

Task Force on Behavioral Health Data Policies and Long Term Stays Meeting Summary

Date: Tuesday, May 19, 2015

Time: 9:30 a.m. – 12:00 p.m.

Place: Meeting Room Newbury A and B | 501 Boylston Street | Boston

Meeting Attendees

Task Force Members	Contractors and Guests
<ul style="list-style-type: none">✓ Áron Boros (chair)✓ Cliff Robinson✓ Matt Collins✓ Megan Collins (for Karen Coughlin)✓ Vic DiGravio✓ Pat Edraos✓ Tim Gens✓ Michael Goldberg✓ Melody Hugo✓ Anne Manton✓ Laurie Martinelli✓ David Matteodo✓ Mark Pearlmutter	<ul style="list-style-type: none">✓ Beth Waldman, Bailit Health Purchasing✓ Megan Burns, Bailit Health Purchasing

Meeting Summary

I. Welcome and Introductions

Áron Boros provided welcoming remarks, noting that during today’s meeting we would discuss and vote on the recommendations. Votes will be passed on a majority basis; and, the report will include the context for each will include context for each recommendation, including articulated opposition within each section.

II. Public Comments

Carol Trust (National Association of Social Workers – MA Chapter): Carol noted that her organization recommends that any telemedicine legislation require mandated reimbursement by third party payers not only for medical treatment, but also for all mental

health services. She said that reimbursement for tele-mental health services should be permitted for any location and mental health or substance abuse diagnoses.

Susan Fendell (Mental Health League Advisors Committee): Susan provided written comments to the Task Force members in advance of the meeting. From those comments, she highlighted her concerns that a dashboard needs to have meaningful data. She expressed particular concern that the patient survey measures / questions are often too broad; that there is no measure related to limited networks; that there is not enough connection to the financial arrangement with the providers and that it's unknown whether global payment will improve care.

III. Recommendations

Beth Waldman and Megan Burns led the Task Force through a discussion and vote on each recommendation. Megan noted for the group that Task Force member, Greg Harris, was not present at the meeting and his votes will be collected after the meeting. The Task Force was informed that redline edits to the recommendations would be accepted before votes.

Recommendations Related to Data:

1. *Recommendation that CHIA collect data and publish a dashboard:* The discussion opened with Megan Burns noting that a redline change had been made to the recommendation after the Task Force has last reviewed. The change was related to CHIA monitoring the ongoing development of pediatric behavioral health measures. Other proposed changes included increasing the time in which CHIA was required to publish a report and to allow for public input prior to publishing.

The Task Force members were asked to vote on the edited version of the recommendation and all voted in favor except for DMH who abstained.

2. *Recommendation of measures in dashboard:* Support of the dashboard was expressed, but worries were conveyed that the measures themselves were problematic and that the measures needed to be collectable, useful and reliable. However, it was noted that the language regarding collectability, utility and reliability are included in the first recommendation. It was also noted that the dashboard is a recommendation to CHIA and that CHIA will need to do some planning work internally and with other state agencies to fully implement a dashboard. The measures that this Task Force recommends will act as a guide for the dashboard.

A Task Force member noted that number of people awaiting inpatient placement in the ED does not represent the total number of people awaiting inpatient placement, because some wait at home or other place. The Task Force made a recommendation to add in a measure for kids who are “stuck at home” or other places awaiting inpatient or higher level of care.

The Task Force continued to discussion and recommended that the dashboard be edited and tabled to the next meeting.

3. *Recommendation related to a new state agency data workgroup:* The discussion included an edit that would include the Department of Education, but also language that would not limit the workgroup to just those mentioned in the recommendation. A suggestion was also made to request the workgroup to complete an initial report by July 1, 2016.

The Task Force members were asked to vote on the edited version of the recommendation and all voted in favor except for DMH who abstained.

Recommendations Related to Long Term Stays

1. *Recommendation related to DMH's Readmission Protocol:* Cliff Robinson described the protocol established for those individuals included in FY15 Community Expansion Initiative. No further discussion occurred.

The Task Force members were asked to vote on the recommendation and all voted in favor.

2. *Recommendation related to DMH's reporting of CCF patients:* Concern was expressed concern that DMH tracks patients who are ready for discharge at all different intervals, including before two weeks prior to discharge. Therefore, a recommendation was made to take out "within two weeks." Another Task Force member noted that it would be difficult to know if there is a delay in discharge if there is no timeline and a proposal was made to clarify that tracking should be done by "target" discharge timeline and that common barriers to timely discharge need to be tracked.

