Task Force on Behavioral Health Data Policies and Long Term Stays

Meeting Two

December 18, 2014
Beth Waldman and Megan Burns

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Agenda

- Welcome
- Public comment
- Discussion of draft vision and measures
- Long term stays
- Next Steps

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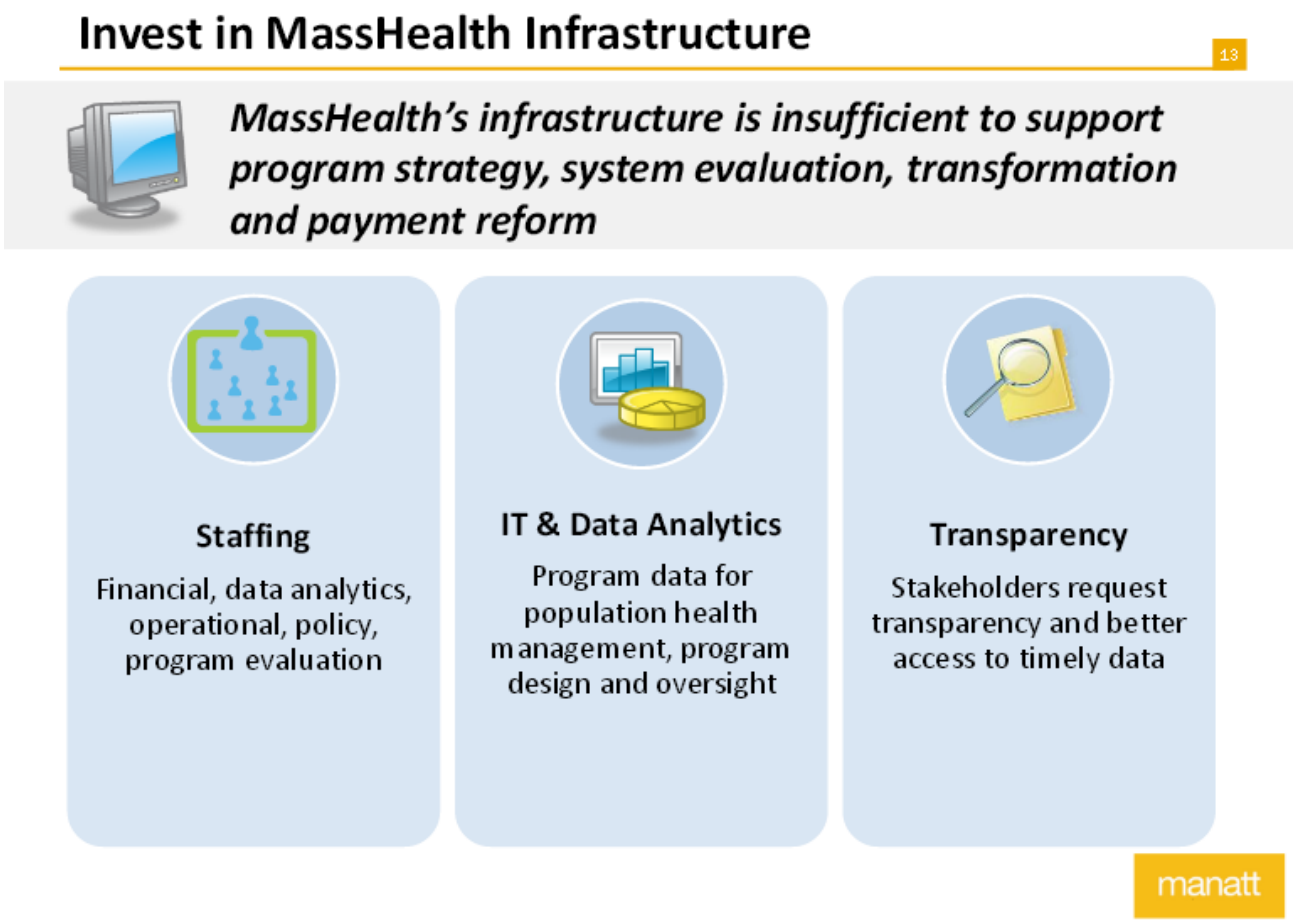
Since We Last Met….

