Medicaid.gov
Keeping America Healthy

IAP Medicaid Innovation Accelerator Program

Medicaid Innovation Accelerator Program (IAP)

Substance Use Disorder (SUD)

Targeted Learning Opportunities

TLO 15: State of SUD-Related Quality Metrics

July 11, 2016, 3:30-5pm EDT

Logistics

- Please mute your line & do not put the line on hold
- Use the chat box on your screen to ask a question or leave comment
  - Note: chat box will not be seen if you are in “full screen” mode
  - Please also exit out of “full screen” mode to participate in polling questions
- Moderated Q&A will be held periodically throughout the webinar
- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience

Purpose & Learning Objectives

- States will learn about substance use disorder (SUD)-related quality metrics including Medicaid Adult Core Set measures and other SUD quality metrics
- States will learn about strategies to use SUD quality metrics in ways that help manage & improve their SUD delivery systems

Speakers (1/3)

- **Junqing Liu, PhD, MSW**
- Research Scientist
  - National Committee for Quality Assurance

NCQA Measuring quality. Improving health care.

Speakers (2/3)

- **Beth Tanzman, MSW**
- Assistant Director
  - Vermont Blueprint for Health

VERMONT Blueprint for Health
Smart choices. Powerful tools.

Speakers (3/3)

- **Thomas Land, PhD**
- Director, Office of Data Management & Outcomes Assessment
  - Massachusetts Department of Public Health

Facilitator

- **Tami Mark, PhD, MBA**
- Director, Center for Behavioral Health Services Research
  - Truven Health Analytics

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Webinar Agenda

- Introduction
- SUD Performance Metrics Developed by National Committee on Quality Assurance (NCQA)
  - ***Break for Discussion***
- State Experience: Vermont
  - ***Break for Discussion***
- State Experience: Massachusetts
  - ***Break for Discussion***
- Wrap Up & Sharing of Resources

Context Setting

- Medicaid covering more SUD services
- Substantial need for SUD services among Medicaid beneficiaries
- Significant gaps in SUD access and quality

NCQA SUD Performance Measures

Junqing Liu, PhD, MSW

Research Scientist

National Committee on Quality Assurance

NCQA SUD Performance Measures Cont'd

Measures:

1. Follow-up after discharge from ED for AOD
2. Identification of Alcohol and Other Drug (AOD) Services
3. Initiation of AOD Services
4. Engagement of AOD Services

Context:

- Measures were developed for health plan measurement
- Measures are reported in Healthcare Effectiveness Data and Information Set (HEDIS)

Context Setting: Emergency Department (ED) Use for Substance Abuse

Context

- About 5% of ED visits are due to substance abuse[1]

Frequency

- For Medicaid patients, alcohol & SUD are among the top 5 most common conditions seen during an ED visit[1]

Outcomes

- Patients who failed to receive aftercare following an emergency psychiatric visit (including substance use) were more likely to return to the ED[2]

Sources: (1) Owens PL, Mutter R, Stocks C. Mental Health and Substance Abuse-Related Emergency Department Visits Among Adults, 2007. Healthcare Cost and Utilization Project. Statistical Brief #92. June 2010. (2) Bruffaerts R., M. Sabbe, K. Demyffenaere. Predicting Community Tenure in Patients with Recurrent Utilization of a Psychiatric Emergency Service." General Hospital Psychiatry. 2005; 27: 269–74.

Large Variation in Follow Up After ED Visits for SUD

- Recently added to HEDIS for 2017
- Little data to date

Indicator	Average	10th Percentile	90th Percentile
Follow-Up After ED Visit for Substance Use w/in 7 Days	62.2	21.8	83.2
Follow-Up After ED Visit for Substance Use w/in 30 Days	64.7	28.7	83.9

Source: 2008 Medicaid Analytic Extract for 15 states

Follow-Up After Discharge from ED for AOD (FUA)

Description: The percentage of discharges for adult enrollees who had a visit to the emergency department w/ a primary diagnosis of alcohol or other drug dependence during the measurement year who received the following:

7 Day Rate

- Percentage of discharges for which the enrollee had a follow-up visit with any provider with a primary diagnosis of alcohol or other drug dependence within 7 days of discharge

30 Day Rate

- Percentage of discharges for which the enrollee had a follow-up visit with any provider with a primary diagnosis of alcohol or other drug dependence within 30 days of discharge

Identification of Alcohol & Other Drug Services (IAD)

