MEETING MINUTES
Mental and Behavioral Health Workforce Task Force
Monday, August 15th, 2016, 10:00am-12:00pm
IUPUI Campus Center, Room # 405

Members Present:
Kevin Moore, Director of Division of Mental Health and Addiction, Indiana Family and Social Services Administration, Co-Chair
Joe Moser, Director of Medicaid, Indiana Family and Social Services Administration, Co-Chair
Matt Brooks, Indiana Council of Community Mental Health Centers, Inc.
Kathy Cook, Affiliated Service Providers of Indiana, Inc.
Stanley DeKemper, Indiana Counselors Association on Alcohol and Drug Abuse
Anne Gilbert, Mental Health and Addiction Services Development Program Board
Andy VanZee for Spencer Grover, Indiana Hospital Association
Brian Hart, Eskenazi Health
Stephen McCaffrey, Mental Health America of Indiana
Phil Morphew, Indiana Primary Health Care Association
Barbara Moser, National Alliance on Mental Illness
Ukamaka Oruche, Indiana University School of Nursing
Calvin Thomas, Ivy Tech Community College

Members Absent:
Dennis Anderson, Community Health Network Psychiatry Residency Program
Deena Dodd, Indiana Rural Health Association
Don Osborn, Indiana Wesleyan University
Michael Patchner, Indiana University School of Social Work
Kimble Richardson, Indiana Professional Licensing Agency

Kevin Moore called the meeting to order at 10:02am. A quorum was present.

Kevin Moore asks Task Force members to review the previous meeting's minutes. All Task Force members have a copy of the minutes in their packets and were given an electronic version to review prior to today's meeting. Calvin Thomas made a motion to approve the previous meeting's minutes. Anne Gilbert seconded this motion. All members vote in consensus to approve the minutes as is. No opposition.

Kevin Moore reminds task force members of the charge of the Task Force, including improving quality and access of mental health and addiction services through workforce initiatives. He states that the goal today is to review and formalize actionable recommendations to be presented to the larger Governor's Health Workforce Council for their consideration. The Council will take those recommendations along with the recommendations from the Education Task Force and prioritize them and assign out what they would like the Task Force or parts of the Task Force to work on and carry forward.

Since the last meeting, fourteen of the fifteen task force members completed a priority survey to indicate their recommendations for priorities to move forward in the task force. These priorities were reviewed in their respective categories: Access, Licensing/Certification, Needs Assessment, and Reimbursements.

Of the Access category, the top two recommendations were developing strategies for continuing education in Mental Health/Addiction for primary care and developing strategies for telemedicine limitations under current statute.

One of the major concerns is the current workload of primary care providers, and whether there is any bandwidth or capacity for providing these expanded services. Comments from the recommendation suggested that tools can be put in place to support the primary care provider in the process of allowing the availability of Access. Kevin Moore opens the floor for discussion of the top 2 Access priority recommendations for the Workforce Council.

- Matt Brooks asks what the vision would be for expanding continuing education for primary care, as it relates to expanding workforce capacity for mental health services.
- Dr. Anne Gilbert responds that ~80% of psychiatric medications are prescribed by primary care providers by default. She states that there is already a shortage of primary care providers and shifting a burden to them would not work. She states that integration of primary care, in terms of access to curbside consultation with a mental health provider such as a therapist or psychiatrist makes sense.
- Phil Morphew responds that this type of recommendation wouldn't result in shifting the burden, but rather helping to make more effective what currently exists.
- Steve McCaffrey states that the recommendation could be re-worded to make the statement broader so that it includes: Education as well as extenders with expertise in Mental Health addictions.
- Stan DeKemper responds that it might be beneficial to focus on integration of mental health providers in primary care settings. He states that a successful mechanism in the past was completing training together with all staff present.
- Dr. Ukamaka Oruche states that there should be time and compensation built in for implementing the completion of these continuing education credits.
- Dr. Hannah Maxey states that an option for implementation could be specifying statute or regulatory provision change that a certain number of continuing education credits should be in mental health and addiction.
- Dr. Anne Gilbert responds that many states already have that in place; there is a requirement by some states for continuing education in Addictions and HIV.
- Dr. Hannah Maxey states that there are state models available to look at for verbiage.
- Kathy Cook states that Social Workers and nurses are already doing something similar; that training in these areas it is a part of their credit hours.
- Dr. Oruche asks if a primary care provider should be included. Phil Morphew states that yes; that those on the front lines should be included, but it may be a little late in the game.
- Matt Brooks responds that it is important to include an evaluation of current curriculum before looking at continuing education.
- Dr. Anne Gilbert responds that there is no current requirement for behavioral care or psychiatric rotations for many physician types.
- Kevin Moore states that as recommendations move forward they would need to consider those schools and physicians that would be impacted.
- Barbara Moser states that in discussion with providers, many are hesitant to integrate care because of billing and reimbursement restrictions. Dr. Anne Gilbert responds in the current system, providers can't bill for primary care and mental health services

appointments in the same day. Barbara Moser states that there may need to be a financial incentive involved for providers that pursue continuing education.

