Report to the Operations

Sub-Committee

March 14, 2008

Clinical Operations

Clinical Efficiency Endeavors

- Pre-cert average call time: 16 minutes *(remains static due to 7 new ICM staff hired Jan/Feb. 2008)*
- Concurrent Review average call time: 12 minutes *(improvement from 12.5 minutes in January, 2008)*
- Clinical Care Managers fully staffed
- Adjustments to authorization timelines for other services (i.e. IOP, EDT) are under review
- 2 Additional RCT staff to be hired - Positions are a result of changes in the System's Department

ICM Program

- Intensive Care Management Unit is fully staffed – staff on board assigned
- Final 3 New Hires Begin 3/19/08
- ICM Director Cheryl Sims – Coleman and Network Director, Clark Hansen, to make DCF Area Office visits to communicate changes to ICM and Systems/Network program, assess progress, and to bolster team process

CCMC ED Plan

- CAREs Unit fully operational
- Average LOS < 3 days – successful impact on CCMC ED
- Web registration of CAREs services began 3/3/08 - 2 trainings held 2/26/08 and 2/28/08.
- CT BHP Clinicians remain available 24 hours for assistance to CCMC ED
- Consultation on site (CCMC) 7 days a week
- Peer/Family Specialist consultation for family support (available to all EDs)
- Cont'd emphasis on EMPS inclusion and collaboration (all EDs)
- Cont'd emphasis on diversion from inpatient units utilizing community based services and supports (all EDs)

ED Update, cont'd

- Total Days in ED January 2008 = 144 days (does not include CAREs)
- ALOS in ED in Jan 2008 was 2.25 days (does not include CAREs Unit stays)
- In January 2008, 40 CARES cases were identified, with an ALOS of 2.28 days
- In Jan. 2008 51 of the total 104 cases were identified as DCF

Quality Management Operations

Monitoring Quality of Care

- **<u>Quality of care issue:</u>**
  - Any issue that decreases the likelihood of desired health outcomes or
  - Treatment that is inconsistent with current professional knowledge
  - Identified by members, CT BHP staff, or other providers

Types of Quality of Care Issues

– **Major Categories and Examples:**
  - Provider Inappropriate/Unprofessional Behavior
  - Clinical Practice-Related Issues
    – Treatment setting not safe
    – Timeliness of referral for medication consultation
    – Failure to coordinate care
    – Utilization patterns negatively effecting quality of care
  - Access to Care Related Issues
    – Timely response to telephone calls
    – Difficulty accessing an appointment with an ECC
  - Monitored Events
    – Children under 10 admitted to hospital
    – Issue of abuse not reported to DCF

Quality of Care Committee

- Quality of Care Committee investigates and identifies patterns of possible sub standard quality of care

    – Medical Director, VP Quality, Clinical staff representatives
    – Review for quality of internal and external processes
        - CT BHP documentation and policy/protocol review
        - Provider record reviews
        - Provider policy review
        - Provider site visits
    – Collaboration with DCF Quality staff

Quality of Care Trends

- **Identification of Trends that may trigger a Quality of Care Investigation:**
  - May be triggered by a single issue, such as the occurrence of a single significant event or may result from the identification of a trend of less serious issues.
  - Trends may be concerns at the system level or provider/practitioner level.
    - Potential quality of care issues at the system level may be indicated by multiple incidents of questionable quality care across multiple providers in the system
    - Potential quality of care trends at the provider level may be indicated by multiple occurrences of the same or several incidents associated with the same provider within a given time period

Follow Up on Quality of Care Trends

- Collaboration with DCF
- Collaboration with Provider
- Establishment of Quality Improvement Plans or Corrective Action Plans depending on severity
- More stringent actions possible

Regional Network Managers

From Transformation to Operations

Beginning New Projects
(Redefining GEO Teams)

- Regional Network Managers (RNM) are now managing assigned GEO Team functions and meetings

- Meetings focus on identifying specific barriers to the timely movement of CTBHP members to the most medically appropriate level of care, network gaps, quality of care concerns, cross-departmental communication

- Structure: Senior Management Sponsor, Peers, ICMs, CCMs, RCT staff, Quality staff , and other Center and DCF staff as needed

Beginning New Projects
(Psychiatric Residential Treatment Facilities')

- RNM's are working on a DCF/CTBHP inter-departmental team assigned to study utilization trends in Psychiatric Residential Treatment Facilities (PRTF)

- The RNM's role is to provide data analysis and general analytical support

- Anticipate provider meetings and other stakeholder involvement to discuss PARs, LOC criteria, etc

Beginning New Projects
(Provider Analysis and Reporting System)

- RNM's continue work on the Provider Analysis and Reporting (PAR) initiative

- Providing project management within inter-departmental workgroups charged with preparing for PAR activity in 2008

- Specific focus on child/adolescent inpatient, PRTF, ECC's and adult inpatient providers

- Awaiting feedback on proposed ch/adol inpatient methodology, initiating scope discussion and initial data analysis on remaining level's of care

Beginning New Projects
(ECC Evaluation)