Description: The number & percentage of enrollees with an alcohol & other drug (AOD) claim who received the following chemical dependency services during the measurement year:

- Any Service
- Inpatient Visit
- Intensive Outpatient or Partial Hospitalization
- Outpatient or Emergency Department

Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET)

Description: The percentage of adult enrollees with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

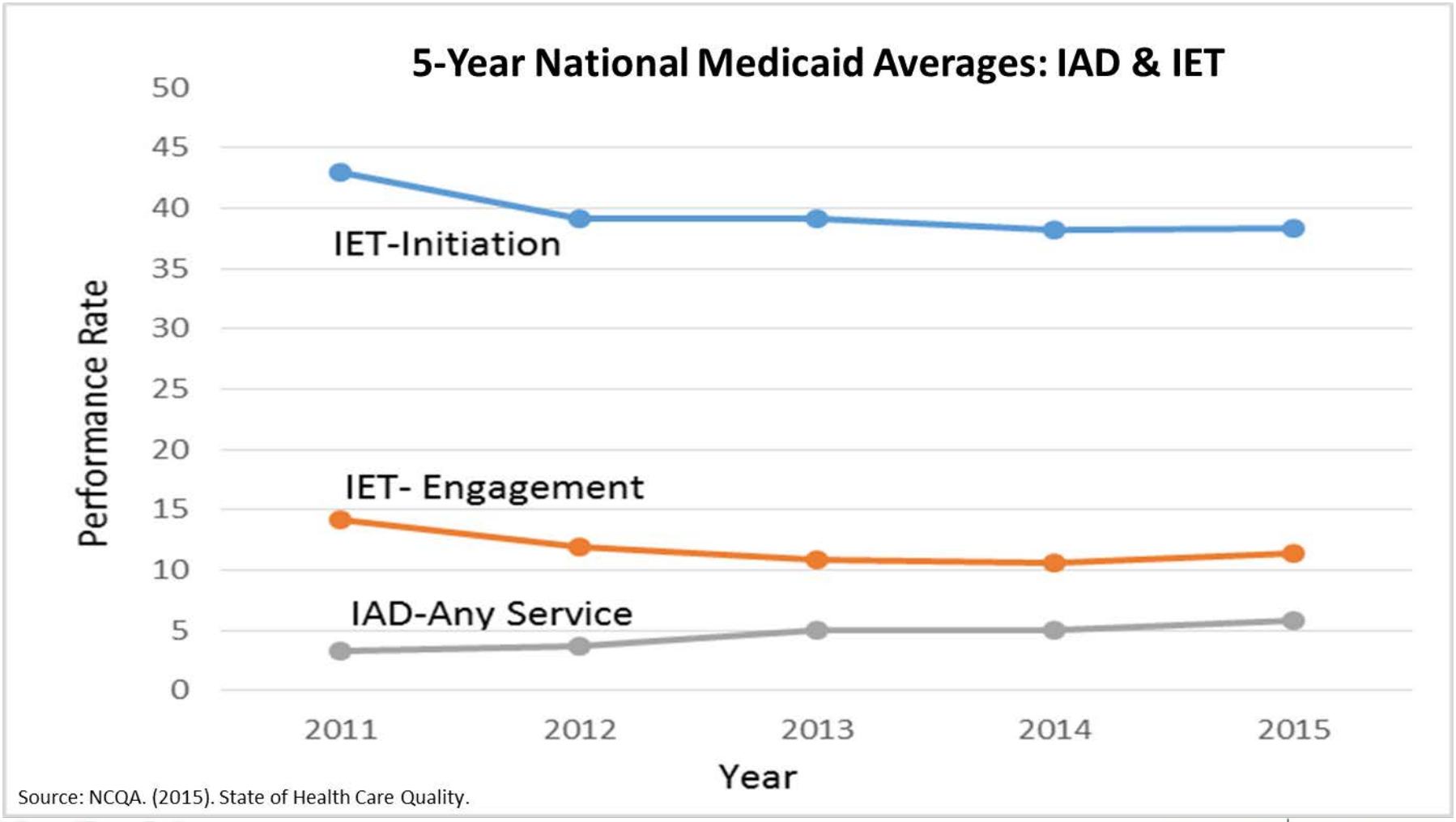
Initiation of AOD Treatment

Percentage of enrollees who **initiate treatment** through an inpatient AOD admission, OP visit, IOP encounter or partial hospitalization **w/in 14 days of diagnosis**

Engagement of AOD Treatment

Percentage of enrollees who **initiated treatment** & who had **2 or more additional services** with a diagnosis of AOD **w/in 30 days of their initiation visit**

Trends in Performance Rates Medicaid Plans



Source: NCQA. (2015). State of Health Care Quality.

