



Report to the Quality & Access  
Sub-Committee  
May 7, 2007

# Clinical Operations

# 2007 Utilization Priorities

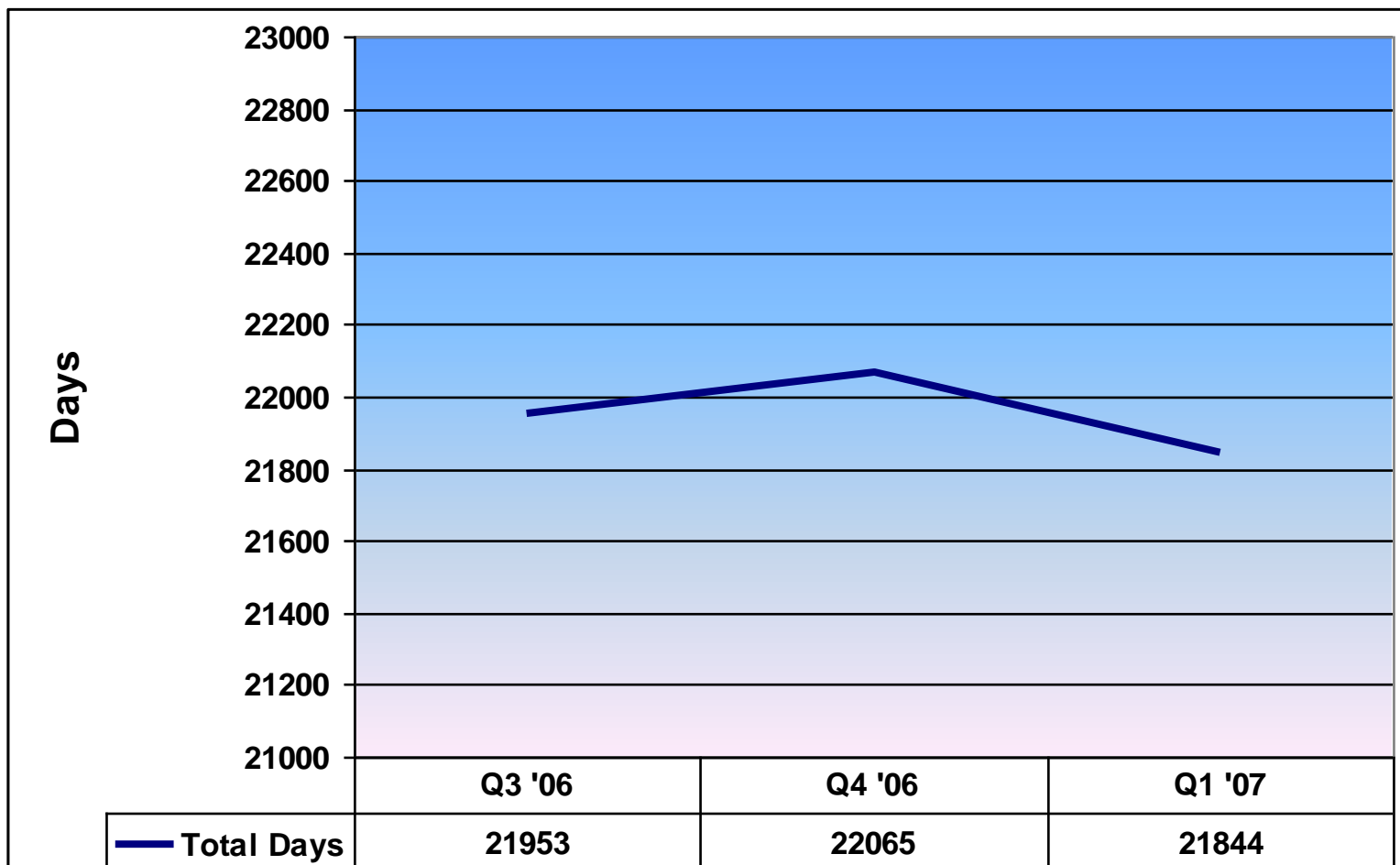
- Managing ED Delay
  - ICM on site at CCMC
- Managing Inpatient Discharge Delay
  - ICM on site,
  - Performance Target focuses on improvement in discharge planning/crisis prevention planning
- Evaluation of foster care disruption
- Intensive management of children < 10
- Evaluating ALOS for residential and inpatient care
- Adult LOS

# Inpatient Services

CHILDREN & ADOLESCENTS

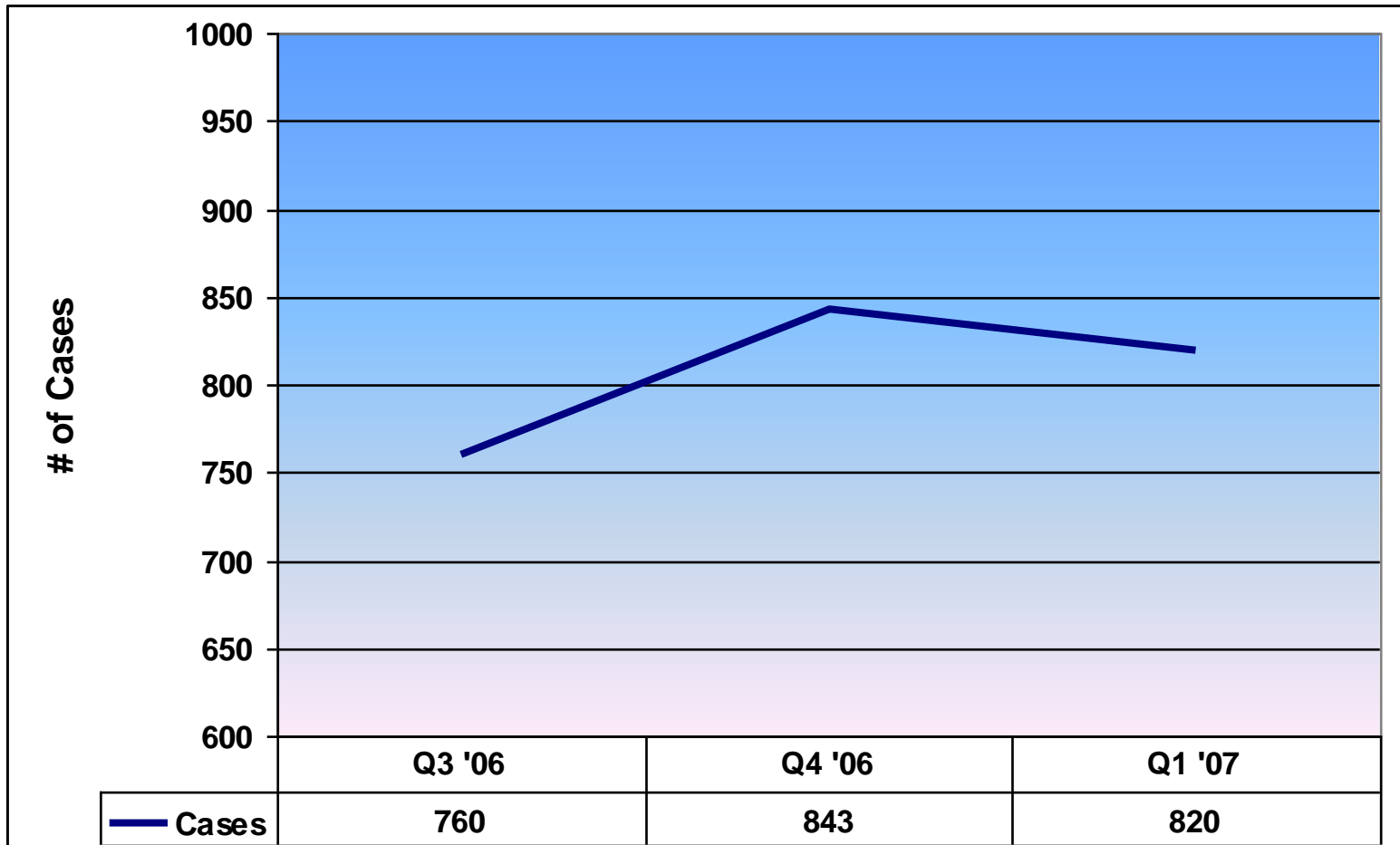
# Total Days

(Inpatient & PRTF)



