Connecticut Behavioral Health Partnership

Operations Sub-Committee

September 9, 2011

Connecticut BHP
Supporting Health and Recovery

Short-term and Long-term Changes to Impact Administrative Efficiency

Connecticut BHP
Supporting Health and Recovery

Revision of the Review Process for Detox
April 2011

In response to provider concerns in April, VO revised the review process for detox admissions and concurrent reviews

RESULT – significant streamlining of the review process (40% reduction) and elimination of Provider complaints about length of time necessary to obtain authorizations for detox

Phase 2

Review of Process for Concurrent Reviews (CCR) for Inpatient Level of Care

August 2011

Following a significant increase in volume of reviews, providers have expressed serious concerns about the length of time required to complete inpatient CCRs. In response, VO performed a review of the process to assess opportunities to streamline authorizations <u>without</u> sacrificing clinical integrity or accurate data reporting

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Phase 2 Efforts, cont'd

- ❑ Met with inpatient representatives to hear concerns

- ❑ Convened a team of line and management staff to evaluate opportunities to streamline the process

- ❑ Reviewed forms and procedures, identified areas of opportunities

- ❑ Convened second meeting with inpatient representatives to share proposed changes

Phase 2, cont'd

- ❑ Tested shortened version of forms for accuracy and timeliness
- ❑ Evaluated process to insure no negative impact on data reporting
- ❑ Submitted proposal of revised form to State clients for review and approval
- ❑ Trained staff
- ❑ Implemented new process September 7, 2011

Specific Changes to the Form

Total changes account for as many as 80 questions removed from routine process

- ❑ ***Substance Abuse and ASAM questions*** *no longer required (unless <u>Primary Diagnosis </u>is substance abuse-related) – 26 questions*

- ❑ *Eliminated repeated inquiries about **Treatment History***

- ❑ *Eliminated **Psychotropic Medications** (unless Provider indicates medication change or significant medication issues) – 6 questions*

- ❑ *Eliminated **Focal Treatment Plan** section – 10-20 questions*

- ❑ *Eliminated **Treatment Request** section – 12 questions*

- ❑ *Eliminated **Inpatient Discharge Planning** section – 18 questions*

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Results of Testing of New CCR Form/Process

Clinician Tester	Average Time to Complete Revised Form	Estimated Average Range for Review	Average Time to Complete "Old" Form
A	14 min	12-18 min	25-40 min
B	18 min	17-22 min	25-40 min
C	15 min	12-16 min	25-40 min
D	16 min	13-20 min	25-40 min

Additional Responses to Improve Efficiency
September 2011

❑ Revised procedure for providers with ≥ 5 concurrent reviews in one call: BHP Clinical staff will <u>temporarily</u> move to use of paper form to streamline review process and insure speedy completion of authorizations (September 8, 2011)

❑ Revised procedure for Bypass program, authorizing a lengthier initial auth if 5 day initial falls on the weekend

Phase 3
Mid-term Efforts to Assure Efficiency

- ❑ Creation of an Integration Workgroup to evaluate internal workflows and staffing (July & August 2011)

- ❑ Implement recommendations of Integration Workgroup, including development of Regional Clinical Teams to insure familiarity with Providers (Fall 2011)

- ❑ Monitor and report on impact of Departmental integration efforts

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Phase 3, cont'd

❑ Report on effectiveness of streamlined inpatient concurrent review form and process, documenting average length of time to complete reviews

❑ Achieve targeted Inpatient review times of:

- ▪ 20-25 minutes for Pre-certification

- ▪ 10-15 minutes for Concurrent Review

❑ Sunset use of paper forms after efficiency is established

CT BHP Integration Workgroups

- **Workgroups established** in July and August to examine existing processes and make recommendations for system improvements

- Initial recommendations were to integrate departmental scheduling and unify call procedures between programs. Those changes resulted in improved internal processes and responsiveness to Provider calls

- Recommendations also made for integration of clinical departments (adult and child/family) and organization by regional teams

Pending Eligibles

❑ Volume of pending eligibles substantial

❑ Intent had been to continue process established with ABH for authorization to higher levels of care

❑ Result: All levels of care seeking authorization for pending eligibles

❑ Volume not sustainable

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Pending Eligible Recommendations

❑ For inpatient psych, inpatient detox, partial hospitalization and free standing detox CT BHP will continue to create temporary member records

❑ CT BHP will discontinue the creation of temporary member records for all other LOC effective 9.15.11

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Retrospective Review process for those members who do become eligible

❑ Lower LOCs such as OP, Methadone Maintenance, EDT, AmbDetox, Adult Group Home and IOP services, providers to submit an abbreviated retrospective review form (available at www.ctbhp.com):

   ❑ Intake (which clearly articulates need for LOC),

   ❑ Treatment plan (which clearly articulates progress against goals), and

   ❑ Discharge summary (which clearly articulates connect to continuing care)

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Retrospective Review process for those members who do become eligible, cont'

❑ For Home Based (IICAPs), Home Health Care services and for Higher LOCs when a temporary member authorization was not pursued, providers would be expected to submit full chart reviews for retrospective determination of medical necessity

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Questions?

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