Variation in Performance
2015 Medicaid Plans

Indicator	Average	10th Percentile	90th Percentile
IAD	5.75	1.71	11.49
IET Initiation	38.29	30.42	48.1
IET Engagement	11.33	4.56	18.95

Gap in State Reporting: Initiation & Engagement Measure

- Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET)
  - Included in the Medicaid Adult Core Set & the Medicaid Health Homes Core Set
- There is room for improvement in reporting
  - 24 states reported on IET for FFY 2014 Adult Core Set Reporting according to the 2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP

Source: Department of Health and Human Services.2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP. 2016.

Polling Question 1

- Which of the following SUD measures is your state actively collecting &/or reporting? Select all that apply.
  - Identification of AOD
  - Initiation & Engagement in AOD Treatment
  - Follow-Up After ED for AOD
  - Not Sure

Polling Question 2

- Is your state using any of the previously discussed quality measures for the following purposes? Select all that apply.
  - Pay-for-performance
  - Public reporting
  - Performance/Academic detailing w/ MCOs & providers
  - Informing changes in SUD Medicaid financing/delivery
  - Other

Discussion & Questions 1

VERMONT Blueprint for Health

Smart choices. Powerful tools.

State Experience: Vermont

Beth Tanzman, MSW

Assistant Director

Vermont Blueprint for Health

IAP Medicaid Innovation Accelerator Program

Vermont Reform Efforts

Blueprint for Health

- Statewide foundation of primary care PCMHs, community health teams, community networks

Specific Populations

- Hub & Spoke program for individuals experiencing opioid dependence
- Vermont Chronic Care Initiative for high-need Medicaid beneficiaries

Three ACOs

- In participation with Medicare, Medicaid & commercial ACO Shared Savings Programs

Statewide Infrastructure

- Focused on transformation & quality improvement
- Integrated Performance Reporting, Integrated Communities Care Management Learning Collaborative

SIM Grant

- Align measures across Shared Savings Programs

Vermont ACO Reform Efforts

Basis

- Commercial & Medicaid Shared Savings Programs are built on Medicare Shared Savings Programs

Development

- Initiated in 2014 by Medicaid agency, largest commercial insurer (BCBS of VT), & 3 ACOs in VT

Quality Measures

- These are key elements of Shared Savings Programs
- Performance helps determine the amount of shared savings that each ACO receives