MMPI released 5 priority areas for the new administration including Behavioral Health Integration and Infrastructure Investment



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Source: http://bluecrossfoundation.org/sites/default/files/Manatt%20Presentation_FINAL.pdf

Since We Last Met…

MA Health Policy Forum released a report on racial and ethnic disparities in behavioral health

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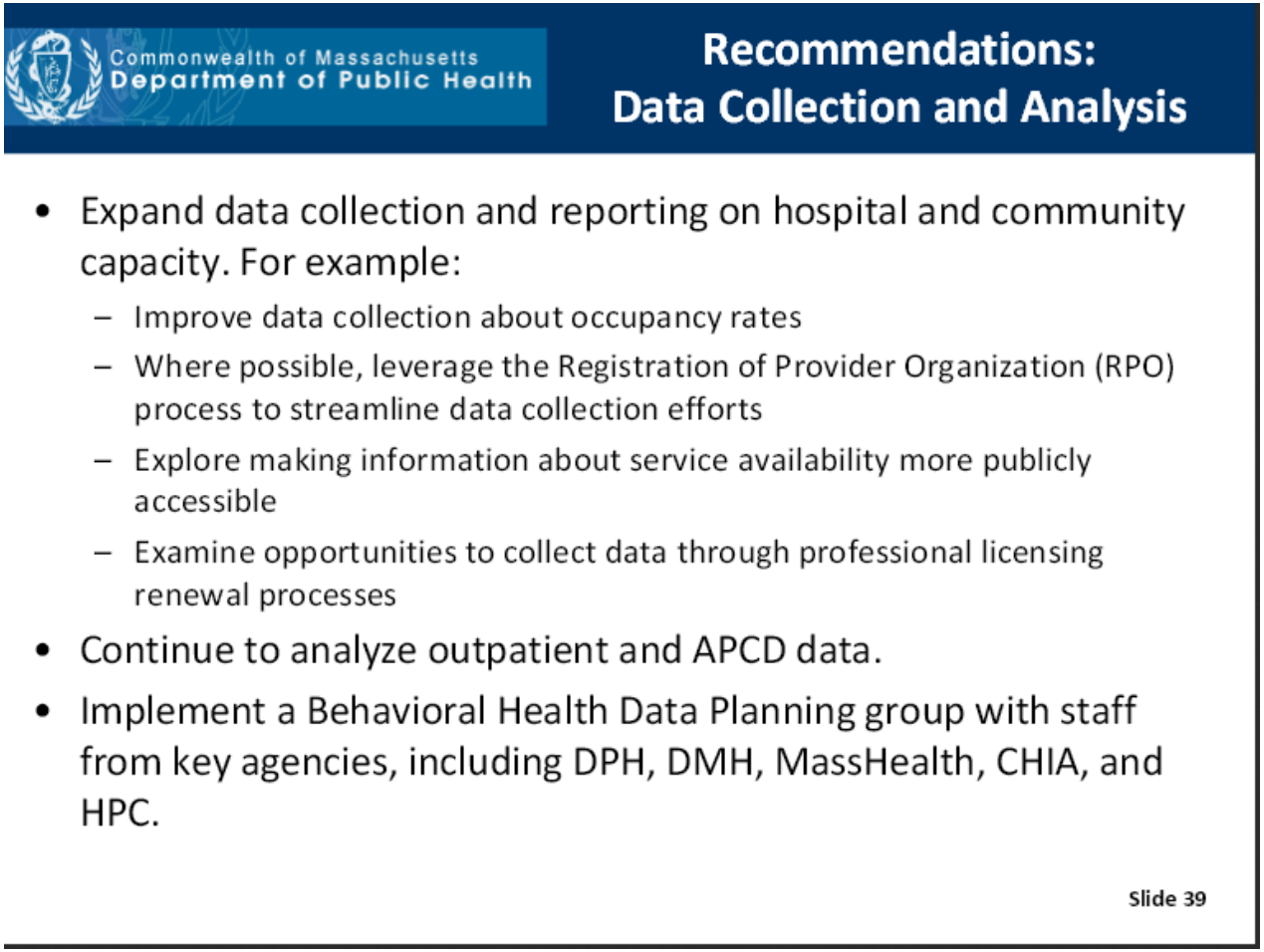
Happening now…

The Health Planning Council is releasing its final report today.



