

# Task Force on Behavioral Health Data Policies and Long Term Stays Meeting Summary

**Date:** Tuesday, March 10, 2015

**Time:** 9:30 a.m. – 12:00 p.m.

**Place:** Meeting Room Newbury A and B | 501 Boylston Street | Boston

## Meeting Attendees

Task Force Members	Contractors and Guests
<ul style="list-style-type: none"> <li>✓ Áron Boros (chair)</li> <li>✓ Terri Anderson</li> <li>✓ Matt Collins</li> <li>✓ Karen Coughlin</li> <li>✓ Pat Edraos</li> <li>✓ Anuj Goel (for Tim Gens)</li> <li>✓ Greg Harris</li> <li>✓ Julie Belaselle (for Melody Hugo)</li> <li>✓ Laurie Martinelli</li> <li>✓ David Matteodo</li> <li>✓ Brian Barnewolt (for Mark Pearlmutter)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Beth Waldman, Bailit Health Purchasing</li> <li>✓ Megan Burns, Bailit Health Purchasing</li> </ul>

## Meeting Summary

### I. Welcome and Introductions

Áron Boros provided welcoming remarks, noting that at today’s meeting we would talk about both our ED boarding charge and our data charge.

### II. Public Comment

Áron Boros opened the floor for public comment on ED Boarding before any Task Force discussion took place to allow interested members of the public to help inform the Task Force’s deliberations. There was no public comment.

### **III. Continued Discussion of ED Boarding**

Megan provided a brief recap to the February 26<sup>th</sup> meeting, including the recommendations that will continue to be fleshed-out for further refinement and consideration among the Task Force Members. Those recommendations included: endorsing the Special Commission's "BedFinder" report, increasing reimbursement for "difficult to manage" psychiatric inpatient admissions and increasing the number of "difficult to manage" beds in the system, and identifying alternative payment models for behavioral health that might include ensuring weekend admissions / discharges in all levels of care.

She then led the group in a discussion of additional ED Boarding recommendations, including the use of telehealth services by hospitals with no or little other behavioral health support for behavioral health patients boarding in the ED. The Task Force discussion on this recommendation involved concerns about reimbursement for telehealth services, what services could be provided remotely, and that telehealth services should not replace the delivery of in-person care. The group agreed for Megan and Beth to move forward with forming a recommendation that would include supporting telemedicine for behavioral health in emergency departments where no behavioral health support is currently available. In addition, Task Force members would like to see a recommendation involving the easing of requirements for behavioral health provider credentialing by hospitals.

Megan continued the conversation about alternatives to the Emergency Department, including whether existing sites could pilot the diversion of high acuity and dual diagnosis patients away from the ED to a better care milieu, to increase the use of separate but adjacent psychiatric EDs within hospitals or to create a post-ED crisis pod that would serve to care for patients needing emergency mental health care pre-inpatient or in lieu of inpatient stay. The Task Force discussion on this recommendation involved concerns about knowing which patients should be diverted to ED alternatives, the need for increased capacity for mobile crisis stabilization teams / units, the stigmatizing effect of separate emergency care, and the care transition issues that would arise from ED alternatives. The Task Force members agreed for Megan and Beth to move forward with forming recommendations around increasing the capacity of crisis stabilization units as a way of reducing the number of behavioral health patients seeking emergency department care and for providing reimbursement mechanisms for behavioral health workers, including peer support, social work, psychologists and psychiatrists in the ED.

On the topic of data particular to the boarding issue, Megan led the Task Force on a discussion of improving data collection on the problem of ED boarding for use by all stakeholders. The Task Force members discussed the challenge with payers knowing when a member is in the emergency department and the existing data collection efforts of hospitals. The Task Force members agreed that a smaller working group of Task Force members and stakeholders will discuss the issues surrounding notification of plans of

members boarding in the ED and present recommendations to the Task Force at a future meeting.

Lastly, Task Force members offered additional recommendations and challenges for consideration including informing stakeholders of existing alternatives to the emergency room, challenges that arise from transportation requirements that EMS bring patients to the ED, and the delay in community care.

#### **IV. Review of Dashboard**

Áron Boros kicked off the conversation by noting that the Task Force should help the legislature assess the performance of the behavioral health and inform investment of through a dashboard of measures that are salient and relevant to stakeholders. He reminded the group that the measures up for discussion came out of the Task Force's early discussions on what a high performing behavioral health system should look like.

Beth Waldman walked the group through a draft of the dashboard. Each domain was discussed in more detail and the following is a summary of what the group discussed, by domain:

- *Person-centered*: there was general agreement with the patient satisfaction measures presented and no suggested changes were made;
- *Workforce and infrastructure*: there was general agreement that many of these measures were too difficult to collect accurately and therefore may not be useful for an ongoing dashboard;
- *Access*: the discussion of access measures centered on the frequency with which some measures are collected and recommendations were made to change daily measures to less frequently collected timeframes;
- *Measures of behavioral health integration*: the group did not put high priority on these measures;
- *Care delivery*: in addition to the general agreement of keeping these measures, it was recommended to measure the reasons for death if it occurs within 30 days of an inpatient psychiatric stay as well as measures related to substance use disorders;
- *Fair and reasonable payment rates and financial alignment*: the Task Force members placed high priority on all of these measures.

The next steps on the dashboard include identifying specific measures and working with CHIA to assess their capability to collect these measures.

Lastly, Áron noted that there were a set of pediatric measures put before the Task Force members from the Massachusetts Child Health Quality Coalition and that the Task Force members should consider endorsing their work for incorporation into the dashboard.

## **V. Next Steps**

The next meeting will be held on March 24, from 9:30am - 11:30am at 501 Boylston Street, Boston.