Three Dashboards

State-Level

- VT Division of Alcohol & Drug Abuse
  - Population & program

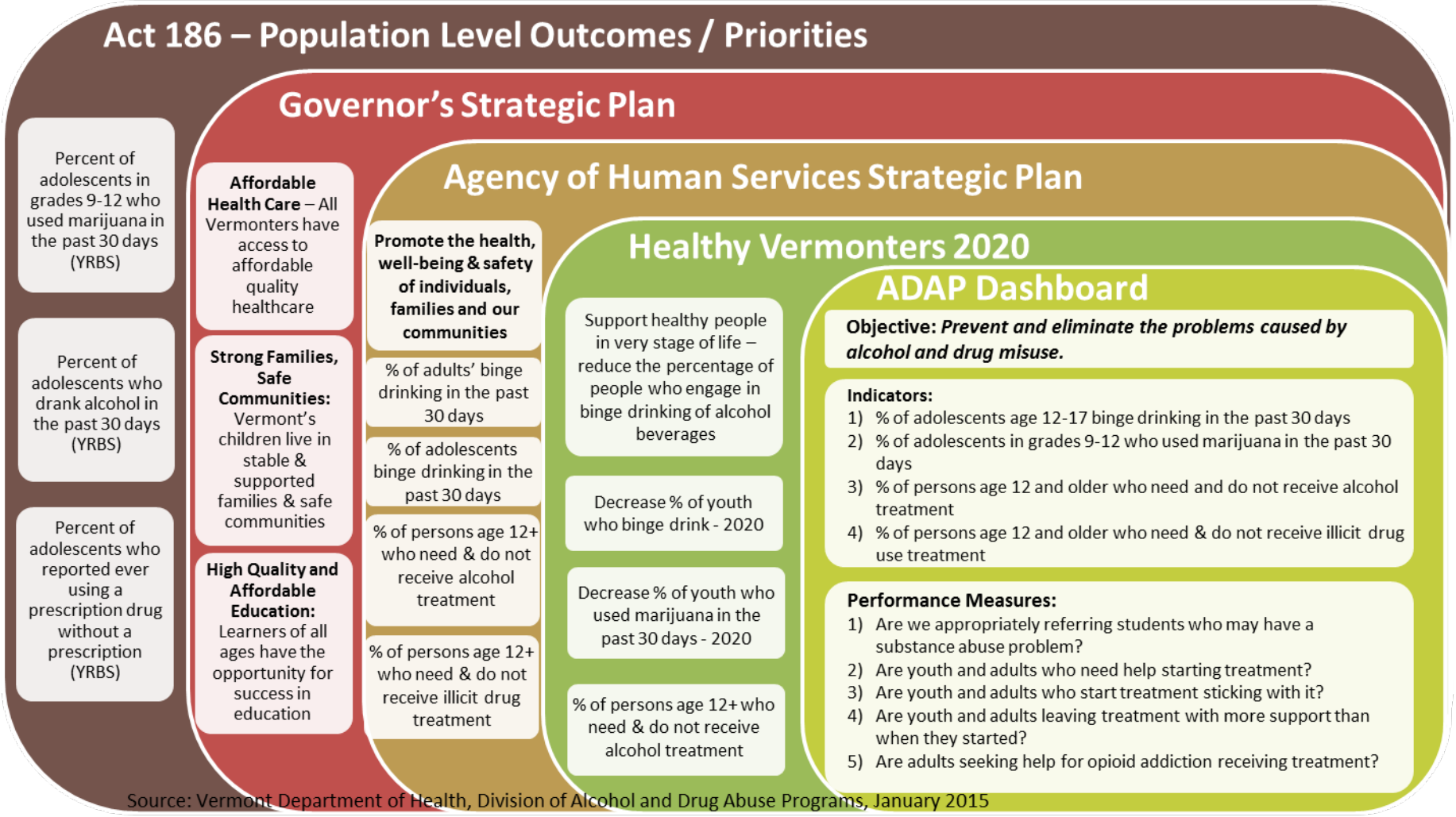
County-Level

- Medication Assisted Treatment
  - Primary care & addictions treatment

Hospital Services Area Profile

- Health & Human Services Systems
- All payers

State Level Division-Specific Dashboard

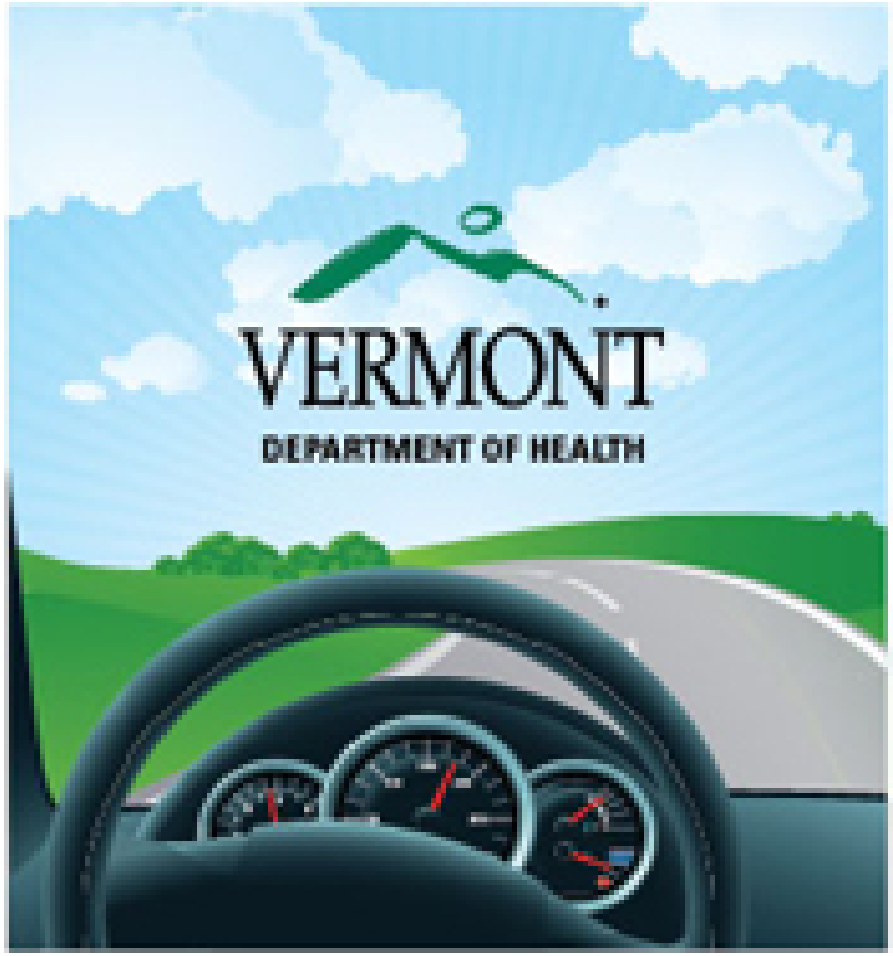


Source: Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, January 2015

State-Level Dashboard: Department of Health

Healthy Vermonters Toolkit		
Healthy Vermonters 2020 Quick Reference Summary list of all 122 Healthy Vermonters 2020 indicators, organized by topic, and includes for each indicator: 2010 baseline data, a target value for 2020, data source, and availability by geography.		
Statewide Population Indicators	**Maps & Trends**	**Performance Dashboard**
HV2020 Goal: *A Healthy Lifetime*		
Family Planning	County District HSA	Dashboard
Maternal & Infant Health	County District HSA	Dashboard
Early Childhood Screening	County District HSA	Dashboard
School-age Health	County District HSA	Dashboard
Older Adults	County District HSA	Dashboard
HV2020 Goal: *Behaviors, Environment & Health*		
Alcohol & Other Drug Use	County District HSA	Dashboard
Tobacco Use	County District HSA	Dashboard
Nutrition & Weight	County District HSA	Dashboard
Physical Activity	County District HSA	Dashboard
Injuries	County District HSA	Dashboard
Environmental Health	County District HSA	Dashboard

