OUTPATIENT LEARNING COMMUNITY

DATA QUALITY IMPROVEMENT WORK GROUP

MINUTES

SEPTEMBER 21, 2010

In-Person Participants: Laurie Van der Heide/CT BHP; Lois Berkowitz/DCF; Jacqueline/DCF; Allyson Nadeau/CT BHP; Richard Pugliese/Middlesex Hospital; Jennifer Richmond/Clifford Beers CGC; Cynthia Rojas/Clifford Beers CGC; Cathy Scheidel/Wellpath; Kathy Schiessl/Community Health Resources; Hillary Teed/CCPA; Joan Twiggs/DCF; Amanda Singh/CT BHP; Peter Forte /CT BHP; Robert Plant/DCF; Sanghavi Toral/The Village for Families and Children; and Marilyn Cloud/DCF.

Call-In Participants: Valerie Ventura-Saadi/Family & Children's Aid.

TOPIC	SUMMARY OF DISCUSSION	ACTIONS REQUIRED & DUE DATES
1. Welcome/Introductions Review of Agenda	▪ Kathy Carrier has resigned as Family Chair. We will miss Kathy and her contributions.	❖ **Family Members.** Please contact Marilyn or Toral if you are interested in serving as Family Tri-Chair.
2. Review of Work Products	▪ 8/17 minutes accepted. ▪ Core Guiding Principles document finalized. ▪ Recruitment of family members continues.	❖ **Recruitment of Family Members.** ▪ Hal Gibber/FAVOR and Doriana Vicedominic continue recruitment efforts. ▪ Lois Berkowitz/CT BHP will invite a Peer Support Specialist, who is a family member to join the group.
3. Overview: CT BHP Provider Data	▪ Dr. Laurie Van der Heide, Vice President/Quality Management, assisted by Dr. Lois Berkowitz gave a	❖ **PowerPoint Presentation.** Refer to this document for details.

TOPIC	SUMMARY OF DISCUSSION	ACTIONS REQUIRED & DUE DATES
	presentation of the CT BHP Outpatient Provider Data. This included a description of the system and its data elements, ECC/Non-ECC Access Reports (aggregate data) and the Outpatient Web Registration Summary Reports. ▪ Highlights of discussion included the following. o There has been a decrease in emergency evaluations. This may be impacted by enhanced (especially mobile) EMPS services; elimination of wait lists at OPCCS; and educating CT BHP members to call 211 for emergencies. o Medicaid data is currently unavailable, but anticipated soon regarding any change in volume of clients requesting emergency services at hospital ERs. o Time standard for emergent calls starts when client appears at the clinic's office, not at the time of client's call. CT BHP felt that clinics could not be responsible or penalized for time client spends getting to the clinic. Discussion focused on balancing client needs versus provider status. o Difficulties of accurately capturing and entering time was noted. o Obtaining consent to contact collateral sources is low and considered an area of work by CT BHP. This is an important area related to continuity of care issues. o It was noted that DCF and CT BHP try to	

TOPIC	SUMMARY OF DISCUSSION	ACTIONS REQUIRED & DUE DATES
	integrate data sources when individual clinic issues arise, but have not done so at a statewide level, which will be an area of focus in the future. o Husky population continues to need outreach and education to become aware of, understand and utilize resources. o CT BHP is beginning to examine claims data to determine what happens following the initial evaluation/intake. o "Best practice" engagement strategies including response to callers within 24 hours, having a "real" person answer the intake lines, and sending appointment reminders, etc.	
4. "Best Practices" Data Question	▪ Joan Twiggs has offered resources to conduct an online Google survey of DCF-contracted clinics' best practices for data quality improvement purposes. ▪ Bert Plant offered to draft a set of brief questions, to be presented/reviewed at the next meeting. Focus: what are best practices; what infrastructures exist to support these; and what are barriers? (The draft survey questions that were distributed related to a focus group, not an online survey.) ▪ It was agreed that the survey request should be sent to the CEOs, seeking one response per clinic and asking that the CEOs assure coordinated,	

TOPIC	SUMMARY OF DISCUSSION	ACTIONS REQUIRED & DUE DATES
	integrated responses across IT, program, and QA domains. ▪ It was agreed that a survey would be completed first, followed by more in-depth questions derived from survey findings that could be asked at focus groups. ▪ CT BHP staff offered the use of Regional Network Managers to follow-up with responses. ▪ Another suggestion included gathering policies and procedures from clinics, but consensus was that this would be too laborious and would not guarantee that practices reflected policies.	
5. Wrap- Up	▪ Potential Agenda for 10/19 o Presentation by DSS - Medicaid System o Discuss/Finalize Survey Questions	❖ **Next Meeting: 10/19** **9:30 AM - 11:30 AM** **CVH - Page Hall Room 217** **Middletown**

Marilyn E. Cloud, LCSW

9/22/10