



**PROVIDER ACTION TEAM
MEETING MINUTES**

Attendees: Dr. Robert Aichele, Dr. William Fife, Dr. Kirsten Johnson, Dr. Roger Kimber, Jessica Klinkner, Leslie Naylor, Dr. David Noll, Alice Yoder

Guests: None

Absent: Colleen Elmer, Dr. Chip Mershon

Date: May 28, 2015

Time: 7:00am-8:00am

Location: United Way Blaire Room

ISSUE/TOPIC	DISCUSSION/ANALYSIS	ACTIONS/FOLLOW-UP
Call to order	Dr. David Noll called the meeting to order and introductions were made.	
Role of Provider Action Team	Alice Yoder provided background on the Mental Well-Being Collaborative and the role of the newly formed Provider Action Team.	Leslie Naylor will connect with Dale Brickley at Philhaven about new structure for Provider Action Team.

<p>Updates on PHQ-9</p>	<p>The group agreed the current focus will be on depression, anxiety and stress.</p> <p>Each member described what they are currently doing in this area:</p> <p>Dr. Robert Aichele, Physician’s Alliance, Ltd. (PAL) – MA Wellness visit PHQ-9 for Medicare Wellness Visit, reported in meaningful use but not structured with questions; patients can’t afford a series</p> <p>Dr. Roger Kimber, Welsh Mountain Medical and Dental Center (WMMDC) – use PHQ-9; hired a behavioral health coordinator; question who do you apply it to; for the most part use general sense of how are people feeling. It’s a question of access, patient motivation. Have difficulty into care so why are we screening.</p> <p>Dr. Kirsten Johnson, SouthEast Lancaster Health Services (SELHS) – required for UDS for all FQHCs; have been doing for pre-natal patients; required for meaningful use; staff asks the questions, PHQ2 to PHQ9 is time consuming; CSG does onsite; CSW working well can refer to CSG provider. PHQ2 annually. Feds are requiring documentation if plan.</p> <p>Dr. William Fife, LGHP – PHQ2 to PHQ-9 for patients older than 18 years old. Done once a year. New patient visit GPRO and ACO.</p> <p>Leslie Naylor, Wellspan – just completed a study on PHQ9; 20% of PHQ2 picked up depression. Thinking of changing to PHQ9. Considering functional screening but not practical in primary. Currently starting with PHQ2 to PHQ9. Use Philhaven for evaluation but 2-4 weeks for patient to get treatment 99% go with first available then 2nd, insurance.</p>	
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Future topics for discussion	Future topics/questions for consideration: <ul style="list-style-type: none"> • Need to deal with access issue • Not enough psychiatrists • Who do we screen? How often? Youth? • Are there quality indicators on how Behavioral Health Providers are doing? • What are stark laws re: to co-locating • What is the process for screening, counseling and referral? • What are HIPPA restrictions • What is happening in brief counseling? Role is the faith-based counselor 	
Next Steps		<ul style="list-style-type: none"> • Alice Y. to send Mental Well-Being background information. • Develop work flows for screening • Who do we screen? • Invite Behavioral Health Providers
Next Meeting		Thursday, June 25th 7:00am-8:00am Location to be determined