State-Level Dashboard: Division of Alcohol & Drug Abuse Programs



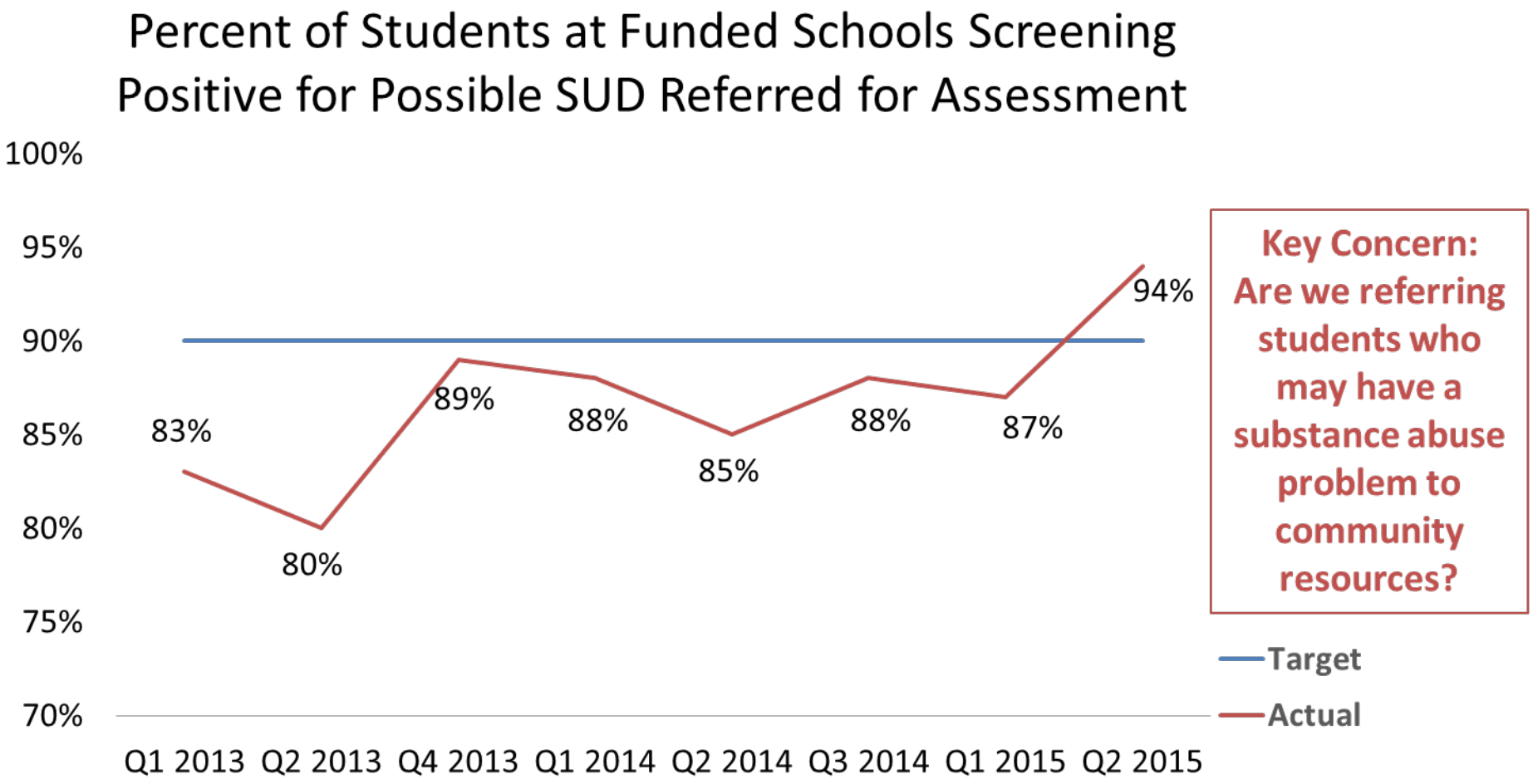
Performance Dashboard

- Population indicators
- Performance measures

Division Objective

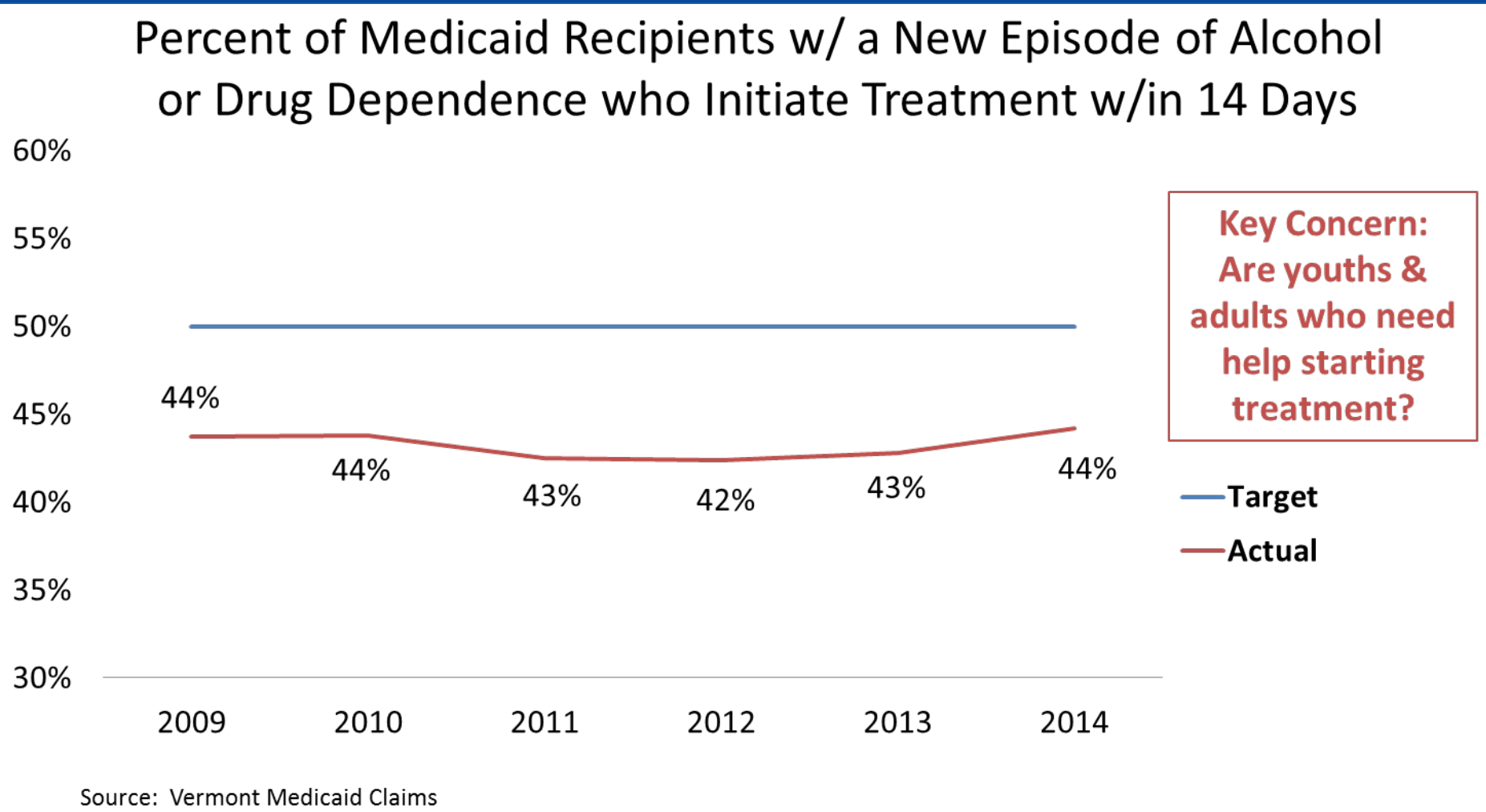
- Prevent & eliminate the problems caused by alcohol & drug misuse

