# 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)