- Steve McCaffrey states that it may be solved by having a therapist working with a primary care physician then they can bill at the primary care physician rate.
- Matt Brooks states that they had legislation pass and can do same-day billing for primary care and behavioral mental health services in Community Mental Health Centers for Medicaid billing. However, this language pass only applies to a certain type of setting. Barbara Moser asks if it is for the patient who sees two different doctors. Matt Brooks stated that he was not sure.
- Kevin Moore asks the Task Force for final comments in which recommendation should be moved forward for action in integration.
    - The Task Force responds in consensus: Develop strategies for sustainability of incentivize integration of mental and behavioral health with primary care delivery through education and training to enhance effectiveness of health care delivery.

Telemedicine recommendation:

This recommendation currently reads: Generate recommendations to address limitations associated with current telemedicine statute as related to mental health and addiction services, including credentialing of professionals and prescribing restrictions.

- In regards to the telemedicine recommendation, Andy VanZee recommended remove mileage limitations and expanding/adding approved spoke sites (schools).
- Dr. Anne Gilbert states that one of the largest concerns of the telemedicine system is that it requires separate credentialing fees for physicians to become privileged at each hospital where they are associated with telemedicine services. This limits providers' ability to easily provide care. A centralized credentialing body might be a good recommendation from this task force, as it could address issues such as this.
- Matt Brooks states that one of the largest limitations and likely unintended consequence of recent telemedicine legislation was the language which restricts providers' ability to prescribe certain drugs (without a face-to-face visit).
- Phil Morphew emphasizes a point that was made at the last task force meeting, that telemedicine is a way to utilize the current workforce, but the real issue is increasing the number of persons in the workforce.
- Barbara Moser responds that telemedicine is an easier method to recruit providers (as they may be more likely to come to a bigger city and practice telemedicine for all Hoosiers, than move to a small town and practice only within that smaller community). Regarding the access issue, she states this may be a way of getting a provider to serve more Hoosiers geographically; cutting back on provider travel time to far settings increases the hours that they are able to practice and serve people.
- Dr. Anne Gilbert states that she has spoken to several physicians that practice telemedicine and they say it is good for some things, but not good for other things. She reports that these physicians report it is especially difficult when it comes to complex assessments.
- Matt Brooks states the he has been contacted by a legislator regarding a potential piece of legislation that may be allowing child psychiatrists to practice from outside of the state and engage in Telemedicine services.

- There is consensus to move this recommendation forward as is.

Licensing/Certification Recommendation:

Kevin Moore discusses results from the prioritization survey in regards to Licensing/Certification.

Dr. Hannah Maxey presents on how other states have developed mechanisms to assess licensing and regulatory issues. Currently, Indiana has high need for mental health and addiction services, as well as a demonstrated shortage of mental health professionals. There are two models for what other states have done to address licensing and regulatory issues.

One of the models is called a "Health Workforce Pilot Projects Program," where a body reviews applications of models for health workforce models and innovations, including payment modeling. This entity has the authority and ability to review and approve applications for health workforce pilot innovations.

- Dr. Anne Gilbert asks if there is an example that can be shared. Dr. Hannah Maxey responds that as a result of this program there was a regulatory change for Dental Hygienist which now allows them to work at under-served community health care settings such as nursing homes.
- Steve McCaffrey asks what types of innovations are tested. Dr. Hannah Maxey responds that these generally include scope of practice and new reimbursement structures and mechanisms.
- Barbara Moser asks about the source of funding for these pilot projects. Dr. Hannah Maxey responds that the sponsoring agency has to determine and provide the funding mechanism in the application. The information generated from the pilot project could make recommendations for changing payment mechanisms or reimbursements. Additionally, federal grants could be leveraged to fund these types of projects, having a minimal effect on Indiana's state budget.

Dr. Hannah Maxey presents the second state model to address licensing issues. The second model – Virginia: has a Board of Health Professions, which sits alongside the other health licensing boards to perform reviews of administrative code, education and training requirements, and regulation mechanisms. This Board is also able to review academic programs with the state. It is an advisory board which produces reports and information for the General Assembly and to the Governor.

- Dr. Anne Gilbert asks about Indiana's current licensing mechanism. Dr. Maxey responds that each licensing board is currently autonomous and there is no mechanism for coordination between the bodies.
- Dr. Maxey states that the Virginia Board serves as a coordinating body for all discussions, and is a sounding board for major legislative changes that cuts across multiple professions. Indiana currently does not have a mechanism to test innovations or to have a centralized entity to coordinate policy discussions relating to professional regulation. Having this type of entity could have implications for topics that have been discussed today, as well as with topics discussed with the Education, Pipeline, and Training Taskforce. This type of entity could serve to evaluate and administer pilot projects in the state.