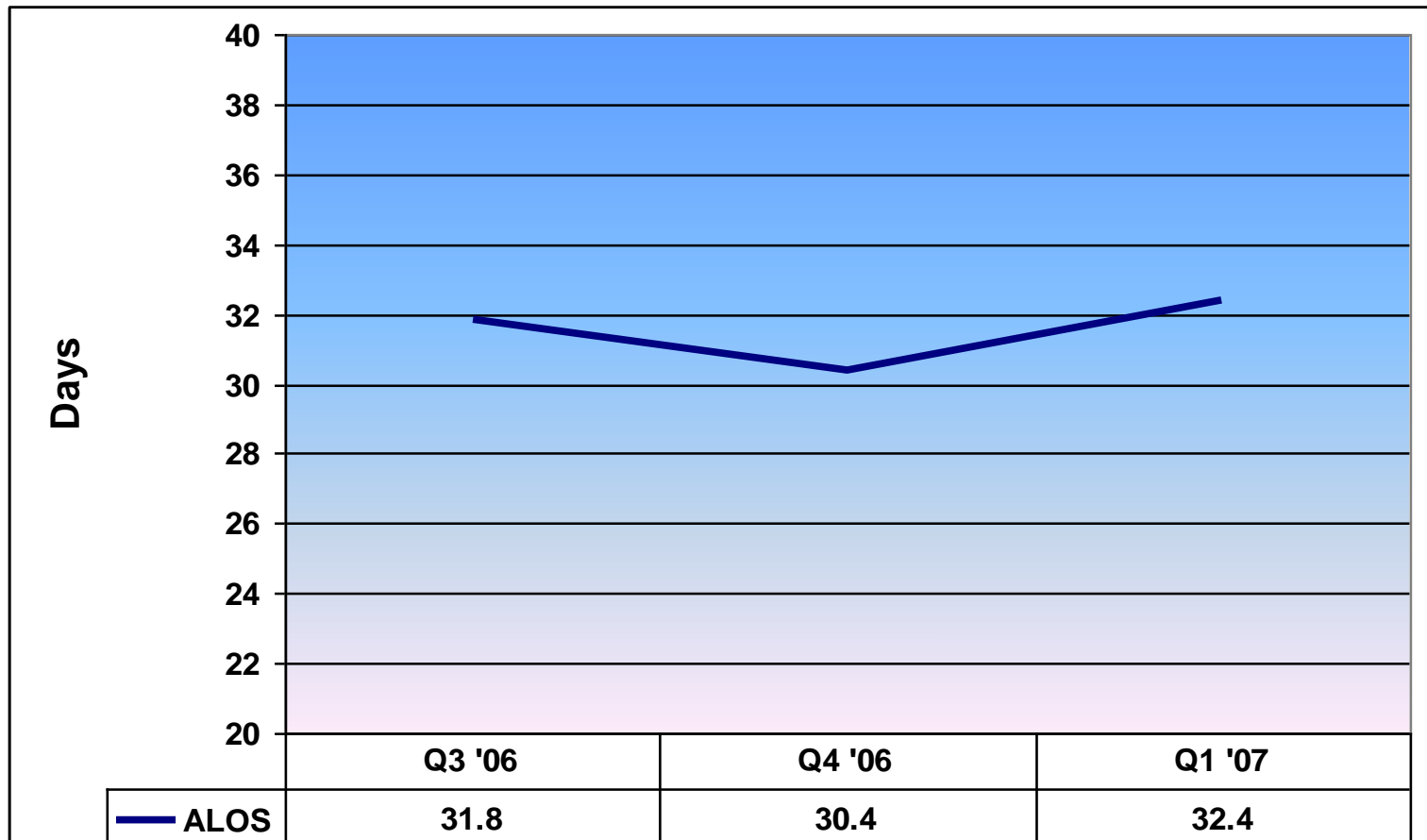
# Total Cases

(Inpatient & PRTF)



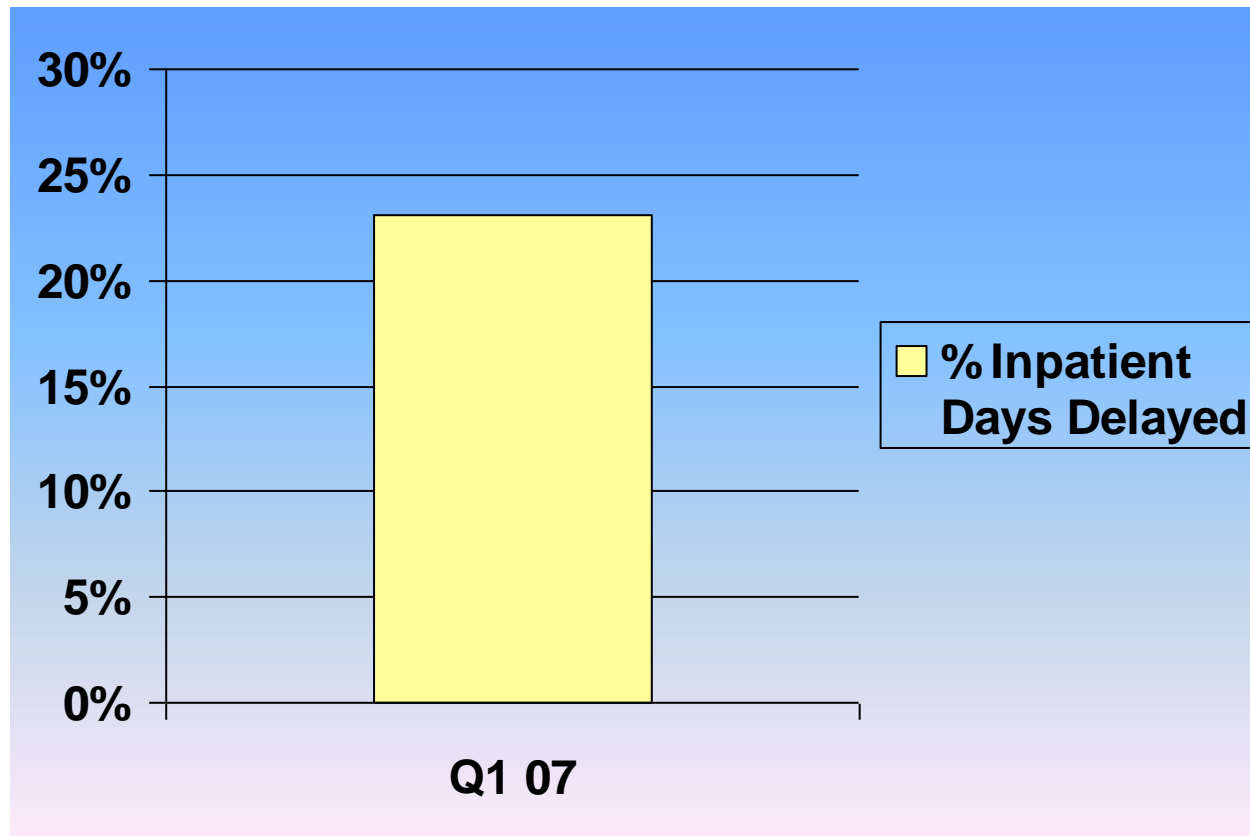
# Average Length of Stay

(Inpatient & PRTF)



# Percent Days Delayed

(Inpatient & PRTF)

