Behavioral Health Partnership Oversight Council

Quality Management, Access & Safety Subcommittee

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Chair: Dr. Davis Gammon
Co-Chairs: Robert Franks & Melody Nelson

Meeting Summary: Friday June 19, 2009
1 PM @ VO/Rocky Hill

Next meeting: ***Friday July 17, 2009*** *@ 1 PM at ValueOptions, Rocky Hill*

1. **Introductions/attendees:** *Davis Gammon, MD (Chair) & Melody Nelson (Co-Chair), Dr. Lois Berkowitz (BHP- DCF), Arnie Pritchard (DCF), Laurie Vander Heide, Agnes Halarewicz (VO), Grace nelson, Jill Benson, Susan O'Connell, Blair MacLachlan, Elizabeth Collins, Linda Russo, (M. McCourt – Leg. Staff).*

2. **BHP Utilization data** *(click icon below to view data)*

june2009QualitySubcommittee.ppt

Pediatric Inpatient Care (excludes Riverview, which is reported separately):

- Despite an increase in inpatient numbers (these are not unduplicated counts as a child may be inpatient at the end of one quarter and into the next.), there was:
  - A decrease n*umber of cases* in inpatient delay status (***from 125 in 3Q07 to 58 in 1Q09***),
  - Steady decrease in *average days of delay* (***46.50 in 3Q07 to 25.6 in 1Q09***)
  - Reduction of the *% of inpatient days in delayed status* from ***36.5% to 10.10%.***

These significant changes in inpatient utilization were attributed to major efforts by DCF area offices, VO & hospitals in their performance improvement initiative and BHP agencies' focus on changing the direction of previous inpatient trends.

- Further reduction in the percentage of inpatient delayed days may not occur considering the following:
  - There will always be some percentage of pediatric patients with high utilization needs
  - Community-based service capacity ceiling may have been reached
  - Proposed 1% reduction in provider rates and
  - HUSKY child and adult enrollment continues to grow.
- Overall child/adolescent inpatient ALOS has steadily decreased. The differences between DCF & non-DCF ALOS is narrowing, suggesting that children are getting this level of care regardless of payer.

- There was some variance in inpatient *average days in discharge delay status* by hospital: Natchaug hospital had a slight increase related to the loss of a key person on their utilization management team and St.Vincent's had a decrease from 1Q08 (50 days to ~30 days).
- There was a reduction in RTC as a primary reason for discharge delays; this was attributed to ValueOptions and RTC staff work in improving treatment planning and CCR. There are more open beds for RTC admissions of hospital discharges.
- Differences between DCF vs. non-DCF hospital admissions widened with the more non-DCF admissions in 4Q08 & 1Q09.

Questions & comments about acute hospital vs. Riverview costs were raised that included:

✓ Same day rate for acute care and discharge delay day.

✓ Riverview average patient/day rate is higher than that of the acute hospital (*See Governor's May 28th budget proposal write-up information below with rate estimates).*

5-28 Gov RV proposal.pdf

✓ The hospital performance initiative reduced inpatient days by ***4000 days*** (*estimate about $2.8M in savings (@$700/day reimbursement).*

River view Hospital

- Riverview admissions: Non-DCF children account for about 10 admissions per quarter compared to 30 DCF admissions. The average age of the patient is 14-15 years. Currently Riverview has 76 staffed beds, 88 licensed beds. SC said it would be useful to know the number or % of court ordered admissions by region from Court Support Services (CSSD).
- The ALOS decreased for both groups in 1Q09 compared to 4Q08, as has the percent of inpatient days delayed (~30%) and average discharge delay days, reduced from 133.2 days to 84.3 average days. Ann Phelan (VO) has worked closely with Riverview in maintaining consistency in admission guidelines and doing concurrent review. Subcommittee noted that the main source of Riverview patients is inpatient hospitals: Riverview closure would lead some Riverview patients placed back in acute hospitals; combining these patients with acute care hospital patients would not be therapeutic for either group.

Psychiatric Residential Treatment Facilities (PRTF) and Residential Treatment Centers (RTC)

- ***PRTF** admissions*: DCF children account for ~20 admissions in a quarter compared to 5-10 non-DCF admissions. Through work with VO (Ann Phelan) the average LOS in PRTFs for children under 12 years has decreased from 271 days in 3Q08 to 171 days in 1Q09. Waiting for foster care represents a common reason for PRTF discharge delay; however RTC placement wait accounts for > 50% of the wait reasons. ValueOptions is working with PRFTs early in the CCR process to identify discharge barriers and identify other resources for a safe discharge.
- ***RTCs*** had an overall 12% reduction in admissions in 2008 and the ALOS has changed in response to the VO performance initiative to work with DCF and RTCs to 'right size' this service in CT. Ann Phelan, closely monitoring RTC capacity and rejection reasons, noted the complexity of clients currently rejected. Clients rejected 10 years ago because of clinical complexity are now treated in the home-based service system.

Pediatric ED "Stuck" Data

- The number of children "stuck" in the ED (beyond 8 hours) has decreased YTD 09 compared to 2008. The overall increased ED utilization that usually occurs in March will peak in May/June 2009.
- Some percentage of children may continue to be "stuck" in the ED because of clinical complexity but overall pediatric ALOS in the ED is also decreasing. Those with longer ED stays tend to 14 yo with MR/PDD disorders and BH disorder.
- 28 hospitals have signed a memorandum of understanding (MOU) with Emergency Mobile Psychiatric teams (EMPS). Hospital/EMPS collaboration is expected to reduce ED LOS, divert some patients from inpatient care through ED consultation/evaluation and connections to community-based services when appropriate.
- (*Last slide)* 60% of pediatric ED admissions are admitted to inpatient care. Over time, with ED/EMPS collaboration that addresses family disposition concerns, there should be fewer Pediatric psychiatric ED admissions.
- Per hospital ED volume, St. Mary's in Waterbury has an increased volume. It would benefit the hospital to explore opportunities for community-based service integration

Adult Inpatient Utilization

- Adult psychiatric hospital admissions increased in 2008 and year to date 2009 compared to 2007. This may be related to increased HUSKY adult membership enrollment (*parent/caregivers became income eligible at 185% FPL July 2007*).
- Since the 'by-pass' initiative the ALOS initially seemed to be increasing; however further analysis shows the ALOS is about 6-6.4 days with the top four hospitals ALOS 6-8 days, within the stand deviation parameters. There is no evidence the by-pass program has increased LOS.
- Adult detox hospitalization need to be tracked as admissions increased in 2008 compared to 2007.

The Subcommittee will work with ValueOptions to develop a format of usable information for CTBHP members derived from program data that identifies the CTBHP program's gains in community level service access. ValueOptions is considering developing an interactive dashboard data display that would be meaningful and accessible to the public as well as other stakeholders.

July CTBHP agenda items: see schedule below

2009 Agenda.xls