



Pediatric ED Utilization: Summary of Forum and Next Steps

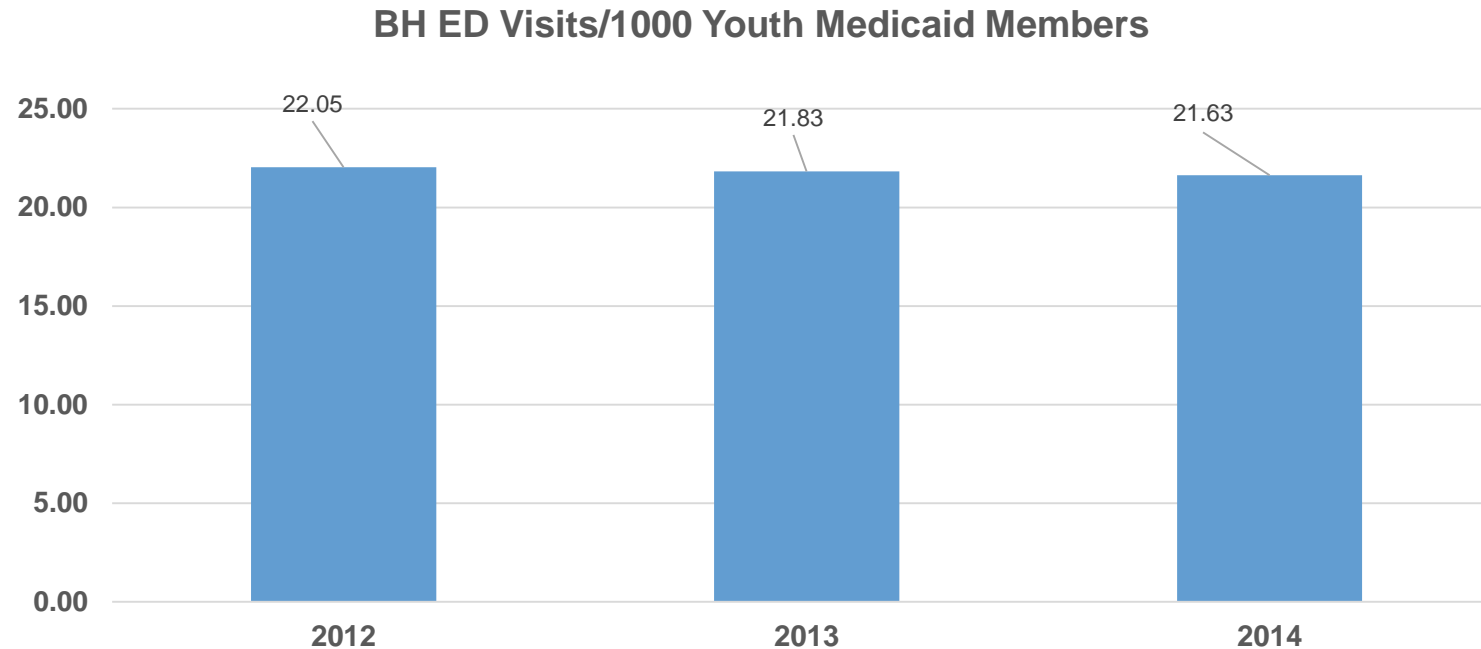
Child/Adolescent Quality, Access & Policy Committee Meeting

April 20, 2016

Purpose and Goals

- Purpose – align stakeholders in a mutual effort to improve and coordinate system responses to children in behavioral health (BH) crisis
- Goals
 - Raise awareness regarding pediatric behavioral health ED utilization
 - Identify and highlight the characteristics of children and youth that have multiple ED visits (Frequent Visitors)
 - Brainstorm strategies, resources, measures, and barriers for improving crisis response and ED utilization

High Volume – BH ED Rate May Be Stabilizing



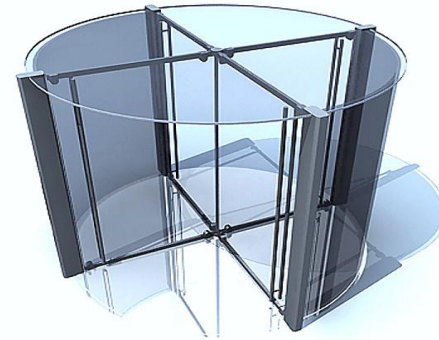
- Rate appears to be stabilizing with little change from 2012 to 2014.