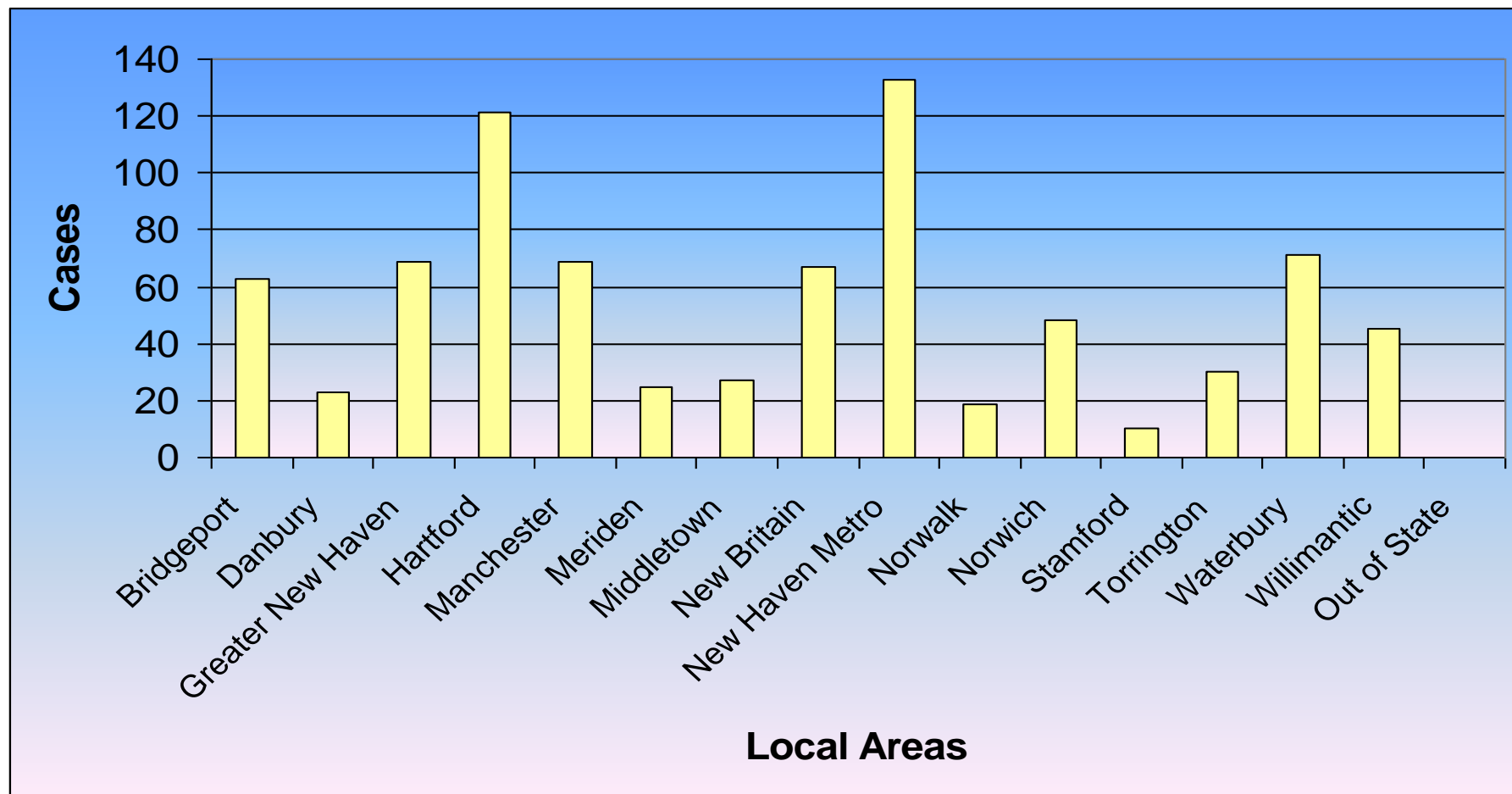




# Local Area Inpatient & PRTF Utilization and Discharge Delay data (CHILDREN & ADOLESCENTS)

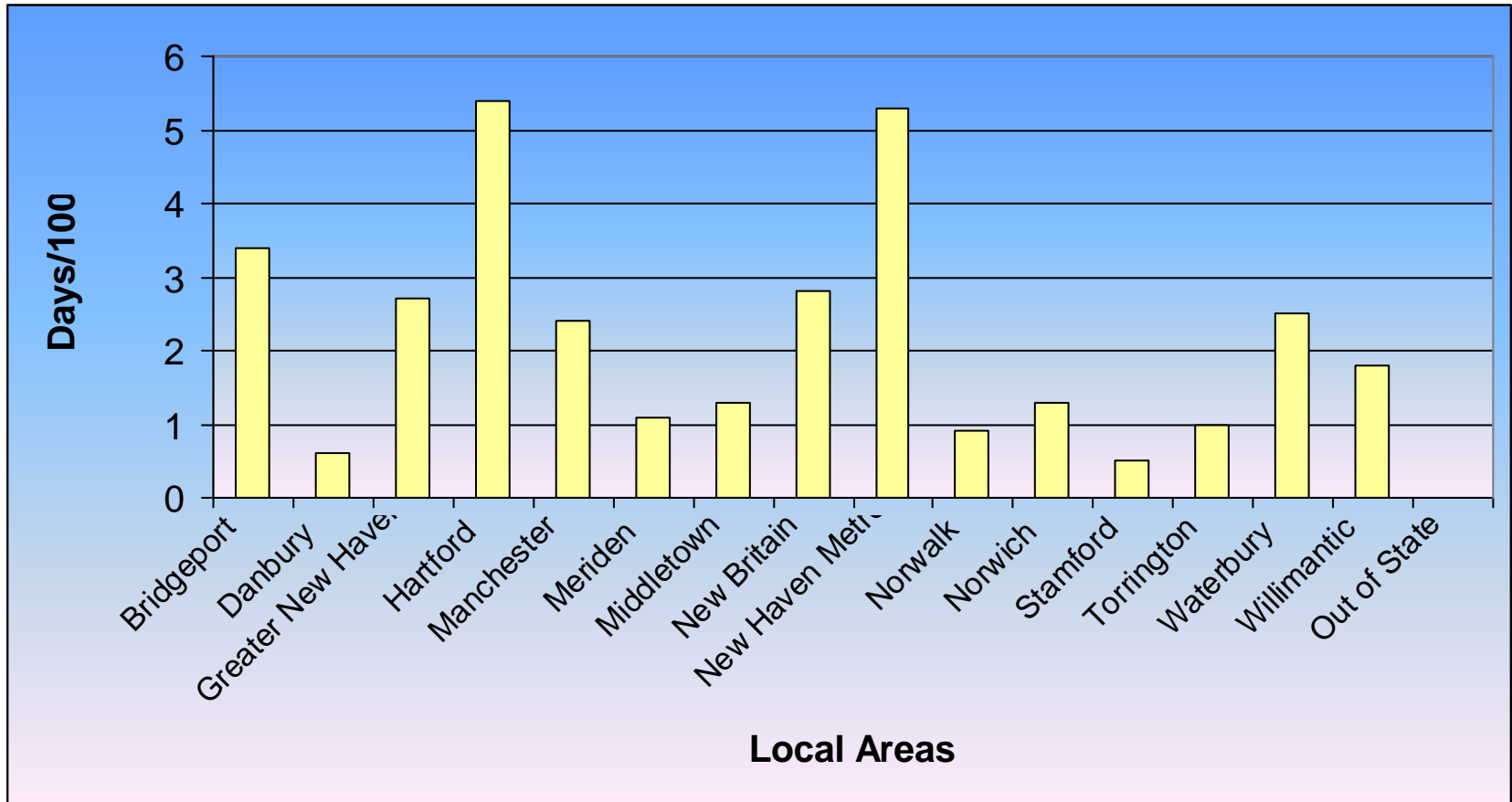
# Q1 07 TOTAL CASES BY LOCAL AREA

## (INPATIENT & PRT)

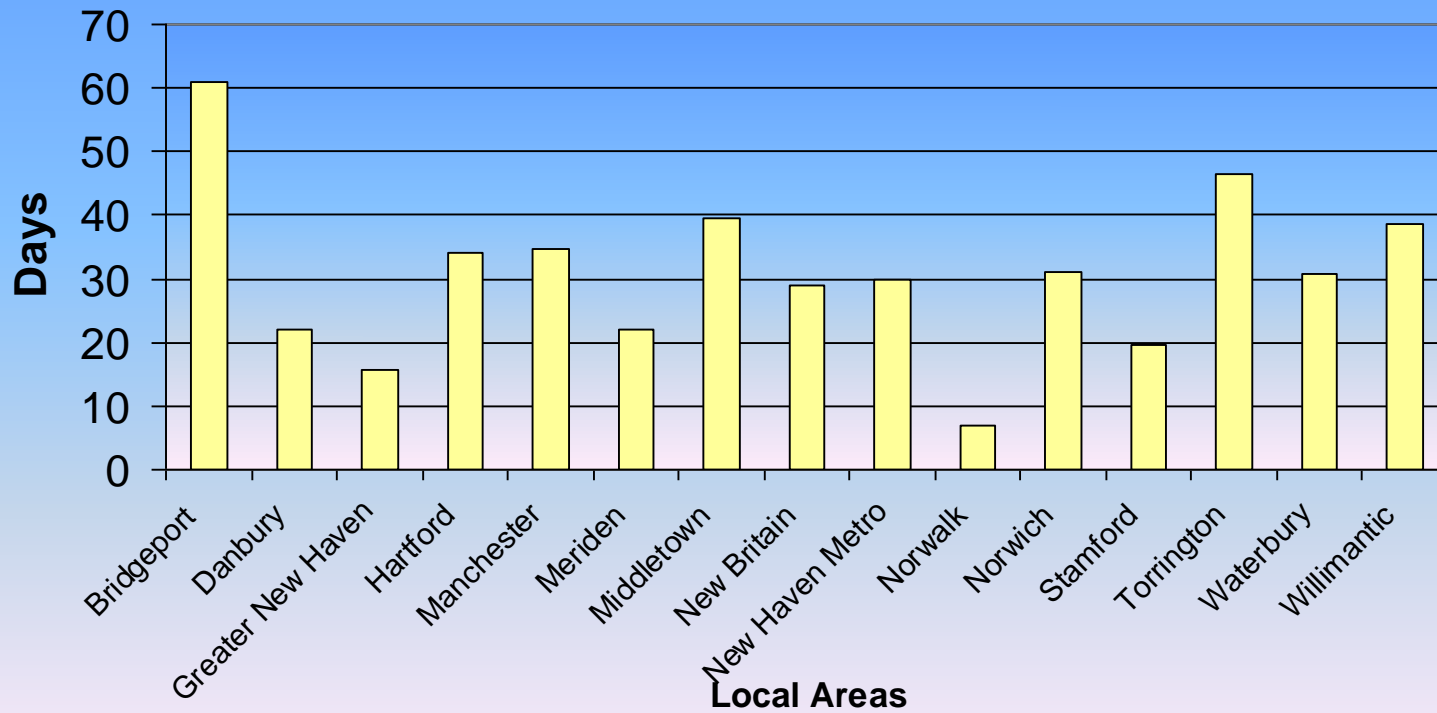