- Stan DeKemper addresses licensing/certification of peer recovery workers; he states they need to not only be certified, but also integrated within the health system. Kathy Cook states that the individuals who have received this certification have struggled finding a position in these roles.
- Stan DeKemper asks about the peer recovery coaches, whether they are gaining employment. Kathy Cook responds that their organization has this information but not with her today.
- Barbara Moser asks if there is any additional certification needed or is there a need to look at ways to get them hired.
- Kevin Moore states that hearing from the integrating systems to see if the certification is meeting the necessary requirements may be necessary.
- Calvin Thomas states that it seems the training program competencies are already laid out, but the issue may be that the certification may not be widely recognized.
- Matt Brooks responds that the Community Mental Health Centers seem to be satisfied with the current training and certification; it may be more of an issue with the business model.
- Phil Morphew asks how the effectiveness of this profession is evaluated. Stan DeKemper responds that he has read research reporting cost reductions in emergency room visits and reduced cost associated with mental health care. Dr. Anne Gilbert states that they may need to provide other services due to the challenges of reimbursement.
- Calvin Thomas states that it seems that all of the discussion can be married through a recommendation of some type of entity that oversees licensing and certification recommendations.
- Kevin Moore asks if there is a recommendation on this to send to the Council for approval. Calvin Thomas states that this type of board could oversee a pilot program, look at payment models, and centralize a recommendation for the legislators to build momentum in passing legislation to improve access to these health services.
- Kevin Moore states that a recommendation will be developed and supported along with the Education, Pipeline, and Training Taskforce.

Needs Assessment

Kevin Moore discusses results from the prioritization survey in regards to Needs Assessment. Votes were split on whether the consumer or student perspective should be obtained.

- Calvin Thomas responds that given the split vote, he believes both perspectives should be obtained.
- Stanley DeKemper states that the employer/provider perspective should also be included in these discussions to determine what they see as the population health need.
- Ukamaka Oruche recommends that “consumer” be edited/expanded to be “patients and their families.”
- Joe Moser asks who the task force envisions to hold these focus groups. Kevin Moore responds that many organizations could be tapped into to determine these perspectives. From the student perspective, we could look to schools that train this workforce. Matt Brooks states that it is important to also include other perspectives than just Medicaid patients.

- Phil Morphew states that it might be counter - productive to roll all responses up into one report, but rather all responses should be reported from their source.
- Calvin Thomas states that the ultimate goal of these needs assessments is to determine the workforce necessary to provide services. Kevin Moore responds that beyond access, it is important to understand how to position the workforce to meet the needs of consumers. Kevin Moore states that in some surveys he has administered, it seems a characteristic of "spirituality" has been determined to be important to consumers. Dr. Hannah Maxey states that a "patient-centric" design could come from this. Dr. Anne Gilbert responds that these surveys could also be an opportunity to learn more about telemedicine.
- Barbara Moser responds that getting this feedback would be valuable, but it is difficult to obtain this information through a survey, given potential survey fatigue, and data collection should be more tailored via a focus group or key informant interviews.
- Calvin Thomas responds that at Ivy Tech, it is important to understand the pipeline in terms of volume of students entering each workforce and determining how long it takes to replace a pipeline.
- In regards to reimbursements, Kevin Moore summarizes the priority voted upon by the task force: Gaining or enhancing reimbursement for mid-level, community health, integrated care specialists, and recovery workers.
- Barbara Moser asks what roles do not have Medicaid reimbursement currently. Steve McCaffrey responds that licensed clinical addiction counselors and recovery coaches do not currently have reimbursements.
- Dr. Hannah Maxey states that the verbiage of the recommendation could be changed and broadened. Barbara Moser asks for clarification on integrated care specialist. Matt Brooks states that it is a broad vernacular and there is no true definition. Barbara Moser asks if it would be helpful for there to be a specific term in place for them concerning increasing reimbursement rates.
- In regards to integrated care and reimbursement, Kevin Moore states that designing reimbursement that supports patient centered care which is meaningful is important for patients now. Barbara Moser states that there may be a short term and long term solution. Dr. Anne Gilbert states that this represents "Curve 1" and "Curve 2". Dr. Maxey states that there has to be a system in place which addresses the current system and prepares us for the future.

Kevin Moore states the next steps will be for Bowen Center to feed back to the Task Force the recommendations in order to review prior to the September 1st Council meeting. The Governor's Health Workforce Council meeting will be held at the Government Center South (302 W. Washington St), Conference Room A from 10:00 am to 12:00 pm on September 15th, 2016. Based on the feedback from the Council, the Task Force will discuss moving approved recommendations forward.