residency programs as a potential solution.
- Finally, Kim introduced Caitlyn Johnson, LCSW, a project manager with ABHIN who will be contributing to the project. Caitlyn brings over 7 years' experience in behavioral health integration to the project and provided upcoming CoCM events that are listed below.

Next steps

Consider partnering with payers to track outcomes and collect data on CoCM.

Important Date(s):

- ► Friday, March 8th, 12:00 AR CoCM Community Stakeholders Monthly Meeting
- ► Thursday, April 11th, 8-4:30, ABHIN's 2024 Behavioral Health Integration Conference:

 Cultivating Connections Strengthening Provider Collaboration in Behavioral Health
 Integration

 BHI website, registration link
- April 17th 18th, CFHA's Spring Virtual Conference, <u>Breaking Silos, Building Bridges: Uniting for Whole Person Health</u>
- Saturday, June 1st, Arkansas Psychiatric Society 2024 Annual Conference, <u>Untangling the Web of Addictions: CoCM and Substance Use Disorders</u>
- ► Friday, June 7th, 8-5:00 AIMS 3rd Annual Integrated Care Conference, <u>Integrated Care</u>

 Conference 2024: Cultivating Integrated Care within the Behavioral Health Ecosystem

CoCM Resources:

- ➤ ABHIN CoCM Training & Resource webpage
- ► CMS Updated FAQ, Billing Medicare for BHI Services
- ► American Psychiatric Association, <u>Using the Collaborative Care Model for Special Populations</u>
- ▶ Journal of the Arkansas Medical Society, <u>Obesity</u>, <u>Addiction</u>, <u>and all Mental Health Disorders ARE</u> Chronic Medical Diseases
- North Carolina CoCM Resources:

- Webinar, <u>Integrating Physical and Behavioral Health Through Collaborative Care: A Roadmap</u> from North Carolina
- A Roadmap for Statewide Capacity Building to Integrate Physical and Behavioral Health Care
- ▶ Bipartisan Policy Center, <u>Strengthening the Integrated Care Workforce</u>, <u>You Tube</u>
- ► CFHA Collaborative Care Model Special Interest Groups (SIG)
- AIMS Center