

Patient-Centered Primary Care Home (PCPCH) Standards Advisory Committee  
Meeting Minutes  
October 14, 2015, 1:00 PM – 4:00 PM  
Barbara Roberts Human Services Building, Room 137 A/B  
500 Summer St. NE, Salem

Present

Mitchell Anderson (co-chair)  
Carolyn Anderson  
Patty Black  
Chris Bouneff  
Kevin Campbell  
Scott Fields, MD  
Robin Henderson, PsyD  
Kris Keith  
Helen Kurre, MBA  
Lynnea Lindsey-Pengelly, PhD  
Charlotte Navarre  
Jorge Ramirez Garcia, PhD  
Evan Saulino, MD  
Kathy Savicki  
Barb Seatter  
Megan Viehmann, PharmD

Staff

Nicole Merrithew  
Deepti Shinde  
Megan Bowen  
Chris Carrera  
Amy Harris  
Dan Reece  
Michael Morris  
Rita Moore

Joining by phone

Tammy Alexander, MED  
Maggie Bennington Davis, MD  
Kristin Dillon, MD  
Barbara Martin, PA  
Meg Portwood, FNP  
Colleen Reuland  
Bruin Rugge, MD  
Christine Seals, MD  
Colleen Smith

Absent

Doug Lincoln, MD (co-chair)  
Carrie Baldwin-Sayre, ND  
Seth Bernstein, PhD  
David Dorr, MD  
Joe Hromco, PhD  
Susan King

## **Introduction and Overview of Committee Meeting**

Co-chair Mitch Anderson convened the meeting at 1:10 PM and reviewed the agenda.

### **Staff Summary from Last Meeting**

Nicole Merrithew asked committee members to the final proposed recommendations in the staff summary for revisions to Standards 1C, 2A, 3A, 3C, 5A and 5C, and provide any additional feedback or comments by email. (see meeting materials). Mitch reviewed the summary of the behavioral health home concepts (see meeting materials) and no additional feedback or comments were made. Nicole stated revisions to the tier changes based on stakeholder feedback will be presented at the next meeting.

### **Behavioral Health Homes – Core Attributes Discussion**

The committee met in a large group to discuss the applicability of the PCPCH Core Attributes to the development of a BHH model. The consensus was that all six attributes are applicable, and some be modified to meet the specific needs of a BHH model (see meeting materials).

The discussion then turned to the more conceptual framework of the model. One idea presented was that all BHHs should have fully integrated primary and behavioral health care. The committee agreed that fully integrated care represents the ideal and is the ultimate goal of health care. However, many committee members spoke in support of a tiered level BHH model that would provide clinics an opportunity to move along a continuum. One committee member proposed the BHH model tier structure align with PCPCH BH integration measure 3.C of coordinated, co-located and integrated care. It is not expected that every behavioral health provider or clinic will be able to meet the BHH standards.

The idea was proposed to consider developing the model from a specialty population framework, such as the population with Severe and Persistence Mental Illness (SPMI). PCPCH staff noted that a tiered BHH model could be structured so that the highest level does meet the specific needs of the SPMI population, and other tier levels could meet the needs of broader populations.

Following a brief break, the committee reconvened at 2:40 PM. Nicole suggested staff draft a proposed BHH model for committee members to review at the next meeting. The committee agreed and it was noted the Certified Community Behavioral Health Home criteria should be considered in the model. During the final two meetings the committee will review the proposed BHH model and the proposed tier structure. The final report will be prepared by staff and presented to the committee for feedback and revisions.

### **Public Comment**

Mitch opened the meeting to public testimony at 3:10 PM. There was no public comment.

Adjourned at 3:10 PM.