State-Level Dashboard: School Screenings



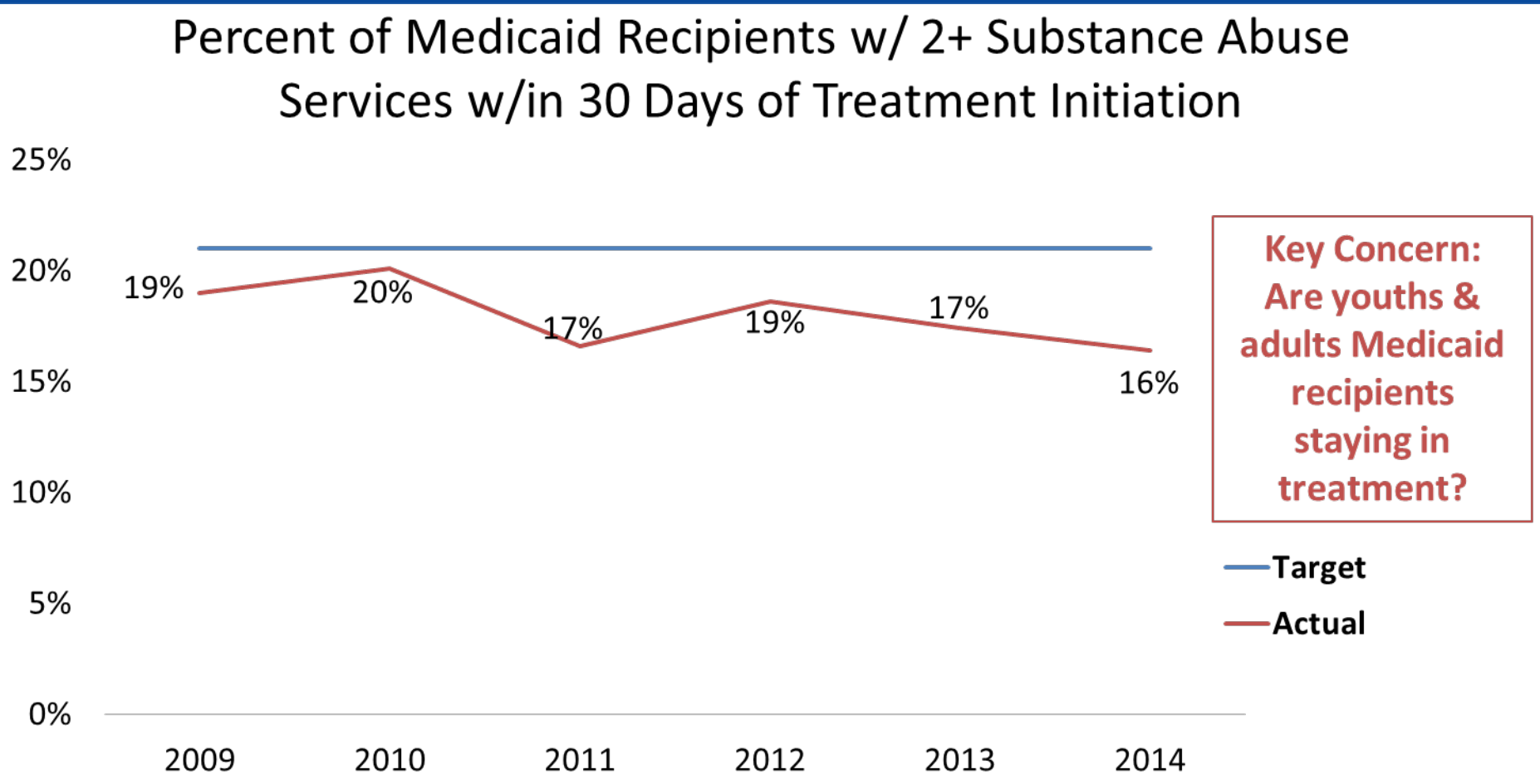
Source: Vermont Substance Abuse Treatment Information System and Medicaid Claims

