



Behavioral Health Partnership Oversight Council

Quality Management & Access Subcommittee

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Draft Meeting Summary: June 15, 2007

Chair: Dr. Davis Gammon Co-Chairs – Paula Armbruster & Robert Franks

Next Meeting: Friday July 20, 2007 at 1 PM at CTBHP/VO in Rocky Hill

Community Based Services/ED Use



QMASC Presentation
6-15-07.ppt

Discussion/observations:

- ✓ Increased IICAPS authorizations seen in Q406. Some of the increased IICAPS volume is related to improved service billing. Suggested that future IICAPS reports include CSSD children using the services. Currently these services are grant based and may be difficult to obtain numbers, although CSSD could provide data.
- ✓ Upon registration 26 Outpatient (OP) sessions are authorized for year. Providers can request more sessions beyond the 26. Noted that timely filing of claims was implemented in Q306. “Routine OP clinics” had 3 times the volume of independent practitioners and hospital OP clinics.
- ✓ In the utilization summary: the number of unduplicated adult recipients (18 and over) for all CTBHP services in CY06 was 14,245. Unduplicated child recipients (under 18) for all CTBHP services were 20,603.
- ✓ The penetration rate for adult BH services (21-64) is about 20% over a CY compared to 9% for children under 19 (may be higher percentage if 0-5 year enrollment numbers removed).
- ✓ Review of ED high volume at CCMC and BHP ED response plan (pg 3-4). CTBHP/VO noted the positive impact of family peer specialists with families in the ED supporting them in discharge to intensive community-based services. The BHP/CCMC collaboration in addressing ED volume, boarders and length of stay in the ED demonstrates the positive impact of BHP, ASO and community partnership that could be applied elsewhere. Future ED data considerations:
 - Identify children in ED by biologic/foster family as 70% of ED delayed pediatric psychiatric are DCF committed children.
 - Track the percentage of children discharged from the ED to home that have a return ED visit. CTBHP/VO can do this.
 - Assess ED visit rates 3-6 months following intensive home based services, Enhanced Care Clinic (ECC) client ED utilization rates.

Expect future plans for ECCs, EMPS teams to engage in local discussions about managing crises in the community.

OP Registration Screen data



Winfax Registration
form 110106.doc



CTBH07034_Outpati
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Discussion:

- ✓ Reports will be generated using data from the registration screens that is not included in the 'dashboard' above.
 - Can look at initial diagnoses and changes on review for additional OP services.
 - Referral type, timely access to services, etc.
- ✓ Speculation as to whether the fields prompt providers to ask questions that result in data in informs policy changes.
- ✓ The initial "no" on the form for consent given to contact PCP doesn't reflect that later permission and contact was made after the first evaluation visit.
- ✓ Suggested BHP might consider future provider incentives for certain performance indicators.