

Dual County Care Coordination Coalition Meeting Minutes

Date: January 17, 2019

Time: 2:30-4:30pm


Attendees:

Theresa Scott	Sal Robledo	Jessica Guajardo	Jeffrey Curtis
Tuyet Nguyen	Dr. Ole Behrendtsen	Ron Yukelson	Anne Robin
Cathy Slaughter	Ed Lowe	Amanda Piper	Cathy Sullivan
Rose Vasquez	Adam Horn	Jim White	Ken Riomoles
Dr. David Duke	Michelle Shoresman	Laura Jameson	Debbie Young
Joyce Lipmann	Penny Borenstein	Amber Garcia	Angela Hopkins
Nick Drews	Lindsey Rueblos	Jeffrey Curtis	Citlaly Santos
Donna Hayes			


Recorder: Citlaly Santos, Community Outreach Coordinator for CenCal Health



Location: Marian Regional Medical Center, Conference Room B, 1400 E Church St, Santa Maria, CA 93454

Topic	Discussion	Action
1. Agenda Item: Welcome/Introductions/ Updates <i>Theresa Scott</i> Community Relations and Program Development Manager for CenCal Health) and <i>Tuyet Nguyen</i> (Senior Director for Care Coordination and Social Service for Dignity Health, northern Central Coast)	<p>The meeting for the Dual County Care Coordination Coalition was called to order at <i>approximately</i> 2:45 p.m. by Theresa Scott. The meeting was delayed a few minutes due to weather and parking issues.</p> <p>Introductions: Theresa Scott introduced herself and the rest of the attendees around the room proceeded to introduce themselves.</p> <p>Updates: Theresa discussed CenCal Health's Community Report for 2018, which is all digital. Theresa also discussed the topics that were addressed at CenCal Health's board meeting the night before, including Governor Newsom's proposal to increase the age limit for undocumented children who have Medi-Cal, to age 26. Also the transitioning of the Medi-Cal prescription drug benefits to a single fee-for-service of administration.</p> <p>Dr. Duke from Dignity Health discussed that the organization is increasing their data capabilities. Dr. Duke mentioned that this data is readily available for other agencies/ organizations that need it for their projects.</p> <p>Joyce Lipmann from the Area Agency on Aging discussed that the agency will have its annual public hearings regarding what the area plan is for next year. This includes where they plan to spend the money and what the priorities would be.</p> <p>Sal Robledo, the Director of Population Health at Cottage Health, mentioned that they just released their behavioral health initiative grants, with the community benefit funds. The focus is behavioral health for the Santa Barbara community.</p> <p>A representative of Good Samaritan mentioned that the Safe House is up and running and taking referrals. The location is for survivors of human trafficking.</p> <p>Jeffrey Curtis, Clinic Manager at Aegis Treatment Center in Santa Maria, mentioned that the biggest change the organization has had is with the ODS waiver-buprenorphine/ Suboxone is now covered for Medi-Cal patients in Santa Barbara and Santa Maria. The Atascadero and San Luis Obispo centers also cover buprenorphine/ Suboxone.</p>	No

