Building Network Capacity Work Group – 12/1/15

Participants: Maria Dixon, Vickie French, Danny Kessler, Tyrone Peterson
On phone: Aaron Blocher-Rubin, Brian van Meerten Paulina Tiffany
Facilitator: Sharon Flanagan-Hyde Note Taker: Barbara Lang

Sharon reached out to SARRC to gain information regarding NODA, which has been identified as a method to share information relating to ASD diagnosis. NODA appears to have the potential to improve diagnosis and build capacity. Outcome studies have not been published to date, but Sharon shared information on a poster session abstract and validation of the tool.

Discussion at the larger ASD meeting - alternate diagnostic mechanisms, like NODA, may be appropriate for initial evaluation, while other comprehensive evaluations are in process. The question of who will pay was brought up. Will NODA be covered by insurance or other entities? The cost of NODA, $500.00 includes the app and the psychologist reviewing the video. The group expressed concerns surrounding not having enough information. Recommendation: Have the AHCCCS and DD medical directors review data on NODA.

System Level Changes: Recommendation to add R.N., Nurse Practitioner, Medical Social Worker and similarly trained workers to the persons who may work in the coordinator role. Remove Physician Assistant – not likely to put an individual with this level of training in a coordinator role.

Value Based Purchasing: Recommendation to provide Incentive to providers who assess and serve those with ASD.

Understanding the Current System: A subgroup is continuing creation of a crosswalk of terminology utilized as well as a flow chart. Dialogue around habilitation specifically and the confusion that unless a person is on ALTCS, they cannot receive the service. Discussion about what services exist in BH that are similar and perhaps looking at consult proposals to address capacity.

Accessing the Current System: group agreed that focus needs to be on eliminating delays, looking at defining timely rather than defining from the negative, “delay.” Discussion as to whether 45 days is realistic? Group discussion describing work force development as key to reducing delays. In the RBHA system parents are told that only a Developmental Pediatrician can diagnosis ASD - discussion to re-educate on this topic. Recommendation to build a committee of professionals to address whether professionals are comfortable in diagnosing, if not, what do they need? Group agreement that this committee should be formulated and facilitated by the RBHAs. Recommendation to amend the AHCCCS RBHA health plan contracts to provide this survey /self assessment.

ASD Diagnosis: All in agreement regarding this section.

Primary Care Provider Education: No suggestions on this section.

ASD Services: Question routinely coming up around capacity, should Home and Community Based Treatment (HCT) services be available to all and not just those enrolled in ALTCS?

Suggestion to carve out travel rates rather than being inclusive - rural vs urban. Discussion surrounding achieving potential cost saving by serving people in their homes rather than having them placed outside of the home. Additional suggestion to allow habilitation and rehabilitation to be billed at the same time by the trainer who is training the provider and having the two services overlap. This is allowed currently with HAB-M. When this is an ongoing service this is an issue.

Workforce Development: suggestion to add retirees to this group, targeting high school students that will be going off to college and getting them interested in this field, this may encompass job fairs and partnering with the Department of Education. This could also include internal special education programs with students working alongside their peers as well as certification programs at the college level and job training programs such as Job Corps, which works with young adults up to age 21 years. Recommendations to have the Department of Education review the current learning efforts.

Evidence Based Practice: question posed to all the groups to be thinking about - what do you want to know for the future that is important that we should be tracking?

Oral Health- Ongoing challenges for children and adults with dental issues. A permanent tooth cannot be removed by a Pediatric Dentist. Some individuals have needs that require the member to go to a hospital to receive aesthesia and medical care for a co-existing condition that requires emergency assist access. Question as to who has hospital privileges? There is a significant need to get this information out. There is also an issue for parents trying to find insurance coverage for a dentist that can go to a specific hospital - difficult to coordinate care at the hospital level for persons with special needs; an example is an OR that cannot accommodate dental equipment. Recommendation is to ask Phoenix Children's Hospital, Cardon, University in Tucson and Flagstaff Medical to review their policies and capacity to see children and adults on the spectrum and children with special health care needs.

Tracking ASD Utilization: group agreed that data needs to be available and concise and that a database would be helpful to identify who providers are. This issue has come up with non-profit organizations. Recommendation to take a look at quality measures specific to ASD, the concern is that this is not being tracked individually for persons with ASD.

Information about Resources:

Last sentence of the last bullet should be removed (Consider recruiting a nonprofit agency to host the site and seek grant funding for maintenance.) Recommendation to place a resource book (can be electronic) accessible to each of the licensed BH clinics listing providers as well as general protocols.

Adjourn: Reminder that the next big meeting is to finalize recommendations. E-mail any additional comments to Sharon – next draft will be distributed on Dec. 11.