

**Provider Action Team  
MEETING MINUTES**

Attendees: Dr. Bob Aichele (rep. Physicians Alliance, LTD), Dale Brickley (rep. Provider Action Team), Dr. Adam Buickians (rep. Welsh Mountain Medical and Dental Associates), Dr. Bill Fife (rep. Lancaster General Health Physicians), Danny Gilmore (rep. Welsh Mountain Medical and Dental Associates), Dr. Kirsten Johnson (South East Lancaster Health Services), Dr. Roger Kimber (rep. Welsh Mountain Medical and Dental Associates), Jessica Klinkner (Data Collection/ Tracking), Leslie Naylor (rep. Wellspan Ephrata Community Hospital), Dr. David Noll (Wellspan Ephrata Community Hospital), Alice Yoder (Team administrative support)

Guests: Jill O'Brien (Intern)

Date: June 25, 2015

Time: 7-8:00 am

Location: United Way, Blair Room

| ISSUE/TOPIC  | DISCUSSION/ANALYSIS   | ACTIONS/FOLLOW-UP |
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| <p><b>Call Meeting to Order/<br/>Approval of Minutes</b></p> | <p>Dr. Noll called the meeting to order at 7:10 a.m.<br/>Minutes approved by all.</p> <p>Everyone at the meeting introduced themselves.</p> |                   |

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| <p><b>Workflow for screening with PHQ9</b></p> | <p>Dr. Noll introduced several articles for reference on national screening for depression. He asked if the group is in agreement about using the PHQ2 or the PHQ9 as the screening tool for depression.</p> <p>Dr. Fife asked what secondary evaluations are in place?</p> <p>Dr. Kimber said the resources for psychiatric treatment are not in place in the community.</p> <p>Dr. Fife asked about the next steps if a patient has a positive PHQ2 or a positive PHQ9.</p> <p>Dr. Kimber brought up the problem of “no shows.” Suggested that colocation is ideal based on the needs of the patient.</p> <p>Dr. Johnson suggested looking at a bachelor’s level person to conduct screenings.</p> <p>Dale Brickley explained that 75% of patients return for a second visit at Philhaven with an 11-17% no show rate for psychiatry and an 18-25% no show rate for therapy.</p> <p>Alice Yoder said there is a sense that the capacity for mental health treatment exists, but there is a lack of organization.</p> <p>Dr. Fife explained that most people at LGHP believe colocation is the best practice and advocated colocation for primary and secondary evaluation.</p> <p>Dr. Kimber asked about the use of tele-psychiatry</p> |  |
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Dr. Buickians said tele-psychiatry is being used in Williamsport for the provider and the patient. Suggested that the goal be to allow providers be providers and have someone else handle med-management.

Dale Brickley said that crisis needs to be incorporated into the work flow.

Dr. Fife said that secondary evaluation needs to be in the workflow and there needs to be education on the resources available for a patient in crisis.

Dr. Noll said that having all patients use the PHQ9 is a good start.

Dr. Fife suggested the practice can give people the freedom to determine how to deliver the PHQ9.

Dr. Johnson was concerned about having every patient fill out a PHQ9 because of language barriers. Asked if there should be a different workflow based on patient population.

Dr. Noll said we need to come up with options that are easy for providers to embrace.

Dale Brickley suggested the group create a best practice model.

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| <p><b>Future Action</b></p> | <p>Alice Yoder suggested that a few members of the group meet to create a work flow in the next month. The group needs to determine what/ where the need is.</p> <p>Dr. Noll said a lot of practices do prefer the PHQ2 over the PHQ 9.</p> | <p>Several action team members should meet in the next month to create a workflow.</p>                           |
| <p><b>Next Meeting</b></p>  | <p>Meeting adjourned at 8:15 am</p>   | <p><b>Thursday, July 23, 2015</b><br/> <b>7-8:00am</b><br/> <b>United Way, Blair Room (630 Janet Avenue)</b></p> |