

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

**Date:** Thursday, December 18, 2014

**Time:** 9:30 a.m. – 11:30 a.m.

**Place:** Daley Conference Room | 2 Boylston Street | Boston

## Meeting Attendees

Task Force Members	Contractors and Guests
<ul style="list-style-type: none"><li>✓ Áron Boros (chair)</li><li>✓ Terri Anderson</li><li>✓ Matt Collins</li><li>✓ Sandy Ellis (representing Karen Coughlin)</li><li>✓ Vic DiGravio</li><li>✓ Beck Furniss (representing Pat Edraos)</li><li>✓ Tim Gens</li><li>✓ Michael Goldberg</li><li>✓ Greg Harris</li><li>✓ Melody Hugo</li><li>✓ Ann Manton</li><li>✓ Laurie Martinelli</li><li>✓ David Matteodo</li><li>✓ Mark Pearlmutter</li></ul>	<ul style="list-style-type: none"><li>✓ Beth Waldman, Bailit Health Purchasing</li><li>✓ Megan Burns, Bailit Health Purchasing</li></ul>

## Meeting Summary

### I. Welcome and Introductions

Áron Boros provided welcoming remarks, noting that a lot of related activity has occurred since the last meeting, including the meetings and presentations that are highlighted within the PowerPoint slides presented during the meeting. He suggested that we use this Task Force to help connect the dots, and not repeat some of the good work that has been done before.

In terms of follow-up related to the PowerPoint slides, the Task Force members asked for more information on the work that the Health Planning Council and the New England Comparative Effectiveness Public Advisory Council is doing related to behavioral health.

## II. Public Comment

Áron Boros opened the floor for public comment before any Task Force discussion took place to allow interested members of the public to help inform the Task Force's deliberations. A brief summary of the comments are as follows:

- Jonas Goldenberg, Director of Clinical Issues of National Association of Social Workers expressed concern that the measures not just address the use of psychotropic medications for outpatients and noted that evidence-based treatment includes outpatient-based psychotherapy and various other behavioral health services that go beyond medication. He encouraged parity through a full range of services. Secondly, Jonas noted that integration in the inpatient and outpatient settings includes multiple professionals and connections need to be made with many different providers. Lastly, he noted that there is no such thing as “connectivity” in the outpatient setting. He was concerned that it will be years before independent practitioners and small groups have electronic records that are actively interoperable with other electronic records.
- Kate Ginnis, Director, Mental Health Advocacy at Boston Children's wanted to ensure that the Task Force considered children and their needs different and apart from adults. She noted that children touch different systems than adults (e.g., DCF, CBHI, schools, etc.) and that they require different care.
- Ipek Demirsoy, Policy Director for Accountable Care for the Health Policy Commission gave three suggestions. First, she suggested conducting a prioritization of the measures by reviewing how the measures will inform policy and what time and resources will be required in obtaining those data. Secondly, she mentioned that the Health Policy Commission might be able to assist in collecting data through their PCMH certification program that is due to collect data on integrated behavioral health care in primary care settings. Lastly, she suggested adding some specific measures, including under what conditions are providers asking for authorization and whether there are lag days in accessing specific behavioral health settings.
- Susan Fendell, Senior Attorney at the Mental Health Legal Advisors Committee suggested the Task Force consider the need for sufficient privacy protections for sharing psychiatric information among treating clinicians. She asked that whatever the Task Force consider with respect to electronic health records, that there is some measurement over patient control with whom psychiatric information is shared and whether the patient has access to such information. She expressed concern that physical health providers will give different or poorer treatment to patients with

psychiatric diagnoses merely because of their diagnoses and that stigma associated with mental illness needs to be addressed. She also noted that the evidence-base for certain behavioral health services has not caught up with newer treatments and those new treatments should not necessarily be excluded because they lack evidence. Lastly, she suggested that the Task Force monitor whether patients can maintain their therapeutic relationship with their treaters, especially in light of networks becoming more and more limited.

### **III. Draft Vision and Potential Measures**

Áron Boros kicked off the conversation about the draft vision and potential measures by noting that the Task Force's goal is to identify characteristics of high performing health system, create a straw model dashboard, and then ultimately issue a report detailing the measurement goals, domains and gaps, including thinking about the most important things to measure and how hard they are to measure. After that, the hope is that the state, CHIA or other agencies pick up the conversation on how to efficiently measure the behavioral health system in a coordinated way. That may include changing laws about data collection and / or data reporting, or may involve agencies coordinating together. As a result, perhaps a public dashboard will exist that will include metrics that inform the public and policy makes on the performance of the behavioral health system.

Beth Waldman then walked the Task Force through a discussion of the draft vision and draft measures that might assess the behavioral health system. Out of this conversation came an updated draft of system characteristics (instead of "vision" which will be posted on the website (<http://www.chiamass.gov/task-force-on-behavioral-health-data-policies-and-long-term-stays/>)). In addition, Task Force members made a number of suggestions relating to the measures which will be incorporated into the next iteration of measures and shared prior to the Task Force's February meeting.

### **IV. Kick-off Conversation on Long Term Stays**

Beth Waldman kicked-off a discussion on the Task Force's second charge, to reduce the number of long term patients in various care settings. The brief conversation was meant to segue way to the next Task Force meeting. Beth discussed the available data today and asked Terri Anderson to share some information on the DMH continuing care facilities.

Terri presented information in a PowerPoint slide deck that is available on the website (<http://www.chiamass.gov/task-force-on-behavioral-health-data-policies-and-long-term-stays/>).

### **V. Next Steps**

The next meeting will be held on January 27, from 9:30am - 11:30am. The meeting room location will be announced prior to the next meeting, sometime in mid-January.