



Behavioral Health Partnership Oversight Council Coordination of Care Committee

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Co-Chairs: Maureen Smith & Sharon Langer
David Kaplan, BHPOC Staff

The Committee will work with the Departments of Social Services, Children and Families, and Mental Health and Addiction Services, and the administrative services organizations that administer medical, behavioral health, dental and non-emergency transportation, to identify and monitor key issues that may impact whether individuals and families in the HUSKY Health program and Charter Oak Health Plan receive person-centered coordinated services. The Committee and its partners, along with parent and community input, will seek to ensure that participants in the HUSKY Health program and the Charter Oak Health Plan receive behavioral health care that is coordinated with their medical (primary and specialty care), dental, pharmacy, and transportation services.

Meeting Summary: September 19, 2012
1:30 – 3:00 PM
1E LOB

Next Meeting: **November 28, 2012 @ 1:30 PM in 1E LOB**

Attendees: Co-Chairs Sharon Langer and Maureen Smith, Srinivas Bangalore, Lois Berkowitz, Heather Brown, Michelle Chase, Alyse Chin, Karen Evertson, Uma Ganesan, Susan Halpin, Bill Halsey, Brenetta Henry, Lisa Honigfeld, Dr. Steven Kant, Ellen Mathis, Sabra Mayo, James McMellon, Trevor Ramsey, Kimberly Sherman, Eunice Stellmacher, Sheldon Toubman, Brian Sullivan, Michelle Tournas, Benita Toussaint, and Barbara Ward-Zimmerman

Introductions

Co-Chair Sharon Langer convened the meeting at 1:35 PM and asked all members to introduce themselves. A sign-in membership list was passed around and Sharon said that if anyone was not already on the list and wanted to be, all they needed to do was to write their names with an e-mail address and they would receive the agendas, announcements and

summaries of the Committee on a monthly basis. She welcomed all members including new member, Barbara Ward-Zimmerman.

New Business

Co-Chair Sharon Langer announced that there is a proposal on the table to have the Coordination of Care Committee and the Medical Assistance Program Oversight Council (MAPOC) Consumer Access Subcommittee meet together on an ongoing basis. All members of the Coordination of Care Committee felt it was a good idea since many of the concerns, issues, and topics are similar, if not, the same for the two groups. The two groups would facilitate the meetings in concert with one another, but couldn't actually join the committees formally because they each report to separate councils. The first jointly held meeting will take place on November 28, 2012 at 1:30 PM in 1E LOB. Michelle Chase agreed that the merger was a good idea particularly because many consumer members have concerns and issues related to medical assistance as well as behavioral health care and having one forum for consumers to attend would be ideal for them in receiving continual care. Co-Chair Maureen Smith added that she was optimistic about this merger saying this was a step in the right direction and she hopes the Consumer/Family members of the Committee will continue to come and participate in the Committee meetings. Their attendance, participation, and voices help make the Committee unique and stronger in meeting its goals and resolving of issues.

Regarding Eligibility and the Re-determination process, when consumers go to DSS, they are supposed to get a receipt reflecting their visit from the Department that they were there. Co-Chair Sharon Langer reminded consumers that this was still a paper process and any time stamped documents or proof given to DSS, multiple copies should be made of it on their own behalf as documented evidence were given to DSS. Bill Halsey of DSS offered that the Department can come to the Committee with a presentation to show consumers how to improve their successes in Eligibility and Re-determination. If there are any questions regarding any issues including Re-determination of Status, consumers can call CHNCT's HUSKY Infoline number: 1-877-CT HUSKY (press 1 or 3). Consumers can also call 2-1-1 and ask for help with HUSKY eligibility or benefits.

Discussion with Dr. Barbara Ward-Zimmerman

Co-Chair Maureen Smith introduced Dr. Ward-Zimmerman to the Committee and said that the Dr. was a perfect fit for the Committee in terms of bridging services and allowing children and pediatric practices to gain her expertise in looking at the whole child. Dr. Ward-Zimmerman told the Committee that she is a clinical psychologist who has worked in the area of integrated care for many years and she indicated that she is affiliated with the Wheeler Clinic and is the Child Health and Development Institute of Connecticut. Her interests include the promoting the integration of behavioral health services and primary care, including the need for improved communication between behavioral health providers and primary care providers, and the benefits of on-site coordination and coordination of care in primary care. Many of the family consumers on the Committee affirmed and endorsed Dr. Ward-Zimmerman's work and validated many of the points she made.

Discussion of Behavioral Health Neighborhoods

The update on Behavioral Health Neighborhoods was tabled until the next Committee meeting in November for a more evaluative report.

