

Performance Measurement & Member Engagement (PMME)

February Meeting
2.25.2021



Agenda

3:00 - 3:05: Introductions

3:05 - 3:10: Approval of minutes

3:10 - 3:25: Introduction of Maileen Hamto, HCPF's EDI Officer

3:25 - 4:20 Explore and improve the journey map for depression screenings and follow up care

4:20 - 4:30 Next steps



PMME Conversation Guidelines

- Assume best intent.
- Be tough on issues, soft on people.
- Step forward/step backward so everyone participates.
- Avoid acronyms.
- Acknowledge the role and what hat you're wearing.
- The answer to “but” is “yes”
- Be thoughtful and respectful.
- Mute yourself when you're not speaking and use the chat.

X% of people fall out here due to disparities in well visits

RAE

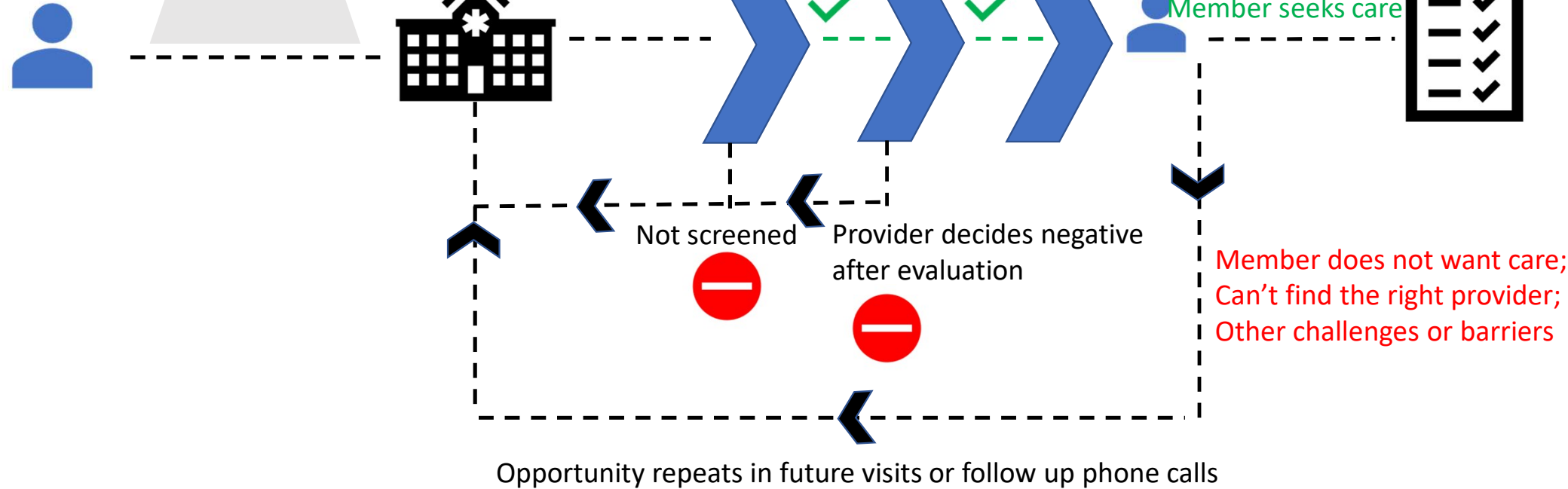
- Practice support
- Care coordination
- Depression screenings through welcome calls and care coordination

Member

Primary Care

Screener Evaluation Referral

Follow Up/
Assessment



Potential Discussion Questions:

Overall

- What does it take to “go right” in order to get someone experiencing depression all the way to the care they need?
- Where are the places in this journey map, where there may be barriers or breakdowns?
- How does this journey look different if you are a White woman (highest rate of BH access) or if you are an Asian man (lowest rate)? What about for someone who actively seeks mental health care versus someone who goes in for diabetes but has underlying depression?

Screenings

- *Note the focus here is on PCMPs because the incentive measures is based on screening in a primary care setting.*
- How do PCMPs decide who to screen or not screen? Do they typically screen everyone or no one? Who specifically does the screening? Help us to understand the large variation in screening rates.
- What increases a member’s chance of being screened? Do some types of practices tend to do a better job at administering screening?
- Is there variation in how they get to a positive screen? In particular, are practices using screening tools that are statistically sensitive for many cultures and identities?
- Currently, any validated screening tool can be used. Can RAEs name or list out all the tools being used?

Getting into Care

- *Follow up care can include psych evals, therapy, E&M codes, and assessments to get into treatment programs.*
- What happens if a member screens positive but doesn’t get into care? Who follows up with them?
- How does the process of getting care change based on who the end provider is? For example, if integrated physical and behavioral health is available on site, what happens versus having to refer someone to another practice?
- What are the barriers/challenges that prevent someone from getting to follow up care? Where do the RAEs step in?

Role of RAEs

- How do RAEs directly impact depression screening rates and likelihood of successful follow up?
- Are the indirect activities listed in the journey map accurate?
- To what extent do RAEs focus on racial/ethnic disparities in this journey? What do RAEs perceive as being disparities today?
- Can you tell us more about the billing issues that you think limits our view of what is happening in real life?

Next Steps

- **Next Meeting:**

March 25, 2021

3:00 – 4:30 PM

- **Next Steps:**

- Review dashboard version 2.0
- Talk about action steps and/or recommendations
- Are PMME and RAEs interested in student researchers?
- Other?

