MH Integration Council Meeting

September 13, 2022

Notes from Funding & Alignment of Performance Measures

Consider the conversations we had this morning, with Xusanna and Kheya and in the breakouts. Please briefly share what you heard.

Need to address issue of changing the language. People want to have co-regulation. People on the same level. Get away from labeling.
Are we considering that?

Alison's point about the need for concentric circles of kinds of support – notion that won't be enough professional support, nor is that what everyone needs or wants – even if it is there – stood out.

Challenged by talking about this in a medical model. Trying to think about what we are trying to accomplish in this workgroup. Could go really, really big, or not. Billing codes are just a piece of funding.

Many people would not necessarily go to a traditional provider – they want something more peer-oriented.

Very curious about how do we pause and consider equity when talking about this work? Easy to default to what we know and the way we do it. Checking the lens from what we're setting those things up. Is this the gov lens or a different lens? Dovetails with data conversations.
Often set up dichotomy = qual vs. quan. Instead of seeing bigger picture. It should be both.

Equity is a goal of all of ours, and there is also a statewide equity hub. Working to Advance Vermont Equity. Some of our members could participate in that. That is explicitly an interstitial group. Racial justice, economic empowerment.

OneCare is trying to let equity permeate all aspects of our work. We have an equity access workgroup. Newly redeveloped. Josiah is leading work on health disparities across the state. Over 5,000 providers in OneCare network. Working on identifying opp for improvement.

Appreciate the visualization of the Council's work going forward – simple and clean, appreciated that. Need more focus on what the goal is. What do we want to accomplish by end of 2023.

Dr. Levine's comments about ensuring that the reimbursement is sustainable are important. How does that play into the work so many of us are doing with the All-Payer model? Thinking about what equity means in reimbursement. For many providers in the MH comm, Medicaid is the payer of choice. That is different for other physical health providers who want commercial providers in their payer mix. What can we do to make it easier for mh providers to access commercial payers and address the difference

between commercial reimbursement and Medicaid reimbursement to ensure providers are getting sustainable reimbursement?

How will you bring equity into your professional work?

Disabilities Rights Vermont is trying to put information in plain language so that it is easily accessible for developmentally disabled but also for those with language differences. Green Mtn Self Advocates uses an identify map to map out what are the different identities so you can provide culturally competent care.

Do people look at your answers and provide care for you, and not for some generic person? How do we make sure of that?

The points about having different people in the room, with lived experience and when are we in partnership and do we know it, etc. Really appreciated that. When we try to get voices in the room, too often we default to the known quantities. That's very different than getting a broader input.

Recovery Vermont reviewed their benefits and improved them to give people better care and more security re: care. Not everyone can do it. Had to make tough choices about number of positions – fewer positions and better benefits. That's choice we made.

Re: Health care reform activities, the All-payer ACO model – Health equity is included there. Looking at data initiatives – have some funding for some areas around IT – Medicaid waiver – how tie equity and data collection together. Need to consider early in design phase.

The quantitative data space is familiar but getting to voice of people is very important. And its not either/or.