The Task Force members were asked to vote on the edited version of the recommendation and all voted for this recommendation.

3. *Telemedicine* One Task Force member noted that the CMS requirements are problematic for telemedicine and that Massachusetts should join other states in having legislation be broader than just address provider privilege. A proposal was made to strike the CMS requirement. It was noted that DMH has strict guidelines on telemedicine as part of its licensure process. A Task Force member recommended tabling this recommendation because more work was needed on it, including issues around hospital privileging. The recommendation was tabled.

4. *Outpatient Capacity Analysis.* Limited discussion occurred on this recommendation and the only a minor change was recommended.

The Task Force members were asked to vote on the edited version of the recommendation and all voted except for DMH who abstained.

5. *Difficult to Manage Beds* – One Task Force member expressed concern that by putting the responsibility for assessing the need for difficult to managed beds with EOHHS is concerning because EOHHS has already publicly expressed discontent with such a unit. Another Task Force member wanted to include more than just the adolescent population.

The Task Force members were asked to vote on the edited version of the recommendation and all voted except for DMH who abstained.

6. *Awareness Campaign* - One Task Force member expressed the desire that the state coordinate with providers and “provider association,” while others did not find this to be a very actionable recommendation.

The Task Force members were asked to vote on the recommendation and all voted for it except, CHIA, NAMI and DHM who all abstained.

7. *Recommendation to repeal 130 CMR 411.406*: Megan Burns reminded the Task Force that this recommendation was reviewed internally by MassHealth and they were comfortable with it. Little discussion occurred around this recommendation.

The Task Force members were asked to vote on the recommendation and all voted for it except Cliff who abstained.

8. *A recommendation to improve the use of Group Psychotherapy* – Conversation on this recommendation centered on Task Force members understanding the purpose of the recommendation and to make it actionable. Amendments were suggested to remove the last clause and to add in “reimbursement” to the recommendation.

The Task Force members were asked to vote on the edited recommendation and all voted in favor.

9. *Licensure Review Work Group (ESP diversion from ED)*: Discussion was kicked off by noting that a person with lived experience should be part of this group. Other Task Force members expressed concern that behavioral health patients would be inappropriately diverted from the ED for symptoms that appear to be psychological, that are however, medical in nature. Several amendments were recommended.

The Task Force members were asked to vote on the edited recommendation and all voted in favor except for MARN and DMH who abstained.

Recommendations Related to Financing:

1. *Recommendation around a new alternative payment model that includes behavioral health* – There was some discussion that any APM should not include BSAS or DMH services because they are paid very differently and represent safety-net services. Others suggested aligning payment models to the extent possible

The Task Force members were asked to vote on the edited recommendation and all voted in favor except for DMH who abstained.

2. *Payment of specialized care – including ESPs and telemedicine* –Conversation focused on the importance of telemedicine, but other Task Force members did not like the language that was offered in the recommendation. It was suggested to table this recommendation until the next meeting.

Recommendations Endorsing Prior Work

1. *Supporting DOI’s MABHA Website recommendations and report.* – Megan Burns reminded the group that it has approved this recommendation through an informal vote before. There was little discussion on this, however, a recommendation was made to include the date of the report.

The Task Force members were asked to vote on this recommendation and all voted for it except MACEP who abstained.

2. *Supporting the Privacy Recommendations made by the BHI Task Force*– Little discussion occurred on this.

The Task Force members were asked to vote on this recommendation and all voted in favor for except MHA and CHIA who abstained.

Recommendations Requiring Future Work

1. *Recommendations related to weekend flow and throughput* – There was a bit of discussion on this recommendation, including the challenges that exist in managing to spending limits set by the state, the fact that this Task Force should be strong and make a actionable recommendation to improve the problem with weekend discharges. The Task Force agreed to table this recommendation and that discuss again during the June meeting.

2. *Recommendations related to supporting the work of the AG:* The Task Force was not comfortable with making a recommendation to support the work of the AG when they are not are not fully aware of what the AG is doing.

The Task Force members were asked to vote on this recommendation and all voted against including this recommendation in the report, though stressed that they are supportive generally of the work that the AG’s office is doing in this area.

IV. Next Steps

Áron thanked everyone for their participation and engagement at the meeting and noted that the next meeting is the final meeting. During that time, the Task Force will discuss the tabled recommendations and the draft report.