



Arkansas Health Workforce
Strategic Planning Workgroup Meeting Minutes
Wednesday, August 17, 2011
4:00 – 5:30 p.m.

Welcome and Agenda Review:

Dr. Halverson

Patient Centered Primary Care Medical Home Consensus Document

- Dr. Rahn proposed that the group endorse the document
 - The health system should be built around the PCMH for each patient.
- Discussion of the leadership of the PCMH
 - Merits of the PCMH being led by a physician
 - Viewpoint of physicians groups (AMS, AAFP) is that PCMH's should only be led by a physician
 - Drawbacks of all PCMH's being led by a physician – especially for rural/underserved areas
 - Suggested alternatives
 - Complete teams in one place but in rural/less populated areas, “virtual team” will lead.
 - Take an agnostic approach and make no statement about team leadership.
 - Discussion of the definition of medical home – a building, an entity, a locus where care is provided.
 - Discussion of the components of the medical home
 - Group was polled: Does anyone envision a care team exclusive of physicians? All responders indicated “no”.
 - Discussion was tabled to be revisited at a later time.
 - Need for consensus on (components, functionality, and governance) in order to begin to describe how to expand the existing workforce
 - Advocate for capacity, HIT, payment
 - Physician specialists are concerned about the PCMH

Draft Strategic Plan Outline

- This is a basic overview/outline for the report at the end of the year.
 - Request your input to fill in the components.
 - This will be sent to the Workgroup for further comment/input.

Demand Issues - Outlook

Dr. Joe Thompson

- Expansion is coming and there will be an accessibility risk by Jan. 2014.
 - Court decision may impact the mandate but will not stop the expansion and is not likely to influence the decision on tax credits.
 - Massachusetts After2006 HCR: Example of the negative impact expansion had on patient care accessibility in the state.
 - Oregon: Medicaid Experiment –resulted in increased use/demand for services.
 - Behavioral Health comprise one third of all patient visits.

PowerPoint Presentation: Behavioral Health- Integration into Primary Care

- Factors for integrating behavioral health into the primary care model (Suzanne McCarthy)
- Comparative Effectiveness Study of Practice-Based vs Telemedicine-Based Collaborative Care (Dr. John Fortney).
 - Not reimbursable now but with bundled payments, money would be shared with off-site care givers
 - With step-care, only a few will require psychiatrist's attention
 - Group's thoughts about the overall approach
- Educational Opportunities on the Horizon (Dr. Betty Everette)
- Discussion topics:
 - Paraprofessionals
 - Use to do assessment screenings/services are payable.
 - Medicare 40 hour training program to do assessments
 - State program requirements
 - Skill set requirements/advanced skill sets will be protocol driven
 - Step care: paraprofessionals, BA, RN move to a next level
 - Need infrastructure around this and a funding stream
 - Capacity in AHECs and CHCs exist now and will on the horizon
 - Financial structure must get in line with services
 - Smart systems will focus on outcomes

Strategy Development Session – Behavioral Health Scenarios:

- Time did not allow for this exercise. The scenarios will be sent out via email for the Workgroup's comments.

Upcoming Meetings:

- **Workforce Stakeholder's Meeting:** Tuesday, September 6th, 4:00 -5:30 pm Arkansas Children's Hospital/Chairman's Hall.
- **Workforce Workgroup Meeting:** Wednesday, September 21st, 4:00-5:30 pm.
- **Health Systems Change Summit Meeting** – proposed for late September/early October