



## **Behavioral Health Partnership Oversight Council**

### **Quality Management, Access & Safety Subcommittee**

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

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***Chair: Dr. Davis Gammon***

***Co-Chairs: Robert Franks & Melody Nelson***

***Meeting Summary: Nov. 21, 2008***

***Next meeting is Friday December 12, 2008 @ 1 PM at VO, Rocky Hill*** (note date change)

*Attendees: Lois Berkowitz (DCF), Mark Schaefer (DSS), Laurie VanDer Heide (VO), Davis Gammon, MD (Chair), Melody Nelson (Co-Chair), David Klein (Natchaug), Bethe Klink (YNHH), Susan O'Connell (CHR Health), Linda Russo (Wheeler), Jeff Walter (BHP OC Co-Chair).*

#### ***DCF Psychiatric Medication Advisory Committee (PMAC) Work Group Update***

The DCF Committee had agreed, at the recommendation of the SC, to develop a Subgroup to work with the Behavioral Health Partnership on HUSKY children's psychotropic medications. Dr. Schaefer (DSS) provided an update on this process. The key points include:

- Pharmacy utilization data:
  - Data fields have made available to the subgroup to review pharmacy data. Some issues include:
    - VO is required to report on pharmacy data; however, data prior to 2008 was incomplete. Data provided by EDS after the pharmacy 'carve-out' is more complete. Data analysis is underway.
    - Teddie Creel (DSS) is creating a database of National Provider Identity (NPI) that is about 85% completed, which will allow identification of the type of prescribing provider.
  - A preliminary look at drug classification used by diagnosis and co-morbidities; could compare CT with other states' use of pediatric antipsychotic meds. Offer providers on- site detailing regarding 'best practice' in prescribing. After a year of provider education, may consider interventions such as targeted prior authorization for specific drugs used in HUSKY pediatric population.
- CT BHP met with Dept. of Developmental Disabilities (DDS) in October to identify opportunities for collaboration with BHP program. The medication safety issue may be one such opportunity. The PMAC subgroup could, in a later phase look at data for DDS co-morbidities.

#### ***BHP Hospital ED & EMPS Performance Project***

Dr. Schaefer described the project, headed up by Stephen Frayne, CT Hospital Association. Eleven hospitals will meet 11-24-08. This meeting will set the stage for developing a Memorandum of

Understanding (MOU) between hospital EDs and Emergency Mobile Psychiatric Services (EMPS) teams, goal setting of the collaborative performance project and liability issues resolution. Participant suggestions included family representatives and psychiatry from CT Child & Adolescent Assoc. Dr. Schaefer said non-hospital participants can be added after the initial hospital ED/EMPS meeting.

**BHP Report** (Click icons below to view reports)



Final Quality and  
Access Committee No



BHP - QMAS  
Presentation 11-21-0

### ***CTBHP: Enhanced Care Clinic Performance Report***

Laurie VanDer Heide (VO) presented the ECC data with detail requested by the BHP OC & SC. Subcommittee discussion points included:

- ✓ Now total of 36 ECCs with 10 new ones added March 2008. Of the 36, 17 (47%) serve children, 8 (22%) serve adults and 11 (31%) service both children & adults.
- ✓ ECC volume of new registrations is higher in 3Q08 compared to 4Q07.
- ✓ ECC emergency triaging declining: Dr. Schaefer responded, when asked if data shows a shift in 'emergent' cases from ECC to other sources, that BHP can look at ED pediatric trend including ED claims data from MCOs to BHP and DCF EMPS volume.
- ✓ Are there differences in child/adult emergent/urgent use? DSS said that eventually the Mystery Shopper calls will allow access comparisons for urgent/emergent ECC services for children & adults. Currently the mystery shopper calls are for routine access.
- ✓ How are ECCs accommodating service demands with work force issues? Dr. Schaefer ECCs selecting best practices to better manage increased volume; however, it is too early to assess the effect of such practices.
- ✓ Clinics with more than 20% new intakes in a quarter are meeting the standard and are trying to reduce pent up demand (eliminate wait lists), by getting clients in for an initial evaluation.
- ✓ Why has adult volume increased compared to child volume? BHP will have to study data reports to understand why.
- ✓ ECC routine access performance from 4Q07 through 3Q 08 was reviewed. ECC clinics established prior to March 2008 that fall below the access standard in a quarter would be put on probation, provide CTBHP with a corrective action plan and if the clinic meets the standard in the next quarter, probation is lifted. The clinic could lose their ECC status if the standard is not met in the subsequent quarter.

December meeting date changed to Friday Dec. 12 at 1 PM. ***Agenda items are PRTF update and CTBHP utilization reports.***