



Behavioral Health Partnership Oversight Council

Quality Management, Access & Safety Subcommittee

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CTBHP Report (*Click on icon below to view report on outpatient registration data CY 2007*)



Quality Access
 03_08.ppt

CTBHP reviewed CY 07 BHP outpatient (OP) registration data with the goal of identifying 1) trends that may be related to program components, 2) items that relate to trends in coordination of medical/BH services, 3) elements that are important to continue to assess over time and 4) existing elements in the registration form that could be removed.

Discussion (*refer to report above for CY07 data*):

- ✓ CTBHP/VO stated that 300 providers do not use web registration: this involves additional work for the provider and ASO.
- ✓ There are about 4000 BHP children newly registered each month and 2000 adults for an approximate total for 6000 new monthly registrations.
- ✓ Differences were noted between adult/child use of OP services by provider type:
 - Children tend to be treated in free standing clinics that have greater diversity of BH pediatric services compared to most hospital-based clinics.
 - Adults tend to be seen in hospital-based clinics and by independent practitioners (IP).
- ✓ Similarities in child/adult OP “referral source” with over 50% ‘self referred’, and 25% ‘DCF referrals’. Children’s ‘PCP referral’ source may be under- represented based on family report of referral reasons while adult low PCP referral percentage may relate to adults often not having a PCP. Referral source may change with CHDI and VO providing large group medical practice on-site information about BHP services, how to make a referral and the Referral Connect web system.
- ✓ Walk-in OP screening, higher than telephone contact, is difficult to assess without the form instructions available and may not reflect emergency service needs. The utility of this item?
- ✓ Request to contact PCP, other BH provider, schools, averaged above 60% with hospital clinics and IP more apt to request this. Dr. Schaefer stated that the ECC BH/PCP bilateral communication may inform how to best communicate between medical/BH providers.

Next steps: **April** review other elements in OP form, then make recommendations on the elements.

SC review CCR after April

April: Provider Satisfaction results 2006-2007