

Task Force on Behavioral Health Data Policies and Long Term Stays

Meeting Four

March 10, 2015

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health
PURCHASING

Agenda

- **Welcome** 9:30 am – 9:40am
- **Public Comment on ED Boarding** 9:40 am – 9:55 am
- **Long Term Stays: ED Boarding** 9:55am – 11:40am
- **Public Comment on Measures / Data** 11:00am – 11:10am
- **Review of Measures Matrix and Data Needs** 11:10am – 11:55am
- **Next Steps** 11:55am – noon

February 26 Meeting Recap

- We discussed several recommendations related to reducing the LOS in the Emergency Department of patients with behavioral health diagnoses.
- Recommendations that we will begin to flesh out for future consideration include, but are not limited to:
 - Endorsing the Special Commission’s “Bed finder” report
 - Increasing reimbursement for “difficult to manage” psychiatric inpatient admissions and increasing the number of “difficult to manage” beds in the system
 - Identifying an APM for behavioral health, that might include ensuring weekend admissions / discharges in all levels of care.
- As a result of the meeting, a multi-stakeholder group will identify potential recommendations related to notifying plans about ED boarders and bring it back to the Task Force for consideration.

Continuing the Discussion

- At end of the meeting, we were viewing the ED boarding issue through the lens of the patient waiting in the ED.
 - What care can be delivered while they are waiting in the ED?
 - We have had follow-up discussions with Mark Pearlmutter and Greg Harris
 - What recommendations could potentially resolve the issues around “boarders without doctors?”
- We will also discuss:
 - Do all stakeholders have what is necessary to define and measure the problem?
 - Other recommendations, not previously discussed.

Do these recommendations help “ED boarders” receive the care they need while awaiting an available bed?

▪ **ED Processes / ESP Services:**

- For EDs with no / little psych support at a minimum have telepsych consultations, contract with an ESP or psych consultation service. (55)

▪ **ED Alternatives**

- Consideration of Taunton State hospital or other sites for pilot programs that divert high acuity and dual diagnosis patients away from EDs. (18)
- Increase use of separate but adjacent psychiatric EDs within the hospital. (38)
- Create post-ED crisis pod that would serve to care for patients needing emergent mental health care pre-inpatient stay or in lieu of inpatient stay. (TFM)

Does this recommendations help stakeholders to define, measure and act upon ED Boarding?

- **Recommendation:**
 - Improve data collection by EDs on ED boarders, their insurance status, clinical status and reasons for boarding. Share data with DPH and with insurers (for their members) (New)
- **Potential dashboard measure:**
 - Number of patients in the emergency department that are ready to be discharged or admitted but unable to leave ED because they are waiting for available care in either the community or hospital.

Other Recommendations For Group to Consider?

- Are there other specific recommendations that you'd like the group to discuss today?

Before it started snowing....

- In December, we discussed our goal to develop measures that would help the legislature assess the performance of the behavioral health system and to inform its investments of resources.
- We presented measures for consideration and collected your feedback.



Review of Dashboard

- We tied specific data needs and priorities to the measures we discussed in December.
- We asked for your feedback in prioritizing the measures, the frequency with which the data should be collected and other considerations.
- Refer to paper copy of the dashboard.

Measure Questions for Review

1. Which are the most important measures in each topic area?
2. What type of data will the measure provide?
3. Why is this measure important to understanding the overall outcomes of the behavioral health system?
4. Will policy makers be able to use the measure to make informed policy and funding decisions?
5. How costly is the measure to collect?
6. Is the cost worth the information the measure will glean?
7. Are there other ways to get this information?

Incorporating the Pediatric Population

- In February 2010, CMS awarded Massachusetts with one of ten quality demonstration grants funded through CHIPRA in an effort to improve health care quality and delivery systems for children enrolled in Medicaid and CHIP.
- Five partner organizations (MassHealth, Boston Children's Hospital, Massachusetts Health Quality Partners, National Institute for Children's Health Quality, and the University of Massachusetts Medical) came together to establish the **Massachusetts Child Health Quality Coalition.**

MA Child Health Quality Coalition BH Measures Work

- Facilitated the development of measures of care coordination for children and youth with behavioral/mental health diagnoses.
- Provided expertise to support measure review and selection.
- Led measure development process, resulting in a group of nine measures (see separate handout) approved for testing.
- **Potential Recommendation:** Incorporate the nine pediatric behavioral health measures directly into final dashboard recommended by the Task Force.

Data collection and sharing efforts by different state agencies

- Bailit held a meeting with state agencies on 1/18 to identify issues across state agencies with data sharing.
 - Attending agencies
 - Center for Health Information and Analysis (CHIA),
 - Health Policy Commission (HPC),
 - MassHealth,
 - Department of Public Health (DPH - Bureaus of Substance Abuse Services (BSAS) and Health Planning);
 - Department of Mental Health (DMH),
 - Division of Insurance (DOI),
 - Attorney General's Office (AGO)

Key Findings from State Agencies Meeting

- Agencies devote significant resources to data collection and data analysis today
- There is a clear recognition of agencies of need to work together on some long standing and difficult to solve issues, including:
 - Can't follow member through state agencies
 - Different terms used by different agencies
 - Privacy constraints: federal state law and agency policy

Potential Recommendation for Discussion

- Establish an ongoing state-based data work group charged with:
 - Resolving the barriers to sharing data across agencies, including:
 - Linking data and systems so that individuals can be followed through the different agencies for better program coordination and outcome tracking
 - Setting standard definitions for common data metrics
 - Resolving state-level privacy data issues, including review of existing state laws
 - Streamlining the data reporting requests from external parties
- As envisioned, work group would be established from the Governor's office and include representatives from all health care policy and program related agencies

Upcoming Meetings

March 24th: 9:30 – noon: Focus on Long Term Stays (inpatient and DMH continuing care facilities)

April 28th: 9:30 – noon: Topics will probably cover both charges and an initial review of recommendations

Location for all remaining meetings:

CHIA

501 Boylston Street

5th Floor, Newbury A & B

Contact Information

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