

MHIC Alignment of Funding and Performance Measures

Breakout Group Notes

Tuesday, 3/14/2023

Video Discussion Prompts

- What kinds of “big change messages” or perspectives are you aware of?
- What intrigued you?
- What opportunities do you see for your work?
- For the Council?
- For Health care?

Discussion Notes

- Culture, change, health equity issues; listening to those people who are most affected; use of Behavioral Health and how harmful it is to hear this term **AGAIN** (term was used in the slide deck);
- Skeptical of video, but the focus on listening and how to continue to listen, but to simultaneously advocate for those who have been harmed/traumatized by the health care system
 - Big theme: taking collaboration to a different level, being more aware of broader issues that impacts
 - Challenge of alignment/level-setting of all parties (patients/consumers/clients, providers, administrators, etc.)
- Discussion about potential youth inpatient unit (funding, location, etc.) and how this impacts integration as a whole
 - Payment structures and focus on integration
 - Concept of state having to pay to build something in a hospital seems odd
 - Lack of parity across payors
 - Parity and integration are different concepts, but can't have one without the other

Performance Measures Prompts

In our recommendations, we know that key performance measures will be vital to the success of integration. What current **key performance measures** would you recommend that all providers, organizations, state government and payers to support integration?

- a) What performance measures are you currently using that you think would be beneficial universally? [one example is the Blueprint expansion proposal]
- b) What else do you think should be measured that is not consistently measured?
- c) What other thoughts or suggestions do you have?

Discussion Notes

Most of our discussion around key performance measures centered around system and culture change.

- a) What performance measures are you currently using that you think would be beneficial universally?
- a. What degree of culture change is being embedded in medical education (UVM medical school and nursing school) around whole health care and mental health integration. If we're not doing it at the medical education level, we're at least a generation away.
 - b. Physical health is also reflective of mental health. Suggestion that we look at and measure physical health and work with DAs to hold them accountable for medical health as well as physical.
 - c. Regarding agencies and services: who are the people that can't be served and why? (Not forensic, not substance, not eating disorders, not medically complex, etc). If truly integrated, should be able to serve everyone.
 - d. Opportunity to improve transition from adolescent to adult model of care. Child and adult medical worlds are different culturally speaking. In terms of performance measures, what are the long-term health outcomes for those with successful transitions.
 - e. Performance measure around how well is AHS actually integrated across departments? What systems are in place for us to do continue doing this work?
 - f. Long term performance measures:
 - i. How are we moving towards inpatient mental health care being integrated and not isolated to freestanding institutions.
 - ii. Achieving goal of making Designated Agencies obsolete. Though it is certainly aspirational, integration would mean one health care system, not multiple. If council was truly successful, DMH wouldn't exist.

Other discussion notes:

- BCBS: Shared that they go to practices first to see what performance measures are already being collected, so as to not add more
- Discussion of CDC "Adverse Childhood Experiences" (ACES) study and the example of embedded discrimination: parental mental health dx (not symptomatic) is considered an Adverse Childhood Experience (ACE)