Update on Pharmacy Analysis (DSS and Value Options)



Microsoft PowerPoint
Presentation

Dr. Steven Kant, Medical Director of Connecticut BHP, Child and Family Division presented a report on Preliminary Behavioral Health Pharmacy Utilization. Value Options has put together the data and now it is under review at DSS. They are reviewing the child/adult prescription numbers and looking at the most heavily used medications, where they are being filled, who are the doctors prescribing meds, and how much by age range in the categories of 0-18 years and 19 years and over.

HUSKY A and B Membership

- The number of HUSKY A and B members has consistently increased over the past four years

Number of Members Utilizing Behavioral Health Medications

- Until Q3-4 '11, the number of behavioral health medication utilizers grew at a faster rate than the growth in membership
- For the first time since reporting began in Q1 2008, there was a slight decrease in the number of HUSKY A and B members utilizing behavioral health medications in the second half of 2011

% of Adult HUSKY A and Youth HUSKY A & B Prescribed Behavioral Health Medications

- Percent of Adult members utilizing behavioral health medications continues to far exceed the percent of HUSKY Youth utilizing behavioral health medications.
- For the first time since 2008, the percent of adults utilizing medications has decreased

Gender Differences in Behavioral Health Medication Utilization

- In the HUSKY A Adult population, 5 times as many females as males utilize BH medications
- Among HUSKY A and B Youth, there were 70% more males utilizers than female in Q3-4 2011

- Over the entire HUSKY A and B age-span, females utilize more behavioral health medications than do males though this may be a reflection of membership characteristics
- Enrollment data will need to be obtained to contextualize this data

DCF Utilizers compared to Non-DCF Utilizers

- While the volume of DCF involved HUSKY A and B Youth utilizing BH medications has remained stable, the volume of non-DCF involved youth has increased steadily over the past 4 years
- Membership/enrollment data to be included for comparison purposes

Utilization of Behavioral Health Medications by Age, Therapeutic Class and DCF/Non-DCF status

Adult (19+) Utilization by Therapeutic Class

Adults:

- Of those adults utilizing behavioral health medications, about 65% are taking Antidepressants agents
- Utilization of Antipsychotic agents is trending downward (15.4% in Q1 & 2 2008 to 13.9% in Q3 & 4 2011)
- Utilization of Anti-anxiety agents is trending upward (36.2% in Q1 & 2 2008 to 39.5% in Q3 & 4 2011)
- Utilization of Stimulant medications is trending upward (4.7% in Q1 & 2 to 7.6% in Q3 & 4 2011)

Youth (0-18) Utilization by Therapeutic Class

Youth:

- The use of Antipsychotic agents is decreasing among youth, (30.5% in Q1 & 2 2008 to 24.8% in Q3 & 4 2011)
- Stimulants are the most widely prescribed BH medication with a continuing upward trend (~59%)
- Antidepressants are used by nearly 25% of all HUSKY A and B youth medication utilizers

DCF Compared to Non-DCF Youth: Percent of Youth Utilizing Anti-psychotic Agents

- DCF Youth from 61% in Q1 & 2 2010 to 51% in Q3 & 4 2011
- Non-DCF Youth from 24% in Q1 & 2 2010 to 21% in Q3 & 4 2011

DCF Compared to Non-DCF Youth Utilization by Therapeutic Class

- Over the past two years, Antipsychotic use by all youth members has decreased, and for DCF members it has decreased more dramatically (from 61% in Q1 & 2 2010 to 52% in Q3 & 4 2011)
- DCF youth continue to have significantly higher rates of Anti-depressant and Mood Stabilizer utilization than non-DCF youth

- Non-DCF youth more commonly use Anti-anxiety agents and Stimulants than DCF youth

Age and the Utilization of Behavioral Health Medications

- DCF accounts for a significantly lower percentage of all HUSKY A and B behavioral health medication utilizers. The following slides (see imbedded report) describe DCF youth utilization by age grouping
- Enrollment data needs to be considered

Most Commonly Utilized Behavioral Health Medications

Adult Members: Most Commonly Utilized BH Medication

- See imbedded chart
- Over the past 2 years, the top 5 most commonly utilized behavioral health medications have remained consistent for adult members

DCF Involved Youth Members: Most Commonly Utilized BH Medications

- See imbedded chart
- Over the past 2 years, the top 5 most commonly utilized behavioral health medications have remained consistent for DCF Involved members with the exception of Adderall. In Q3 & 4 2011, Tenex, a different Stimulant, replaced Adderall in the number 5 rank
- In 2011, a Stimulant has replaced an Anti-psychotic agent as the most commonly prescribed medication for DCF involved youth

