

**Behavioral Health Partnership Oversight Council**  
**Child/Adolescent Quality, Access & Policy Committee**

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*Co-Chairs: Sherry Perlstein, Hal Gibber, & Robert Franks*

**Friday, December 16, 2011**

**2:00 – 4:00 p.m.**

**Value Options**

**500 Enterprise Drive, 3rd floor Conference Room**

**Rocky Hill, CT**

**Minutes**

**Provider Analysis and Reporting Program**

**I. Overview**

Laurie Van Der Heide, VP of Quality at Value Options, provided an overview of the Provider Analysis and Reporting Program (PARS)

PARS is a Quality Improvement (QI) program that is meant to improve performance in identified sectors of the behavioral health services network. In PARS providers are compared individually and as a group against local and industry wide utilization standards. Incentives are attached to performance objectives.

PARS Steps:

- 1) Identify Level of Care
- 2) Bring providers together
- 3) Group agrees upon shared goals/initiatives

Regional Network Managers meet individually with all providers.

Examples of focal areas for PARS program:

Enhanced Care Clinics, Pediatric Psychiatric Hospitals, Adult Psychiatric Hospitals,  
Psychiatric Residential Treatment Facilities, Emergency Departments, Home Health Care  
Agencies

**II. Case Examples**

Dr. Van Der Heide provided data from two recent PARS programs

- 1) Pediatric Psychiatric Hospitals
- 2) Emergency Departments

**Pediatric Psychiatric Hospitals- PARS Program**

Three goals:

- 1) Further reduce or maintain already efficient lengths of stay (LOS)
- 2) Improve the rate of ambulatory follow-up
- 3) Reduce or maintain 7 & 30 day readmission rates

PARS program showing improvement or maintenance in each of these domains.

### **Emergency Department- PARS Program**

Goals:

- 1) Reduce or maintain discharge delay
- 2) Reduce or maintain LOS
- 3) Monitor discharge status
- 4) Monitor utilization of EMPS

Some challenges reporting this data because it has been reliant on authorization data instead of utilization data. Ongoing data collection helps BHP monitor utilization and potential delays or back-ups in emergency departments. Reported that hospitals are actively engaged in the process and working collaboratively with VO to monitor their programs.