4 Concerns with Pediatric BH ED Utilization

1. High Volume



2. Frequent Visitors



3. “Stuck” Children



4. Poor Care Connections



High ED Volume – Issues

- Many visits are avoidable
- EDs are not the ideal environment for children/families in BH crisis
- Unnecessary visits are costly and interfere with other care delivery
- Alternatives are currently available and/or in development but underutilized
- ED remains the default crisis response yet there are several disadvantages
- Missed Opportunities to provide enhanced care coordination and collaboration by utilizing alternatives
- Enhanced Care Coordination is a goal of the Children's Mental Health Plan

Frequent Visitors - CT Study

- During 2014 – Beacon conducted a study of Medicaid Youth ED Utilization
- The study period was July to December 2013



Frequent Visitors – Study Sample

4,105

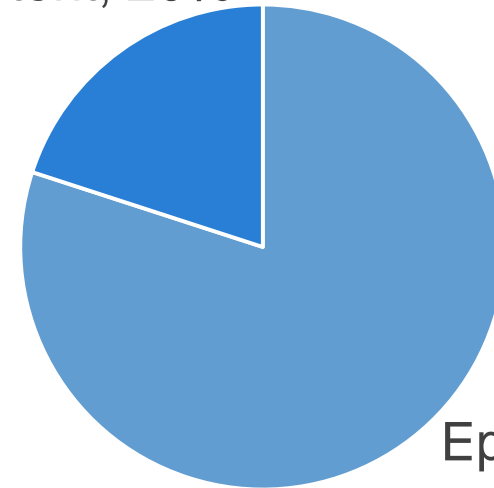
- During the Study Period 4,105 youth used the ED and had a primary or secondary BH Diagnosis on the claim.

Frequent Visitors

- **Frequent Visitors** 140
Youth had 4 or more visits in 6 mos. and were classified as BH Frequent Visitors
- 80% of Frequent Visitors are **episodic** vs. **persistent** in their frequent use



Persistent, 20%



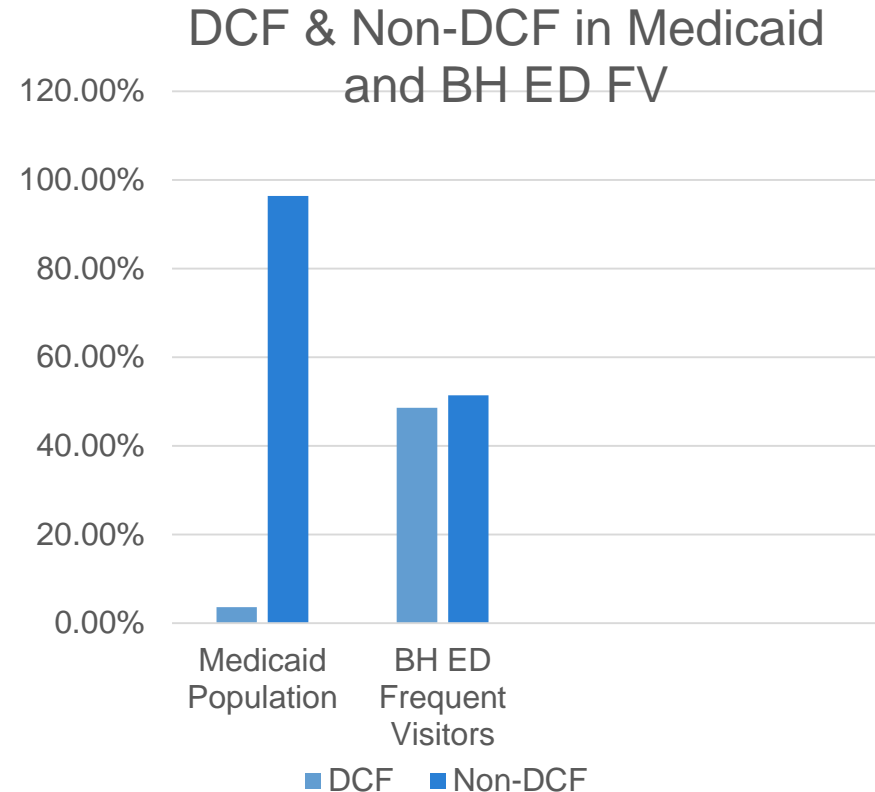
Frequent Visitors – Race & Gender



- Girls and Whites are disproportionately over-represented among BH ED Frequent Visitors
- Blacks are disproportionately underrepresented in most BH services. Blacks are BH Frequent Visitors to the ED at rates comparable to their pop.

Frequent Visitors – DCF Status

- DCF youth make up 48.6% of BH ED Frequent Visitors but only 3.6% of the Medicaid Population



