

OHIO MEDICAID HEALTH HOMES FOR THOSE WITH SERIOUS AND
PERSISTENT MENTAL ILLNESS

Consumer & Family Engagement Committee

November 8, 2011

1:00 – 4:00 p.m.

Rhodes, Rm. 1855

Purpose: develop recommendations for: approaches to consumer/family education and engagement; use of peers; practice guidelines for client/family-centered care; assessing consumer experience of care; and consumer enrollment including opt-in versus opt-out.

- **Welcome & Introductions**
- **Review of Purpose**
- **Review of Rhode Island and Missouri State Plans**
- **Discuss Questions for Consideration**
- **Next Steps**
- **Next Meeting: December 1, 2011, 1:00 – 4:00 p.m., Rhodes Rm. 1855**

**Consumer & Family Engagement Committee
Meeting Minutes
November 8, 2011**

Attendees: Crystal Allen, Jon Barley, Angie Bergefurd, Jack Cameron, Marsha Coleman, Rafiat Eshett, Mary Haller, Betsy Johnson, Terry Jones, Heather King, Jody Lynch, Peggy Smith, Don Thacker, Laura Thielbar, Elizabeth Winters

Meeting convened at 1:10 p.m.

Welcome & Introductions/Review of Purpose

Afet Kilinc welcomed the group and spoke briefly about the purpose of the Consumer & Family Engagement Committee. She explained that the committee is charged with making recommendations about health homes with regard to the role of peers, including informal roles of families and friends. The department would like recommendations from the group about quality of care, as well as ways to identify, engage and enroll consumers in health homes. Suggestions are also needed about what the name of the health home should be; the department would like help finding a name that resonates with consumers and family members. Input on other items that the department may not have thought about is also welcomed and encouraged. Members introduced themselves round table before the discussion began.

Review of Rhode Island and Missouri State Plans

Angie Bergefurd stated that examples of state plans for health homes from Rhode Island and Missouri were provided in the meeting handouts. The Missouri state plan has been approved and the Rhode Island plan was recently submitted. The department would like to complete a draft state plan amendment by the end of this calendar year. Conversations with the Centers for Medicare and Medicaid Services (federal agency that approves state plan amendment) will begin after the draft is completed, and the department hopes to submit the final state plan amendment by February 2012.

Discuss Questions for Consideration

Angie explained that this committee is one of the most important and foundational groups for the health homes project. Not much is written about what needs to be included in the state plan amendment; this is why the department has not created a straw man-type document for the group. The input of the expertise at the table in this committee is needed before we can move forward, which is the purpose of the Questions for Consideration document that was distributed prior to today's meeting.

Afet added that a stakeholder process has already taken place at the Ohio Department of Job and Family Services. This process involved behavioral health and physical health working side by side. The Ohio Department of Mental Health was also involved in this process; information was collected which can now be built upon to create a behavioral health-specific health home. This was a very general process; now we are embarking on a more specific process in which we will need to focus on our specialty population, people with serious and persistent mental illness, while understanding the culture of this group. An effective method for educating consumers and families about health homes must be established. The department also wishes to be mindful of all levels of functioning. The goal is to have at least one health home up and running by June 2012.

The group gave some general observations and feedback. Laura Thielbar stated that she recommends that we refrain from using acronyms because they are confusing to consumers and families. Betsy Johnson stated that she is happy to see that feedback from consumers was incorporated into the health

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homes documents that have been distributed to the work groups. She added that consumers and families were also involved in the process of transferring the pharmacy benefit to managed care. This process is not running smoothly and there is no specific way to follow up after new processes are implemented. She emphasized the need to track and follow-up on consumer and family input related to the health homes project. Afet and Angie noted items raised by Laura and Betsy.

Afet asked the group for improvement suggestions regarding committee processes. Betsy raised concern about representation; Jack Cameron agreed that perhaps more people could be included. Afet requested that the group feel free to provide names for any potential additional members. Crystal Allen raised a point that consumers sometimes do not like to attend bureaucratic meetings.

Angie suggested that the group may be able to provide recommendations about other ways to communicate and gain feedback from consumers in the long haul. Laura emphasized the need to keep things simple when interacting with consumers and families. Crystal stated that she feels it is important for the state to bring drafts to the table, and then ask for direction from the group.

Jack added that there are individuals throughout the state whose full time jobs are to talk about issues that are of concern to consumers. He suggested that these people could be used to relay information and gain feedback. Next year, these individuals are planning to hold 5 regional conferences to obtain community input. Like Laura, Jack emphasized the need to keep things simple and not overwhelm people with technical aspects.