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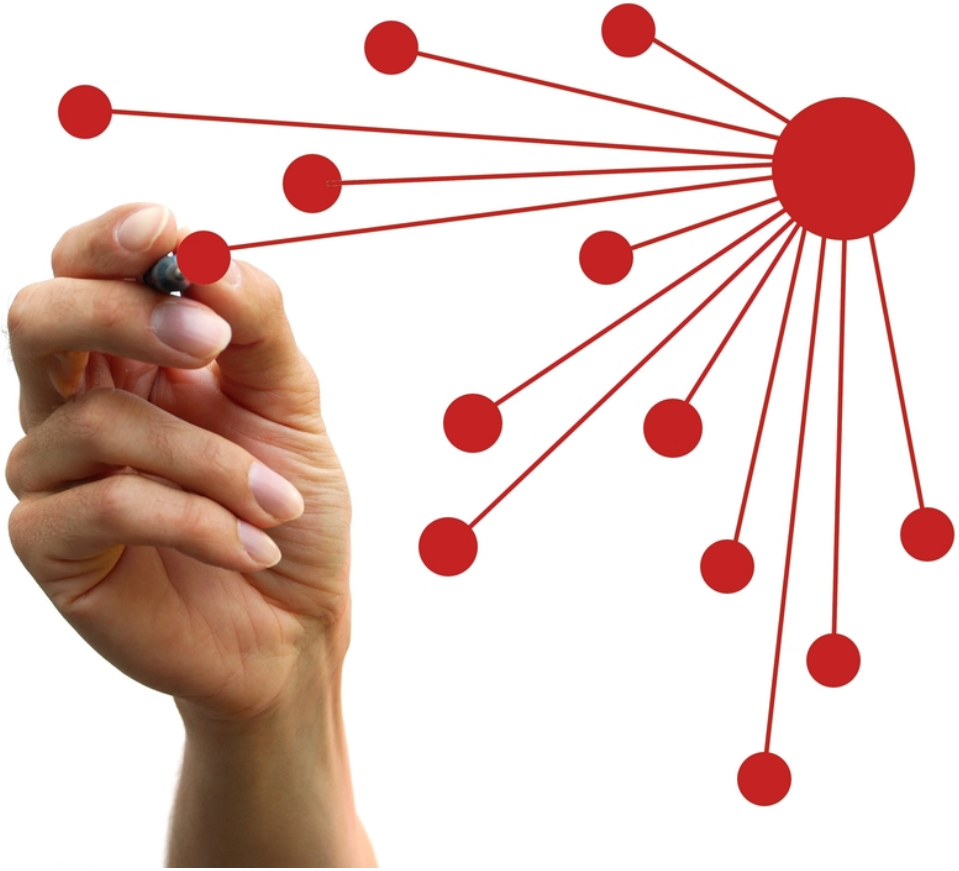
Connecting the Dots….



Current and past work is highlighting the need for data that can tell us more about the MA behavioral health system and its performance.