- RNM's providing analytical and project support to DCF staff on ECC program evaluation and provider performance

- This support includes: developing and implementing a formal project plan with DCF staff, validating provider reporting data, and assisting DCF with ECC provider relations issues

Maintaining our Commitment to Local Initiatives

- Continue to attend Community Collaborative meetings
- EPIC training roll-out
- Support to local LADP initiatives is and will continue to occur (particularly related to access and quality)
- Involvement in Quality Improvement efforts with identified providers
- Two new RNMs to begin in early April

Peer Support and Family Specialists

Peer Support Unit

Peer and Family Peer Specialists attended 35 community meetings, examples include:

- Home Visits with Members
- Child Specific Team, Discharge Planning or Treatment
- Team Meetings with Family and Providers
- School PPT Meetings
- Support Member/Family at Court
- Community Collaboratives
- Community Meetings
- Conferences
- MSS
- Emergency Room visits with Family

Peer Support Unit, cont'd

- 154 Consultations occurred in February – significant increase in volume driven by increased referrals from MCOs

- Unit will be hiring last vacancy in March

- Active members of Geo-Teams, attending MSS and pre-MSS meetings, Collaboratives, etc.

Examples of Referrals Given by Peer Unit

Care Coordination
➤ System of Care Community Collaboratives
➤ *Discharge planning meetings at various Hospitals and M.S.S. meetings.*

Family Organizations
➤ FAVOR
➤ North Star Parent Support Group
➤ Together We Shine Parent Support
➤ NAMI

Housing
➤ Rental Deposit-D.S.S / D.C.F.
➤ Housing and Urban development
➤ Housing Authority- Waterbury , Middletown, Windsor

Faith-Based Organizations
(for basic needs-food, clothing, and financial)
➤ Salvation Army
   Alcoholics Anonymous

Recreation
➤ Norwich Youth and Family
➤ Town sponsored recreational programs

Vocational Programs
➤ B.R.S.
➤ Info Line
➤ Department of developmental disabilities- vocational program

Heating Programs
➤ New opportunities energy assistance

Training
➤ Autism Resources in the community
➤ Embracing Loss

Legal Services
➤ CT Legal Aid
➤ Teen Legal Advocacy Clinic

Provider and Customer Relations

Provider Relations
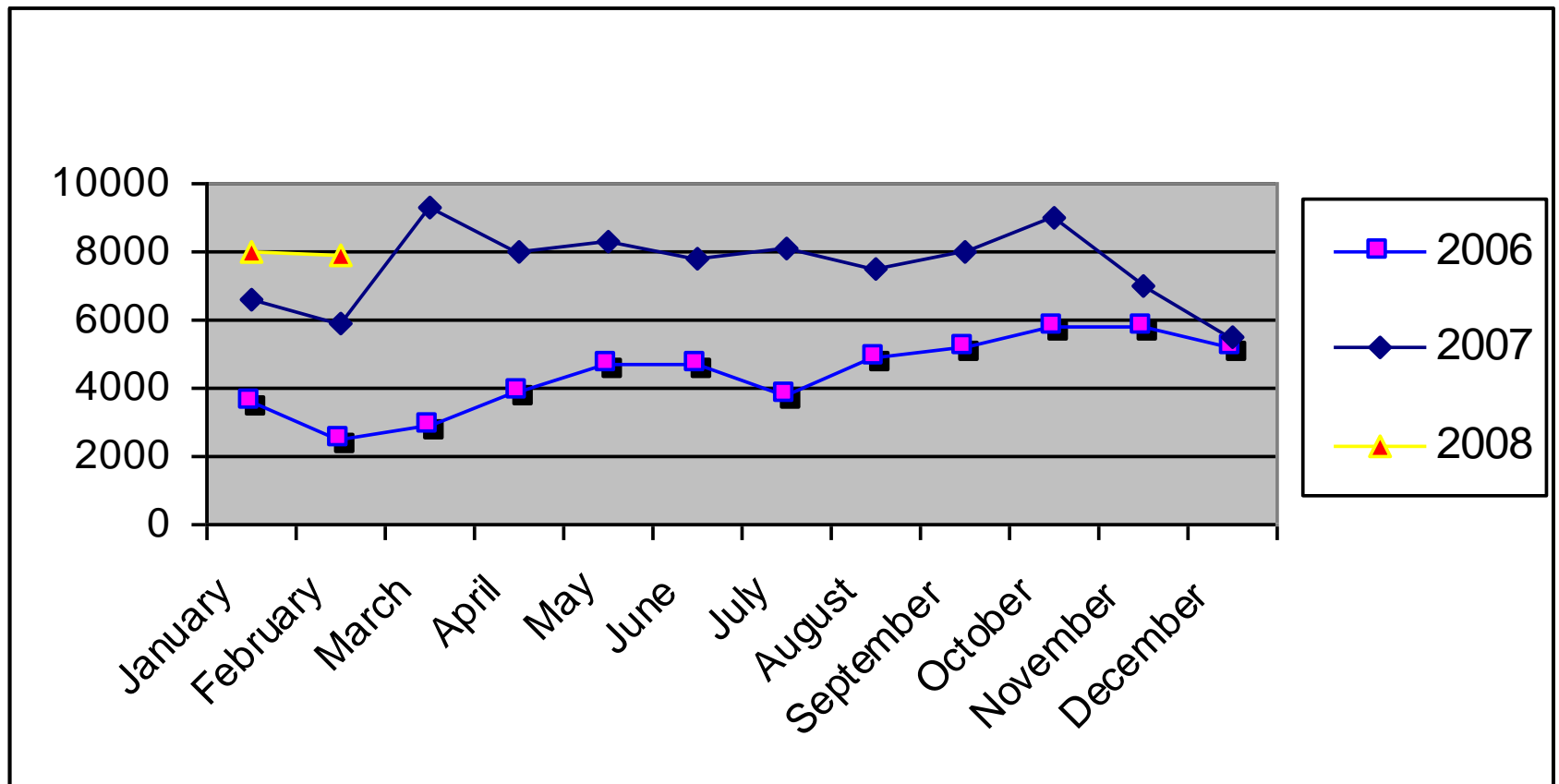
- 2008 Provider Training Workshops
  Topics Include:
  - Web Registration/Re-registration
  - Medication Reconciliation
  - Focal Treatment Planning
  - PARS (Provider Analysis & Reporting)
  - Peer Support Program