Afet stated that we need to consider what we want from health homes. The goal is to have a new service delivery model for consumers with uncoordinated care. The state is interested in learning how we can do a better job of delivering care across different settings, focusing on the whole person, specifically those who have chronic health conditions. This will be a person-centered approach with consideration of the needs of the consumer without compartmentalizing their conditions. Health homes will provide care and linkages that address critical needs.

Angie stated that she and Afet recently visited a number of behavioral health organizations that provide integrated care. Angie was surprised to hear that patient engagement was an issue in these organizations. Some patients, for example, do not wish to visit a primary care physician. She also learned that prioritizing patient needs is important. For instance, patients who are homeless need to address housing needs before they are motivated to address tobacco cessation. Patient choice about who provides care is also critical to successfully integrated care.

The group reviewed the Questions for Consideration document, providing responses for each question. Below is a summary of responses to and discussion about these questions.

- **Who would benefit from the Health Home?**
Persons with serious and persistent mental illness based on diagnoses, treatment history and functional scores will benefit from health homes. The goal is to focus on children and adults with the most chronic behavioral and physical health care needs.

- **How do we engage those who would benefit?**

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We need to explain what a health home is to consumers in simple terms. The key to engaging consumers and families lies in educating them about what a health home can do for them.

Laura briefly discussed a pilot program which was implemented by Franklin County. She recommended contacting Dr. Burns and Stephanie Patrick for more information, as their methods for engaging consumers were very effective.

Angie explained the need to ensure that health homes do a good job of linking people – ensuring they get to their appointments, maintaining good coordination of care. The health home will need someone who speaks the languages of primary and specialty care, as well as wellness and prevention. Don Thacker stated that his agency, Shawnee Mental Health, started with one nurse practitioner and eventually added three nurse care managers who are responsible for follow-up. Wellness coaches help the patients to keep their appointments.

Jack stated that the foundational problem that individuals with serious mental illness have is the fact that they are not connected to their communities. The health home needs to have a welcoming atmosphere; if consumers feel welcome, appreciated and valued, they will return.

- **What do we call the Health Home? And what language/terminology do we use to clearly communicate the concept of Health Home?**

Betsy suggested that the health home could be thought of as a wellness hub. She stated that she has heard concern that consumers would fear that a health home is a foster home. NAMI has tried to educate consumers in anticipation of this work and has not heard this concern from consumers. Marsha Coleman stated that a health home is much like the kinship navigator program in the children's system. The health home is a navigation tool. Don added that he feels that the explanation of the health home is more important than the name it is given. We need to convey that the health home is a concept, not a place.

The group agreed that we need to emphasize that the health home provides holistic health care that goes beyond the norm to address behavioral, physical, social, and wellness needs using a team care approach. They considered not naming health homes at all, but decided that it would be best to have a consistent term for the concept. They feel that it is important that consumers understand that this is a single approach, and that using "Ohio" in the title is a good way to communicate that health homes are standardized across the state. It was also agreed that although it will be important to distinguish the health homes as designed specifically for the SPMI population, it is not necessary to label it as such to convey this. The goal is to make the name specific enough that it is recognizable and can be differentiated from physical health homes; to be descriptive without discriminating or stigmatizing.

- **What is the best way of sharing information about Health Homes?**

The group agreed that a high-level standardized approach is needed, and that education is the key to this approach. Information can be shared using current avenues; NAMI can also help to spread the word. Other places that could help disseminate information include drop-in centers, recovery centers, child care training sessions, meetings, school nurse, guidance counselor, and

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psychologist offices.

Crystal emphasized the need for professionals to be briefed and trained, especially those that are not typically involved with behavioral health populations. It is important to train all levels of staff because it is unknown where the initial contact will be made. Don stated that his agency trains all staff to be educated and engaged. At the initial visit, they determine whether clients have primary care providers; if they do not, they are connected with care. This may start as early as with the receptionist.

Jack suggested considering the use of peer specialists for clients that are the most difficult to engage. He stated that peer centers could be good places to get people enrolled and to keep them engaged in health homes. Peer specialists often make a significant difference in consumer's care by helping them to seek services and keep appointments.

- **What strategies can be used to help identify those who would benefit from the Health Home?**

Don recommends starting with a brochure that explains what a health home is to begin to engage consumers who would benefit. Shawnee Mental Health Center is not yet a health home, but offers integrated primary care in a mental health center. Their focus population is severely mentally ill adults. They started by asking patients at the mental health center if they have a doctor. Most said that they did not have one or that they do not like the one that they have. Next, they moved on to figuring out what the consumer's needs are – behavioral, physical and social needs. They used focus groups and determined that the majority of consumers said that they would be interested in receiving behavioral and physical health in the same location; many are already sold on the idea. Currently, Shawnee is also collecting data from parents to determine interest in health home care for children.