# Q1 '07 DAYS PER 1000

## (INPATIENT & PRTF)

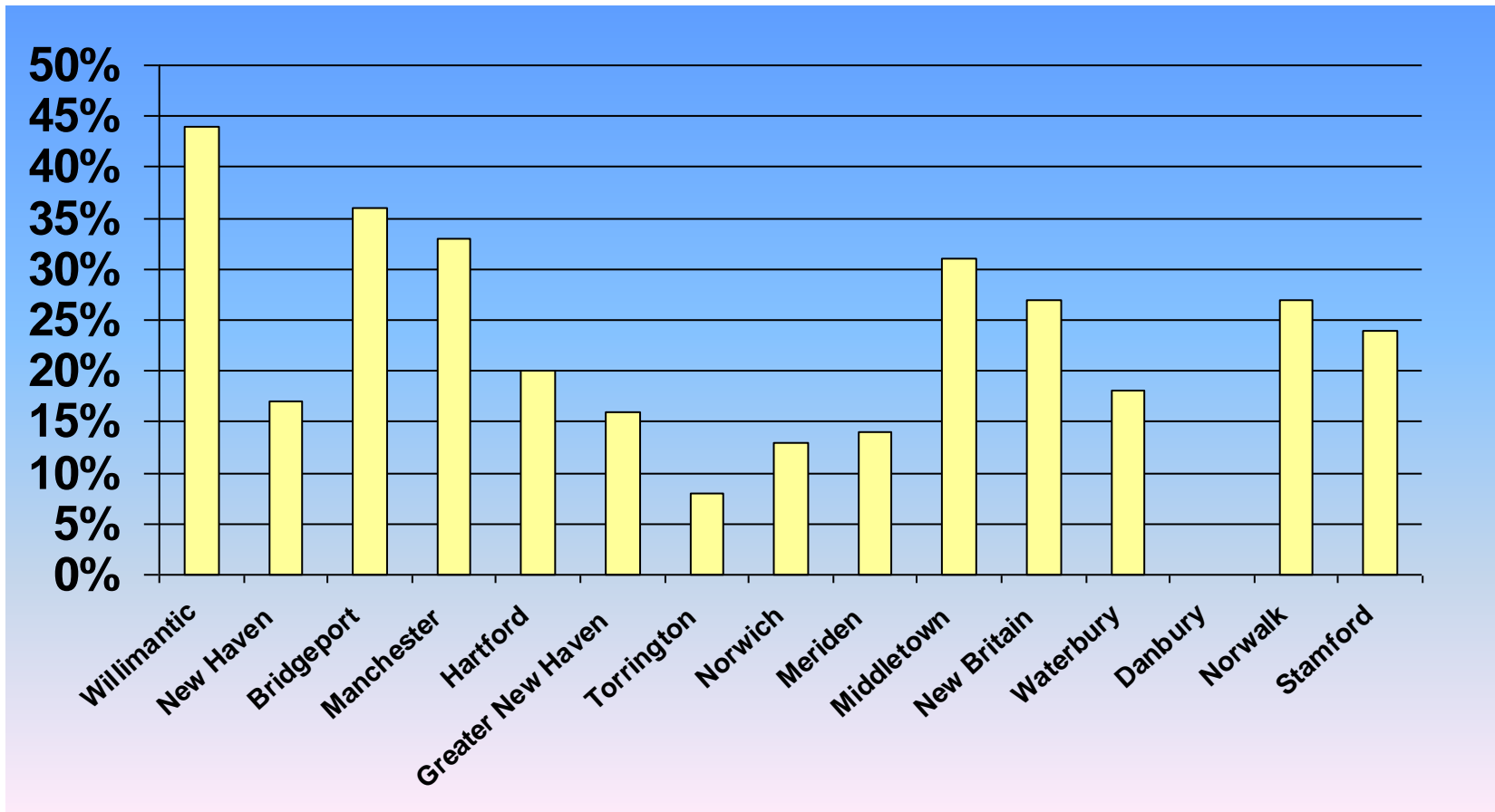


# Q1 '07 Average Length of Stay by Local Area (INPATIENT & PRTF)



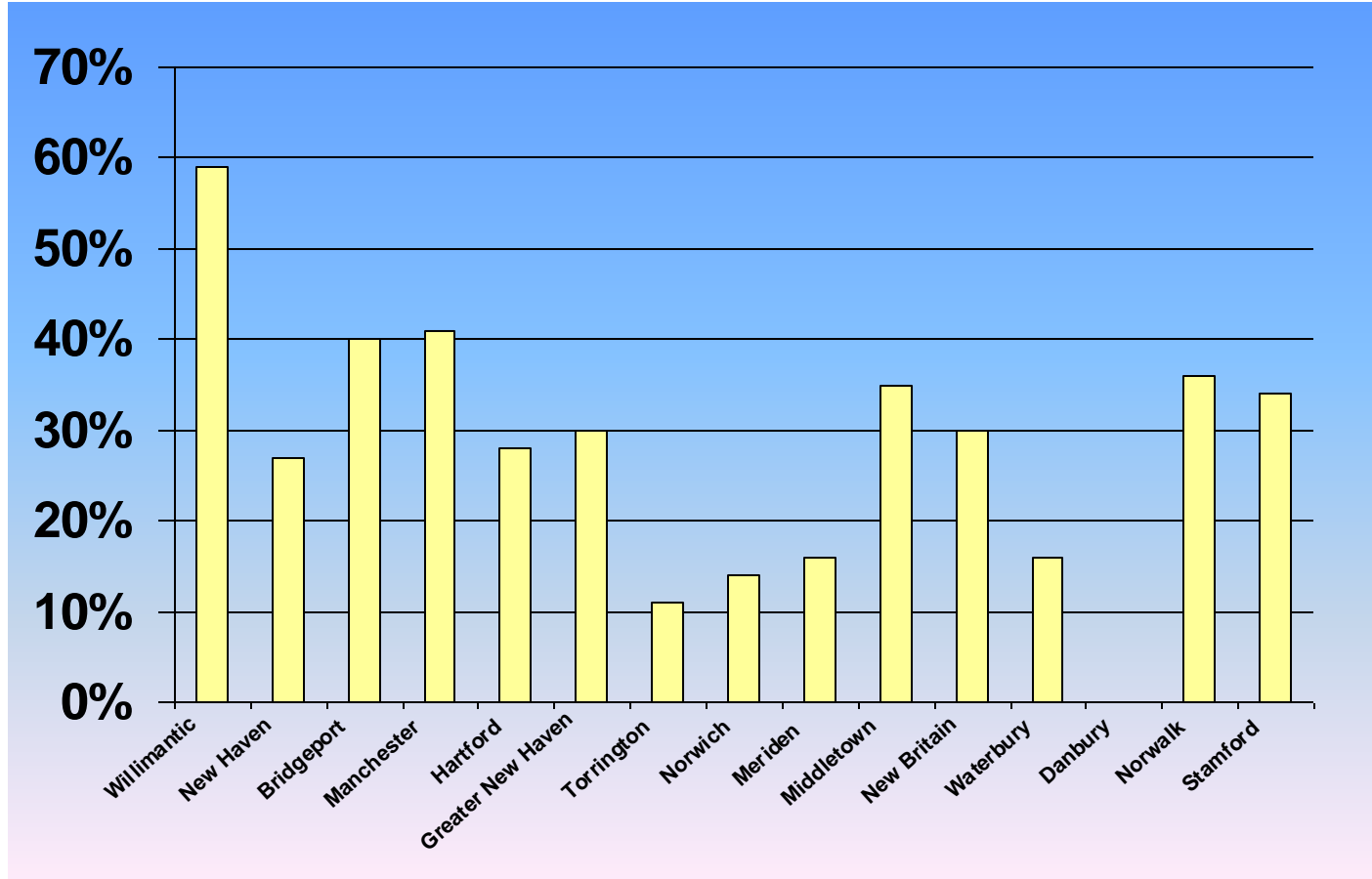
# Q1 '07 % OF INPATIENT DAYS DELAYED BY LOCAL AREA

(Inpatient & PRTF)



