



## **Behavioral Health Partnership Oversight Council**

### **Adult Quality, Access & Policy Committee**

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[www.cga.ct.gov/ph/BHPOC](http://www.cga.ct.gov/ph/BHPOC)

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*Co-Chairs: Howard Drescher, Heather Gates, Alicia Woodsby*

#### **Meeting Summary**

**Tuesday September 4, 2012**

**2:30 – 4:30 p.m.**

**Value Options**

**500 Enterprise Drive, 4th Floor Huntington Conference Room  
Rocky Hill, CT**

**Next Meeting: Tuesday, October 2, 2012 @ 2:30 PM at Value  
Options, Rocky Hill**

*Attendees: Co-Chair Howard Drescher, Co-Chair Heather Gates, Co-Chair Alicia Woodsby, Alyse Chin, Elizabeth Feder, Ronald Fleming, Bill Halsey, Charles Herrick, Jennifer Hutchinson, Enrique Juncadella, Kate Maldonado, Steven Moore, Ann Phelan, Kelly Phenix, James Pisciotto, Lynne Ringer, Javier Salabarría, Kathy Ulm, and Laurie Van Der Heide*

#### **Opening Remarks and Introductions**

Co-Chair Heather Gates commenced the meeting at 2:27 PM, welcomed everyone and introductions were made.

#### **Presentation on the First Quarter of 2012 for Adult Utilization Data** by Dr. Steven Moore, Value Options



Microsoft PowerPoint  
Presentation

## Discussion

This data is based on Authorization and it shows that it is fairly stable but there is an increase of almost 6000 people since the beginning of the year.

## Geo-Access: Outpatient Access by Provider Type by Dr. Laurie Van Der Heide, Value Options

### Methodology

- Assessed access to CTMAP providers within radiuses of 15, 25, and 45 miles
- Assessed access for youth and adults
- Identified active providers using claims data:
  - Claims paid for more than 4 members during CY 2010
- Provider Types broken out by Masters level, PhD, MD/APRN, and Hospital Outpatient/Clinics categories
- Identified providers who treat youth, adults, and both
- Independent and Group practitioners are included
- Within the Hospital Outpatient/Clinic category the name and degree of the practitioner who treated member is unavailable

### Findings

- 100% of members had access to all provider types within 45 miles
- 100% of members, child and adult, in ALL counties, have access to Master's level clinicians within 15 miles of their home zip code
- Access issues do exist for both child and adult members for PhD and MD/APRN providers within 15 miles of home zip code

#### Adults:

- 99.9% of Adult members have access to a Hospital Outpatient and/or Clinic within 15 miles
- 99.8% of adult members have access to a PhD within 15 miles
- 98.6% of Adults have access to an MD/APRN within 15 miles
- Adult members in town in Litchfield and Windham Counties have the highest percentage of adult members without access to an MD/APRN (22.7% and 8.8% respectively)
- At a 25 mile radius, >1000 members in Litchfield County do not have access to MD/APRN, however,
- At a 25 mile radius, 100% of adult members have access to a Hospital Outpatient and/or Mental Health Clinic
- Tolland County has the highest % of adult members without access to Hospital Outpatient and Clinics (3.0%)

## Discussion

The study is based on information gathered from adult members who have access within a 15-25-45 mile distance to providers who have treated at least four or more members within a year. This report did not reveal much and was disappointing to the committee who was hoping that it would provide needed

information for understanding access and capacity of the system. Discussion on this topic should continue next month or at a later meeting to explore ways to measure capacity more effectively. The GEO Access report was supposed to inform the discussion related to potential expansion of Enhanced Care Clinics, but it doesn't. How else can we get answers to these important questions regarding access? The Committee suggested revisited an exploration of the financing of the system in order to face the growing demand on resources, especially considering the Medicaid expansion. The committee is looking for specific issues on outcomes so policy discussions can be made from there and to see if the investment has greater return on specific data. How do we factor quality into this discussion? Questions arose related to caseload and the capacity for clinical staff to manage their workload effectively. The Committee wants to assess the total course of treatment not just episodic care. Re-utilization of different levels of care and readmission rates should be reviewed. The committee wants to know the questions to ask to figure out if data exists.

### **Update on Health Home Work Group** by Jennifer Hutchinson, DMHAS

| The work group has run through the definitions of Health Homes and has studied other States' Health Home models to start to conceptualize what Health Homes could look like in Connecticut. The RFP timeline has been extended to at least to the spring of 2013. Representatives from DMHAS are taking a field trip to Rhode Island later in September to share information and to take a look at what that state has done in this area.

### **New Business and Announcements**

Hearing no new policy items, Co-Chair Heather Gates adjourned the meeting at 4:12 PM.

**Next Meeting: Tuesday October 2, 2012 @ 2:30 PM at Value Options, Rocky Hill**