
# Report to the

# Behavioral Health Partnership Oversight Council

## October 13, 2010

# Enhanced Care Clinics

## Current Status

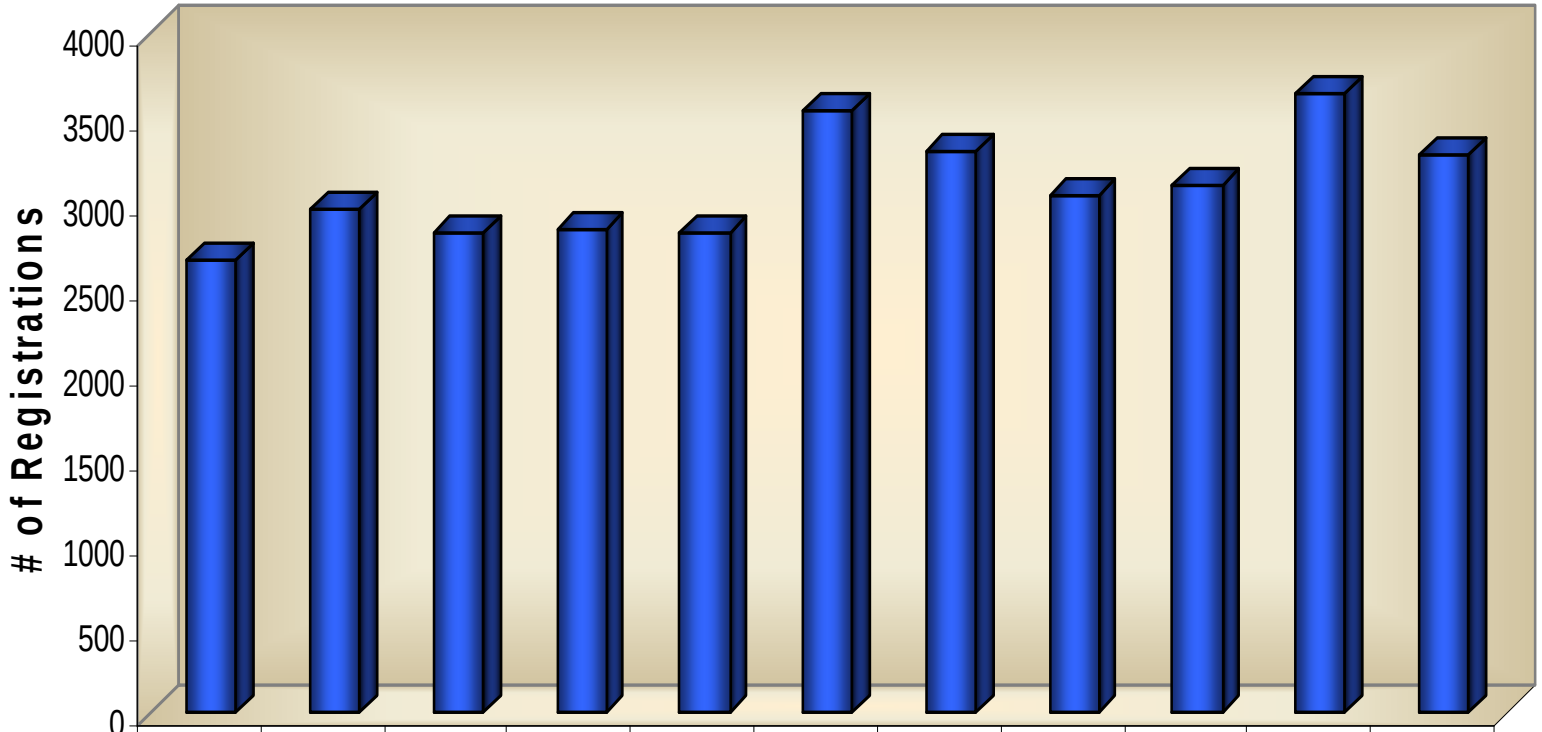
# ECC Overview

- 35 Enhanced Care Clinics receive higher fees (approximate 25% higher than non-ECC clinics) in return for meeting the following requirements:
  - Timely Access
  - Collaboration with Primary Care
  - Proficiency in screening, assessment & treatment of co-occurring mental health and substance abuse disorders

# ECC Access Requirement

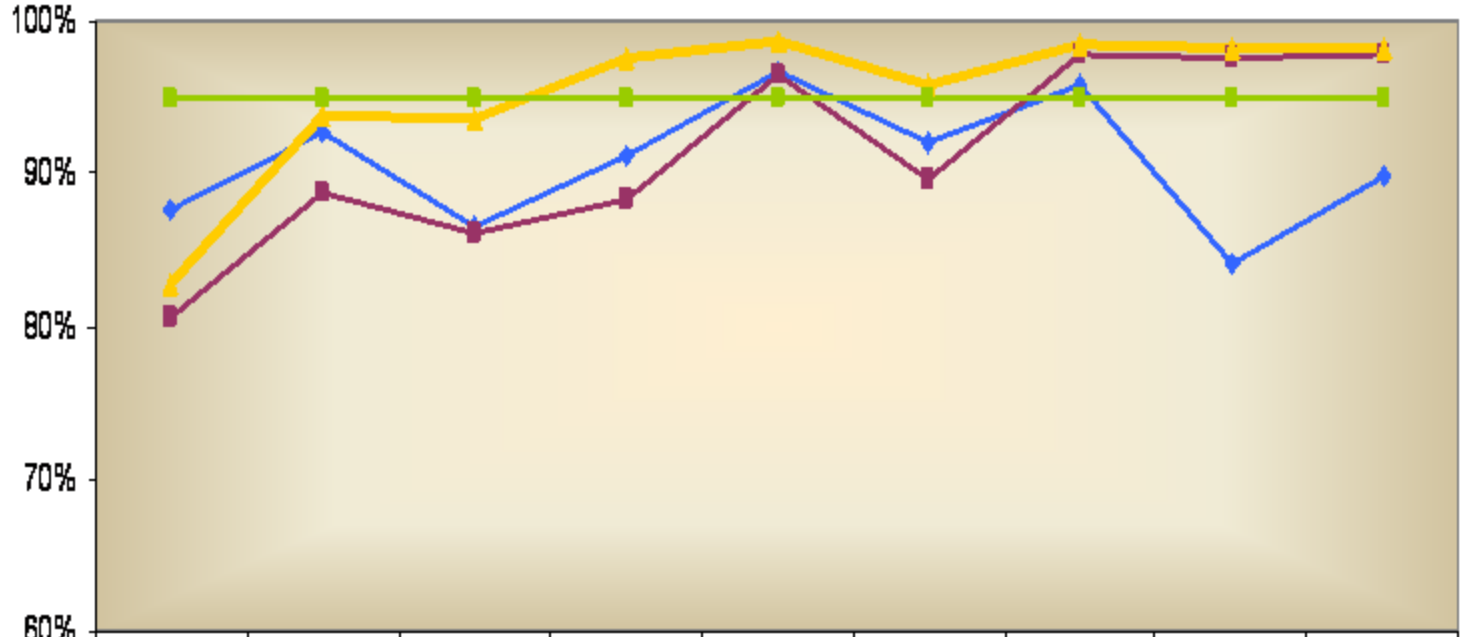
- Timely access to initial appointment is measured quarterly
- To date, only routine access is being counted towards compliance with timely access
- Numbers for urgent and emergent cases continue to be low

