# PromotePrevent Commission Meeting 1/23/18

* Behavioral Heath / MassHealth by Sophie and Stephanie
	+ In looking at behavioral health, look at what ACOs are accountable for
	+ Predictions that treatment cost for addictions will overtake mental health
	+ OUDs account for 5% of members but 9% of expenditure
	+ Whole-person approach has cost and life saving implications
	+ Four priorities to push for ACOs
		- **Access and availability**
		- **Coordination and continuity of care**
		- **Physical and behavioral health care integration**
		- **Quality, safety, integrity**
	+ ¼ of psychiatric patients readmit after 90 days
	+ Need to develop model for chronic-care management
	+ What is MassHealth doing to fund upstream prevention? (Q from Jim Cantwell)
		- Identifying early and screening in order to determine level of special care needed
		- Looking at joining forces with HPC for practice assessment tools
		- Accountability and risk assessment are main ideas
	+ Flexible supports? (Q from Seltz)
		- Flexible services are housing and food service
		- Has been pushback, expenditure must be heavily defined
	+ How to balance share of info and respect of privacy
		- Critical for understanding of importance of sharing information
		- Daily Use agreements, share timing info
		- Find minimum info that needs to be shared
		- 38 out of 51 hospitals on paper based systems, meaning there is a bit of a structural hurdle
			* However, we do not need great technology to manage handoffs
		- Consent management on front end
	+ Members are concerned about continuity of care, what do you say to them? (Q from Rebekah)
		- Working on document to clarify
		- Big networks not changing dramatically
		- Whole group of people working on continuity of care
		- Default back to four priorities
		- Choose what will be minimally disruptive
	+ What might role be of patient education? (Q from Jim Vetter)
		- Role of BHS qualitatively different than specialty treatment role
		- Don’t want to shortchange one system to benefit another
	+ What has MassHealth done to change culture of health systems (Q from Yaminette)
		- Culture change takes time
		- ACOs have responsibility to reach out to people they are bringing in
		- Promote learn-from-eachother models, peer-focused learning
			* Scale these to more providers
* PEW Charitable Trusts, MacArthur Foundation by Ben and Steven
	+ Results first, evidence-based policy making
	+ Coordinate with DMH and DPH to analyze program inventory and benefit/cost analysis
		- Benefit/cost analysis – show effects of levels of personal, government, and society in dollar values
	+ Collaboration between PEW/MacArthur and DMH/DPH has been positive -Bauer
	+ DMH looking at 3 things; **good behavior game**, **cognitive behavioral intervention for trauma in schools**, **early psychosis programs** (“Navigate” model)
		- Nurture vs nature is long gone
		- Focus on keeping children in healthy, supportive communities
	+ Implementation framework where individual communities allowed to determine what is best for them
	+ Timeline? (Q from Margaret Hannah)
		- Working to ensure timeline allows for comfort and confidence in analysis that is produced
		- Will be meeting today with prevention and early intervention working groups; this meeting will help dictate timeline
	+ How much is division of family health/nutrition involved?
		- Target behavioral health for now, and if model is successful/useful, role out to other groups like the family division
	+ “Using your results” method
		- Each state goes about its own way
		- Important to establish stakeholders
		- Think creatively about information that is produced and how best to make it available to decision-makers in organized way
* Final Remarks – Jim Cantwell
	+ All 23 members have opportunity to make recommendations
	+ Conditions for recommendations/ideas
		- Be within scope of mission
		- Sent in by Feb 21
		- Format: a few sentences along with rationale
		- Vote must be 50% + 1 to pass
		- Want final recommendations finished by March 5 in order to share
		- (see documents handed out at meeting for more info on recommendations)
	+ Looking to develop ideas on organizations of recommendations and dealing with overlap between different sub-groups
	+ Make sure not to be in conflict with Surgeon General’s report
		- Possibly invite SG to meeting
	+ Communities choose their own path
	+ Prioritize recommendations (ex. narrow 50 down to 15 key recs)
	+ Use “evidence-informed” decisions to maximize effectiveness
	+ Grant cycle of 21 months
	+ Worry about grant criteria (must be healthcare provider in MA)