

Behavioral Health/ Substance Use Subcommittee

9/23/14

AHCA Leads:

Kimberly Houston
Tysha Washington

Subcommittee Members Present:

Amy Guinan – MCAC Member Representing Florida Legal Services
Karen Koch – Florida Council for Community Mental Health (via phone)

Meeting Participants:

Jennifer Hinson – WellCare
Diana Schmidt – Otsuka America Pharmaceuticals
Marianna Tutwiler – CPELP
William “Bill” Harden – DCF
Rachel Siegal-McLaughlin – Disability Rights Florida
Barbara Butler-Moore – AHCA

Purpose:

Kim explained that the purpose of the breakout session was to give subcommittee members an opportunity to review and make comments on the Comprehensive Quality Strategy (CQS). She then asked everyone to introduce themselves.

Activities:

Kim provided an overview of the CQS per the table of contents and asked everyone to review the document and be prepared to discuss the following questions:

- 1) Is the Agency’s focus on the right quality area?
- 2) Are there quality areas where we should increase our focus?
- 3) Should we be measuring quality differently?
- 4) Is the report useful and understandable?

After a brief review of the CQS, the following comments and questions were posed by the attendees:

Is the Agency’s focus on the right quality areas?

Rachel - Written comments will be submitted to the Agency at a later time. Further review of the content was needed. However, in her opinion, there was more success with the implementation of LTC as opposed to MMA. She would like the Agency to focus more on internal grievances submitted on behalf of the health plan.

Bill - Concerned with the Consumer Report Card not being produced until 2015. He noted the results could be helpful to the CQS report. Therefore, he recommended the report card implementation date should be moved up.

Diana - There were no HEDIS guidelines related to Schizophrenia and Bipolar Disorders. It would be good to focus on patient outcomes and readmission rates. The CQS document appears to be an opportunity to focus on integrated care.

Amy - The report is good, but it needs more specific information related to behavioral health. She suggested having an area devoted to hot topics. Incorporating information related to BH and Substance Abuse may add a realistic approach. She was also interested in family input regarding success and recovery. Recommended adding the plan's data on the responses received. Also asked, when do reports come in from Health Plans? Kim referred her to pages 107 – 110 of the CQS.

Karen - There are not enough measures for behavioral health, including a sort of Medical Loss Ratio (MLR). She added that there is a lack of access to the full continuum of care. She would like to see the Agency work on developing a way to measure community access.

Are there quality areas where we should increase our focus?

Diana – Suggested reviewing the report card at the present, to see if items can be integrated. Access to care needs should be fully addressed. Then posed the question, what alternatives do they have that addresses all ages?

Jennifer - Plans submit grievances quarterly, but is not sure if all the information gets reported or what happens with it. Asked how are things being handled this first year – were plans rated on a curve and is it only data driven? Kim explained decisions of this sort would be made by executive management.

Karen - The Agency should focus on integration and posed the following questions:

- Are medical and behavioral health services being integrated?
- What services will be carved out, if any?

Should we be measuring quality differently?

Bill - The Agency should determine the best way to measure quality of care as it relates to behavioral health.

Karen - There may be potential access to care issues as relates to specialists. If so, how would the Agency monitor accessibility issues? Kim deferred her to page 58 of the CQS which has the Timely Access to Care details. Asked if there is a provider satisfaction survey and suggested perhaps those results should be added.

Diana – Suggested taking a look at access to PCP for Adults with SMI comorbidities; possibly running a query to obtain the data.

Is the report useful and understandable?

Bill, Diana and Karen discussed whether or not there should be a separate section carved out in the CQS for Behavioral Health. However, they noted there is good and bad in doing so, as they have fought to see that individuals with behavioral health issues are not segregated.

Karen - Further conversations should ensue regarding segregating behavioral health and physical health data. It may be beneficial to run queries to obtain data specifically related to behavioral health; i.e. how much capitation is being spent on behavioral health services.

Bill – Utilization of substitution codes data should possibly be included particularly, wrap around and peer support services.

At 4:45 Wendy Smith joined the group and advised written comments are due by October 15th. They were reminded of the subpopulation committee conference call in November and the next full meeting would be held on January 13, 2015.

At 5:00 the meeting was adjourned.