	Ole Behrendtsen, Medical Director for Santa Barbara County Department of Behavioral Wellness, mentioned that the organization launched the organized the Drug-Medi-Cal Organized delivery system December 1.	
<p>2. Agenda Item: One California, Partnership Regional Health Information Organization (OCPRHIO) Discussion on need for Dual County Health Information Exchange Committee (Ken Riomales, Senior Director HIE Operations) <i>Valley and Central Coast Hospital Council</i>)</p>  <p>OCPRHIO Dual Counties Care Coord</p>	<p>*Slide presentation is available*</p> <p>Ken Riomales, gave a presentation on the need for a Dual County Health Information Exchange Committee (i.e. governance committee, stakeholder committee, steering committee).</p> <p>OCPRHIO does not represent a single organization. It is the regional information exchange agency working actively in San Luis Obispo County and Santa Barbara County, that connects various partners to be able to exchange information.</p> <p>Step #1 Technology and Exchange of Information <u>Organizations that are working with OCPRHIO</u></p> <ul style="list-style-type: none"> •CHCCC is working with OCPRHIO to get reconnected to HIE to be able to exchange data. •Tenet Healthcare is working with OCPRHIO • SLO County Public Health Department is currently in implementation with OCPRHIO •SLO County Lab is in the planning stages with OCPRHIO •SLO County Behavioral Health Department is also in the works, that will be done as soon as Lab and Public Health Department are completed. It must be noted that Behavioral Health will only be able to <u>receive</u> information beginning on Feb. 1. •CenCal Health is also on the list with onboarding once all other organizations have been added. • Cottage Health System/Pacific Diagnostic Laboratories – Live • Lompoc Valley Medical Center – Live • Santa Barbara Neighborhood Clinics – Live •All Dignity Health Hospitals are currently connected <p><u>In the Works</u></p> <ul style="list-style-type: none"> • Central Coast Pathology (SLO County) • Central Coast Physician Network (SLO County) • EMS Integration—transport services (SB County) • Sansum Clinics (SB County) • Independent Solo Practitioners(SB County) • Alert System (SB County) <p>Step #2 Create a Governance Structure <u>Option One: Governance Committee</u></p> <p>Ken explained that as more organizations in SLO and SB Counties are being on-boarded with HIE, it is important to think about the next steps, which means thinking about what can be done to leverage the information shared. Hence the need for a Regional Governance Committee.</p> <p>The committee will not dictate how individual organizations will run their respective HIE. It will however, lay the groundwork of how organizations can participate in the governance structure, specific to the regional area.</p> <p>Composition of a Governance Committee</p> <ul style="list-style-type: none"> • Executive Committee – Elected by the Board / Leadership Group 	No

	<ul style="list-style-type: none"> • Board of Directors <ul style="list-style-type: none"> – Governing body – Voting authority – No less than 7 members and no more than 15 members – Representative of constituents – Board seats for each provider type – Hospitals, Physicians, Medical Groups, Ancillary Providers • Membership <ul style="list-style-type: none"> – Interested constituents – No voting authority <p><u>Examples of what topics the data governing structure would do</u></p> <ul style="list-style-type: none"> • Collaborate with OCPRHIO on how the regional HIE can be run • Regional HIE Policies and Procedures (exploring data opportunities, how connections will be established) • Data Sharing Governance <ul style="list-style-type: none"> – Continuity of Care Document (CCDA) Only – CCDA and... – Collaborative Health Event Notifications • Regional Strategic Efforts <ul style="list-style-type: none"> – Awareness and Expansion – Grant Opportunities – Population Health – EMS Integration <p><u>Option two: Work Group</u></p> <ul style="list-style-type: none"> • Standard HIE work group or committee (typically less formal than a Governance Structure) • Would report to a larger body, in this case the Dual County Care Coordination Coalition Committee • Can have similar voting authority • Geared to try to expand HIE awareness and explore opportunities for regional or joint strategic efforts (i.e. population health, social determinants of health, behavioral health) • Looks at how organizations can benefit from joining HIE and how they can collaborate • No formal expectation that the work group has to run the HIE in terms of the area • OCPRHIO would work hand in hand in terms of the needs of the community <p>Ultimately it is up to the participants to decide where they want to go with the HIE.</p>	
3. Discussion of Governance Structure	<p>The participants discussed whether or not there would be any value or benefit to having an HIE governance committee or work group.</p> <p>Dr. Behrendtsen mentioned that he would like to know what is the impact of the patient/ practitioner / provider relationships because of HIE. What are the benefits?</p> <p>Theresa mentioned that there has not been an effort to track how beneficial HIE has been, and what are the next steps.</p> <p>One attendee mentioned that the benefit to the provider and the patient is that you don't repeat labs, there's also better access to the history of the medication.</p>	