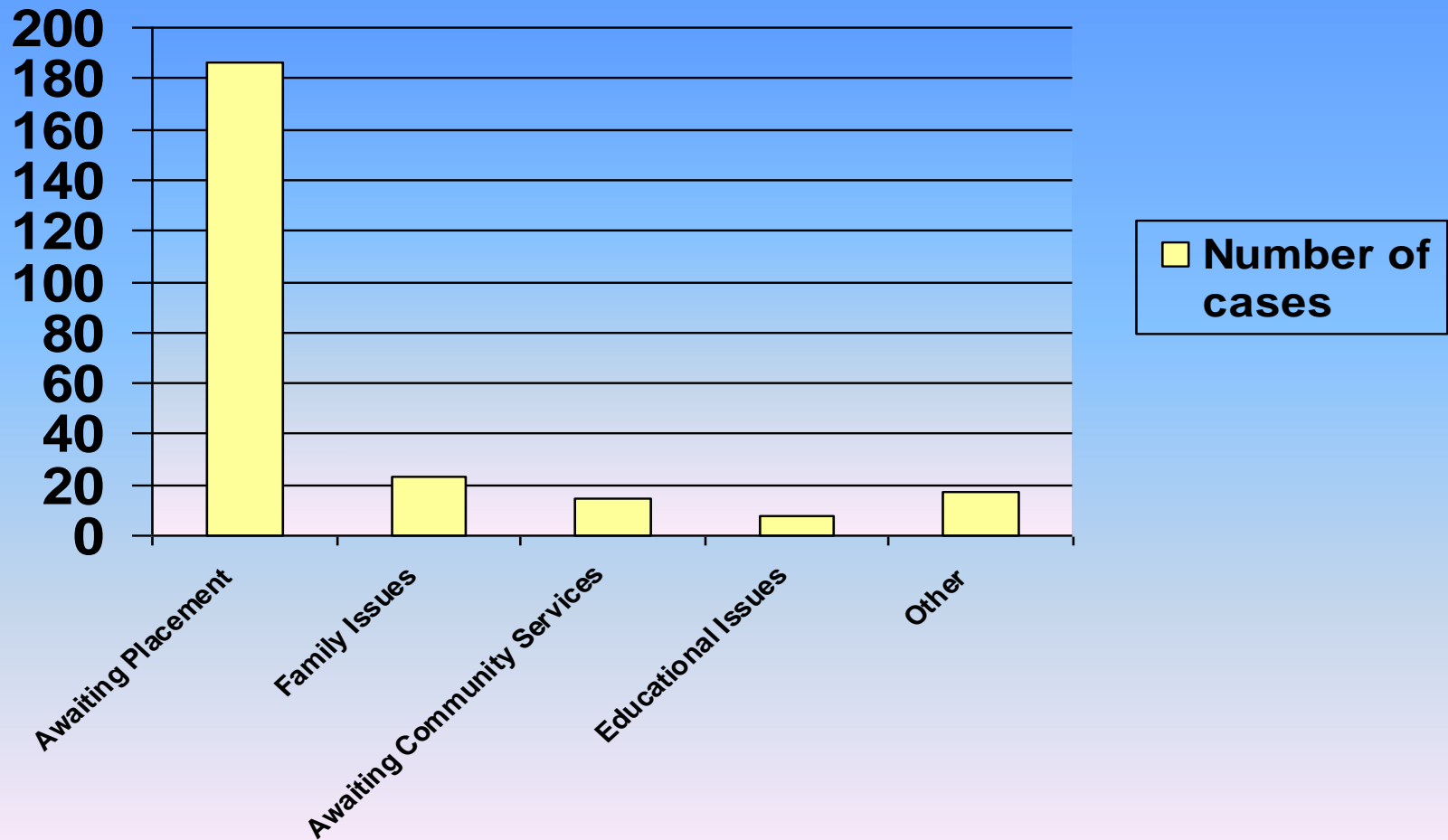
# Q1 '07 % OF INPATIENT DAYS DELAYED BY LOCAL AREA

(Inpatient Only)



# REASONS FOR DISCHARGE DELAY

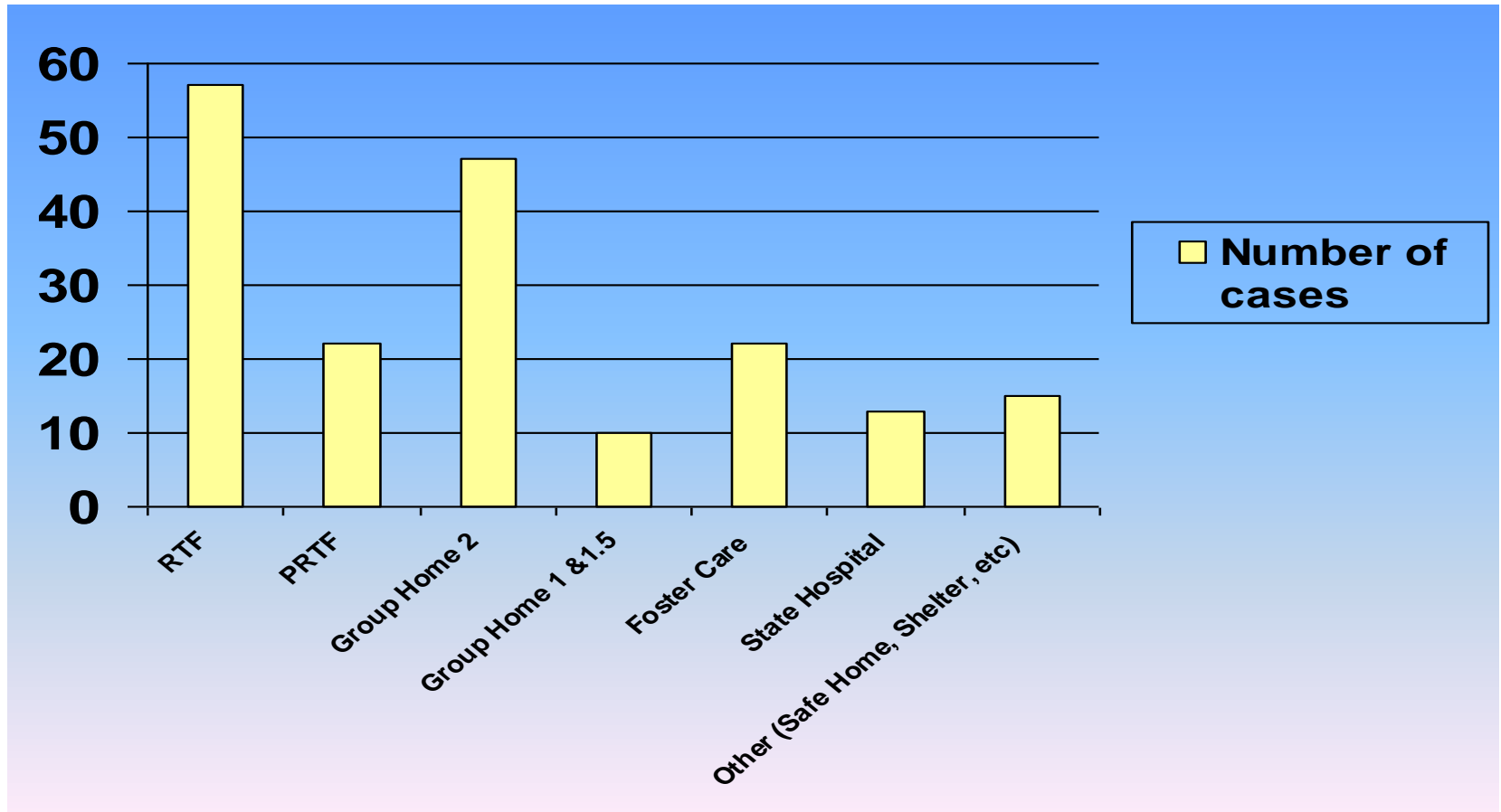
# Q1'07 STATEWIDE REASONS FOR DISCHARGE DELAY (INPATIENT, PRTF, RTC)