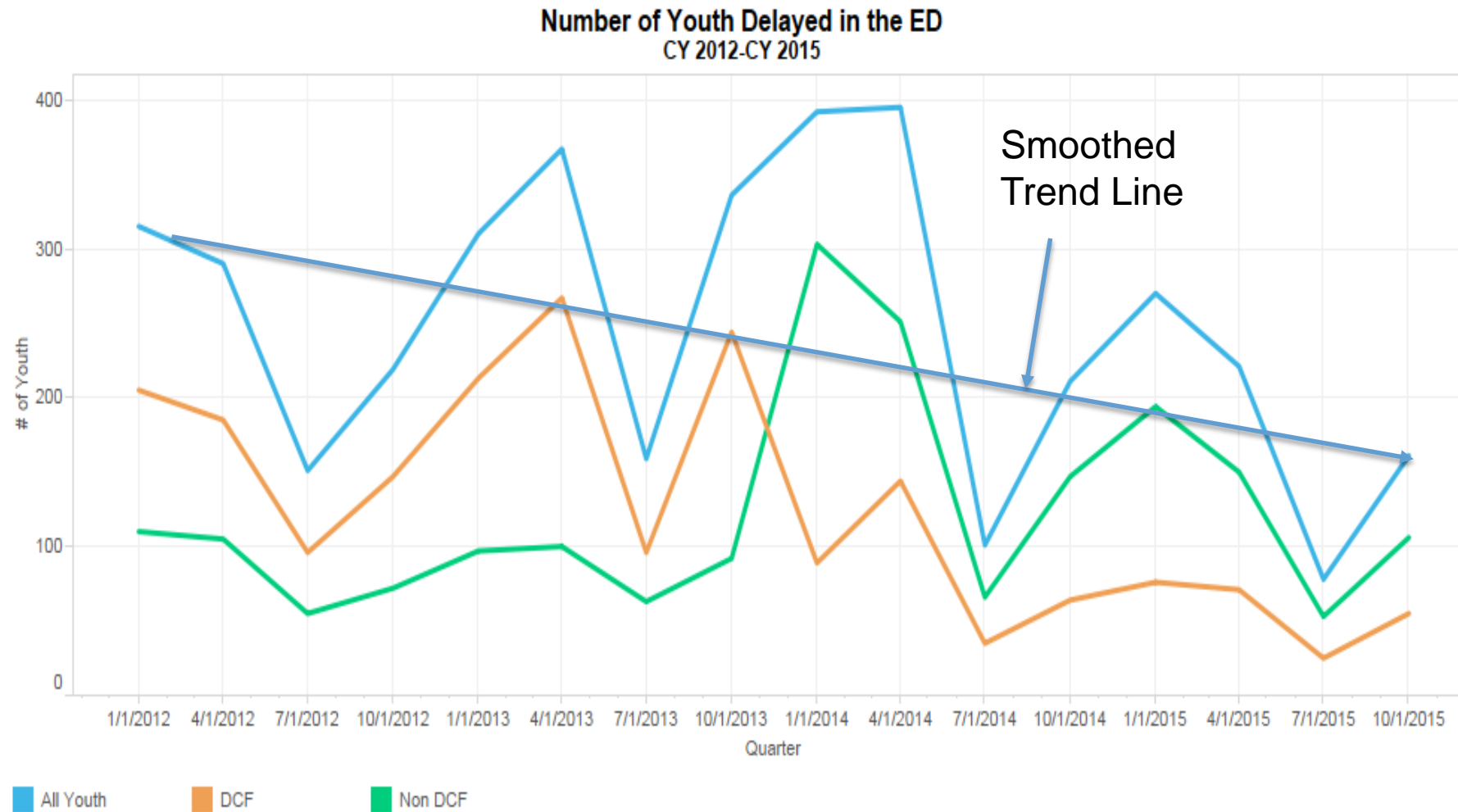
DCF Youth includes committed, voluntary, juvenile justice, dually committed, and family with service needs

ED Stuck Children

- Each year, a small percentage of children who visit the ED in a BH crisis remain stuck in the ED, sometimes for days, without a satisfactory disposition.



ED Stuck Children



ED Care Connections

- Children and families that visit the ED with a BH diagnosis need to connect to care in the community ASAP.
- If not, they risk poor outcomes, re-admission to the ED, and deterioration
- Rates of ED Connection To Care and ED Readmission Rates vary from hospital to hospital and there is significant room for improvement

ED Care Connections – Potential Strategies

- ED Discharge Activities
- Coordinated System Process (CCT for kids?)
- EMPS Bridging (Face to Face handoff in ED preferred)
- Care Coordination Options (ICM, CME, SOC, etc.)
- Enhanced Care Clinic Referral (2 hours, 2 days, 2 weeks)
- DCF Integrated Service System - ISS
- Notification of Current Provider
- Notification of DCF Worker
- Formal Performance Improvement Project

Suggested Strategies from Break Out Groups

- Education for parents, schools and police on EMPS
- Reconcile school “zero-tolerance” policies with available BH resources
- Establish a clear definition of “avoidable” ED visits or appropriate use standards and educate on alternatives
- Enhanced care coordination in the form of outreach calls to youth discharging from ED to ensure connect to care
- Outpatient clinic meeting youth and families in ED prior to discharge
- EMPS as contracted providers in the ED to manage BH crises
- Streamline protocol for youth in crisis who come to the ED

Next Steps

- Regional Follow-Up Meetings
 - Data driven when possible
 - Targeted outreach/enhanced care coordination
 - Relationship building & inclusion – school personnel, MD's, care coordination, Autism Spectrum providers
 - Regions will have different outcomes based upon levels of collaboration
 - Share best practices/strategies as appropriate
- DCF and EMPS to develop educational campaign aimed at parents, schools & police departments
- Explore notion of drafting guidelines for appropriate ED referrals