



## *Workgroup Session # 1*

*Meeting Notes – March 28, 2012 (Marriott Medical Center)*

### **Introduction**

- David Lopez welcomed the team and thanked all for their participation. David addressed issues pertaining to the ongoing progress of the Waiver and the fact that many items still remain undecided by HHSC. Such items include: Defined regions, Rules & regulations of funding, State DSRIP menu, and IGT principles. The team was asked to focus to concepts & solutions versus finance & IGT as there are many unknowns at this point.
- The presentation “Regional Healthcare Partnership Planning” was given by HMA, which explained the Waiver in detail. Participants were given the opportunity to ask questions.
- HMA explains that the goal today is to develop an initial brainstorming of potential projects that can be further developed to be included in the Regional Healthcare Partnership Plan that will be submitted to the State for consideration.

### **Brainstorming Session + Q/A**

- ***Concept: Bi-directional integrated care***
  - Physical + Mental Health focus
- ***Concept: Increase School based mental health***
  - Access
  - Establish practices
  - Etc.
- ***Concept: Reduction of frequent utilizers in system***
  - Utilization of Medical Schools & Universities
  - Engagement of County jail system
- ***Concept: Community wide system for long term mental health & substance abuse***
- ***Concept: Maximize utilization of community based providers***
- ***Concept: Early intervention & prevention***
  - Access
  - Education
  - Training
- ***Concept: Expand capacity for outpatient***
- ***Concept: Increase telemedicine options***
- ***Concept: Increase case management with dedicated resources from a system approach***
- ***Concept: Establish/Increase rural access to mental health providers***
- ***Concept: Obesity / Eating Disorders – address in children***



- Mental & Physical approach
- **Concept: Shared Information System (EHR)**
- **Concept: Training & Recruitment of mental health providers**
  - Maximize match & stipends of medical schools
  - Physicians, Mid-level providers, nursing staff, etc.
- **Concept: Increase communication among providers**
- **Concept: Shift from program based to a needs based system**
- **Concept: Child mental health of those with incarcerated parents**
  - Awareness
  - Access
- **Concept: Inpatient Pediatric/Adolescent inpatient beds**
- **Concept: Increase crisis intervention centers**
- **Concept: Decrease ER utilization**
  - Eliminate public : private distinctions
  - Increase use of beds for access
- **Concept: Transition process (Aging out)**
  - Tailored process for mental health patients
- **Concept: Promote & Utilize pure specialists**
  - Hybrid sponsors & case managers
  - Navigators
- **Concept: Help health specialists in ED's**
- **Concept: SBI Interventions & Increase training of staff members**
- **Concept: Increase capitation rates for high utilizers**
- **Concept: Access & Management of medications**
  - Staff, providers, pharmacies
  - Long acting plans
- **Concept: Address cultural issues (multi-lingual/cultural)**
- **Concept: Alternative levels of care**
  - Example: Day hospitals / step down services
- **Concept: Options for long term living / Levels of living**
- **Concept: Address morbid conditions**
- **Concept: Incentivize functional innovation for community & providers**
  - Idea pools / concepts
- **Concept: Full patient treatment – Mental + Physical**
- **Concept: Urgent Care access for mental health**



- **Concept: Decrease Length of Stay**
- **Concept: Integration of Psychiatric & Talk Therapy**
- **Concept: Systematic screening**
  - Oncology, FCM, Primary Care
- **Concept: Reduce waiting list for outpatient services**
- **Concept: Access to care for Medicaid patients**
- **Concept: Increase access to transportation to healthcare visits**
- **Concept: Increase access to homeless housing**
- **Concept: Evidence based services for after care**
  - Post discharge plan
  - Jail system
- **Concept: Long term care planning**
  - Specialty care vendors
  - Target needs by location of patients
- **Concept: Integrated mental & substance abuse programs**
  - Benefits acquisition
  - Total package
- **Concept: Address specific needs of mental retardation patient base**
- **Concept: Address needs of senior patient population**
  - Community resources
- **Concept: Focus to needs of CPS custody children & families**
  - Access to care
  - Expand mental health
- **Concept: Mobile service & home visitation expansion**
  - Outreach teams
  - Home healthcare
- **Concept: Tailor programs for pregnant women with mental health conditions**
  - Pre & Post-partum
  - Type of unit / treatment structure
- **Concept: Family education & support system**
- **Concept: Veteran access to care**
  - PTSD
  - Substance abuse
- **Concept: Train & Incentivize providers to stay in our region**
  - Loan forgiveness



- Community rotations
- **Concept: Culturally Grounded system**
  - Language
  - Lifestyle
- **Concept: Tailor a child & family based program**
- **Concept: Intellectually disabled patients**
  - Increase outpatient access
- **Concept: Real time access to patient information / Health Information Exchange**
  - Legal umbrella to protect against regulations
- **Concept: CIT expansion / Work with legal system to ease the system**
- **Concept: Engage primary care physicians**
  - Tools
  - Education
  - Transition of patient care
- **Concept: Develop referral criteria for mental health patients**
  - Ensure primary care comfort
  - Patient flow ease
  - Nurse managed referral system
- **Concept: Training of technical / residency programs**
  - Psych based training – focus
  - Family Medicine, General Medicine, Pediatrics
  - Nursing
  - Mid-Levels
- **Concept: Offer Mental health CME activities in the community**

### **Conclusion + Q/A**

- **Next Meeting- 4/09/12 at 5PM (Marriott Medical Center)**
  - We will prioritize our list of potential projects.
  - We will go into further depth on some of the potential projects.
  - We will discuss metrics and outcomes to measure.
  - The HHSC DSRIP menu of projects is delayed but anticipated mid April 2012.