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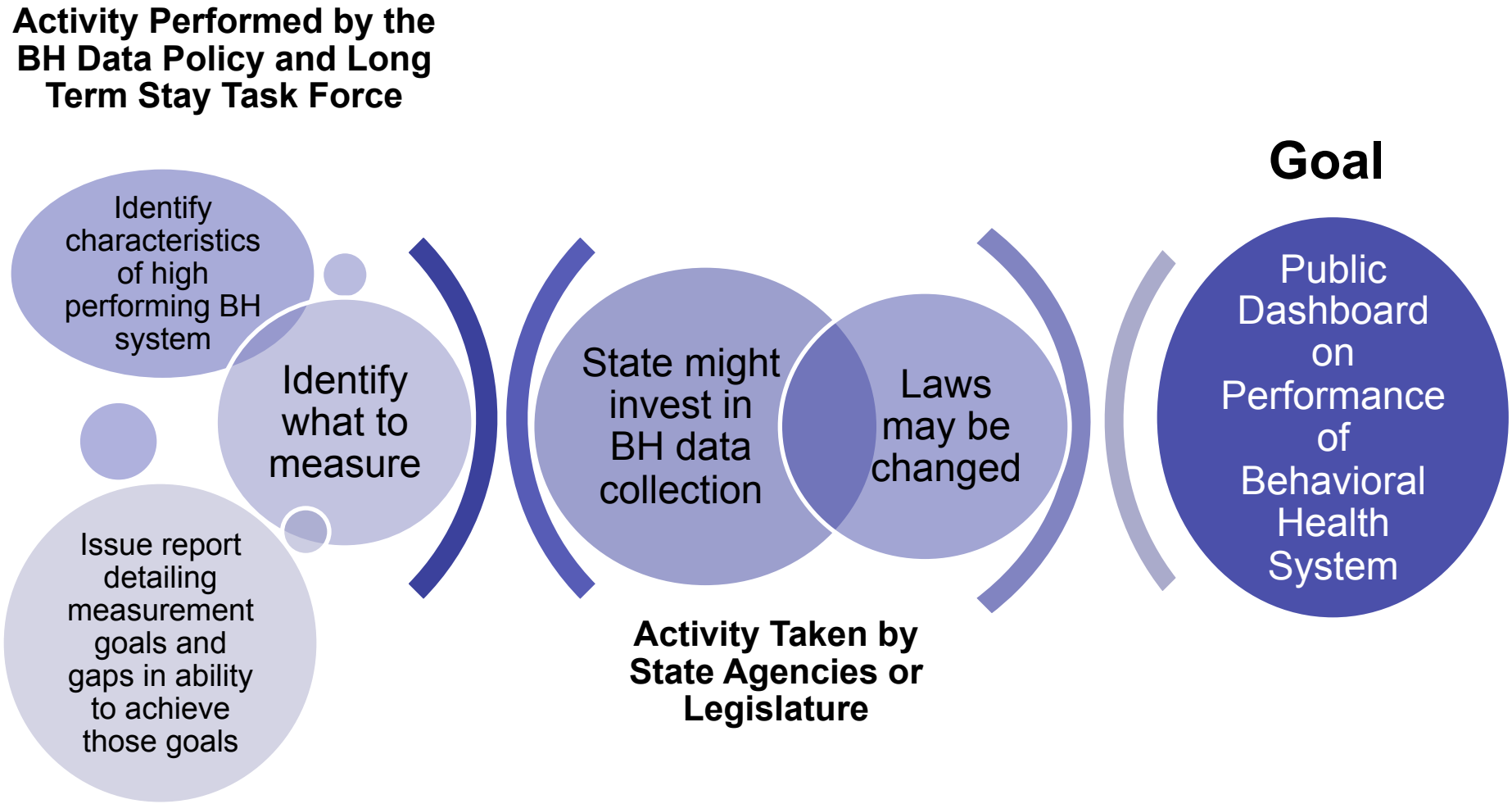
Connecting the Dots…



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Draft Vision

- Discussion of Draft Vision
  - Packet includes draft vision
  - Key topic areas are in red
  - Looking for feedback on topics:
    - What is missing?
    - What shouldn't be there?

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What Measures Can Assess the Behavioral Health System?

- Our goal is to develop measures that would help the legislature assess the performance of the behavioral health system and to inform its investments of resources.

- When reviewing these measures, we will need to consider:
  - Are these good measures?
  - Do they sufficiently assess the performance of the behavioral health system?
  - Which measures best indicate system performance without needing additional information?