	<p>Theresa mentioned that the benefit of having a governance structure is to be able to track the success of HIE with a formal authority, expand the network, create more education outreach to the provider network.</p> <p><u>Other benefits of HIE mentioned by attendees</u></p> <ul style="list-style-type: none"> -Law enforcement uses it -Providers get notice when one of their patients ends up in the emergency room -The content will get better as the system continues to expand -The ability to find “hidden” concerns for patients within the data shared (ex: human trafficking) -As long as the cross-county or dual county approach is not debilitating to progress it would be beneficial to have an integrated process. 	
<p>4. Agenda Item: Opioid Interventions by CenCal Health (Adam Horn, PharmD)</p>  <p>Opioid Presentation Dual County Care Co</p>	<p>*Slide presentation is available*</p> <p><u>Crisis</u> Dr. Horn mentioned that President Trump declared the opioid crisis a national emergency. As a result, there was a response from various government agencies, departments, private entities, etc. to try and combat the epidemic. There was also a local response to this problem: Prescribe Safe Santa Barbara and SLO Opioid Epidemic.</p> <p><u>How did we get here?</u> Statistics: Everyday, more than 90 Americans die after overdosing on opioids. Economic burden- is \$78.5 billion a year in the U.S. for the misuse of opioids.</p> <p><u>CenCal Health’s response to the opioid crisis</u></p> <ul style="list-style-type: none"> • 5 Phase Opioid Implementation Plan <ul style="list-style-type: none"> • Update Formulary Offerings • Update Quantity Limit Claim Logic • Adopt MedImpact’s Morphine Equivalent Dose (MED) Program • Adopt MedImpact’s Opioid Naïve Edit • Adopt MedImpact’s Benzodiazepine/Opioid Concurrent Use Program • Internal multi-departmental work group (from various departments) • Engage in community collaboration <p>The five phases (all phases approved by a committee)</p> <ul style="list-style-type: none"> • Phase I (1/1/2018) - Formulary Revisions • Phase II (3/1/2018) - Quantity Limits, add/update the formulary • Phase III (7/1/2018) - MedImpact’s MED program (CenCal Health’s pharmacy benefit manager. In charge of contacting pharmacy network and adjudicating claims.) • Phase IV (4/1/2019) - MedImpact’s 7-day limit for acute opioid use • Phase V (Q4 2019) - MedImpact’s concurrent use opioid & benzo edits (still in early stages). In May will be approved <p>*All providers with affected members/patients were contacted letting them know about the changes to the prescription regulations for opioids. *All prescriptions meant to treat addiction are handled by the state. *There are sister plans doing similar interventions *Oncology doctors are not restricted for perscriptions</p> <p>Continued response for 2019</p> <ul style="list-style-type: none"> • Continue internal multi-departmental opioid work group • Continue to engage in community collaboration • Oversight of MedImpact’s opioid programs 	Yes

	<ul style="list-style-type: none"> Pharmacy opioid resource webpage will be rolled out in 2019 (will have all the resources necessary on CenCal Health's website) 	
<p>5. Agenda Item: <i>Mental Health Update – SLO County (Donna Hayes, Project Director/Integrated Care Manager – San Luis Obispo Health Integration Project (SLO-HIP))</i></p> <p> SLO-HIP Health Commission Present:</p> <p> SLO-HIP Brochure.pdf</p>	<p>*Handouts provided*</p> <p>Donna discussed the various projects that SLO-HIP is working on through the Substance Abuse and Mental Health Services Administration (SAMHSA).</p> <p><u>Background</u> The County of San Luis Obispo's Behavioral Health Department received a federal grant from the Substance Use and Mental Health Services Administration (SAMHSA) to improve integration of physical and behavioral health care for individuals with severe mental illness, by providing medical services at a Behavioral Health Services site.</p> <p>2191 Johnson Ave, San Luis Obispo, CA 93401</p> <p><u>The goals</u> Reduce chronic disease among the severely mentally ill population through early detection, intervention and prevention education. Improve access to a full range of integrated health services by employing a peer wellness coach with lived experience, to support participating individuals. Enhance information sharing between providers through electronic health information exchange. The Health Agency, in partnership with the Community Health Centers of the Central Coast (CHC) and Transitions- Mental Health Association (TMHA), are working together.</p> <p><u>Services provided at the Health Campus in San Luis Obispo</u></p> <ul style="list-style-type: none"> •Interim primary care screenings (Patients can start at SLO-HIP and afterwards be set-up with CHCCC who will provide them with primary care) •Chronic disease management •Tobacco cessation services •Nutrition and fitness education (Nutritional therapist) •Substance use treatment •Specialty care referrals •Peer recovery support •Integrated treatment planning: •Mental health •Preventive health •Health and wellness goals •Physical health screenings and exams will take place on CHC's "Clinic On Wheels." (one day a week, 8 hours a day) <p><u>Who can use this service?</u> This service is available to adults with severe mental illness who are insured by Medi-Cal. Any adult with Medi-Cal insurance may receive health care services on the Clinic on Wheels.</p> <p><u>Reasons to be seen</u></p> <ul style="list-style-type: none"> •To establish primary care <ul style="list-style-type: none"> -Follow-up care provided •Care can be provided at a behavioral health setting, which makes it easier for patients who won't have to go to multiple locations for appointments interim primary healthcare •Acute medical conditions get evaluated (continuity of care) •To experience a holistic approach to healthcare 	

