Health Homes Provider Call
Minutes
Friday, July 12, 2019
11:30 am – 12:30 pm

Attendance:

1. April House, San Ysidro Health
2. Caryn Sumek, HASDIC
3. Chris _____, PATH
4. Claudia Barron, Borrego
5. Dan Chavez, San Diego Health Connect / HIE
6. Dr. Jeffrey Norris, Father Joe's Villages
7. Dr. Patrick Tellez, North County Health Services
8. Filipa Rios, Interfaith
9. Hanan Scrapper, PATH
10. Janet Vadakkumcherry, Health Center Partners
11. Jeff Gering, Family Health Centers of SD (FHCSD)
12. Jonathan Castillo, PATH
13. Karis Grounds, 211 / CIE
14. Laura H., _____
15. Michelle Monroe, Vista Community Clinic
16. Nicole Esposito, County of SD Behavioral Health
17. Peggy Richards, Indian Health Council
18. Rowena Dacanay, Samahan Health
19. Tia Huggins, Imperial Beach Health Center
20. Tim Miotti, Mountain Health
21. Veronica (Blea?), Interfaith
22. Wendi Viera, Neighborhood Healthcare

Definitions:

ACT = Assertive Community Treatment
CIE = Community Information Exchange (211)
CRS = ?
IMPACT = Intensive Mobile Psychosocial Assertive Community Treatment
HHP = Health Homes Program
HIE = Health Information Exchange (San Diego Health Connect)

HSD = Healthy San Diego
SMI = Serious Mental Illness
TEL = Targeted Engagement List
WPC = Whole Person Care

General Updates:

- **Provider / CB-CME List** http://bit.ly/healthhomesSDlist. The group reviewed and discussed the Health Homes CB-CME List.

  ACTION:
  FQHC's, Indian Health Centers, and Homeless organizations are requested to complete and maintain the Provider / CB-CME List to indicate health plan contracting status and key organizational contacts for the HHP.

- **HSD Meeting July 11, 2019** – Janet reported about the Health Homes discussion at yesterday's HSD Joint Consumer & Professional Advisory Committee Meeting:

  o DHCS has initially identified about 40,000 total HHP eligible in the San Diego Medi-Cal data. George Scolari thinks that CHG has about 17,000 of those.

  o George said that the HSD Health Homes Workgroup reports up through the HSD Behavioral Health Subcommittee. As such, HSD stakeholders will receive informational updates at their monthly meetings.

    ACTION: George Scolari said that the health plans would be willing to consider a smaller group for detailed discussions about the HHP SMI implementation. Dr. Esposito said that the County will work through the HSD Behavioral Health Workgroup and ensure that information is brought back to the Health Home Provider Group.

  o George reminded that San Diego County will still have certain risk for Medi-Cal mental health, as they do today.

  o George said that the HHP enrollment process is health plan dependent.

  o Sarah Legg from Kaiser noted that the TEL has 3 tiers so health plans may prefer to prioritize Tier 1 patients who are more acute.

- **HSD Health Homes Workgroup Update**. The group reviewed the July 2019 Health San Diego Health Homes Workgroup update that George Scolari sent out earlier today. **Health plans will reconvene the HSD Health Homes Workgroup meeting on Friday, September 27, 2019 (*save the date!*)** as part of their next deliverable to roll out SMI conditions under the HHP effective January 1, 2020. Dr. Norris noted that there will need to be better mental health care coordination and engagement with the SMI population, suggesting providers may want to be more familiar with ACT and IMPACT programs. Jeff Gering noted that FHCSD already received a large file from one of the health plans and there were lots of SMI patients included. He said his health center won't have as heavy a lift as some because they are already doing bi-directional coordinated care with Telecare, CRS, and County mental health systems.

  ACTIONS:
  o **Janet Vadakkumcherry will reach out to health centers to find out what types of trainings the health plans have provided to CB-CME's to date.**
  o **Janet and Dr. Norris will follow up with the health plans concerning unanswered provider questions before the September 27, 2019 HSD Health Homes Workgroup meeting.**

- o **All parties to confirm with health plans that they will add a column to the TEL that identifies patients who enrolled in WPC.**

CIE / HIE Consent – Dr. Norris is working with 211 / CIE on a consent form where the patient can sign with electronic signature (e.g., DocuSign) for ease of administration. He noted that how we will share patient substance abuse information is still very much a challenge due to 42 CFR Part 2 confidentiality requirements, but we are working with 211 / CIE on a new draft authorization form with legal. Dan Chavez noted that they are trying to create a single auth consent form and process that will work for multiple agencies, including treatment, social services, mental health, and substance abuse in the future.

> **ACTION:**
> - o **The 211 / CIE consent form will be placed on the HCP Health Homes website with other updated information. Janet will send the link and password to the HHP Provider Group. A 42 CFR Part 2 authorization form will be posted once finalized.**
> - o **Dan Chavez said that he will meet with Camey Christenson when she returns from vacation to create a one pager explaining the differences between the HIE and CIE.**

Sharing Data with CIE – Health Homes CIE Survey: The CIE drafted a CB-CME Health Homes survey that contains the following content which the group reviewed and discussed today:

- o Patient matching - some concern was raised about the CB-CME's sending patient data to the CIE prior to patient consent (HIPAA). Dr. Norris said that as long as the CB-CME has an agreement and BAA with the CIE this should not be an issue. Karis Grounds pointed out that the CIE has a HIPAA compliant platform in which to do the matching and that non-matching data would be deleted. She also said that if the CB-CME prefers, they can audit the data in the CIE themselves to match lists.

- o Eligibility – Caryn Sumek asked if eligibility data can be housed in the CIE even if the patient is not enrolled in HHP. Jeff Gering expressed concern that hospital case manages shouldn't have to look in multiple systems to try to identify patients.

  ACTION: Dan Chavez said that CIE data shows in the HIE and the health plans just need to give them the HHP data to flag. He will follow up with the health plans.

  Caryn indicated that hospitals will prefer to refer the patient to their medical home and have the PCP determine the best program for the patient. HASDIC is working with Health Center Partners and CB-CME's on workflows for those enrolled and not enrolled in Medi-Cal and who have consented to be in HHP.

o   Program Enrollment
o   CIE Authorization
o   SDoH Screening tool
o   Alerts / Referrals
o   Trainings

Enrollment workflow – Jonathan Castillo asked if there will be consideration for what organization is the best fit for the patient. Dr. Norris presented an updated version of the HHP vs WPW Enrollment Pathway that he had drafted for the last meeting. Jonathan and Wendi suggested changes to the "Unsheltered on the streets" decision path because some FQHC's can manage these patients and wouldn't necessarily need to be referred out. Nicole Esposito suggested we modify the "Consider WPW" diamond as part of the overall decision making process for best program(s) without listing all applicable CB-CME's – although those could be footnoted. Everyone agreed.

ACTION: Dr. Norris to update the draft HHP vs WPW Decision Enrollment Pathway.

Recap / Next Steps Actions Items, document on HCP

Adjourn   The next HHP Provider Call is 8.02.19 at 1130 am.

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