Snapshot: Systems of Care in Connecticut

Veeraraghavan J. Iyer, M.B.B.S, MD1, Robert Sahl, MD2
1 Fellow, 2 Program Director
Child /Adol Psychiatry Services

Introduction

• Access to care – Timely use of personal health services to achieve best possible health outcomes1
• 23 % of population - children
• 17.3% Children with special health care needs (CSHCNs) – A cumulative of 25% households in CT in 2016
• 21.5% of CSHCNs homes 0-99% Federal poverty line (FPL)
• 40.8 → 47% CSHCNs > 4 functional difficulties.
• Number of child psychiatrists/1000 children = 0.22
• 25% CSHCNs families stopped working.
• 6 residential facilities shut down → bed capacity ↓ by 54% from 2009 to 2014. Group home utilization ↑ over the national average of 14%. Inpatient bed utilization remained 85-99%

Conceptualization

1. Access
   a. Insurance coverage
   • 2007 → 2009/10 inadequate coverages 31.8% → 38.5%.
   b. EPSDT embedded
   • AAP recommends 10 “well child” visits → esp. 9, 18 and 30 months.
   c. Coordinated care across services
   • EMPS
   • 23 hour assessment centers
   • 26 regional DCF
   • 13 DMHAS early adult
   • ICM as part of Medicaid
   • 96 school based health centers
   d. Evid-based Tx
   • 24 child guidance clinics in 90 sites including ABA
   • Wraparound services

2. Utilization
   • 26% ↑ ER visits 2001→2010; 30% ↑ 2011-2012
   • 31% ↑ EMPS episodes 2011 → 2014 (77% referrals - families and schools)
   • Disprop. to population increase of 0.4%
   • In 2013, 17% CSHCNs insured → only 9% used
   • 5% had state health plans, 17.2% used services
   • 2017 census shows 22,000 increase in uninsured

3. Cost
   a. Managed care vs FFS
   • Data conflicting → trend is HMO
   b. Private vs public plans
   • 40% CSHCNs were served by public plans
   • SCHIP/CHIP, SSI, Title V and Katie Beckett Waivers
   c. High deductible plans - fewer services
   d. Total budget is – $40 mil (2016) → no change (2017)

4. Outcomes
   a. Very limited data
   b. Quality of care
   • No change yearly budget 2016-17
   • 83.3% ↑ ASD receiving special ed
   2011 → 2014
   c. Health improvement
   • Uninsured rate 0.3 → 4.9% (2009 → 2016)
   • Lack of data
   d. Reimbursement for providers
   • 27-28% less for low, 53-60% less for moderate complexities in 2015
   • Disparities evident
   e. ↑ Financial burden, out of pocket expenses for families

5. Medical home model5
   7 core elements:
   Accessibility, family centered care, continuous, comprehensive, coordinated, compassionate and culturally effective care.

References

All data compiled from