

Alliance
Transitions of Care Committee Meeting
Thursday, March 11, 2021
10:00 AM – 12:00 PM

<https://www.gotomeet.me/AnnetteMarcus/alliancetransitions>

Join the conference call: 646.749.3129, Access Code: 116-041-3129

Committee Vision/Mission:

The *Transition of Care Committee* identifies best practices, innovative approaches, and gaps to safe and uninterrupted transitions for youth, young adults and their caregivers when experiencing mental health crisis or risk of crisis. It promotes policies and practices that effectively support their needs for continuity during the period in which intentional coordination of care is imperative.

Members list:

Co-Chair Julie Magers, Co-Chair-Galli Murray, Joseph Stepanenko, Charlette Lumby, Jill Baker, Jonathan Rochelle, Rachel Ford, Shanda Hochstetler, Tanya Pritt, Kaliq Fulton-Mathis, Lon Staub, Anders Kass, Kristin Fettig

Alliance staffing support:

Annette Marcus (AOCMHP), Jennifer Fraga (AOCMHP), Nikobi Petronelli (YYEA), Kris Bifulco (AOCMHP)

Present Today: Co-Chair Julie Magers, Co-Chair Galli Murray, Joseph Stepanenko, Jonathan Rochelle, Rachel Ford, Shanda Hochstetler, Tanya Pritt, Anders Kass, Kristin Fettig, Rachel Ford

Absent Today: Charlette Lumby, Jill Baker, Kaliq Fulton-Mathis, Lon Staub, Shanda Hochstetler

Alliance Staff Present: Jennifer Fraga, Kris Bifulco

Alliance Staff Absent: Annette Marcus, Nikobi Petronelli

Guest(s): Gordon Clay

Meeting Attachments:

- PowerPoint from Transitions of Care Committee Orientation
- Updated questions for hospital survey

Time	Agenda Item	What / Update Action Item(s)	Notes
10:00 AM	Welcome, Introductions, Announcements, Agenda Review	<i>Remind about where to find Jan minutes; Feb meeting was postponed.</i>	This is Galli's last meeting as the committee co-chair. She will occasionally attend future meetings but not as frequently. January Minutes: Jenn will update Kristin's county to Jackson.
10:05 AM	Review recent accomplishments <i>Transitions of Care page on the Alliance website and showed the "materials" spot for folks to access shared documents.</i>	<ul style="list-style-type: none"> ✓ Docs – Google Folder ✓ Orientation slides ✓ Deep dive into the details of our work – <i>ongoing</i> ✓ Invite OHA update on 3090/2023 efforts (Jill Baker, Meghan Crane) – <i>standing item</i> ✓ Meeting schedule, roles, process - <i>standing</i> ✓ Identify interested leaders to learn beside co-chairs (Joseph, Charlette) ✓ DCBS Gayle Woods guest spoke in Jan to discuss 3091 (payment rules) 	<p>In January:</p> <p>DCBS defines what coordination of care and case management entail in context of ED and inpatient discharge transitions. More information about what services that are required to be paid for can be found here.</p> <p>DCBS does not see claims for payment. Jill Baker will continue to identify available data sets that can inform implementation of the rules.</p> <p>See Jan minutes for more details.</p>
10:15 AM	"Learning the story" of the committee's efforts - ongoing	<p><i>Committee is learning the story of our committee and seeing where we all fit.</i></p> <p><i>Revisit the orientation slides at any time. Do you have any questions?</i></p>	Committee members are thankful to have a workplan that is clear to follow.
	Committee Recruitment	<p>Revisit if gaps are identified.</p> <ol style="list-style-type: none"> 1. Jenn – update on any new members' status. 2. Gaps in the CCO and OHP insurance. 3. Can someone from Schools Committee attend occasionally for cross pollination? 	<ul style="list-style-type: none"> • Jenn talking with OYA for interested representation; • Jonathan may liaison and recruit for schools; • Prospects: <ul style="list-style-type: none"> ○ Danielle Meyers OAHHS? ○ A hospital staff person or rep. ○ Private insurance rep <p>Is committee seating the best use of their time or perhaps reps on whatever we do with the stakeholders identified in the stakeholder map (circle)?</p>