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Five Draft Domains

1. Person Centered
2. Workforce & Infrastructure
3. Access
4. Health & Wellbeing Outcomes
5. Fair and Reasonable Payment Rates and Financial Alignment

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Person Centered Measures

- How much improvement perceived in oneself as a result of the care provided*
- Percent of patients that agree they had a team of providers working to meet the patient's needs
- Ability to access care when needed
- Consumer and family participant in treatment planning, as desired, and agreement with plan of care

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Workforce & Infrastructure Measures (1 of 2)

- Number of providers in specialty, including:
  - Hours work
  - Work setting
  - Types of insurance accepted
  - Training
  - Languages spoken
  - Types of services provided

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Workforce & Infrastructure Measures (2 of 2)

- Numbers and types of behavioral health providers with interoperable EHRs and protocols in place to share information with physical health and behavioral health providers.

- Number of prescribing providers with ability to review up-to-date behavioral and physical health medical lists prior to issuing new prescriptions

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Access Measures (1 of 2)

- Number of patients in the ED 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.
- Number of individuals with more than six ED visits within a 12 month period with a behavioral health diagnosis
- Number of patients in IP psychiatric care that are ready to be discharged to step-down care but unable to leave IP care because they are waiting for available step-down care.

Access Measures (2 of 2)

- Unduplicated count of individuals receiving behavioral health services in the state as compared to those expected to need behavioral health services (based on prevalence)
- Number of licensed beds and occupancy rates for:
  - IP psychiatric beds
  - Free-standing psychiatric facility
  - DMH Continuing Care facilities
- Number of licensed inpatient psychiatric beds compared to number of staffed beds, by region, including nearby out of state facilities
- Average time to appointment for outpatient behavioral health care, by service type.

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Care Delivery, Health and Wellbeing Outcomes: Behavioral Health Integration

- Number of patients with behavioral health issues that are being screened for medical issues (e.g., LDL, BP, BMI, etc. as appropriate)
- Number of patients with medical health issues that are being screened for behavioral health issues in the primary care setting (e.g., depression, substance use, etc.)
- Number of primary care practices that offer integrated behavioral health services
- Number of behavioral health practices that offer integrated primary care services

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Care Delivery, Health and Wellbeing Outcomes: Other Measures

- Provider performance against evidence-based standards of care
- Readmissions to any care setting within 30 days of discharge from IP psychiatric care
- Follow-up after hospitalization for mental illness or substance use disorder within 7 days and within 30 days
- Follow-up referral and adequate connection to care after discharge
- Number of arrests for individuals who have received behavioral health care and for individuals who have received treatment within the past 30 days
- Percent of individuals with behavioral health needs who have stable housing

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Fair and Reasonable Payment Rates / Financial Alignment

- Variation in payment rates across provider types
- Total cost of care for individuals receiving behavioral health services
- Number of providers that receive payment and / or performance incentives for integration and / or coordination work
- Cost of care for individuals receiving behavioral health services in a hospital setting, including ED care
- Inclusion / exclusion of behavioral health in alternative payment contracts