## 18E: ECC- Total Outpatient Registrations Volume



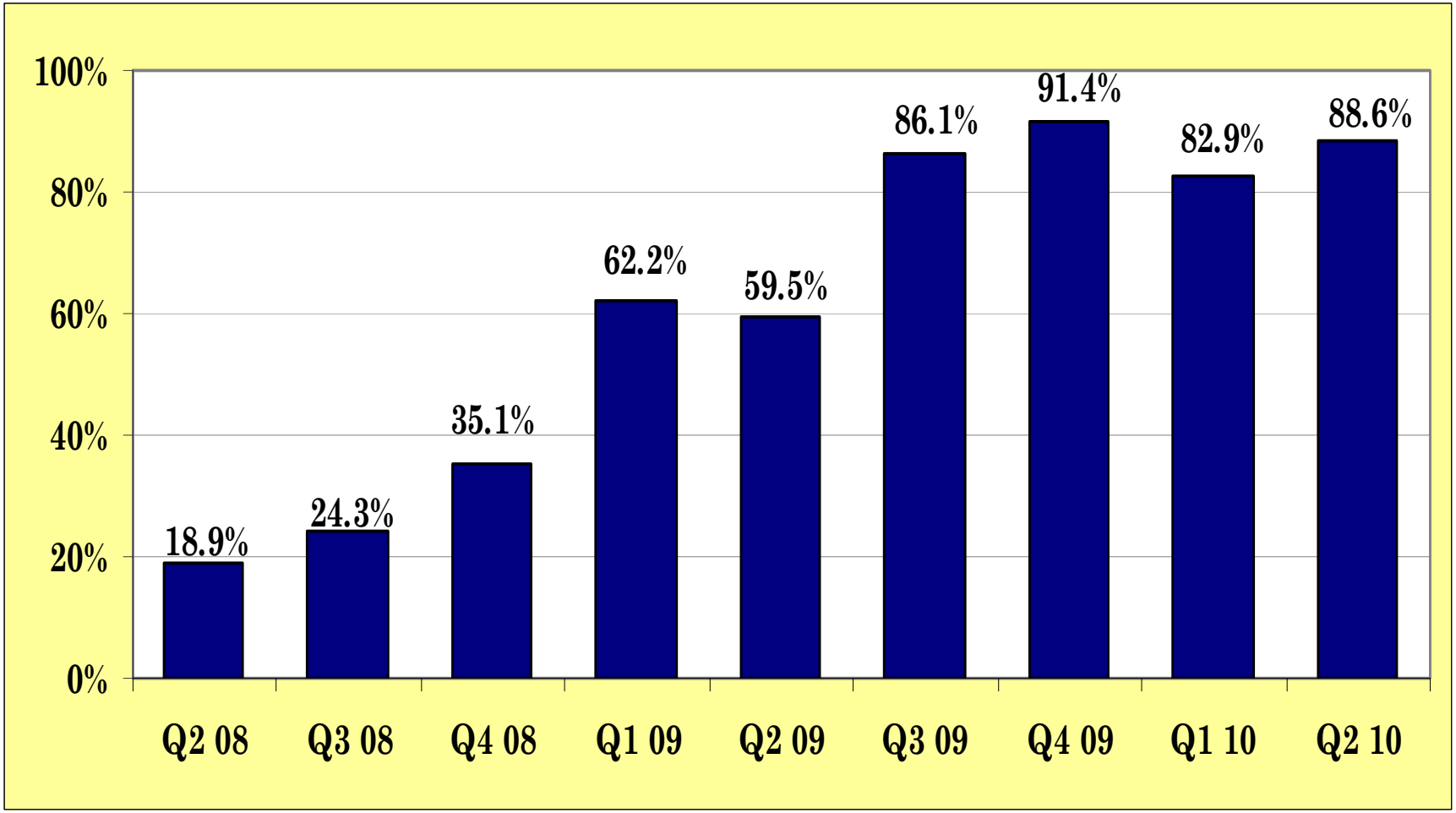

| | Q4 '07 | Q1 '08 | Q2 '08 | Q3 '08 | Q4 '08 | Q1 '09 | Q2 '09 | Q3 '09 | Q4 '09 | Q1 '10 | Q2 '10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total | 2667 | 2979 | 2830 | 2857 | 2823 | 3560 | 3317 | 3056 | 3112 | 3651 | 3290 |

