

Illinois Department of Healthcare and Family Services PCCM Behavioral Health Subcommittee Meeting Minutes for May 2, 2012

Attendees

Margaret Kirkegaard, MD	AHS
Cari VonderHaar, RN	AHS
Vicky Hosey	HFS
Kathy Moles	HFS
Sharon Pittman	HFS
Wendie Medina	HFS
Pam Bunch	HFS
Vince Keenan	IAFP
Robert Baechle	DuPage Co HD
Toya Clay, MD	IL Doc Assist
Sally Davidson	DMH
Rhonda Keck	DMH
Hala Ibrahim	Meridian Health Plan
Meryl Sosa	IL Psychiatric Society

Dr. Kirkegaard chaired the meeting. Introductions and roll call were performed.

IHC Webinars

Dr. Kirkegaard explained that IHC offers almost weekly webinars on a variety of clinical and administrative topics. Clinical topics are chosen due to their relevance for the patient population; and since there is a high incidence of mental illness co-morbidity, IHC often sponsors webinars related to managing mental illness. Recently, IHC sponsored a webinar regarding ADHD and will have webinars on schizophrenia and opiod management in the next few months. Dr. Kirkegaard asked the group if there were any other topics that they thought would be helpful. Meryl Sosa suggested that IHC have a webinar on the limits of PCPs in managing psychiatric illnesses. Dr. Kirkegaard responded and said that a large degree of mental illness was managed at the primary care level and every webinar directed to a clinical topic generally covered red flags and when to refer. Dr. Clay suggested that her team had developed two excellent webinars which had already received positive feedback. They are the mental health needs of infants and small children and identification and management of anxiety. Dr. Kirkegaard thanked her for volunteering to present on these topics and said that the IHC webinar coordinator would be in touch. Rhonda Keck from DMH Region 5 asked if IHC would be interested in a webinar emphasizing holistic care and patient-centeredness. She suggested that her colleague, Nanette Larson, may be interested in presenting on this topic and offered to contact her. Vince Keenan noted that the IAFP had developed an active subcommittee of the public health committee on behavioral health and Dr. Kirkegaard stated that if the subcommittee needed any input from IHC or wanted IHC to promote any educational activities that might be developed, she would be happy to work with IAFP.

IHC Search Functions of Behavioral Health

Dr. Kirkegaard gave a brief overview of the newly revised ability of the IHC call center to search for behavioral health services. She noted that the call center handles approximately 50,000 calls per month and has handled as many as 80,000 calls per month. Many of the calls are related to securing access to specialty care including behavioral health services. Dr. Kirkegaard explained that IHC recently revised the search function to more closely mimic the office locator function on the DHS website. She also added that the call center can now identify the FQHCs that have behavioral health services. Dr. Clay asked if IL Doc Assist could refer patients to IHC to connect them to resources. Dr. Kirkegaard asked Dr. Clay to discuss how to collaborate between the two programs during a separate meeting.

IHC Presentations to DMH

Dr. Kirkegaard explained that she had been invited to present at the quarterly regional meetings for DMH. She thanked DMH for the opportunity and noted that the presentations have been positive with many good questions and feedback. The following presentations have been accomplished:

- Region 5: April 12, Anna
- Region 2: April 18, Rockford
- Region 2: April 24, Elgin
- Region 4: April 27, Springfield

An additional presentation is scheduled for May 10 in Peoria for Region 3.

ED Utilization and Mental Health Drivers

Dr. Kirkegaard opened the discussion by noting that there is national evidence showing that patients with psychiatric co-morbidities visit the ED more frequently than patients without psychiatric co-morbidities. IHC is interested in reducing the number of inappropriate ED visits and ensuring that patients are directed to the appropriate level of care.

Meryl Sosa noted that IPS was working with UIC and SIU to put together a symposium on Telepsychiatry and how it can be used to augment the psychiatric services in the ED and better manage patients. She noted that IL had a mechanism to pay for Telepsychiatry already. Dr. Kirkegaard asked who the intended audience of the symposium was and whether it would be appropriate for IHC to promote this to their PCPs. Ms. Sosa responded that they were still in early planning stages but that she would keep IHC in mind as a means of marketing to PCPs if needed.

Ms. Keck noted that due to reduced funding, many EDs were flooded by consumers who previously had accessed services through DMH. She described one model where ED nurses were trained in WRAP (Wellness Recovery Action Plan) to provide group counseling to frequent ED patients with psychiatric illness. This was funded by the hospital but was thought to prevent further ED visits that might be more costly.

Dr. Clay asked if IHC had data on how many frequent ED patients also had psychiatric disease. Dr. Kirkegaard responded that there were several components of the relationship between mental illness

and ED use. National data supports the fact that frequent ED patients are more likely to have psychiatric illness and if this is identified and treated, it may reduce the need for ED visits. But, she also noted that a more frequent scenario is the patient with one or more chronic medical diseases with previously undiagnosed mental illness whose accelerating symptoms result in an ED visit instead of a PCP visit. Dr. Clay agreed that mental health screening for frequent ED users is probably appropriate and needs to be coupled with a discussion of appropriate ED use and referral to mental health resources.

Sally Davidson described two additional models employed in her region. In one hospital where the inpatient psychiatric unit had closed, she noted that the ED had created a mini-mental health unit that could evaluate the patients and refer them to the most appropriate care. She noted that another hospital had created a behavioral health team that was always available to the ED.

Dr. Clay noted that there are standard screening tools for depression and anxiety that could be used to assist PCPs with identification of patients with co-morbid psychiatric disease. She agreed to talk further with Dr. Kirkegaard and Cari VonderHaar about which tools to use and how to integrate them into PCP workflows and how to support the PCP use of the tools. Ms. Sosa suggested that the Illinois College of Emergency Physicians may also be a good collaborative partner. Dr. Kirkegaard stated that IHC had worked closely with ICEP previously and could draw on those relationships if needed for this work. Dr. Kirkegaard also suggested that the IAFP subcommittee on mental illness may be another resource for feedback about this initiative.

Dr. Kirkegaard noted that PCPs now have a measure on their semi-annual IHC Profiles to track total ED use. Dr. Kirkegaard also noted that IHC hosts an afterhours Nurse Consultation Line that is not intended to replace the ability of the client to contact their PCP but could enhance medical education and may be able to divert some patients from going to the ED.

The next meeting is scheduled for August 15, 2012.