

Behavioral Health Partnership Oversight Council

ADULT Quality Management & Access Committee-

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Co-Chairs: Elizabeth Collins & Howard Drescher

Meeting Summary: June 7, 2011

Next meeting: August 9, 2011 (No July meeting)

CTBHP

BHP Assistance of Hospital ED's & Inpatient Psychiatric Units

- VO began calls March 1, 2011 to alert EDs/detox that VO would be calling to assist with patient discharges.
- VO calls all high volume child and adult hospitals/ED's and detox facilities daily to identify clients potentially "stuck" and available beds. Nine Intensive Case Managers call 27 inpatient facilities and 10 detox facilities to identify patients that have discharge delays or identify anticipated open beds.
- VO Outreaches to EDs: the client may not be "stuck" if under criteria limit (child, 8 hours & adult -12 hours) but the ED may find it helpful for VO assistance in diversion from inpatient admission as well as coordination of follow up OP services.
- VO will work with ED on diversion that applies to patients in ED with the expectation that they will be admitted. Example: at one hospital both VO ICM and ABH (has intensive CM) case managers (adult) put a plan in place that didn't include inpatient; patient was allowed to stay in the ED and then moved to rehab. services.
- VO was asked about an approach to chronically ill frequent users (semi-weekly): VO/ABH meet with the member (ED or on inpatient unit) to set up plan that includes wrap around services that integrate medical and mental health services.
- VO will call facilities to find available beds in other facilities to shorten the ED stay-over. YNHH noted they will research available beds, but the patient may want to be admitted only to YNHH. This raises the issue of how long the ED may keep the patient in the ED until a bed is available in that hospital facility.
- Challenges in managing "stuck" ED clients. Admission to Acute Intermediate beds takes 48 hours to facilitate the admission. Overtime need evaluation of this service in decreasing ED stays and/or inpatient discharge delays.

Health delivery system changes; DSS is working on a plan for dual eligibles: Dr. Schaefer will review with the BHP OC at the June 8th meeting.

Geo-access: Individual providers/group practices: are there enough providers to meet service needs

/have the capacity for additional population growth by area. The child side report done several years ago showed a positive balance of clients/CTMAP providers but subsequent assessment showed that CTMAP had a number of enrolled providers that were not accepting new Medicaid clients. The Committee discussed potential key revisions to the report:

- Identify Group practices: credentialed as a group so don't know # in group, type of services therefore need to look at claims data to give you the clients volume and type of services provided by that group.
- Can look at unmet needs over several years as baseline. Consider wait lists but these are less reliable as often the same client is on numerous lists vs. identifying next available appointment. Enhanced Care Clinic data includes timeliness of first appointment.
- Can track discharge from hospital/first outpatient visit, readmissions. No one pool on MH data whereas there is data set on the addiction side. Committee could recommend CTBHP track adult hospital discharge policies such connect to outpatient care within 7 days and then confirm visit occurred through claims.

Suggestion for Geo-access report for services –

- By service; medication management, OP, IOP (dual diagnosed client identify IOP – MH & SA, vs MH alone) services.
 - How many members is the practitioner treating & what is the ED admissions rate per area, connect care by LOC.
 - Identify effect of ICM on connecting to care through claims data: Tie in VO's & ABH ICM for members who had treatment in 7 days, those didn't.
 - Future reports: consider home care impact.
- Adult Utilization reports: examples: ALOS/LOC, by facility, admits/1000 members. Assess how utilization differs across Medicaid populations LIA, ABD, HUSKY population. There will be some delay in reporting utilization secondary to setting up eligibility categories for 2012. CTBHP/VO is identifying interim reports for children/adults that can be reviewed at the next meeting.

Upcoming meetings:

- No July meeting,
- August 9th meeting: utilization data - ED, hospital, homecare use –describe services adults, geo-access: updated on data reports.