## 18E: ECC Access Measures

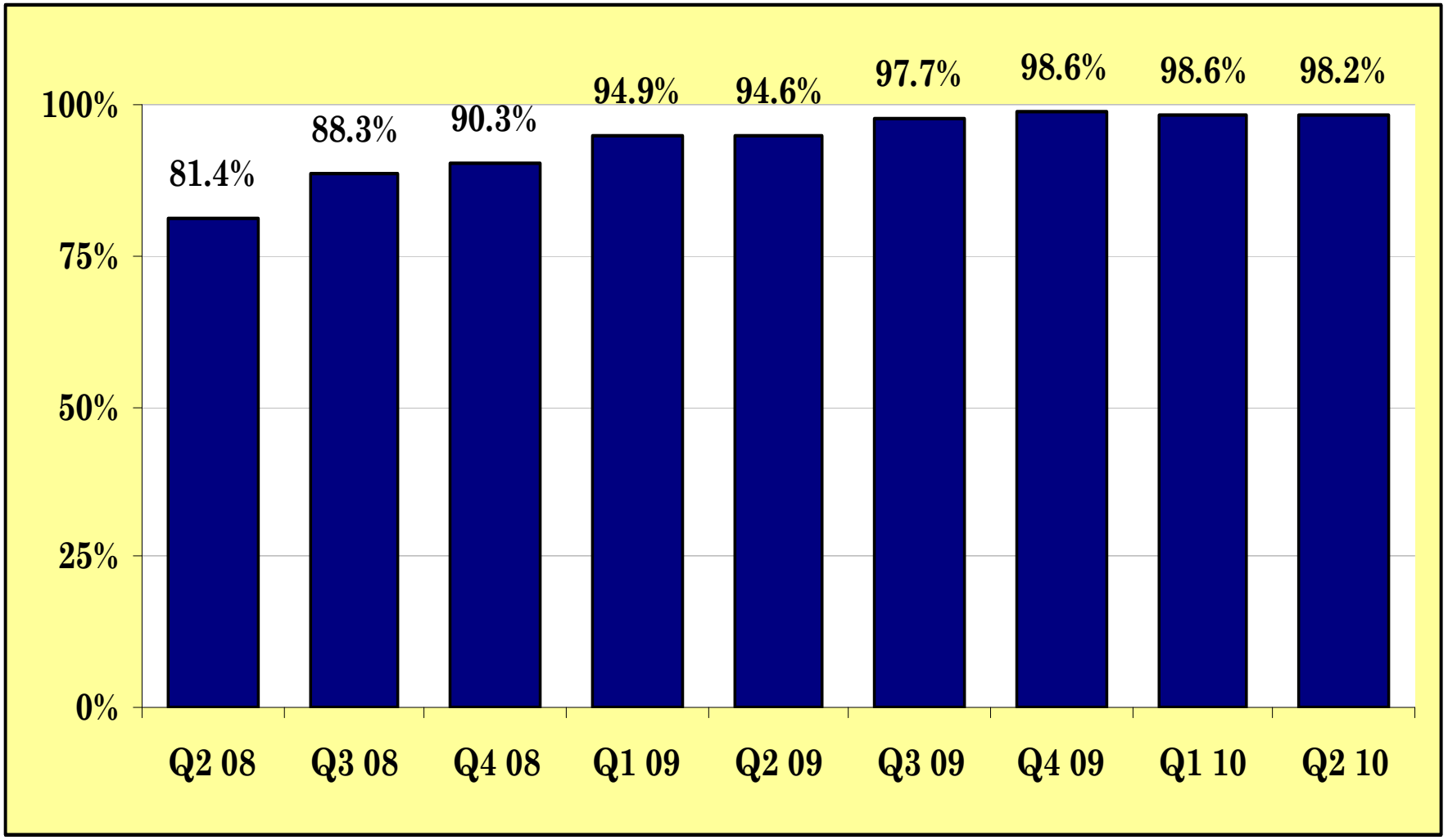



| | CY '08 | Q1 '09 | Q2 '09 | Q3 '09 | Q4 '09 | CY '09 | Q1 '10 | Q2 '10 | '10 YTD |
|---|---|---|---|---|---|---|---|---|---|
| Emergent | 87.63% | 92.73% | 86.54% | 91.11% | 96.61% | 91.94% | 95.71% | 84.06% | 89.93% |
| Urgent | 80.55% | 88.78% | 85.99% | 88.23% | 96.39% | 89.63% | 97.73% | 97.67% | 97.70% |
| Routine | 82.67% | 93.85% | 93.56% | 97.49% | 98.58% | 95.76% | 98.40% | 98.23% | 98.32% |
| Access Standard | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |

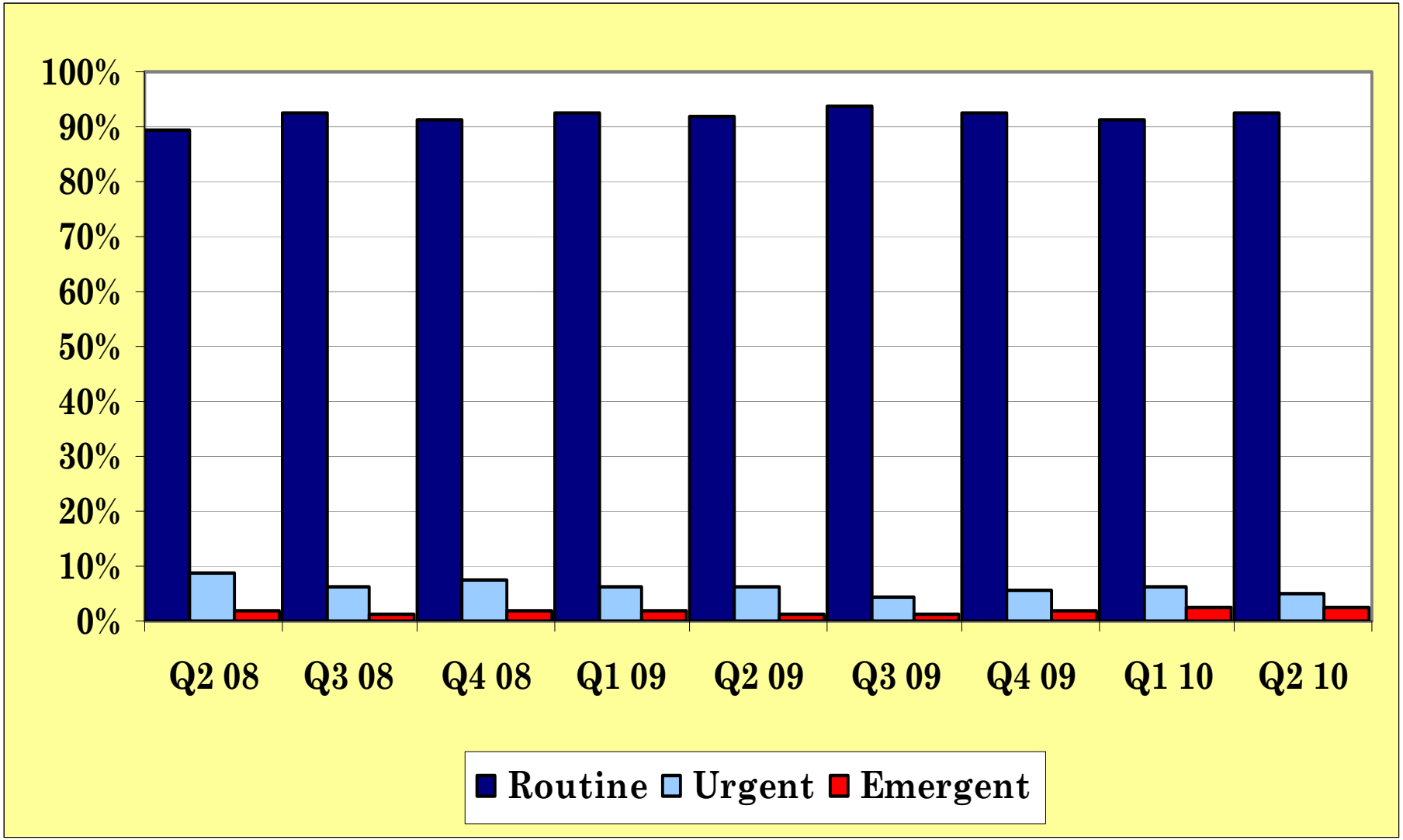
# % of ECCs that Met the Routine Appointment Access Standard



# % of Members Offered Routine Appointment within 2 Weeks



# Types of Appointments Offered



# Mystery Shopper

Mystery Shopper Program:

- ECCs are assessed on whether screening is done at time of first contact and triage for level of urgency of need (emergent, urgent, routine).
- All 35 ECCs have been Mystery Shopped as of September 2010
- A total of 12 ECCs submitted Corrective Action Plans
- All 12 passed Mystery Shopper on follow-up
- Issues that led to CAPs include:
  - messages left on voice mail and not returned
  - no screening for urgency of need