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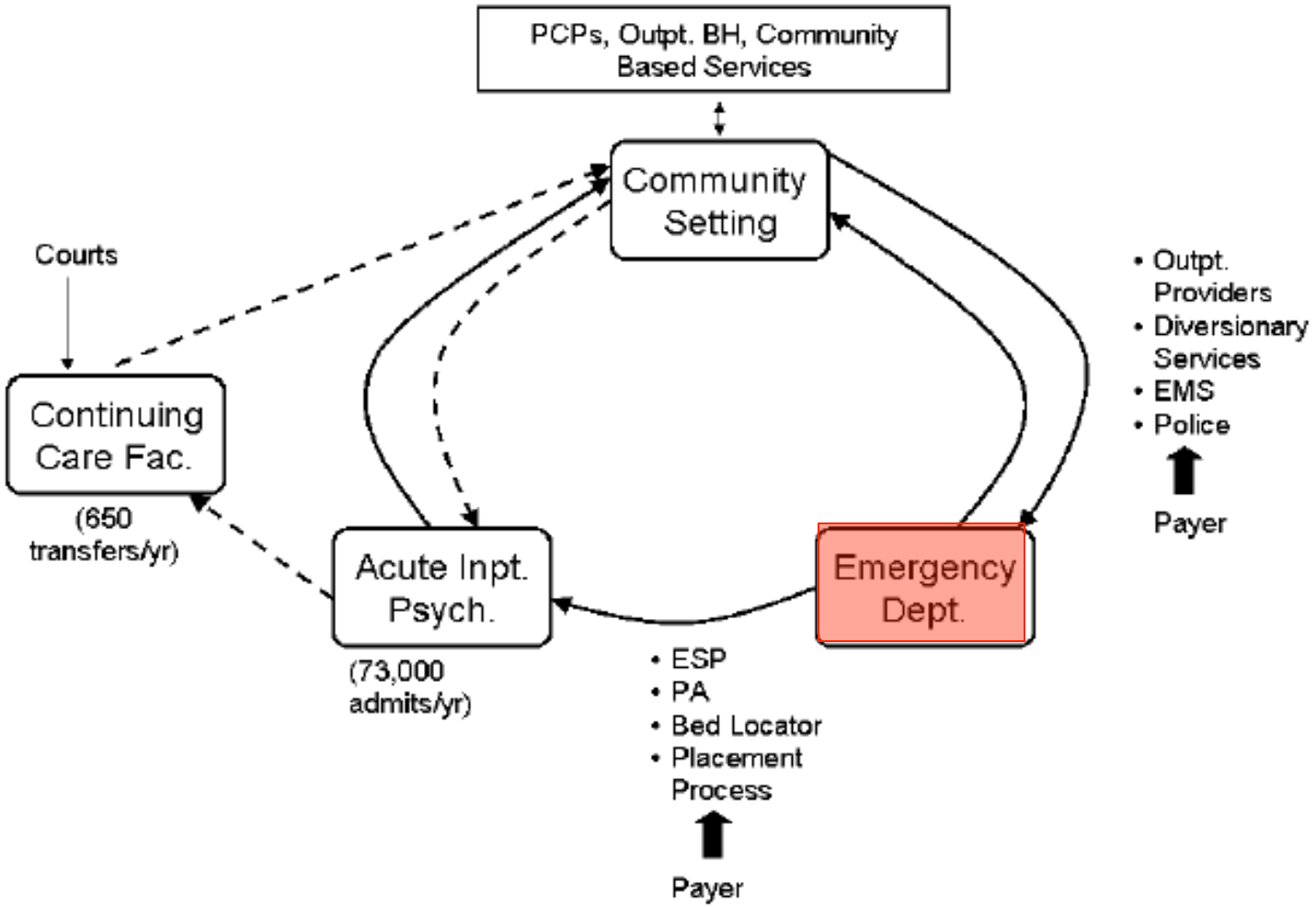
Long Term Stays Discussion: A Preview

- Chapter 230 asks Task Force to make recommendations to:
  - reduce the number of long-term patients in DMH Continuing Care Facilities, acute psych units and emergency departments
- Suggests potential solutions including:
  - Increased capacity in Crisis Stabilization Units
  - Prioritization of individuals in need of re-admission within 30 days of discharge from a DMH Continuing Care Facility

Complex, Interdependent System



Source: ED Length of Stay Issues for Behavioral Health Patients: Update. June 6, 2013. EOHHS

Available Data on Long Term Stays

- State collects information on the children who are in specialized services and ready for discharge through the CARD List. This does not measure ED, but does lead to inability to discharge others from the ED
- State also collects data on the number of adults who are awaiting placement in DMH Continuing Care Facilities through the DART list.
- Hospitals individually track who is “boarding” in the ED, or who is inpatient but awaiting discharge. Required to report to DPH if over 12 hours.