- **What is the best way to enroll those eligible for Health Homes? Opt-in versus Opt-out?**

The group discussed whether to use automatic enrollment with an option of not accepting it (opt-out). Some members felt initially that this was not a good idea, but decided that as long as it is clear that enrollment is optional, this would be the best approach. They agreed that true patient-centered care would call for simply recruiting, rather than automatically enrolling people; however there are too many proactive steps involved in making sure that people are enrolled. This could be too much to manage for many who could benefit from health homes. It was also agreed that family members need to be involved in the process; marketing to them will help to spread the word.

Given that in order to be a member of the behavioral health home, the individual must have been diagnosed by a professional as seriously and persistently mentally ill, must receive services in the health home and must be a Medicaid recipient, the group felt that automatic enrollment makes the most sense. Afet pointed out that other states have indicated that the opt-in process can be burdensome and ineffective as well. Group members emphasized that in an opt-out approach, emphasis needs to be placed on choice. Consumers will have the choice to continue existing relationships with physicians or therapists; they are not being asked to abandon these relationships.

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The group discussed the fact that relationships will need to be formed between outside providers and the health home providers so that consumers can keep their providers if they wish. Don stated that sometimes his clients who use outside medical care providers arrive for mental health appointments with symptoms of physical illness and decide to see a Shawnee medical provider. They allow them to see their providers and report the visit to their outside providers. Afet pointed out the need for health homes to have information about their clients' outside providers. It was agreed that most would be willing to share this information to ensure continuity of care.

Betsy expressed that she feels that the opt-out approach is best because the most ill people will be the least able to understand the benefits of the health home. Jack agreed, stating that people will also agree to get needed help because it is convenient; this could literally save lives.

- **How can we make the enrollment process efficient and streamlined for the consumer? / How can we create a process that is sensitive to the consumer's needs?**

The group agreed that auto-enrollment with streamlined, proactive steps is the best approach for ensuring a smooth process that is sensitive to the needs of the consumer.

- **What are key components that are essential to achieving consumer satisfaction and how do you follow up to ensure needs are met? / What forms of feedback are best? What frequency? What are the best ways to follow up on feedback from the consumer?**

The group agreed to use existing avenues for gaining input regarding consumer satisfaction. It was also agreed that questions about consumer satisfaction would revolve around how the consumer was treated, rather than the treatment itself. These questions should be limited with a focus on measuring whether consumers feel that they were treated with respect and dignity. The group discussed the possibility of using at least one open-ended question so that consumers have time to say what they need to say.

Afet added that the department is interested in an approach that looks at the consumer's overall experience with the health home, including how they were greeted, whether the lobby was appealing, etc. Jon added that the questions need to be specific enough that they inform any changes that could improve the experience. The goal is to create a quality experience for the consumer.

- **What is the best way for gathering information on consumer satisfaction with the Health Home?**

The approach for contacting consumers regarding their satisfaction with the health home should be personal. Group members suggested phone calls similar to those made by hospitals after a medical procedure. It was agreed that short, simple questions are best and that at least one open-ended question would be helpful. Betsy emphasized the need for a process of collecting and tracking this information, making any necessary changes and sharing results with consumers and families.

Jon stated that ODJFS has convened a work group to look at the tracking of outcomes for health

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homes. CMS is requiring health homes to track specific information, such as emergency room visits, about health homes consumers. ODJFS is considering a pay-for-performance mechanism in the future that would reward health homes for establishing good results. Marsha raised a point about involving other entities, such as the justice system and child welfare.

The group also discussed HIPAA regulations during this conversation. Members noted that non-healthcare providers will need to complete HIPAA forms, unless other HIPAA rules, such as those surrounding the welfare of the child, apply. Jon recommended obtaining these forms and signatures during the enrollment stage.

- **What are recommendations for consumer representation on provider, regional, and state level steering committees and leadership groups?**

The group also discussed implementing consumer advisory councils in health homes. Jon Barley stated that ODJFS is very interested in setting this up; they understand the importance of doing so, but have not determined specifically how it will be done.

The following questions were not specifically addressed during this meeting. Additional feedback from group members is welcomed and encouraged:

- **How do we engage family members and significant others in Health Homes?**
- **How do you balance family's requests with consumer's needs?**
- **What outcomes are families and consumers looking for through the Health Home program?**

Next Steps

- ODMH staff will pull specific recommendations from the notes and distribute to the group for review
- Meeting minutes will be drafted and distributed to the group for review
- The next meeting agenda will include time for a high level summary of updates from the other health homes committees, particularly focusing on outcomes
- The group will also finalize the conversation about family engagement during the next meeting
- Case scenarios will be provided to the group for review prior to the next meeting

Next Meeting

- The next meeting will take place on Thursday, December 1, 2011, 1-4 p.m. in the Rhodes State Office Tower, Room 806.

Meeting adjourned At 3:42 p.m.