# Mystery Shopper *(Cont.)*

- 4th Round of Mystery Shopper calls in CY 2010 highlighted the need to review the Mystery Shopper process
- The current audit tool is being reviewed and revisions will be shared with a council sub-committee
- The current method of oversight of the ECC initiative is also being retooled and the new process will be shared with a council sub-committee

# ECC Primary Care Collaboration Requirement

- Goals:
  - To develop formal relationships with primary care practices
  - To support mutual referral practices
  - To facilitate collaborative care and efficient exchange of information to support patient care
  - Each ECC must enter into MOU with its primary care partner and develop policies and procedures that implement such MOUs

# ECC Primary Care Collaboration Requirement

- All ECCs have provided MOUs with their primary care partners
- Policies and Procedures that support those MOUs will be requested as well under the new ECC Oversight Model
- ECC clients who are deemed stable on their medication may be referred to their PCP partner for ongoing medication management.
- **E&M consultation codes were implemented to support a brief psychiatric consultation by the ECC when requested by the primary care provider who is managing medication .**
- **To date, few of these consultations have taken place.**

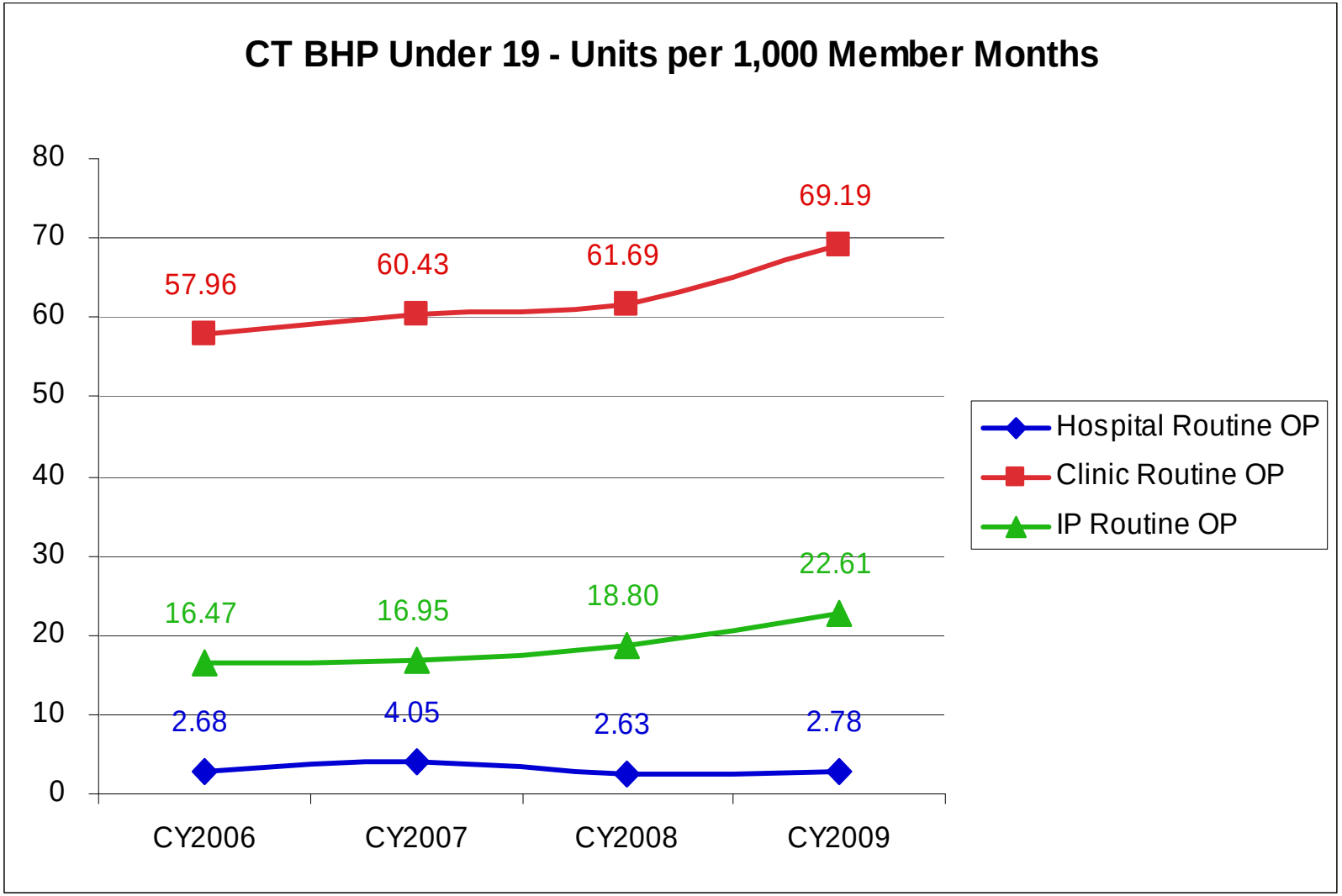
# ECC Co-Occurring Requirement

- Policy Transmittals outlining requirements for co-occurring screening, assessment and treatment were issued in April 2010
- ECCs will need to be in compliance by April 2011
- Workgroups met to collaboratively develop the oversight tools
- Oversight will begin once the new oversight model has been developed

