

Meeting Minutes -



Arkansas
Behavioral Health
Integration Network

Location: Zoom

Date: August 9, 2024

Meeting: AR CoCM Community Stakeholders Meeting

Time: 12:00-1:00

Attendees:

- | | | |
|--------------------|---------------------|---------------------|
| 1. Kim Shuler | 6. Tisha Deen | 11. Amanda Lunsford |
| 2. Caitlyn Johnson | 7. Brea Strong | 12. Julie Carman |
| 3. Teresa Hudson | 8. Michael Keck | 13. Jamey Mantz |
| 4. Virna Little | 9. Mark Jansen | 14. Sarah Bernes |
| 5. Patty Gibson | 10. Nicole Portrude | |

Agenda Items

1. Welcome/Updates/Announcements
2. SAMHSA BHI-Hub CoCM grant Executive Committee Meeting Report
3. UAMS Update
 - a. BHCM Onboarding
4. CoCM update from DHS
5. CoCM Events & Resources

Action Items:

- Teresa – Check with the evaluation team about tracking patients who decline to participate in CoCM due to copays
- Virna – Send Tisha a list of items needed for the new pro forma and walk through it with her next week
- Kim – Distribute resources on collaborative care implementation from other states to the group
- ALL MEMBERS – Please help advertise ABHIN's CoCM Office Hours

Meeting Notes:

Summary

- The team discussed various challenges, strategies, and updates related to CoCM implementation and sustainability, including highlighting the potential of the FQHC clinics as a safety net, the importance of building strong relationships with practices and sharing upcoming events and resources.
- They provided a reminder to the team/clinics to prepare for the CoCM grant's end of year one in September. The hiring of new behavioral health care managers (BHCM) at UAMS and EAFMC was reported, while BMRHC had already previously identified their BHCM. On that same note, Dr. Gibson has been collaborating with other psychiatrists, per the listserv to help secure a psychiatrist consultant for EAFMC.
- ABHIN announced that they will be rolling out a BHCM training in mid-late October and also

UAMS Update

- Tisha provided an update on the progress of UAMS' new behavioral health care managers, Khadija and Jennifer, who are currently being evaluated by the evaluation team. She also mentioned that two more behavioral care manager positions have been posted, with applicants already in the process.
- Additionally, she shared that they are collaborating with the Psychiatric Research Institute to bring on a second psychiatrist, Dr. Socal, from Texas who is knowledgeable about collaborative care.
- Lastly, Virna revealed that Tisha will be the first to try out a new pro forma they have built, which will help determine the financial sustainability of the new hires.

Payment of CoCM Codes and Advocacy

- Dr. Gibson shared updates from various CoCM meetings from organizations around the country that either have or are in the process of implementing CoCM and emphasized the importance of sharing best practices and addressing the issue of payer groups not contributing. She also mentioned that the feedback received from other states and organizations, when asked what the greatest challenges are in both the implementation and sustainability of CoCM has consistently been the necessity for all payors to pay for CoCM services
- The team also discussed the challenges in billing due to varying payer costs, the advocacy push to change the use of the G0512 to CPT codes for FQHC's for Medicare, and the need for champions to drive this cause forward.
- Kim and Virna discussed the payment of CoCM codes by commercial payers in Arkansas, with Virna confirming all payers were paying and offering to provide a list. Kim planned to share this information with the team, and Virna agreed to check for available resources to support practices.

Sustainability Challenges and Strategies

- The team continued the discussion on the challenges and strategies related to sustainability with UAMS raising concerns about the current requirement for physicians to document consent, with Virna reporting that changes to this process are expected to be implemented in early 2025.
- They also highlighted the importance of addressing the issue of Medicaid not paying for services as well as the difficulties posed by commercial plans paying substantially below Medicare which impacts the ability of practices to remain financially stable. Teresa emphasized the need for a plan demonstrating sustainability, which is a requirement for their grant.

Collaborative Care Efforts and Implementation Strategies

- Sarah identified significant efforts made by the Blue Cross of Michigan to encourage the adoption of collaborative care, including waiving patient costs and providing financial incentives, and suggested creating a system to track patients who decline to participate in the program due to issues like copays or a perceived lack of need for the services. She continued to share that there are also other states, like Arizona, that have implemented similar programs with success, suggesting that similar initiatives could be beneficial for Arkansas.
- One of the questions raised was, how can we start generating interest and finding practices to participate in programs offering CoCM implementation assistance, particularly given the stress and workload primary care providers face.
 - Targeting the right people through annual conferences such as presenting at family medicine conferences to gauge interest was one strategy that was supported by the team, citing previous successful presentations.

RVU Changes and CoCM Adoption Challenges

- Mercy shared their experiences, emphasizing the need to address basic misunderstandings and shared liability in prescribing practices, and discussed the issues surrounding the RVU (Relative Value Units) changes and its impact on their operations. The Mercy team had to explain to physicians that they were not losing money by referring to collaborative care.
- One large system in the state considered not implementing the Collaborative Care Model due to the cost of RVUs. Mercy suggested they might be able to provide partial RVUs to providers in the future.
- The team highlighted that primary care clinic decisions to adopt new programs are system-wide, not individual, and highlighted the challenges of integrating behavioral care into existing practices, and continued to emphasize the challenges of encouraging smaller systems to adopt the CoCM when they don't get paid for it.
- The team agreed that the importance of building strong working relationships with practices cannot be understated, including being open to learning and improving, & having regular touchpoints and ongoing education. Additionally, the need to simplify the concept of collaborative care and focus on the treatment of patients, rather than explaining what they are not was also emphasized.

Important Date(s):

- ▶ **Friday, August 30th, 12:00 – 1:00** [ABHIN Monthly CoCM Office Hours](#)
- ▶ **Friday, September 27th, 8:00 – 3:00** – [2024 Arkansas Schizophrenia Conference](#)
- ▶ **Wednesday, October 9th, 8:00 – 11:30 am** Little Rock - [“A Conversation with Sam Quinones”](#)
- ▶ **October 24th – 26th**, San Antonio, TX – CFHA’s Integrated Care Conference, [30 Years of Integration: Innovating in the Pursuit of Healing](#)

CoCM Resources:

- ▶ [ABHIN CoCM Training & Resource webpage](#)
- ▶ [AIMS Center: Collaborative Care Monthly Finance Office Hours](#)
- ▶ [AIMS Center: Collaborative Care Monthly Implementation Office Hours](#)
- ▶ [Addressing Suicide Risk: A Study of Dose Responses in Collaborative Care](#)
- ▶ [The Collaborative Care Model in North Carolina: A Roadmap for Statewide Capacity Building...](#)
- ▶ ABHIN *While You Wait* Podcast now streaming:

- [Amazon](#)
- [Spotify](#)
- [YouTube](#)