			The group would like to frame each stakeholder identified in the map as Subject Matter Experts.
	ONGOING PROCESS: action items from AKG letter	Continue to track the actions outlined and utilize these to guide our work.	
10:45 AM	<p>OHA Update on 3090/2023 efforts (Jill Baker, Meghan Crane)</p> <p>And group discussion.</p> <p><i>Currently, enforcement is happening through a complaints-driven process because no funding attached for proactive enforcement</i></p>	<ol style="list-style-type: none"> 1. Updates on January stakeholder feedback session on hospital survey process: <i>Assess adoption of policies; Assess barriers to adopting policies; Make recommendations. (Reminder that the goal of the survey is to assess adoption and barriers not punitive)</i> • Update on S-PIP activities with OAHHS (<i>Do we want to have a TOC member attend one of OHA/OAHHS meetings?</i>) 2. What is the timeline for the survey to be sent, responses received, and report to be written? 3. Group discussion. 	<p>Meghan to provide future updates on Zero Suicide efforts for youth up to age under 25 (focus is currently on over 25).</p> <p>Survey currently going into OHA data team's Qualtrix queue; in process to gain full understanding of what the surveys are needing to ask of hospitals; OAHHS working with OHA to develop distribution list and follow up for full response.</p> <p>Date is unknown for distribution at this point in time; internal testing is happening currently so that it is successful this time around (improving on the process from first round survey)</p> <p>Jill and Meghan are central to a successful effort!</p> <p>Reviewed survey questions and identified details to be addressed; also looked at 2020 report for an idea of what a future report may look like. Meghan noted edits the group has advised and will bring those to the testing phase.</p> <p>S-PIP (our group helps break down silos); covid accommodations and what will be efforts moving forward. To be continued ☺. 3090/3091 are topics that sit in purview of Zero Suicide! The S-PIP is made up of OHA staff: Jill Baker, Shanda Hochstetler, Meghan Crane, Deb Darmata (ASIPP), and Miranda Sitney (GLS grants).</p> <p>Lots of new opportunities ahead for our collaboration and collective efforts!</p>

			<p>Outstanding questions: Are Caring Contacts covered as reimbursable under 3091? What are the billing codes (commercial/Medicaid)?</p> <p>To research this, Julie would go here or here on OLIS. You can also go here for a summary of the bill. She would read what the bill establishes.</p>
11:50 AM	Committee Decisions and Next Steps:	<ul style="list-style-type: none"> ✓ Set agenda for next meeting ✓ Discuss meeting schedule: change time? 	<p>Group Decision: Move the meeting time from 2nd Thursday at 10:00 – 12:00 to the 2nd Thursday 1:00 – 3:00.</p> <p>Action Items:</p> <ul style="list-style-type: none"> • Jenn – start a list of committee members, their org/topic they represent, their “SME role” (ie where you fit in the “wheel” and who you know who might participate in building our efforts) • Joseph – prep for discussion of members’ knowledge, experience, expertise, network, etc. • Julie – be on tap to review the docs in the google folder
12:00 PM	Adjourn	<p>With immense gratitude, the committee expresses a fond transition for Galli from her role as co-chair of this committee!</p> <p>Thank you, Galli.</p>	

Where We Are Now

Implementation of 3090/3091 **has faltered** due to:

- limited oversight,
- siloed work,
- inadequate communication, and
- a lack of accountability.

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Where We Are Now

Effective implementation would **benefit** from:

- a collaboration of the interconnected group of stakeholders,
- a convening authority,
- designated communication channels, and
- clarity of roles.

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Where We Are Now

The Transitions of Care Committee identified nine stakeholder entities that fill vital roles in effective implementation of rules

- OHA,
- OAHHS,
- individual hospitals,
- patients and families,
- DCBS,
- public and private insurance,
- schools,
- the UO Suicide Prevention Lab, and
- the Oregon Alliance to Prevent Suicide (specifically the Transitions of Care Committee).