# Service Utilization

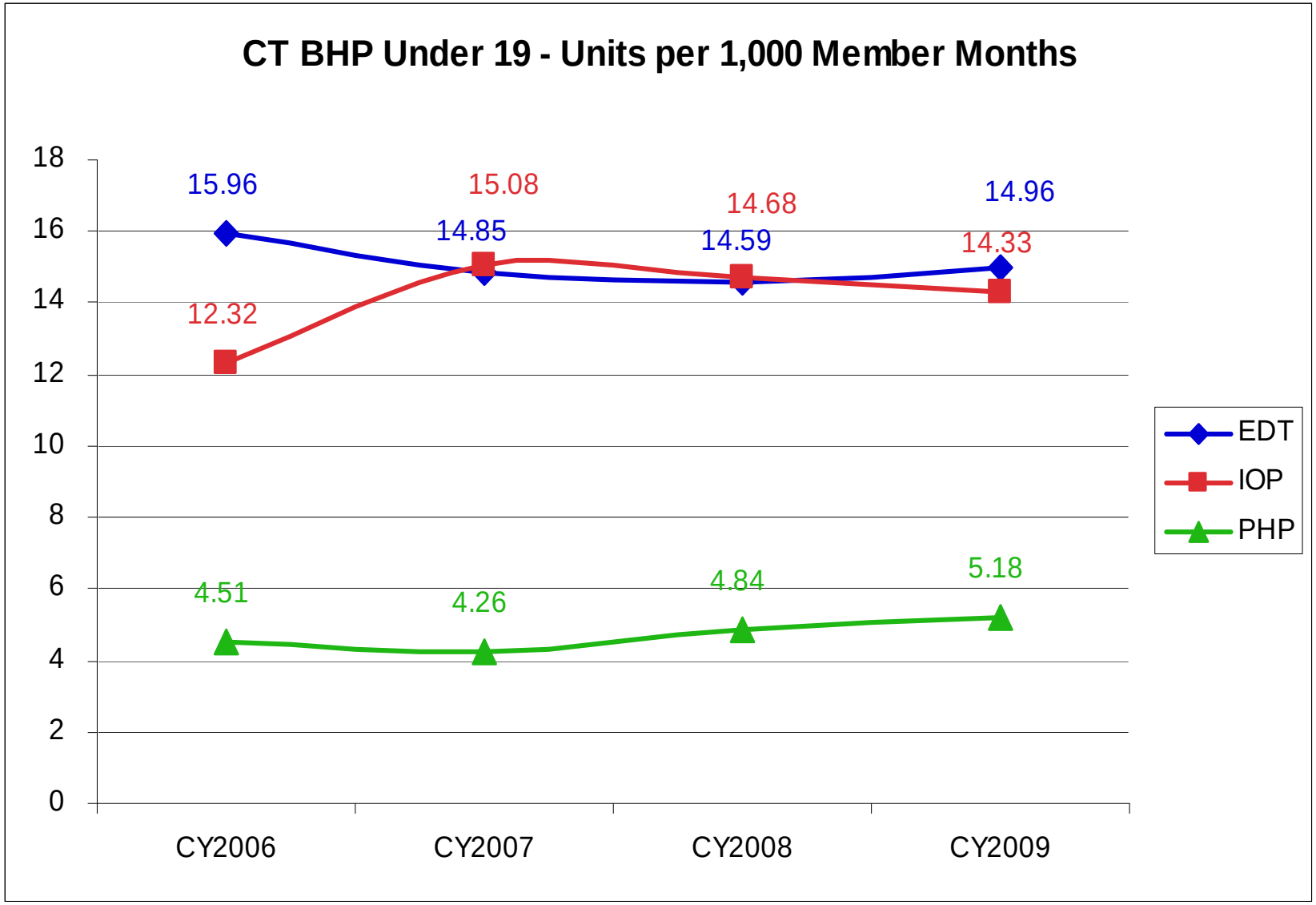
# CT BHP Under 19 DOS Utilization

## Routine Outpatient



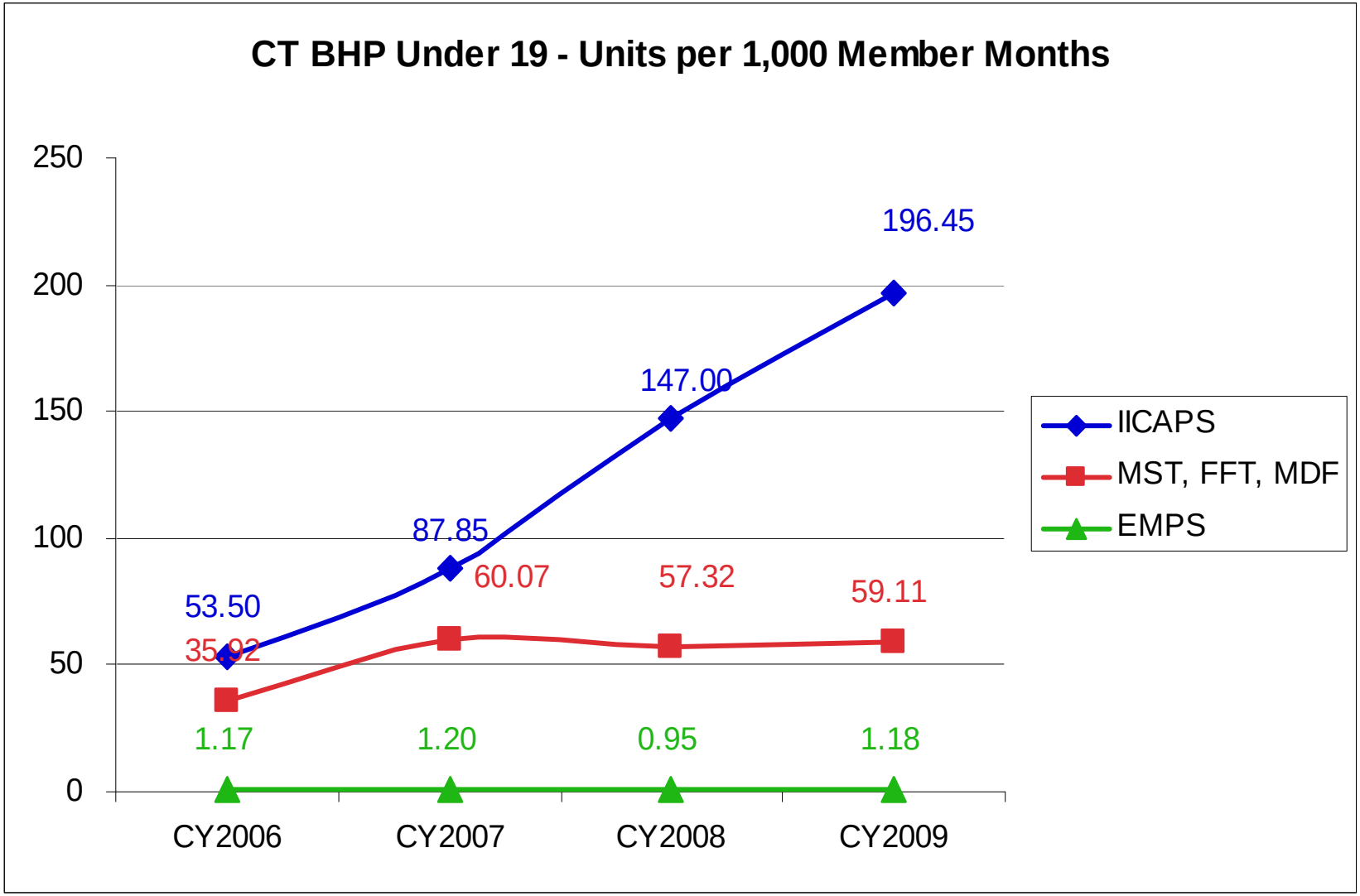
# CT BHP Under 19 DOS Utilization

## Intermediate Care



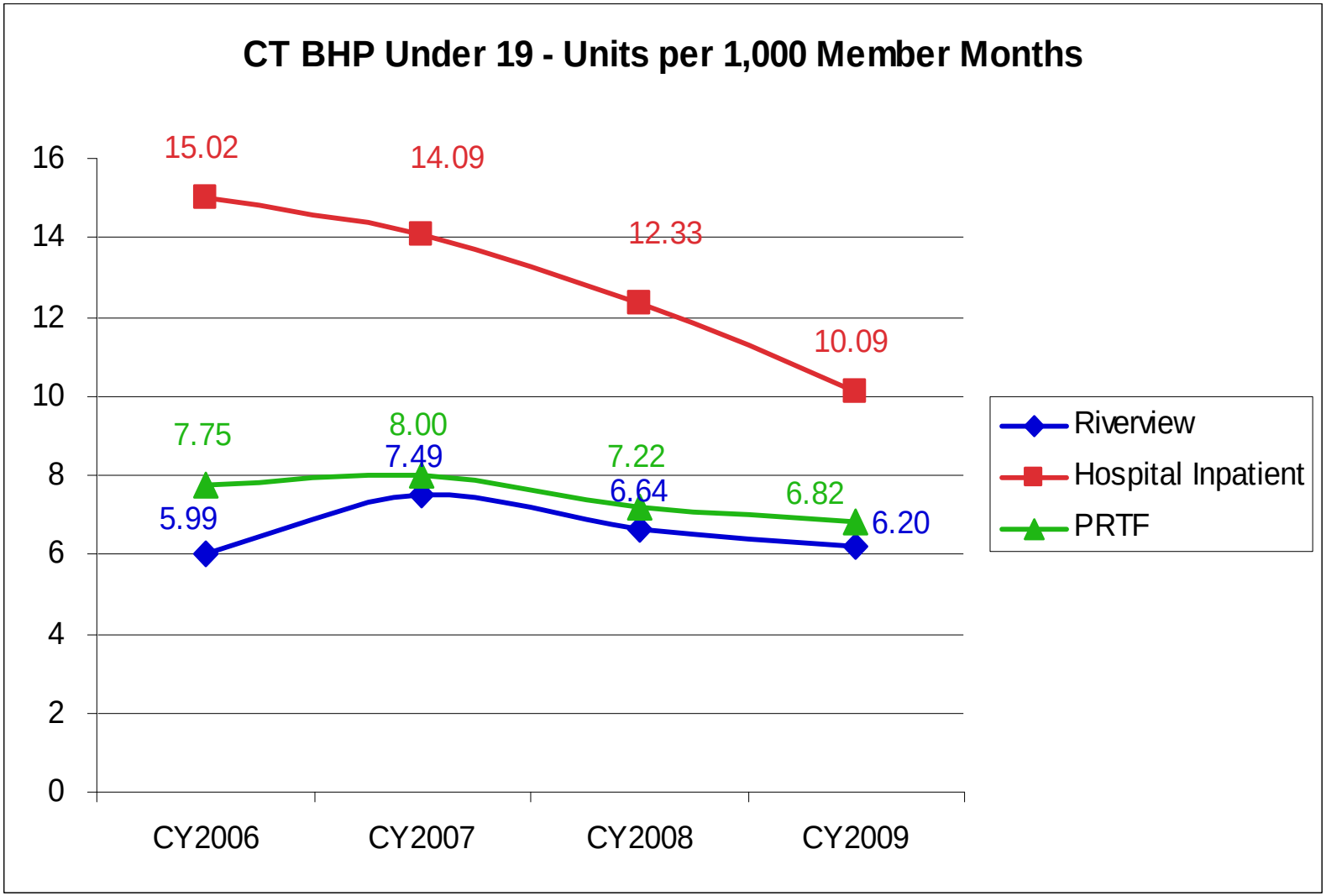
# CT BHP Under 19 DOS Utilization

## Home and Community