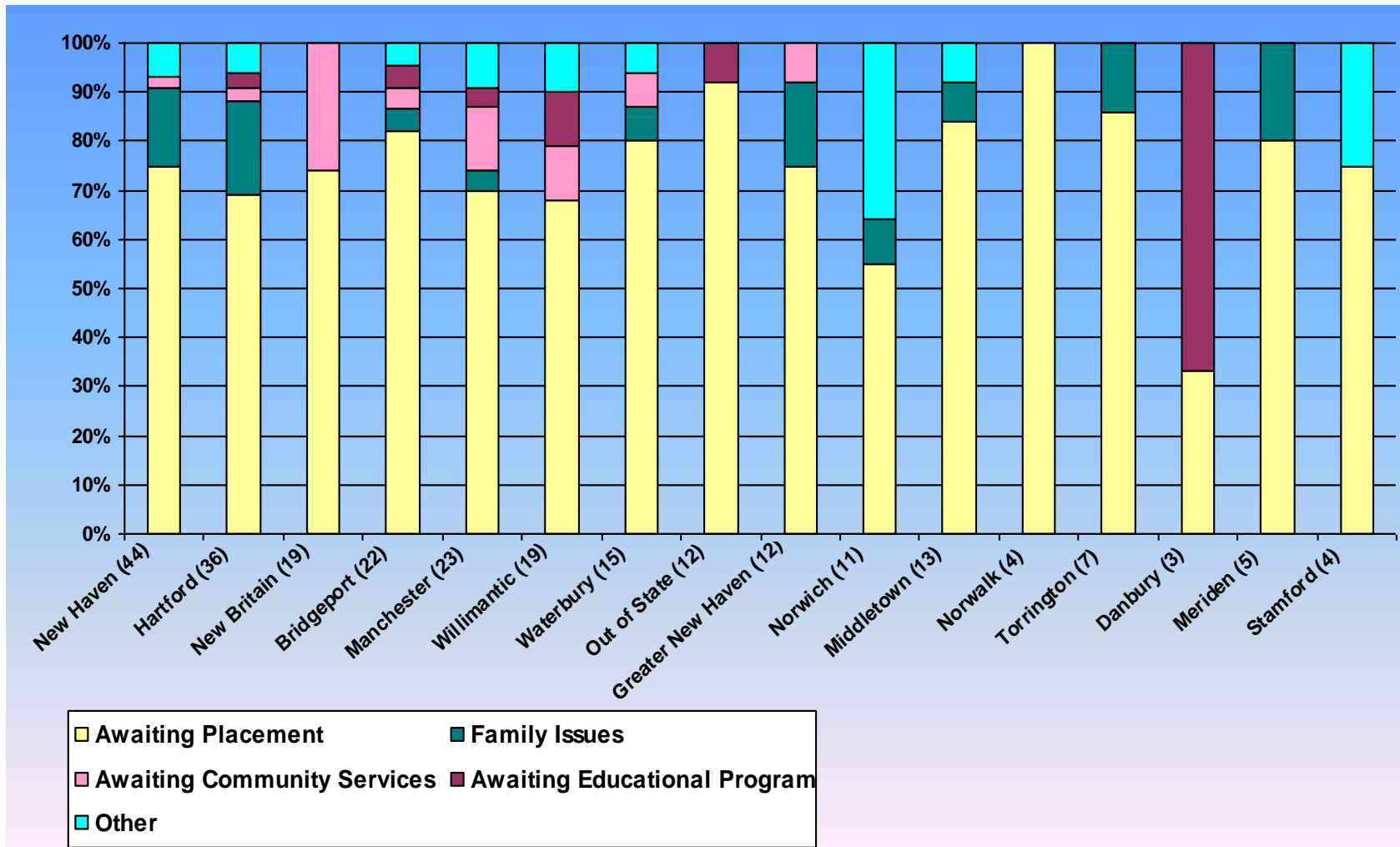
# Q1 '07 TYPES OF PLACEMENTS WAITED FOR

Statewide (Inpatient, PRTF, RTC)



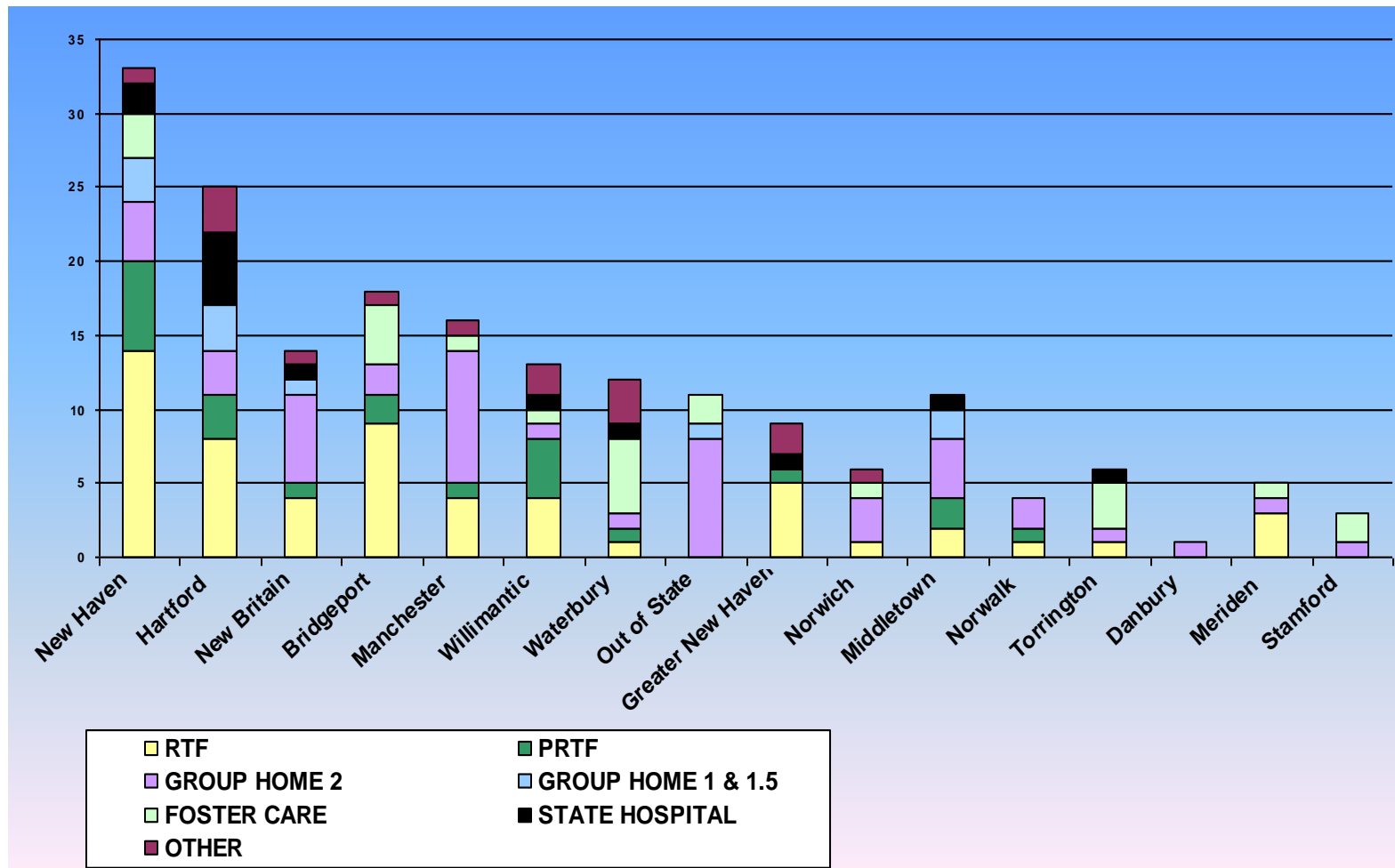
# Q1 '07 DELAY CATEGORIES BY LOCAL AREA

## (Inpatient, PRTF, RTC)



# Q1 '07 TYPES OF PLACEMENTS WAITED FOR BY LOCAL AREA

(Inpatient, PRTF, & RTC)