	<ul style="list-style-type: none"> • Patients may feel more comfortable and understood at a behavioral health setting. <p><u>Objective</u> To make this project sustainable (after the grant money is gone) throughout SLO County and reduce the mortality rate among the severely mentally ill population.</p> <p>Donna also mentioned an upcoming event that SLO-HIP is organizing Wellness Fair (March 20, French Hospital, Copeland health Education Pavilion) -Purpose is to share resources; educate the public about health integration; keep connection with clients</p>	
6. Agenda Item: <i>Mental Health Update – SB County (Ole Behrendtsen, M.D. Medical Director Santa Barbara Behavioral Wellness)</i>	<p>Dr. Behrendtsen mentioned that the biggest update for the Santa Barbara County Behavioral Wellness Department is the implementation of the Drug-Medi-Cal Organized Delivery System (ODS).</p> <p>The Drug Medi-Cal ODS focuses on properly placing individuals with Substance Use Disorder (SUD) into the proper type and level of SUD care and providing treatment. Further, the “silo” of SUD care will now be part of the larger healthcare system, with a particularly increased emphasis on integration with mental health services.</p> <p>This approach provides the beneficiary with access to the care and system interaction needed in order to achieve sustainable recovery.</p> <p>Dr. Behrendtsen mentioned that one of the main goals of the Santa Barbara County Behavioral Wellness Department is to continue establishing relationships between their clients and the primary care providers across the county who see those patients.</p> <p>Dr. Behrendtsen stated that the desire is to be able to communicate (ROI) with all health care organizations/entities in the region who treat the same patients, so the barriers to treating patients will disappear.</p> <p>The California Department of Corrections is also embracing the notion of medicated assisted treatment. Providers are encouraged to get Suboxone waived and get education regarding substance abuse disorder treatments. All civil service psychiatrists of the Santa Barbara County Behavioral Wellness Department are Suboxone waived.</p>	
7. Background on the Care Coordination Coalitions	<p>Upon Dr. Behrendtsen’s request, a background was given regarding the Care Coordination Coalitions</p> <ul style="list-style-type: none"> -First developed in SLO County -Goal was to connect community health partners (hospitals, clinics, county agencies: public health, behavioral health, social services, health plans) in order to bridge the gap of communication and create better care coordination across the health care continuum. Also was created to address the gaps in service and look for areas where a collaboration could exist. -Dignity Health suggested doing a coordination coalition in SB County and it was created. -Various topics are addressed by the work groups: data, homelessness and housing, transitional housing, opioid/ substance abuse, etc. 	No
9. Next Meeting	<p>SLO County Care Coordination Coalition, March 15, CAPSLO</p> <p>SB County Care Coordination Coalition, March 20 (tentative), CenCal Health SB</p>	
8. Adjourn	There being no further business, Theresa adjourned the meeting at 4:30 p.m.	No