OREGON HEALTHCARE WORKFORCE COMMITTEE
Behavioral Health Integration Subcommittee
WORK PLAN

HCWF committee members: Alisha Moreland (Chair of subcommittee), David Pollack, Jeff Clark, Annette Fletcher, David Nardone, Janus Maybee
Non-committee members: Maria Lynn Kessler, Sheldon Levy (co-chair of subcommittee)
OHA Staff: Steph Jarem, Jackie Fabrick

## DELIVERABLE 1: Identification of activities and processes necessary to achieve a foundational level of behavioral health integration; highlighting of best practices seen in Oregon that are scalable.
*Initial Deliverable: Bringing successful behavioral health integration pilots statewide – changed due to timeline and discussion of need among committee members*

| Complete? | Due date | Item |
|---|---|---|
| X | 3/18/16 | Develop a simple questionnaire/survey: "Here is how we define behavioral health integration. Is your clinic/practice doing this right now? (checklist)" <br> • Need to catalog the functions of an integrated clinic, perhaps using AHRQ/IBHC measures atlas |
| X | 3/25/16 | Send out survey to stakeholders |
| X | 5/4/16 | Review survey results with HCWF committee members |
|  | 10/15/16 | HCWF committee members conduct in-depth follow-up interviews with successful BHI clinics (as described in survey) via phone |
|  | 9/15/16 | Use interviews and survey results to highlight best practices and develop draft recommendations to OHPB on: <br> 1. Foundational indicators (e.g., "weekly huddles between BH and PCPs) that are necessary for clinics to have in place for successful integration of BH and Primary Care <br> 2. Highlighting which efforts towards integration are potentially scalable and can serve as a model, along a continuum, to other clinics interested in integration |
|  | 12/6/16 | Present report and recommendations to OHPB on behavioral health integration in Oregon. |

## DELIVERABLE 2: Addressing any gaps in education and curriculum needed to train physical health and behavioral health providers to work in a team-based system

| Complete? | Due date | Item |
|---|---|---|
| X | 8/1/16 | Define the key functions and core competencies of team-based, integrated care for behavioral health and physical health providers <br> - Utilizing the IOM's Report: Crossing the Quality Chasm |
|  | 10/1/16 | Develop draft recommendations to OHPB for addressing gaps (e.g., proposal for universities and colleges to jointly develop set of core competencies). |
|  | 11/1/16 | Present report and recommendations to OHPB on behavioral health integration in Oregon. |

DELIVERABLE 3: Policy changes needed to overcome barriers to behavioral and physical health integration faced by providers

| Complete? | Due date | Item |
|---|---|---|
| | 9/1/16 | Review previous presentations and research policy changes for identification of barriers, possibly to include: <br> • Alternative payment methods (how much is paid, how it's processed, administrative burdens, credentialing barriers, etc.) <br> • Process of work issues: How to organize how the care is delivered? <br> • Mental health carve-out: barriers of two different entities (for providers and consumers) <br><br> Utilize survey results from deliverables #1 and #2 to identify additional policy barriers. |
| | 9/7/16 | Narrow focus to policy barriers that can be addressed in the short and long term, develop possible recommendations . |
| | 10/15/16 | Develop draft recommendations to OHPB for addressing gaps |
| | 11/1/16 | Present report and recommendations to OHPB on behavioral health integration in Oregon. |

1. **Network adequacy** (focus area: not enough mental health providers), including turnover of workforce
2. **Communication and collaboration issues**, including clarifying roles and responsibilities (power differentials) and cultural/historical issues and biases
3. **Provider education** (when to refer, type of services that each can provide), including lack of follow-up by other provider
4. **Billing** (not compensated for integrated care)
5. **Lack of space for co-location**
6. **Challenges sharing records**, which can include IT incompatibility, EMR issues and privacy/confidentiality concerns
7. **Lack of time** (to see more patients, for huddles, etc.), including scheduling (long wait times)
8. **Insurance challenges** (authorizations, network)
9. **Funding issues** (cost of BH provider, charges to clients, low or no reimbursement)