



Provider Action Team MEETING MINUTES

Attendees: Robert Aichele, DO (Physicians Alliance, LTD), Janae Allgire (WSHM), Dale Brickley (Chair, BH Provider Action Team), Adam Biukians (Welsh Mountain Medical and Dental Associates), Karla Campanella, MD (Philhaven), Bill Fife, MD (Lancaster General Health Physicians), Heather Hostetter (LG Health), Greg Kessler (Water Street Health Ministries), Roger Kimber, DO (Welsh Mountain Medical and Dental Associates), Jessica Klinkner (Data Collection/ Tracking), Jim Martin (CSG), Leslie Naylor (Wellspan Ephrata Community Hospital), David Noll, DO (Wellspan Medical Group Administration - Ephrata), Gerald Ressler (Samaritan Counseling), Alice Yoder (Team administrative support – Let’s Talk, Lancaster)

Date: September 24, 2015

Time: 7:00-8:00 am

Location: United Way, Blair Room

ISSUE/TOPIC	DISCUSSION/ANALYSIS	ACTIONS/FOLLOW-UP
Call Meeting to Order/ Approval of Minutes	Dr. Noll called the meeting to order at by reviewing the August minutes and progress of action items.	
Information Sharing between PCP & BH Provider: Dale Brinkley	Dale reported on behalf of the subgroup that in their research since the last meeting, they’ve received differing opinions from various lawyers about what can and cannot be shared in compliance with HIPAA. He gave an example that when a patient is referred to BH services, the BH provider can receive clinical information, but can only report back to the referring PCP if the patient obtained BH treatment. Currently, Release forms seem to only be valid within the organization, requiring a patient to sign multiple releases at each organization where they seek treatment. This group is looking for community consensus on a standardized release form—they’d like to bring the large providers together to discuss and draft. Dale mentioned that Alice has someone in mind that could assist with this process. Dale also reported that a grant awarded to the Lancaster Osteopathic Health Foundation is being used to create an information exchange tool based on	Future agenda topics: 1. What information needs to be included in a standard release form 2. What content PCPs want to see in an exchange of information

	<p>the United Way 2-1-1 system to connect all EHRs in the County—he anticipates that a standard release for exchange of data will be created for this purpose.</p> <p>The content of the information exchanged through this tool will be brought to this group for PCP opinion. The BH Provider Action Team of Let’s Talk, Lancaster identified what they would like to see included:</p> <ul style="list-style-type: none"> • Diagnosis • Medication • Treatment Plan 	
<p>Review of Algorithm</p>	<p>The group discussed and suggested changes to the draft of <i>PHQ-9 Screening Model for Asymptomatic Patients, > Age 12</i>. See the attachment to the minutes for updated algorithm, reflecting the discussion. Boxes shaded gray/purple indicate items for continued discussion at a future meeting.</p> <p>Note about Screening Ages There is a tool for ages 11-17 called the PHQ-A that is very similar to the PHQ-9, but choosing to use one tool for all > age 12 will be cleaner to administer and track. Dale mentioned that the PHQ-9 is validated for ages 13-65+ but is not concerned about the 1 year difference for us to begin our screening recommendation at age 12. See the callout box on the algorithm regarding minor consent. Dr. Noll stated that we need to provide education to PCPs regarding the ages, consents, ramifications, etc of conducting the PHQ-9 with minors.</p> <p>Notes about PHQ-9 validation in other Languages Based off of a concern raised by Dr. Kimber about validation in various languages, a footnote was added to the algorithm noting that this tool has been validated in both English and Spanish speaking populations. Dr. Noll emphasized that there might be more of a concern about cultural appropriateness rather than the language spoken. Dr. Campanella shared that she finds the tool extremely valuable in her practice for all patients.</p>	<ul style="list-style-type: none"> • Group to create an educational statement for PCPs about how to use the screening model • Jessica to make changes to algorithm

	<p>Notes about Crisis Intervention Leslie mentioned that Crisis intervention in Lancaster County will do outreach, to the practice or to the patient’s home, but that the response time is variable. Dr. Noll stated the need for providers to have a better understanding of what Crisis does and what to expect. Dale noted that there is a “Continuum of Crisis” at the County, State, and National Levels (ex. national suicide hotline). Additionally, Dr. Fife mentioned that we should be cognizant of the flow of patients in crisis to the ED.</p> <p>Draft Estimates of Potential Volume Jessica distributed a spreadsheet illustrating the potential volume of patients per provider group based on adult (>18) patient population data provided as part of the Hypertension work done by the Community Care Collaborative. These rough estimates were determined using prevalence rates of PHQ9 score distribution cited in the literature.</p>	
<p>Explore education session/panel discussion for Provider/CME</p>	<p>Alice, Dr. Campanella, Leslie, and Dale will meet prior to the next meeting to brainstorm a recommendation for provider education.</p>	
<p>Dates for November & December Meetings</p>	<p>Due to the upcoming holidays, the November and December meetings will be changed to the following dates:</p> <ul style="list-style-type: none"> • Tuesday, November 24 • Tuesday, December 22 <p>Meetings will be from 7:00-8:00am at United Way, Blair Room (630 Janet Avenue) as normal.</p>	
<p>Next Meeting</p>		<p>Thursday, October 22, 2015 7:00-8:00am United Way, Blair Room (630 Janet Avenue)</p>