

WV Health Innovation Collaborative  
Better Care, Better Health, Better Value Work Groups  
Meeting Notes  
January 8, 2016

Present: Nancy Sullivan, DHHR  
Garrett Moran, Presenter  
Kim Fetty, DHHR, BMS  
Anduwyn Williams, WV FREE  
Julie Warden, WV FREE  
Joshua Austin, WV SIM Project  
Anne Williams, DHHR, BPH  
Drema Mace, Mid-Ohio Valley Health Department  
Bruce Atkins, DHHR, OCHSHP  
Ciara Moore, Kanawha-Charleston Health Department  
Tina Ramirez, Kanawha-Charleston Health Department  
Michael Brumage, Kanawha-Charleston Health Department  
Amy Namez, Marshall University  
Richard Wittberg, Marshall University  
Dan Christy, DHHR, BPH, HSC  
John Moore, Bowles Rice  
John Wiesendanger, West Virginia Medical Institute  
Crystal Welch, WVMU  
Jessica Wright, DHHR, BPH, HPCD  
Ashley Noland, WV Higher Education Policy Commission  
Peg Moss, DHHR, BBHFF  
Jane Cline, Spilman, Thomas & Battle  
Debbie Waller, DHHR

By Phone: Chris Budig, WV Telehealth Alliance  
Laura Anderson, WV Health Care Authority  
Jennifer Boyd, WV Primary Care Association  
Jim Mattney, DHHR, BBHFF  
Judy Crabtree, CAMC  
Jeff Coben, WVU  
Chip Sovick, KCEAA  
Joylynn Fix, WV Insurance Commission  
Gary Murdock, WVU Healthcare  
Carol Haugen, WV Hospital Association  
John Earles, Logan Health Foundation  
Vicky Douglas, WV Department of Education  
Brenda Cappellini, Health Plan  
Fred Earley, Highmark  
Brenda Nicholas Harper, UniCare  
Georgia Narsavage, WVU  
Leslie Cottrell, WVI  
Tom Gilpin, WV SIM Project  
Courtney Newhouse, WV SIM Project  
JoAnn Powell, Westbrook Health Services  
Julie Palas, Tiger Morton Catastrophic Illness Commission  
Jeff Wiseman, DHHR  
Kristi Walker, Community Care of WV

Nancy Sullivan, Chair of the Better Care Work Group opened the meeting and welcomed everyone in attendance. Introductions were made.

Ms. Sullivan welcomed Garrett Moran, AHRQ's The Academy for Integrating Behavioral Health and Primary Care. Mr. Moran has been working with the SIM Project on Behavioral Health Integration.

Dr. Moran shared some background information on himself. Grew up in Braxton County. Has worked at Colin Anderson, Weston State Hospital, Commissioner at DHHR's Behavioral Health and Health Facilities. For the last six years, been working in Washington with federal agencies on behavioral health strategies. Integrated care is the way to go.

- Topics for today's presentation:
  - The context of current health care in WV and nationally
  - What is Integrated Behavioral Health and Primary Care?
  - Why should we integrate behavioral health and primary care?
  - What approaches are we recommending for consideration in WV?
  
- U.S. healthcare costs too much, wastes too much and yields poor outcomes.
- Paying providers for value, not volume. Get rid of fee for service reimbursement.
- By 2018, CMS plans to have 50% of all Medicare payment by Alternative Payment Models.
- Movement to Value Based Payment is a key goal of CMS.
- WV is not using their resources well.
- Poor population health; suicide rate is higher than any surrounding state and has the highest opiate overdose rate in the nation.
- Challenges with geographic distribution of providers in rural states and challenges with hiring and retaining primary care and behavioral providers.
- WV Medicaid has recently moved into managed care for Medicaid, behavioral health only added in July 2015 so there is little claims history.
- WV does pilots and receives grant money, but when grant money runs out, it's done, and more budget cuts in store for 2016.
- Promising practices around the State such as care coordination, complex care management, super utilizers, CHWs, etc., but are limited in scope.
- Shared the definition of behavioral health integration. This type of care may address mental health and substance abuse conditions, health behaviors, life stressors and crises, and ineffective patterns of health care utilization.
- One in 4 Americans struggle with a mental health or substance use problem at some point in their lives. Mental disorders are responsible for about 25% of all disability worldwide.
- For a lot of people, mental illness hits early in life, and a lot of times, these people are unable to work the rest of their lives.
- Mental and medical disorders are tightly linked. Caring for the whole person takes a team that works together. Mental health and primary care are inseparable; any attempts to separate the two leads to inferior care.
- Shared the principles of Effective Integrated Behavioral Health Care:
  - Patient-Centered Team Care/Collaborative Care
    - Co-location is not collaboration. Team members have to learn new skills to work effectively as a team in new roles.
  - Population-Based Care

- Patients tracked in a registry; no one “falls through the cracks.” Keeping track of clinical outcomes over time for the population served.
  - Measurement-Based Treatment to Target
    - Treatments are actively changed until the clinical goals are achieved.
  - Evidence-Based Care
    - Treatments used are evidence-based to the extent possible. Strategies also help to develop practice-based evidence to facilitate continual improvement over time.
  - Accountable Care
    - Providers are accountable and reimbursed for quality of care and clinical outcomes, not just the volume of care provided.
- Shared WV challenges to achieving these principles.
  - Extremely limited state resources
  - Relatively weak/early implementation of health information technology – EHRs and HIE
  - Limited ability to analyze data to segment population
  - Distribution and scarcity of providers
  - History of provider-centered care and hard-walled silos
  - Resistance to change and organizational rigidity
- Integration of behavioral health care with primary care has several advantages:
  - Better access to care; better health outcomes; lower costs – the Triple Aim of health care reform
- Shared other state’s models.
- Shared WV based resources to support change and additional resources to support implementation such as the AHRQ Academy Project, ECHO Replication Support, and SAMHSA-HRSA Center for Integrated Health Solutions
- Next for WV:
  - Use the messages heard today to refine the strategies.
  - Present ideas and strategies to the Steering Committee for the SIM Grant.
  - Examine behavioral health integration strategies in the content of the overall plan, including the shift to alternative payment methods.
  - Identify organizational and personnel resources to support necessary changes.
  - Develop detailed implementation plan with milestones, timelines, and budgets.
  - Let’s get to work!!!!

A question and answer/discussion period followed.

Ms. Sullivan thanked Dr. Moran for a very informative presentation. She shared that the SIM Task Force is putting together the groundwork for the SIM Model and will be bringing back to the work groups for their review. A 6-month no cost extension has been received for the state SIM Team to be able to complete their work.

If you have any questions for Dr. Moran, you can reach him at [GarrettMoran@Westat.com](mailto:GarrettMoran@Westat.com)