Services



# CT BHP Under 19 DOS Utilization

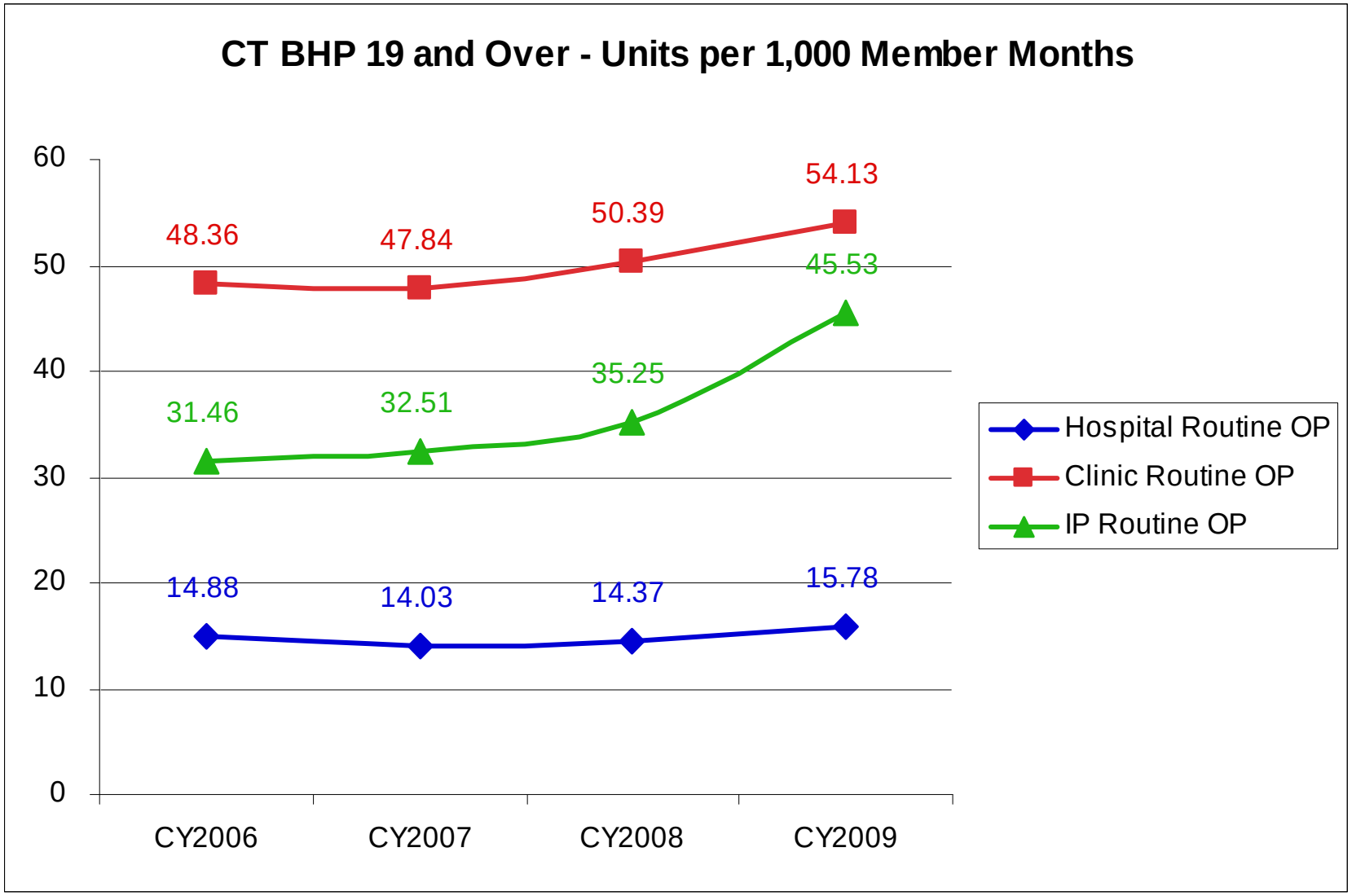
## Inpatient Psychiatric



# CT BHP Under 19 DOS Utilization
## Summary

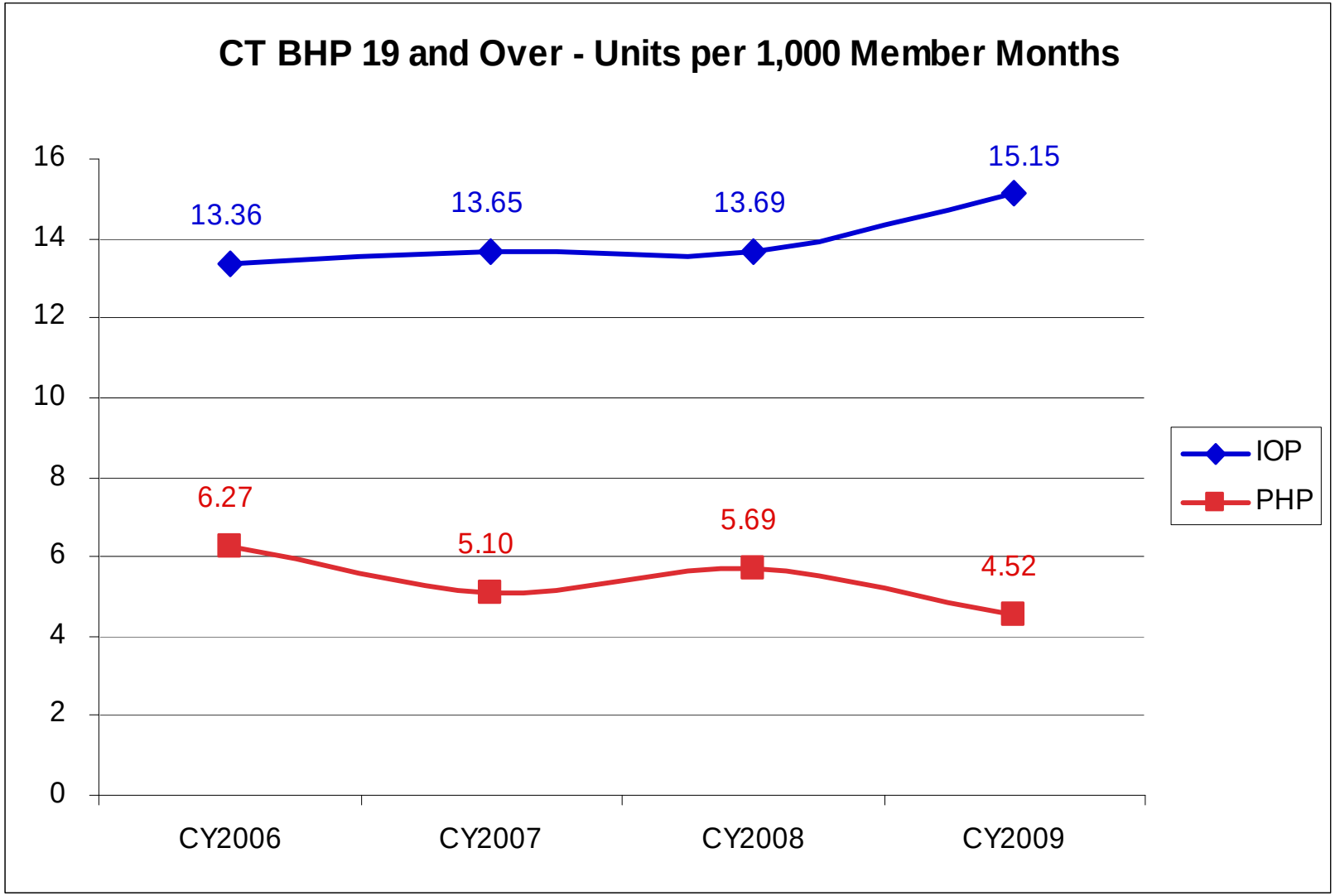
- Routine Outpatient utilization continues to grow for freestanding clinics and independent practitioners but remains steady for hospital clinics
- Intermediate Care services have held steady since 2007
- IICAPS utilization has increased substantially in contrast to other home based programs and EMPS
- Hospital inpatient utilization has substantially decreased each year
- Riverview and PRTF utilization shows a slight decrease