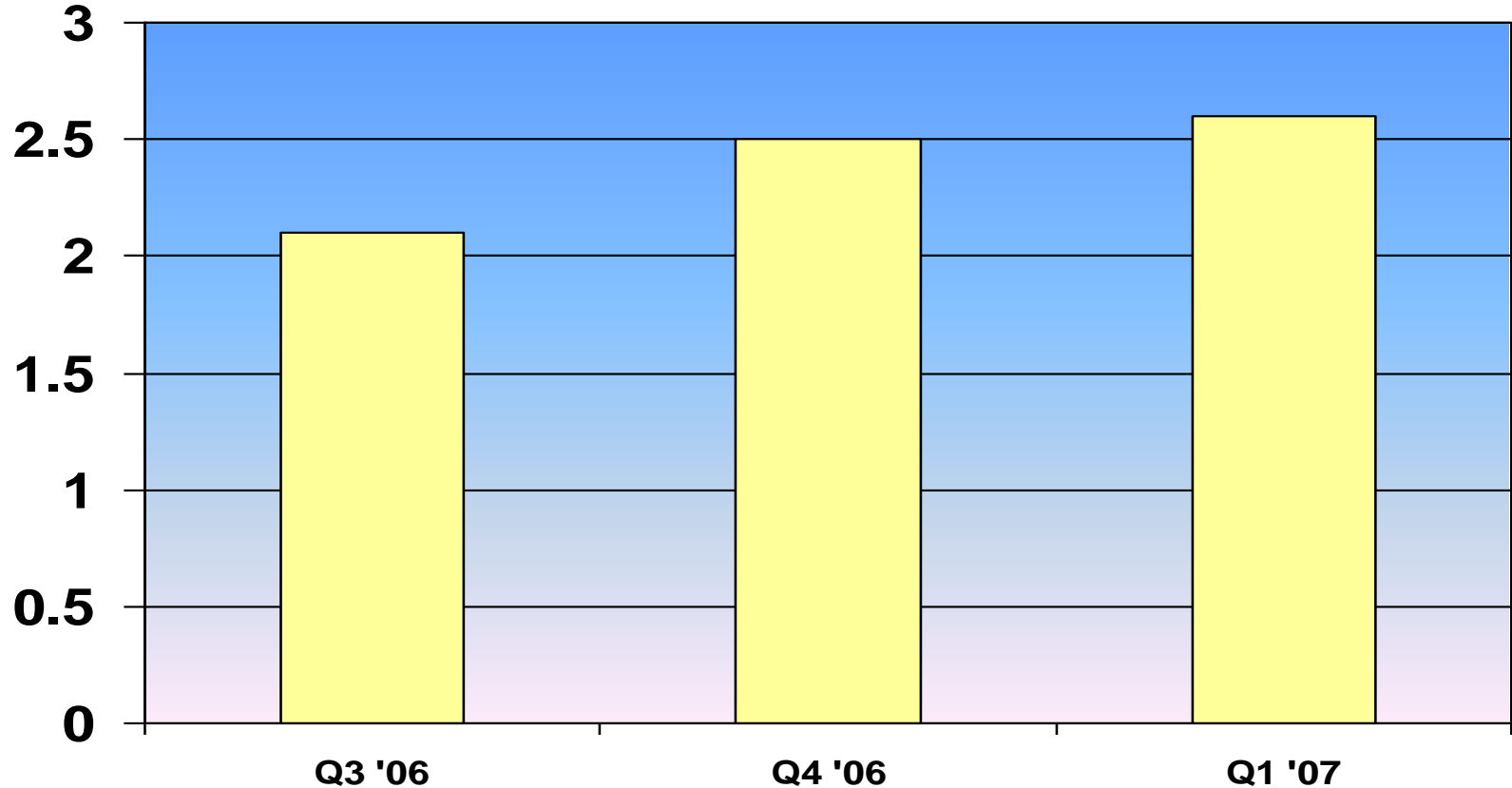


# Emergency Department Discharge Delay

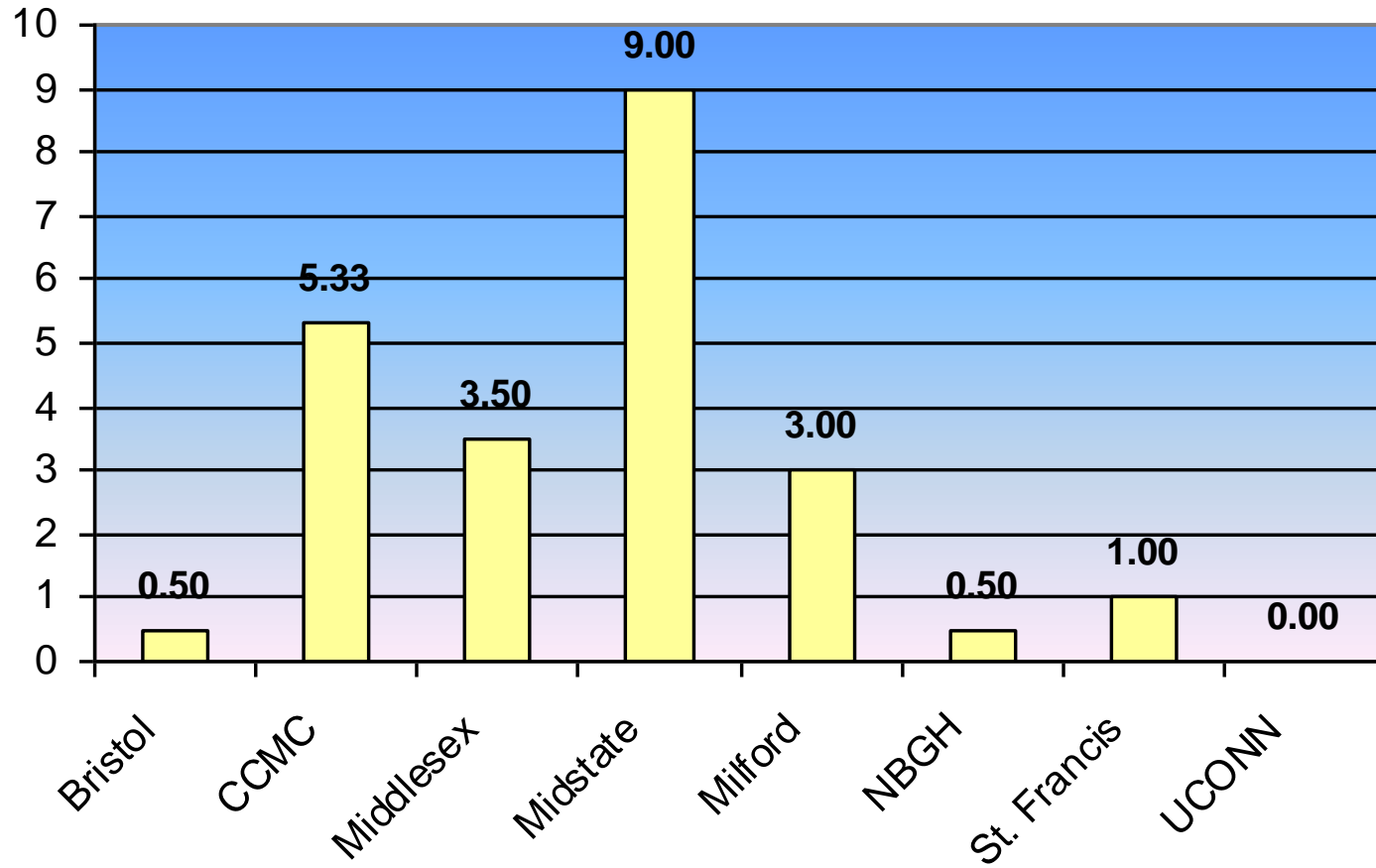
Quarter 1, 2007

# Average Days Delayed in ED

SFYQ3-4 '06 & Q1 '07

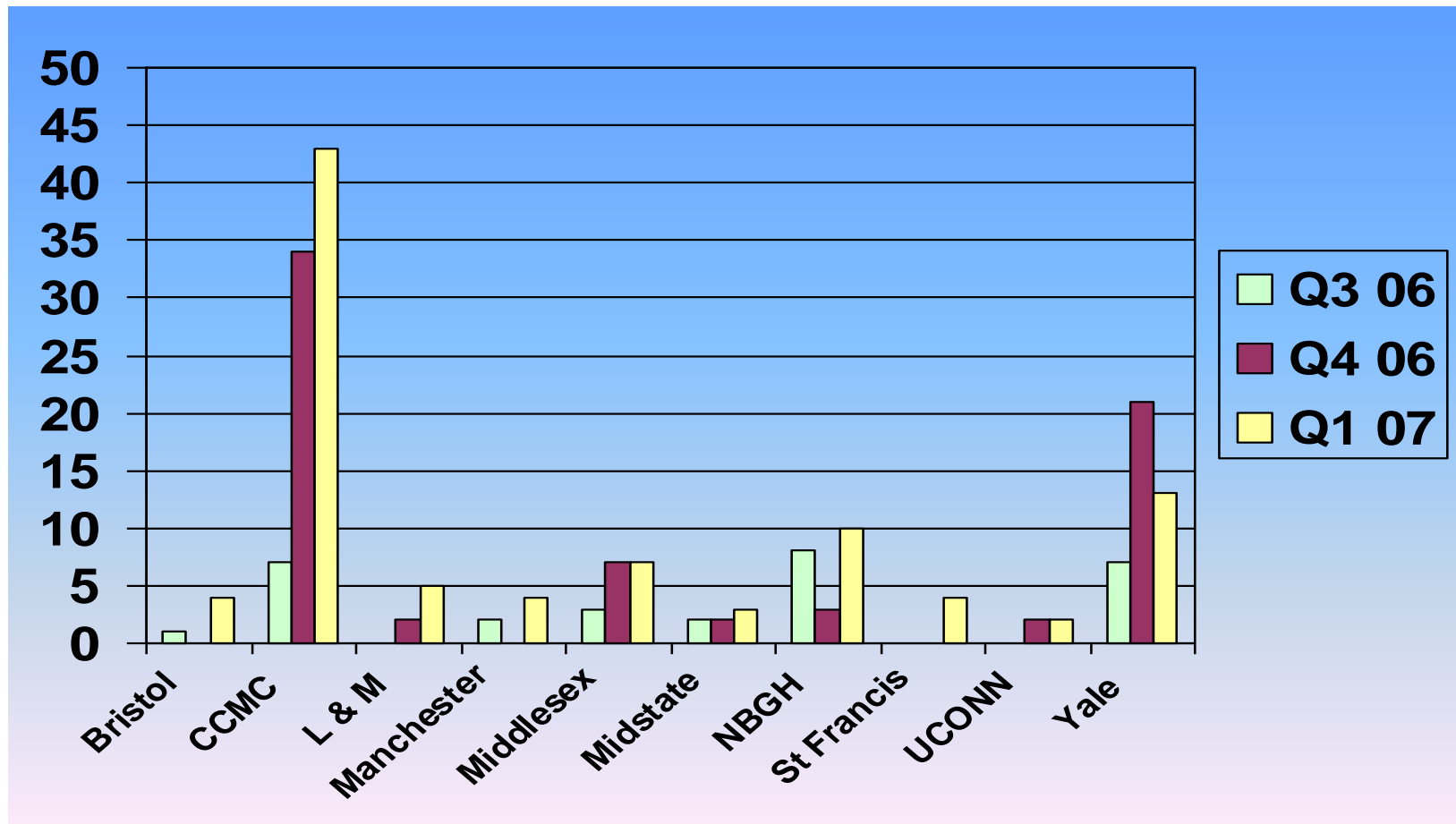


## Average Days Delayed in ED February 2007



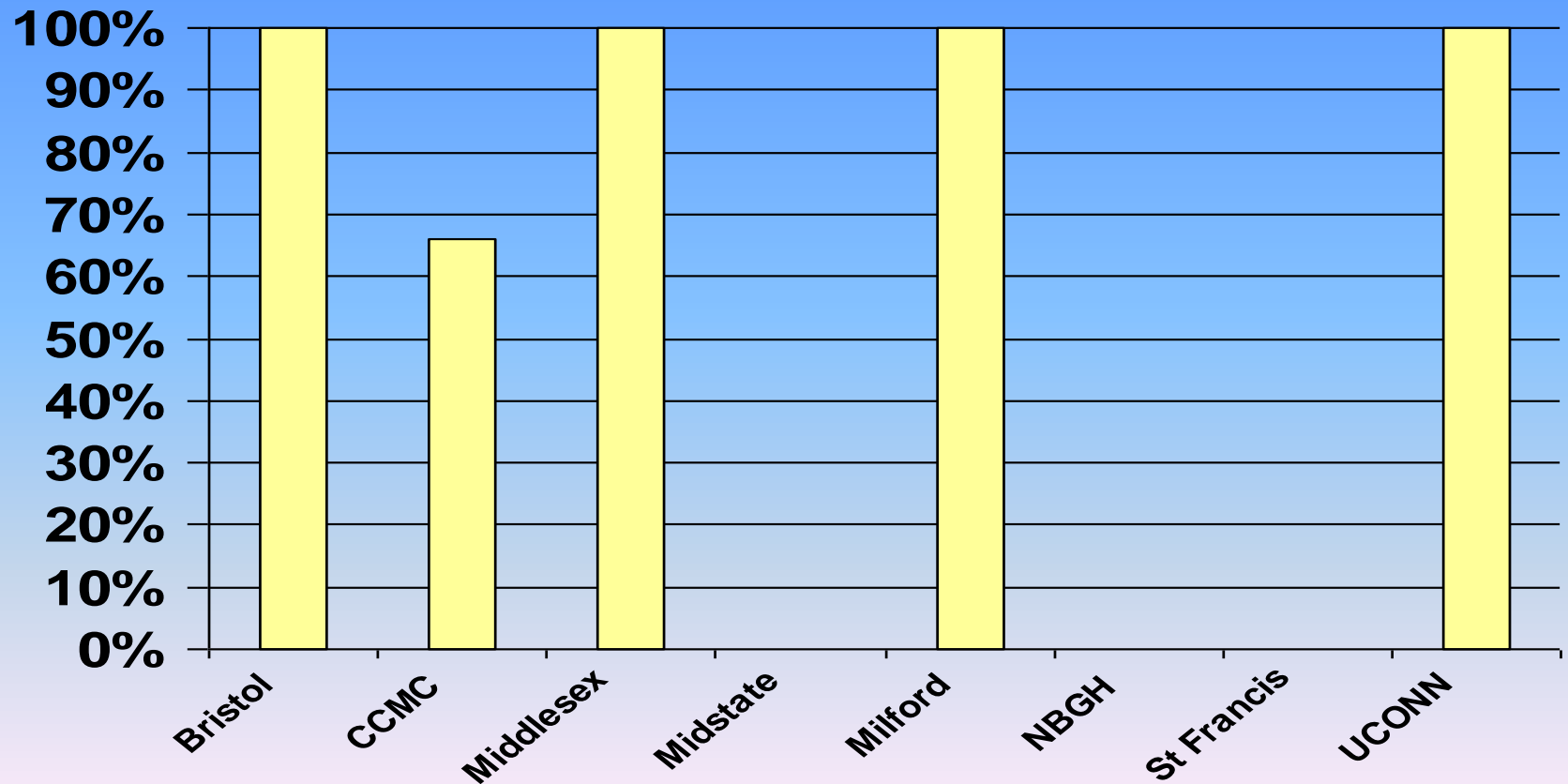
# Number of Children/Adolescents Delayed in ED

Q3 '06- Q1 '07



# % Inpatient Disposition from ED

## February '07





# ED Delay February 2007

- 22 Members were reported to have presented to EDs in February 2007
- 63% were DCF involved
- Approximately 27% presented to CCMC
- 27% presented to New Britain GH
- 45% went on to hospital level of care from the ED
- 50% returned to their previous placement
- The total average length of stay in February 2007 is 2.85 days in the ED

# Network Activities

# Interventions to Date

- Service Capacity Analysis
- Provider Recruitment
- Community Education/Outreach
- Other

# Service Capacity Analysis

- Hartford
  - Capacity grid developed by LOC for services in the area – designee to be assigned to collect weekly updates and distribute to referral sources
- Waterbury
  - Collecting baseline data through a survey regarding child psychiatrist and APRN capacity and access

# Service Capacity Analysis, cont'd

- Northwest Corner, Waterbury
  - Collecting baseline data on specialized services available to treat children/youth with sexually reactive diagnoses, eating disorders, and aggressive, impulsive and out of control behaviors through development and distribution of a survey
- Middletown
  - Conducted survey to identify specific needs for PHP for children 6 to 12 yoa

# Provider Recruitment

- Waterbury, Norwich, Northwest Corner, Danbury, Meriden, Middletown
  - Reached out to individual and agency providers to join Partnership and discuss possibilities of developing new specialty service through individual contacts and meetings
- Norwich
  - Organized breakfast at Local DCF Office for non-contracted providers to encourage them to join the Partnership

# Provider Recruitment, cont'd

- Willimantic
  - Participating with Northeastern Health District to plan for tele-health network for County to provide MH service for children
- Willimantic, Manchester
  - Working with school based clinics to encourage them to join the network
- Waterbury, Norwich, Northwest Corner, Danbury, Meriden, Middletown, Bridgeport
  - Info to PR for follow up, resulting in new providers joining the network

# Community Education/Outreach

- Meriden, Middletown
  - Educating community on using EMPS as a diversion from ED utilization
- Bridgeport
  - Working with local resource center to establish trainings for nonprofit providers on writing grant applications in response to RFPs
