BHH Designated Provider Agency Work Group

January 20, 2021
10:00am – 11:30am
Virtual Meeting

CY 2020 Population Health Profile

Attendees: List of attendees is on page 4

1. The Importance of Population Health (1-3 minutes)
    a. Population health refers to the health status and health outcomes within a group of people rather than considering the health of one person at a time
    b. Population health data is used to design strategies' for specific interventions for groups or sub-groups of the whole population
    c. A health management model where people are the center with other supports, which can include data integration; population identification; community; health plans/payors; care delivery system; measurement & stratification surrounding them. (NCQA Video)
    d. Provider's population health allows for implementation of a holistic approach to healthcare, evidenced by using data to increase service delivery or to update & improve policies.
    e. This holistic approach helps provide high impact via targeted care.
    f. Interventions tailored for people with specific traits in common to increase health outcomes for specific groups.
    g. Prevention is always the key.
2. BHH Population Health Data (20-25 minutes)
    a. CT BHH Population vs CT Medicaid Adult Population (3rd tab in Tableau Population Health file)
        - Total BHH enrollees (7,217.00) typically have significantly higher numbers in every area measured as compared to the total adult CT Medicaid census (643,637). Some examples are below.
            1. Higher rate of chronic comorbid disorders 87.7%/28.5%
            2. Higher average cost per member $35,631.00/$11,140.00)
            3. Higher emergency department utilization rate 57% /32.1%
            4. Higher inpatient services utilization rate 26.89% / 10.9%

5. Higher utilization rates for mobile crisis, observation, telehealth, substance use, and PHP and IOP services

- These differences illustrate:
    1. A need for a higher level of care for some individuals
    2. The importance of using population health data as a management tool to identify and help eliminate the distribution of health disparities within different groups.
    3. Why BHH exists as a program designed to treat the whole-person.

3. Unique Populations (40-45 minutes)

a. Discussion of differences between 18-24 year old BHH participants and general BHH population.

- Age group makes up 6.3% of Total BHH Population
- Younger group is more susceptible to diagnosis via social media
- Tend to have more access & understanding of social media apps, IF they have the correct technology
- More apt to be homeless
- May not have had as much time with a "chronic illness.'
- Still transitioning to adult care, connecting with a PCP is of paramount importance.

b. Older population (55-64) has significantly higher average cost per member

- This subgroup can be more medically compromised
- Higher rates of Mental Health and Medical Diagnosis

c. Distinction between the overall health of Total BHH population and the distribution of health between subgroups.

- BHH participants with both Diabetes & Schizophrenia Diagnoses
    1. BHH participants 18-24; Average cost per member: $28,602
        a. 44.4% have diagnosis of Schizophrenia and 8.6% Diabetes
        b. Less Covid-Diagnosis
        c. Connection to a PCP is paramount; could translate into less use of acute measures
- BHH Participants aged 55-64; Average cost per member $51,020

a. 56.4% have diagnosis of Schizophrenia and 31.4% Diabetes
b. More barriers to complete healthcare
c. Generally more medically compromised with significantly higher cost per member
d. Less ability with technology

4. Observations
    a. Involve more staff positions in BHH information, workgroups,etc.,
    b. Expansion of services to include: Exercise groups, nutrition groups; local co-ops; medical topic specific trainings, pre-diabetes (Care Coordination)
    c. Providers increase use of Connie (Project Notify) to increase follow-up during transitions. Every staff position can have a role in transitions
    d. Design proactive services that will promote prevention-based treatment
    e. Need for materials in different languages
5. Provider Feedback
    a. Involve more staff positions in BHH information, workgroups,etc.,
    b. Expansion of services to include: Exercise groups, nutrition groups; local co-ops; medical topic specific trainings, pre-diabetes (Care Coordination)
    c. Providers increased use of Connie (Project Notify) to increase follow-up during transitions. Every staff position can have a role in transitions
    d. Conscious of increasing the circle of information
    e. Design preventable & proactive services
    f. Need for materials in different languages
6. Billing Updates (1-3 minutes)
    a. Services provided to clients participating the CHESS program, will now appear as a non-fixable error due to concerns of double billing.
        - There are not a lot of dual CHESS and BHH clients
        - DMHAS will continue to provide updates as appropriate
7. Health Literacy Committee Updates (3-5 minutes)
    a. Alexandra LaBarca will present at the 02/17/2020 Work Group

Participant List	
Name	**Agency**
Denise Perez	ABH, Inc.
Virginia Conland-Murdoch	ABH, Inc.
Paul Zakarian	ABH, Inc.
Jeannie Wigglesworth	Beacon Health Options
Jessica Kolinsky	BHcare
Debra Psanis	BHcare
Anthony Lawson	BHcare
Trish Kramer	Bridges
Susan LaManna	Bridges
Valerie Mallard	Bridges
James Morro	CHR
Jason Boucher	CHR
Karolina Dudzik	CMHC
Velvet Yusko	CMHC
Leola Beasley	CMHC
Mary Germano	CRMHC
Lauren Staiger	DMHAS
Ryan Grealis	DMHAS
Katharine Willis	DMHAS
Alicia Figueroa	Intercommunity
Kimberly Whipple	Rushford
Jesus Silva	SMHA
Stephenie Guess	SMHA
Alixandra O'Neil	Sound Community Services
Marcia Beebe	Sound Community Services
Migdalia Guzman	SWCMHS
Shellina Taylor	SWCMHS
Victoria Hoey	SWCMHS
Holly Fish	United Services
Kimberly Solomakos	United Services
Alexandra LaBarca	WCMHN