- Rapid Response Team
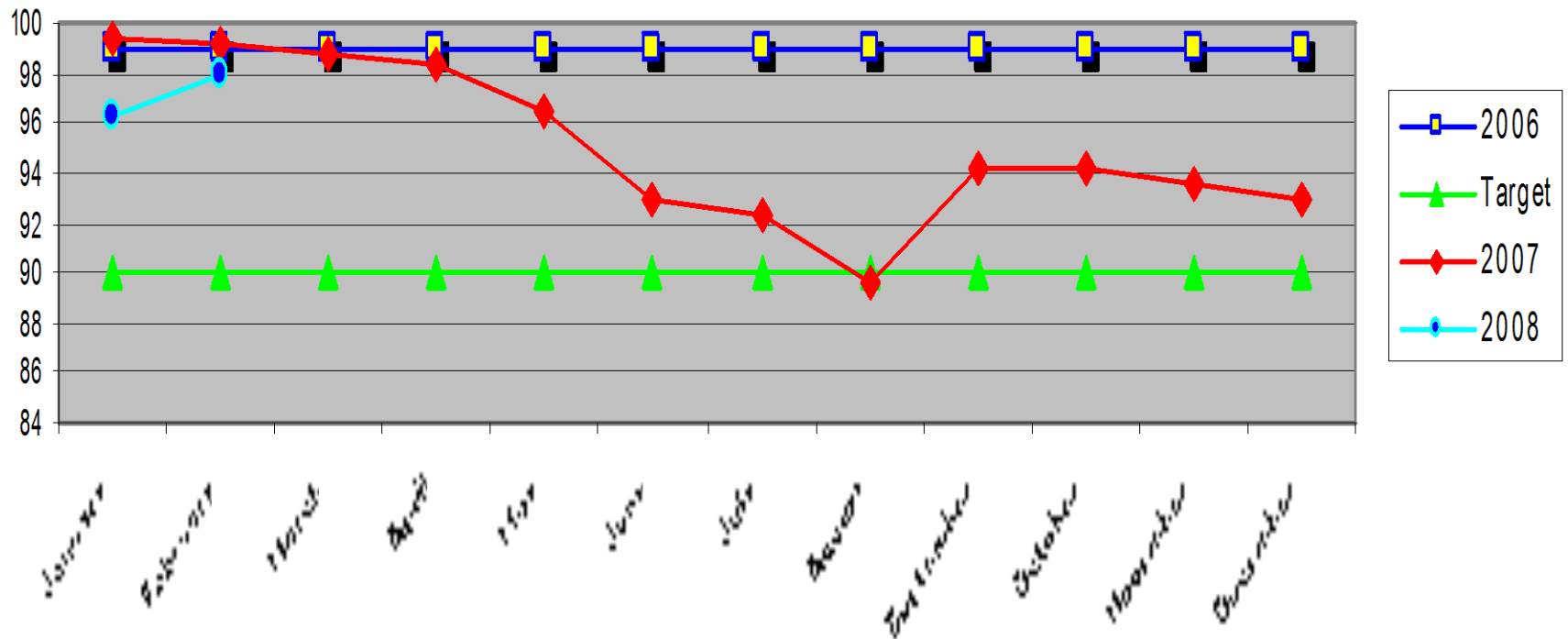 - Q1 2008: Outreach to 37 providers *(11 MD; 15 PhD;10 APRN; 1 DO)*

CT BHP Customer Service Call Volume
January and February 2008

CT BHP Call Center
% Answered in < 30 Seconds
January and February 2008

interChange Implementation

- Claims issues have been identified and are being addressed

- Providers with issues should contact EDS Provider Assistance Center at 800.842.8440 (860.269.2028,local)

- If unable to reach EDS, providers may call DSS Provider Relations at 866.277.5321