Behavioral Health Partnership Oversight Council

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Meeting Summary: July 9, 2008
Co-Chairs: Rep. Peggy Sayers & Jeffrey Walter
Next meeting: September 10th @ 2 PM in LOB Room 1D

Attendees: Jeffrey Walter (Co-Chair), Dr. Karen Andersson (DCF), Teddi Creel (DSS), Dr. Steven Kant (CTBHP/ValueOptions), Ellen Andrews, Rose Marie Burton, Richard Calvert, Molly Cole, Elizabeth Collins, Thomas Deasy (Comptrollers Office), Anthony DelMastro, Stephen Frayne, Davis Gammon, MD., Charles Herrick, MD, Jocelyn Mackey (SDE), Judith Meyers, Melody Nelson, Sherry Perlstein, Paul Potamianos (OPM), Maureen Smith, Christin Vogel (Comm., OHCA), Susan Walkama, Beresford Wilson, (M. McCourt, staff).

Council Administration

- Motion by Dr. Gammon, seconded by Elizabeth Collins to accept the June Council meeting summary was approved by members without dissension.
- Council membership appointments by Legislative appointing authority: previously appointed members representing specific categories need to send a letter (*and resume*) to the Legislator indicating their interest in staying on the Council. The legislation added two parent representatives and two hospital appointments to be made by the Governor.
- Consumer Participation in the Council and Subcommittees: Dr. Andersson stated it is important to orient consumers to the BHP OC and Subcommittee, and provide ongoing support to these members. Sherry Perlstein observed that current and new non-consumer members would benefit from an overview of the various components of the program and a Glossary. The latter can be found at : www.ctbhp.com pages 32-34 of the "Member Handbook"

Subcommittee Reports

Coordination of Care SC: Co-Chairs – Sharon Langer & Maureen Smith

BHP OC Coord Care SC 6-26-08.doc

(*See June report above).* DSS arranged a phone conference with Mercer to review the draft pharmacy prescription study. Sharon Langer will accept questions/comments from the SC and send them to DSS for finalizing the report.

DCF Advisory SC: Co-Chairs: Kathy Carrier & Heather Gates
The Subcommittee is working on developing focus groups for discussion of the BHP program.

Provider Advisory SC: *Chair: Susan Walkama (see June report below)*

BHP OC PAG SC 6-18-08.doc

Susan Walkama reviewed the issues in the June meeting that involved the Enhanced Care Clinics (ECC) contract requirement of timely access to psychiatric services. Non-hospital ECCs are not required to meet the hospital emergency psychiatric standard but recognize that the 14 days access standard is too long. The Subcommittee requested data on the number of children/adults in ECCs that have used psychiatric services. The data will be used to continue the discussion. The SC will meet July 16th to review the Hospital 23 hour observation bed level of care guidelines that will be brought to the Council for review and action in September.

BHP Agency Reports

BHPOC Presentation 7-9-08 Final.ppt

Pay for performance (P4P) program for child/adolescent inpatient services

A task force designated by the Council Co-Chair of 8 hospitals and CT BHP developed a performance measure targeted at ***reducing inpatient average length of stay (ALOS***). Identification and implementation of hospital –based "best practices" in discharge planning and addressing DCF children's disposition issues were part of the process of developing the performance measure. Performance improvement includes reducing 'delayed' LOS, acute LOS or both. Measurement period is Q3 & 4, 2008. Total budget for P4P is approximately $435,000. ***Background:*** The CTBHP is committed to meeting the goals of the program through strategic programs that are brought to the Council for review/action. In 2007 the Council approved the Enhanced Care Clinic (ECC) model to improve access to outpatient services. In the spring of 2008 the Council voted to accept the Inpatient P4P concept while deferring action on the BHP budget until the session was over. The biennial budget was not amended in the 2008 session. The 1 % across the board BHP rate increase remains in addition to the allocated P4P dollars.

At the June meeting council members requested more information on this performance measure. Methodology information from CTBHP/VO was sent to the Council prior to this meeting for review.

Motion: Made by Elizabeth Collins, seconded by Davis Gammon, MD: **Council *to approve the allocation of $435,000 for hospital performance measure designed to reduce aggregate inpatient length of stay through encouraging providers to meet risk adjusted targets***.