- Middletown, Meriden, Bridgeport
  - Reviewing CT Procurement daily notices, identifying RFP/RFA contract opportunities for service provision and forwarding to catchment areas



# Community Education/Outreach, cont'd

- Hartford, Metro and Greater New Haven
  - Participating in hospital inpatient rounds to help problem solve around disposition and access issues related to timely discharge of children from the hospital
- Bridgeport
  - Planning a provider training on the credentialing process with EDS to ease the complexity of joining the network

# Other

- Bridgeport
  - Reaching out to non-traditional and faith based community providers to support their integration to the System of Care and building up their capacity
- Norwich
  - Reaching out to African American faith community toward goal of enhancing current services to be culturally appropriate and create new and culturally distinct services

# Quality Management

# Quality Department Initiatives

- Investigating potential Adult Study for 2007 re short length of stay in IP Detox
- 2006 Program Evaluation and 2007 QM Project Plan submitted
- Workgroup for Member and Provider Satisfaction Survey review and analysis initiated
- Quality of Care Committee implemented
- Foster Care Project approved by DCF IRB

# Complaints/Grievances

- **Member Complaints:** Low volume of member complaints
  - 2 received; one concerning treatment of child, the other concerning treatment of an adult
  - One Quality of Care issue (child)
  - One Quality of Service (adult)
  - All complaints resolved in February were resolved within TAT (30 days)
- **Member Grievances:** None received
- **Provider Complaints:** No complaints received from providers (See administrative appeals)
  - As of 1/1/07, handling Web Registration issues as Administrative Appeals
- **Provider Grievances:** 2 received in January and 1 in February; both regarding Web Registration issues previously handled as complaints.

# Denials

- **Medical Necessity Denials:**
  - 2 in February, down from 7 in January
  - Both were inpatient stay denials
  - 100% notification within 1 business day
- **Administrative Denials:**
  - Received 31 in February, down from 56 in January
  - Most frequently concerned IOP and IP Psych care
  - 93.5% (29 of 31) notification within 1 business day

# Appeals

- Administrative Appeals
  - # Received 14
  - # Resolved 14
    - All resolved within timeframe
- Medical Necessity Appeals
  - Provider Medical Necessity Level I
    - # Received 3
    - # Resolve 3
    - % Resolved within TAT ~ 100%
  - Provider Medical Necessity Level II
    - # Received 1
    - # Resolved 0