

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

Date: Tuesday, March 24, 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">✓ Áron Boros (chair)✓ Terri Anderson✓ Matt Collins✓ Karen Coughlin✓ Vic DiGravio✓ Pat Edraos✓ Tim Gens✓ Michael Goldberg✓ Greg Harris✓ Melody Hugo✓ Anne Manton (via phone; Pat Ruggles)✓ Laurie Martinelli✓ David Matteodo✓ Mark Pearlmutter	<ul style="list-style-type: none">✓ Beth Waldman, Bailit Health Purchasing✓ Megan Burns, Bailit Health Purchasing✓ Clifford Robinson, DMH

Meeting Summary

I. Welcome and Introductions

Áron Boros provided welcoming remarks, noting that during today’s meeting we would talk about the long term stay charge focusing on inpatient stays and continuing care facilities, particularly for patients who are ready, but unable to be discharged because the next available care destination on the continuum is not available at the time they are ready.

II. Public Comment

Áron Boros opened the floor for public comment on the issue of long term stays before any Task Force discussion took place to allow interested members of the public to help inform the Task Force's deliberations. No public comment was offered.

III. Discussion of Long Terms Stays in Inpatient and Continuing Care Facilities

Megan Burns provided background information and data on long term stays in inpatient hospitals and continuing care facilities, and how those stays are impacted by services offered for outpatients or within the community. Often, longer lengths of stay in the inpatient or continuing care facilities are a result of downstream capacity issues.

Please refer to the slide deck posted: <http://chiamass.gov/task-force-on-behavioral-health-data-policies-and-long-term-stays/> for more information on the data that was shared during the presentation.

Megan noted that a complete picture of what is available within communities or as an outpatient is not clear right now and that more data, specifically on outpatient services is needed to completely understand the capacity problem.

As part of the discussion, Clifford Robinson, Deputy Commissioner of DMH discussed the \$10 million that was appropriated to DMH to help facilitate the discharging of long term patients in continuing care facilities. He said that 160 individuals within those facilities have been targeted for discharge and the appropriated funds are being used to establish the proper outpatient supports and services that are needed. For example, in the Boston region, individuals throughout the entire system of community services were evaluated for their readiness to step-down to the next level of care to open existing slots that would be most appropriate for recently discharged continuing care facility individuals. Cliff mentioned that DMH is expecting 100 individuals will be discharged from continuing care facilities by June 30th. He also mentioned that internally at DMH, there is an understanding of which patients are becoming ready or are ready for discharge.

IV. Discussion of Potential Recommendations

The Task Force members debated the recommendations that were presented and a brief summary of the conversation follows each recommendation.

1. *Legislation requires us to consider that DMH implement policies to prioritize the readmission of patients who are discharged from CCF and subsequently require hospitalization with 30 day of their discharge.*
 - Clifford Robinson noted that DMH has put a protocol in place for the 160 individuals who are identified for potential discharge to prioritize their

readmission back to a continuing care facility that is familiar to the patient, when appropriate.

- Cliff agreed to share the protocol with the Task Force for them to consider whether to recommend it as a pilot program for all individuals discharged from institutional settings.
- Other Task Force members noted that continuity of care of discharged patients was a challenge.

2. *Require state and privately owned inpatient psychiatric units to provide appropriate staffing levels in all care facilities on the weekend that would facilitate new admissions and discharges.*

- Several members opposed this recommendation as written, noting that staffing levels don't change on the weekend, but that services within the community are not available on the weekend.
- In order to get a better sense of this problem, Tim Gens and David Matteodo agreed to help obtain data from their members on frequency of discharge by day of the week.
- Pat Edraos suggested that there are best practices for reducing unnecessary ED visits on the weekend that could potentially be spread as pilots to help reduce the flow of patients into institutions to being with. MBHP supported this thought. Both representatives from MBHP and Pat will provide follow-up information on those best practices.

3. *Direct state to conduct an analysis on community capacity and demand to assess the robustness of the community system, in part to identify whether additional investment is necessary.*

- There was some disagreement on whether more data needed to be collected to understand the outpatient capacity issues, or whether the issues affecting outpatient services were already known (e.g., low reimbursement rates and some plans not recognizing certain procedure codes, or not recognizing the complexity of the codes.
 - However, if analysis is to be done, it should be done thoughtfully and in coordination with the professional societies.
- There was general agreement that payment issues may be a challenge to reducing the long term stays of patients in various behavioral health settings. Beth Waldman and Megan Burns will continue to do some leg work on this issue and present a new recommendation during the April meeting.

V. Next Steps

The next meeting will be held on April 28, from 9:30am - 11:30am. The focus will be on the data side of our charge. A survey has been sent to health plans and providers regarding their current data policies. In addition, the Task Force will continue to discuss potential recommendations targeted at reducing individuals who have long term stays because they are “stuck” in inpatient hospitals or continuing care facilities.