Discussion of the motion:

- ✓ Hospital/ representative of work group stated the methodology is fair to all hospitals. Each hospital has its own target goals based on case mix, removal of 4% 'outliers' from aggregate data. Credits to hospitals are applied by percentage improvement in meeting

its goals.

- ✓ The $435,000 for the P4P initiative was already allocated in the budget and does not affect the BHP pool of dollars, including the 1% across the board increase.
- ✓ *Why is there a 4% reduction for "outliers"?* Dr. Kant (CTBHP/VO) stated the performance measure methodology doesn't just target "outliers" rather represents a shift among the hospitals to achieve goals that will reduce children being 'stuck' in inpatient care beyond medically necessary stays.
- ✓ *What is the implementation process of the CTBHP with the hospitals for this initiative*? Dr. Andersson stated:
    - Providers will receive P4P dollars Jan 2009 for performance the last 2 Quarters of 2008.
    - After DCF meets with the work group in August to address the DCF clients' delayed stays, then the CTBHP will create a written memo (MOU) for the hospitals.
    - Initiative evaluation: The work group will meet with CTBHP over the next 6 months to review the data, revise the methodology as needed. This information will be brought to the BHP OC for discussion before further changes are made.
- ✓ *How will this initiative impact the BHP members?* Dr. Andersson stated the initiative sought to balance parental concerns about too early discharge with the problems of a child being 'stuck' in an inpatient setting when ready for discharge. Expect families will be involved with discharge plans and VO peer specialist will assist the family in getting their concerns addressed.
- ✓ *A provider perspective: what is the balance between perceived discharge pressures and insurance of discharge to a safe environment?* Dr. Kant stated there has been intensive work done to improve community-based services/access (i.e. ECC timely access to care target, increased intensive in-home services that are no longer grant 'slot driven'). The LOS initiative perception of "pushing the patient out' can be balanced by supporting hospitals in applying discharge practice standards. Data on re-hospitalization rates, high 'utilizers' and linkage to appropriate community levels of care will assess the impact of reducing ALOS within a hospital's defined target.
- ✓ Mr. Frayne reiterated his and CHA's concerns about introducing the P4P and associated dollars into an "under funded hospital environment" when costs increase by 6%/year. While agreeing with these concerns, Dr. Gammon noted that incentives improve practice.
- ✓ *If the Council votes against the implementation of this initiative, what happens to the allocated dollars?* Mr. Walter replied the Council has an advisory role to BHP agencies and if advises against this initiative, the proposal would go back to CTBHP or the Legislature. But the council has to act on this motion first.
- ✓ The child inpatient 'back log' (30% of hospital days are delay days) creates difficulty in treating children in crisis through residential care and community level congregate facilities.

Council Vote on motion presented to the Council: 15 yes, 0 nays, and 1 abstention. ***Motion passed.***

CTBHP Utilization Rates (Click on DSS BHPOC report above view data)

Teddi Creel (DSS) reviewed the utilization reports for children and adults in CTBHP; (*as noted in a past meeting, absent enrollment data for the report period, it is difficult to assess percent penetration rates by those < 19 and those > 19 years.)* It is also important to look at trending data and statistical variance. DSS stated this and the 'report card' would look at significance of service utilization change over time. Certain patterns continue in CY 07 in that adult inpatient admits/1000 are higher than children; however children's inpatient days/1000 (excluding Riverview) are twice that of adults. The percentage of inpatient days in delay status for children was 36.5% in 4Q07. There has been a steady increase in use of children's home- based services since the 1Q06.

Council requested BHP provide a breakdown by type of service for children "waiting for placement" in inpatient discharge delay status reasons.

Charter Oak Health Plan BH provider network

Providers enrolled in Medicaid CMAP program for BHP program will form the COHP behavioral health network. Under CMAP, Medicaid providers are not obligated to see all clients. Hospital representative noted that when the CTBHP started, hospitals received a letter rather a contract from DSS clarifying BHP rates, care guideline issues, etc. If there had been hospital BHP contracts, letters would have been sent to hospitals regarding opt in/out options for an additional service population such as COHP clients. DSS will provide the Council with information about Medicaid BH provider participation in COHP. Further discussion about the role of DSS and ValueOptions in the administration of COHP behavioral benefit will be scheduled for the September Council meeting.