# CT BHP 19 & Over DOS Utilization
## Routine Outpatient



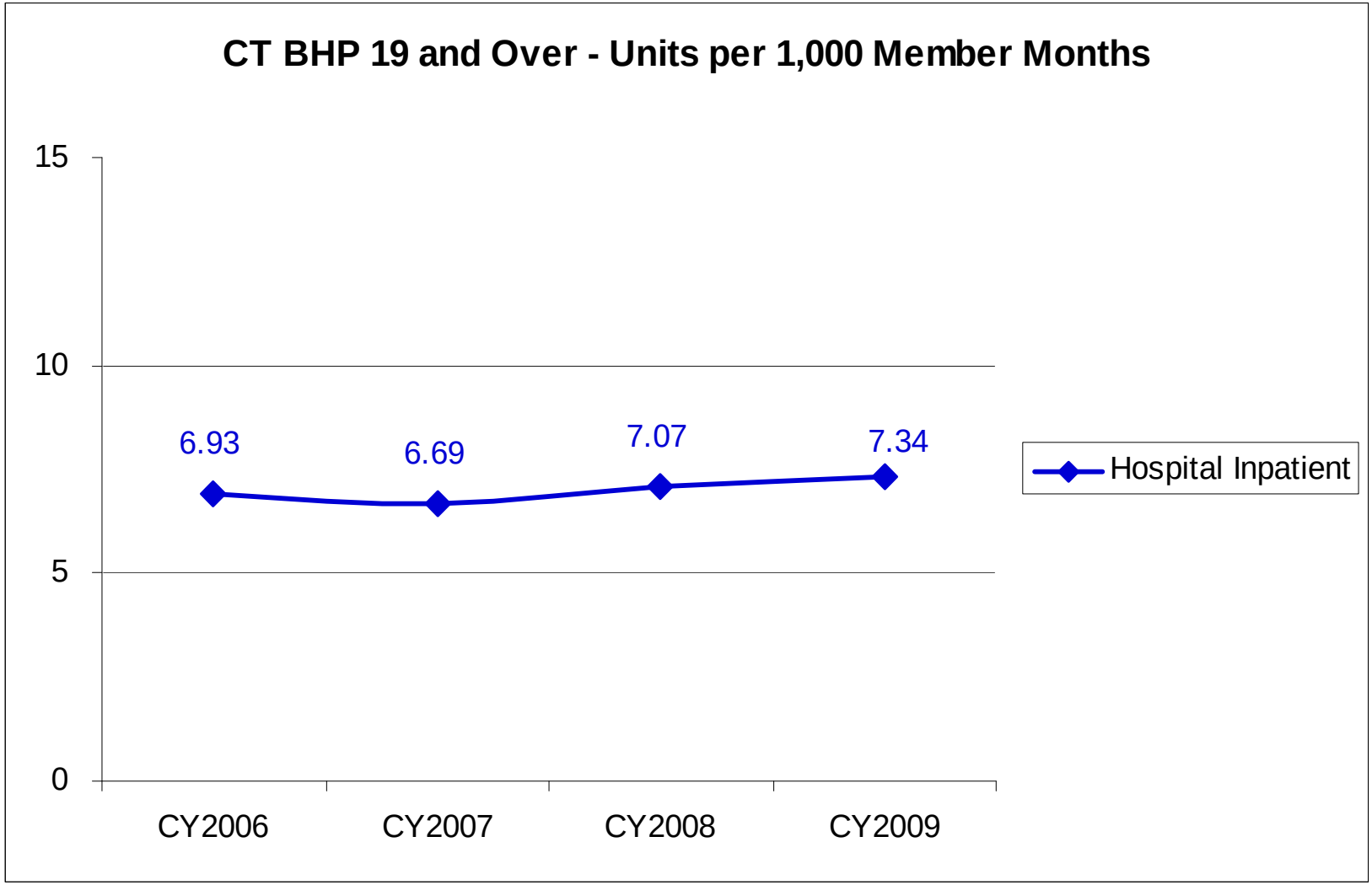
# CT BHP 19 & Over DOS Utilization

## Intermediate Care



# CT BHP 19 & Over DOS Utilization

## Inpatient Psychiatric

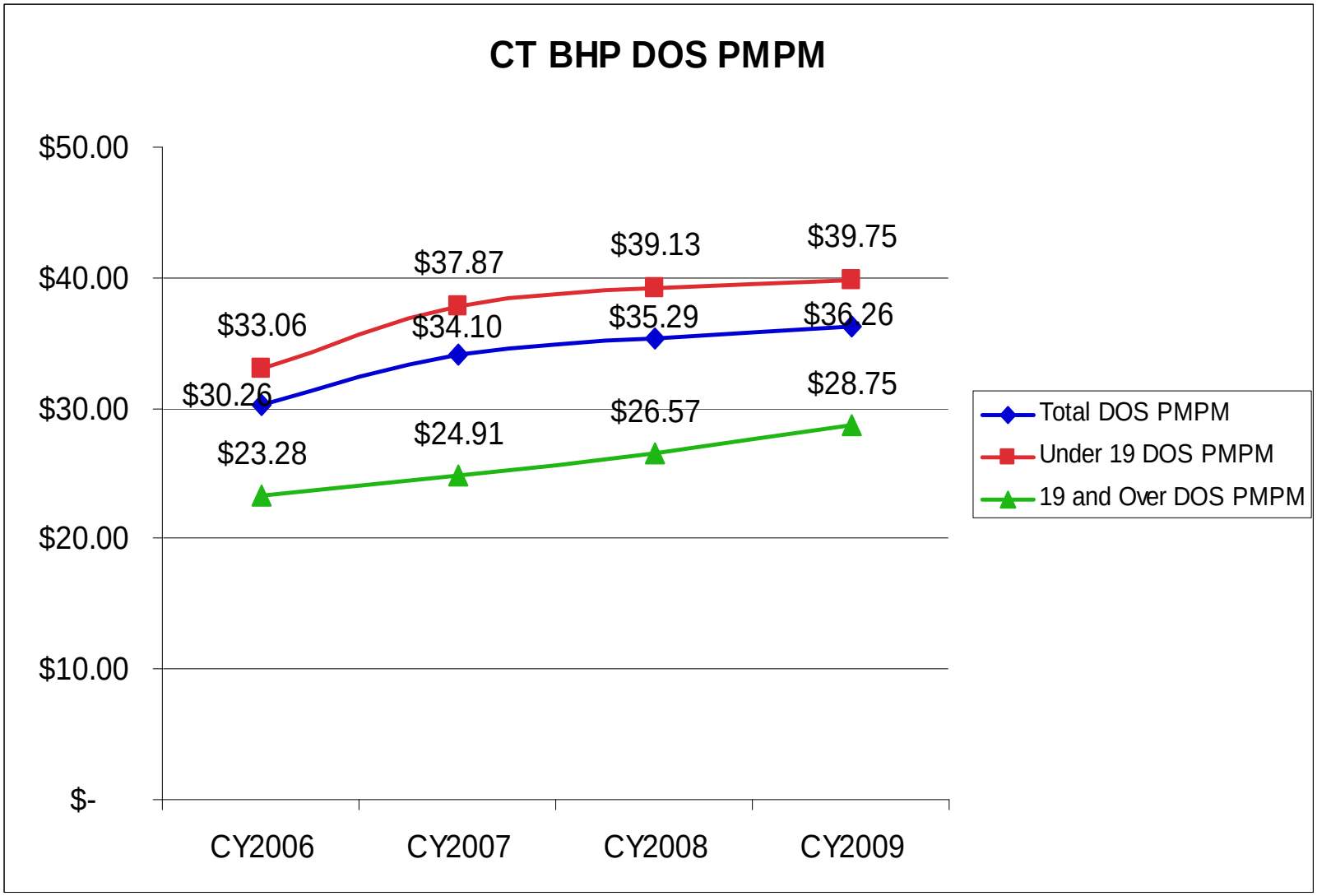


# CT BHP 19 & Over DOS Utilization
## Summary

- Routine Outpatient utilization continues to grow for freestanding mental health clinics and independent practitioners
- Adult use of independent practitioners is nearly double that for children
- IOP utilization shows a slight but steady increase while PHP shows a slight but steady decrease
- Hospital inpatient shows a slight increase

# Date of Service Expenditures

# CT BHP DOS PMPM



# CT BHP Under 19 DOS PMPM

## Summary 2006 to 2009

- Hospital inpatient PMPM declined from $11 to $8 from 2006 to 2009
- Home and community service PMPM has increased from $2 to $7 from 2006 to 2009
- Intermediate care PMPM has increased from about $3.80 to nearly $4.50
- Routine outpatient PMPM has increased from about $4.50 to nearly $7.50

# CT BHP 19 & Over DOS PMPM
## Summary 2006 to 2009

- Hospital inpatient PMPM increased slightly from about $4.90 to nearly $5.50
- Intermediate care PMPM hovered around $3
- Routine outpatient PMPM increased from about $6 to about $8.25

Questions?