Non-DCF Involved Youth Members: Most Commonly Utilized BH Medications

- See imbedded chart
- Among Non-DCF youth there is great stability in the top utilized BH medications.
- Stimulants account for five (5) of the top ten most frequently prescribed medications for Non-DCF involved youth

Summary of Pharmacy Utilization Report

- Use of Anti-psychotic agents has decreased by 15% for all DCF age groups over the last two years
- Use of Stimulant medication is trending up for all DCF involved youth in all age groups
- Anti-depressant use has decreased for DCF involved youth age 7-12 but increased for youth 13-18
- The number of HUSKY A adult medication utilizers decreased for the first time since 2008 in Q3 & 4 2011
- Inclusion of enrollment data will add to the analysis

Discussion

Co-Chair Sharon Langer explained that HUSKY A was composed of children, parents, and pregnant women who are on Medicaid and HUSKY B are children under the age of 19, whose family have too much income to qualify for HUSKY A, known as the Children's Health Insurance Program. Bill Halsey indicated that going forward from 2012 on, new pharmacy utilization reports will reflect coverage in all four of the HUSKY groups. Co-Chair Maureen Smith asked what are these reports used for. Are they used for best practices, educational opportunities, outliers? Bill Halsey said the reports are used for of those areas.

An Organizational Flow Chart of the DSS, Medicaid and the Four ASOs and their Breakdown Sections



Adobe Acrobat
Document

Update on Non-Emergency Medical Transportation (NEMT) by Logisticare and DSS

Jim McMellon, Director of Operations at Logisticare gave the update. Regarding issues with non-emergency medical transportation, it is particularly important that Medicaid recipients who do have a problem with transportation that when reporting an issue, they must give the date and their member ID Number so that Logisticare can track it down to a particular day and particular driver. Members should not fear reprisals that giving this information will result in future retribution. If determined the transportation provider was at fault, mandatory re-training will be conducted. Provider score cards are tracked monthly by complaints that are placed by consumer members against the transportation companies. Pass backs are also tracked, that is if a provider says they cannot handle that trip because there is too much already scheduled, then Logisticare will seek additional companies to handle the work overflow. There are two full-time Field Monitors that follow the progression of the trip and if there are any inaccuracies; they will be detected by Logisticare. All complaints are relayed to the providers and they have 48 hours to respond back to Logisticare. All complaints should go to Logisticare and not to the transportation provider. Co-Chair Sharon Langer asked if Logisticare had its website up yet and Jim replied that it does not. It is not known when it will be up and running. Uma Ganesan of DSS said that the contract with Logisticare has not yet been signed. It is hoped that will take place by the end of October 2012. Sheldon Toubman who also sits on the MAPOC Consumer Access Committee told the Coordination of Care Committee that his Committee is ready to make recommendations on new regulations to DSS regarding NEMT. He said that his Co-Chair, Christine Bianchi will be in touch with Co-Chairs Langer and Smith on these recommendations so they can be made jointly at the same time to DSS. Sharon Langer asked Uma Ganesan who should these recommendations be sent to and Uma replied that she will get back in contact with Sharon on that.

*(Repeated from June 2012) *When there is a problem; how to get a quick resolution? The*

solution; the three ASOs (CTHN, VO & Logisticare) have gotten together to create a Rapid Response Group. Although it's in the embryonic stage, it will be an effective tool to handle issues and get resolve in the least amount of time. Any person with any concern can go to any of the ASOs and the RRG will handle the problem/issue. An identified person from the RRG will shepherd the issue to its resolution. The Rapid Response taker will be cross-trained with contact information and will, also, be targeted to deal with special needs so they will be able to handle issues as they come up. This approach is not intended to replace any type of crises call centers. With over 14,000 calls a day, Logisticare wants to get these problems handled. Michelle Chase wanted to know if transportation drivers were exempt from state laws and cell phones; were they required to be hands-free when they communicated by phone. All drivers for Logisticare must follow state law and talk hands-free when driving.

Future Agenda Items

- A Discussion on Behavioral Health Neighborhoods
- An Update on the Pharmacy Utilization Report
- Update on CTBHP Care of Coordination Pilot (Value Options and McKesson)
- Update on Non-Emergency Medical Transportation

Other Business

Hearing no other comments or questions, Co-Chair Sharon Langer adjourned the meeting at 3:19 PM.

Next meeting: November 28, 2012 1E LOB 1:30 PM-3:00 PM

***NOTE* This is a First Time Joint Meeting with the MAPOC Consumer Access Committee**