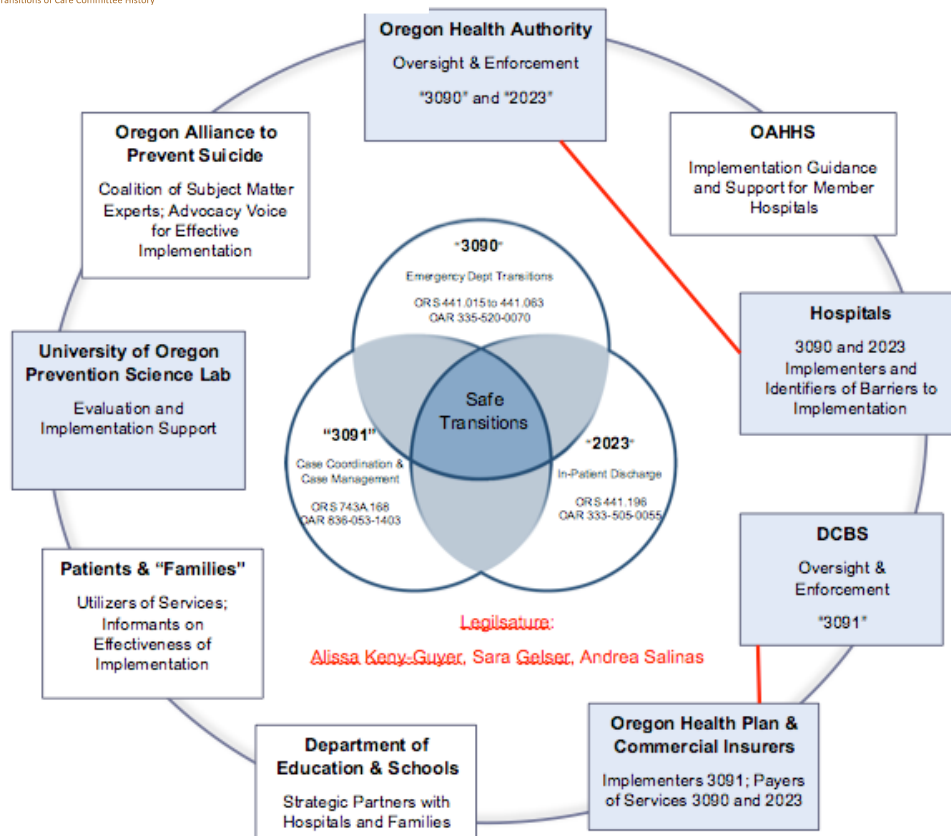
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Where We Are Now

Partners in the work:

"The Oregon Alliance to Prevent Suicide and the Suicide Prevention Lab within the College of Education at the University of Oregon remain ready to collaborate with OHA to ensure these laws are fully adopted and established in practice by all stakeholders in Oregon to which the laws apply."

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Transition of Care Committee Priorities –
Action recommendations from letter submitted to Rep Keny Guyer, Spring 2020

<p>(1) Develop a convening body to create a community of practice around implementation policies related to ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023);</p>	
<p>(2) Identify a point of contact within each stakeholder group for all work related to ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023);</p>	<p><i>This point could be a good one for this committee to do – the Alliance is a field connector and this item, along with (3), are ways we can connect the field and also “watchdog” the different entities to make sure that things are implemented.</i></p>
<p>(3) Establish a reference document of the interrelationships among the stakeholders, identifying their responsibilities, current and future implementation efforts, and points of interdependence, using the attached draft document as a starting point;</p>	<p><i>*see above note</i></p>
<p>(4) Create a forum for the sharing of completed work, including audit forms, implementation tools, and contact lists;</p>	
<p>(5) Develop a plan for dissemination and use of existing tools and documents (such as OAHHS’ Interpretative Guidelines for Oregon Hospitals regarding discharge planning from hospitals, OHA HB3090 Reports resulting from hospital surveys, etc.);</p>	<p><i>This could be a second step for this committee after items (2) and (3) are done. It’s another connecting the field piece.</i></p>
<p>(6) OHA to establish a page on its website, easily accessible to the public, that describes the requirements associated with these laws and a defined procedure for grievance or complaint submissions;</p>	<p><i>Might this committee draft the contents of a webpage to propose to OHA?</i></p>
<p>(7) DCBS to report on any efforts and findings in regard to implementation, enforcement and complaint procedures associated with ORS 743A.168 (HB3091)</p>	

<p>(8) The Legislative Assembly to hold hearings on implementation, enforcement, complaints and barriers to implementation and develop any follow up actions based on reports made during the hearings.</p>	
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Standing questions from group (revisit these as topics arise):

1. Does anyone know off hand how much hospitals are reimbursed for post-discharge caring contact work?
 - a. Are they reimbursed? based on early conversations with my hospital months ago I hadn't thought there was an expectation for reimbursement.
 - i. HB 3091 was created because hospitals said they weren't covered for those services. 3091 stated that case management and care coordination to be covered by both commercial health insurance plans and Oregon Health Plan (OHP).
2. Is there a way to know if the amount of reimbursement requests are consistent with the number of behavioral health crisis admissions/discharges? (Claims data?)
3. Should we include insurance providers to the list of groups to engage around billing codes? Hospitals make sense as the first entities to make sure they have access to them, just want to make sure that insurance providers are also aware since so many rely on them and it seems like small changes can sometimes interfere with costs they can cover.