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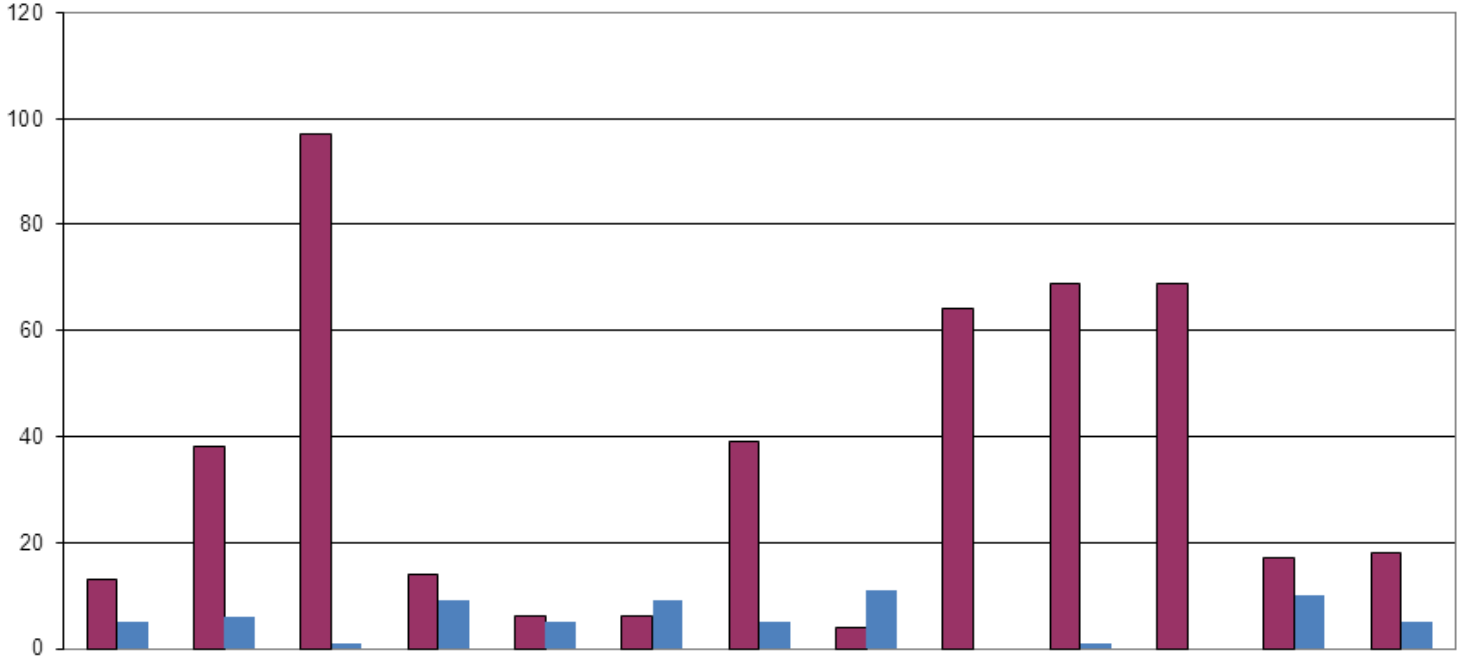
CARD List

Number of MBHP Youth Awaiting Inpatient Hospital Placement and Number of Available Inpatient Beds
As of the Last Day of the Month
October 2014



	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Series2	13	38	97	14	6	6	39	4	64	69	69	17	18
Series1	5	6	1	9	5	9	5	11	0	1	0	10	5

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Source: http://www.mass.gov/eohhs/gov/commissions-and-initiatives/children-awaiting-resolution-and-disposition.html

Next Steps

Next meeting: January 27th 9:30-noon.

Location TBD

1. Consider data questions and develop survey for insurers/state purchasers based on today's conversation
2. Next meeting will focus on Long Term Stays and potential solutions to recommend

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Contact Information

For any questions contact:

Beth Waldman: bwaldman@bailit-health.com or 781-559-4705

Megan Burns: mburns@bailit-health.com or 784-559-4701

Joe Vizard: joseph.vizard@state.ma.us or 617-988-3313