State-Level Dashboard: Treatment Initiation



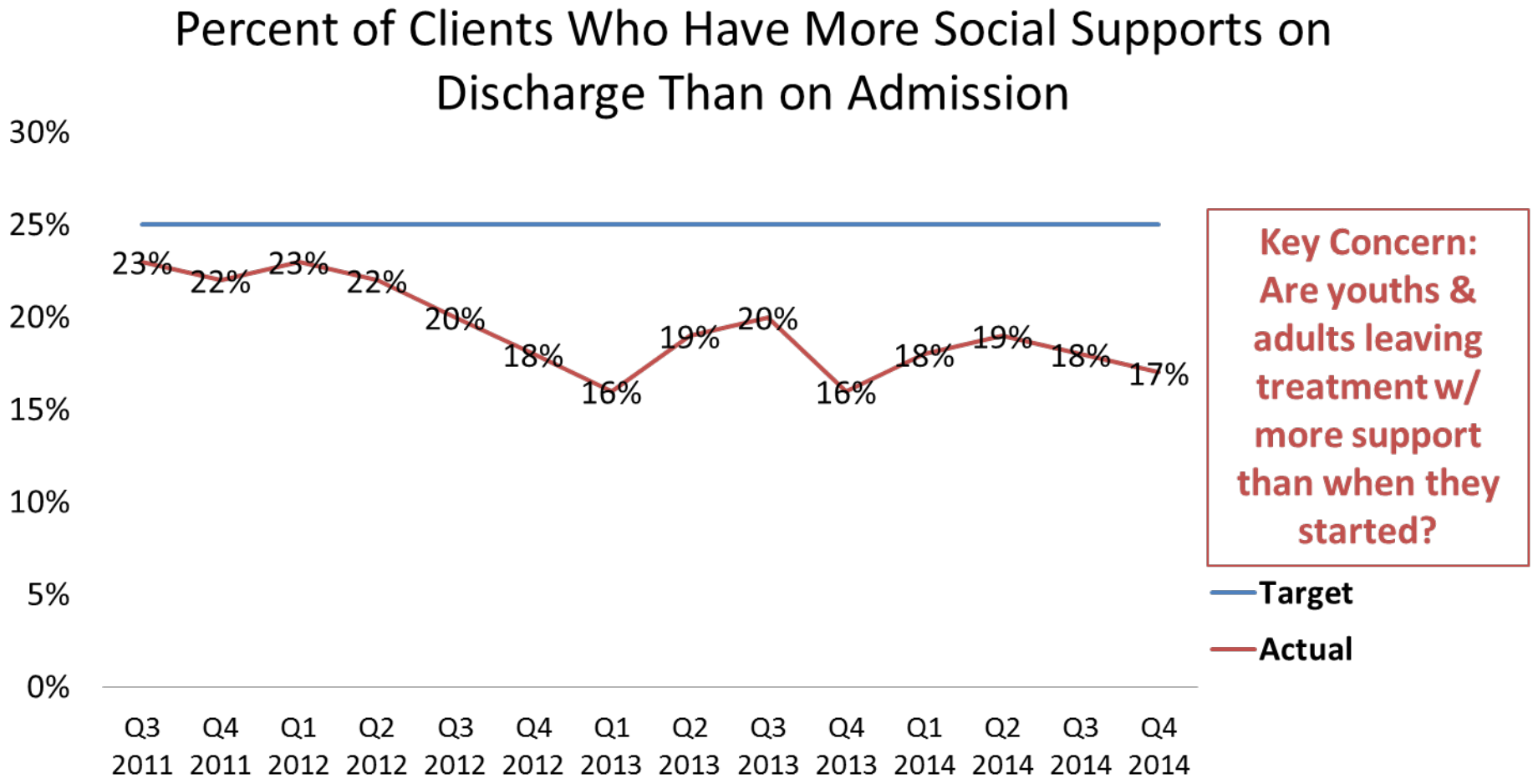
Source: Vermont Medicaid Claims

State-Level Dashboard: Treatment Engagement



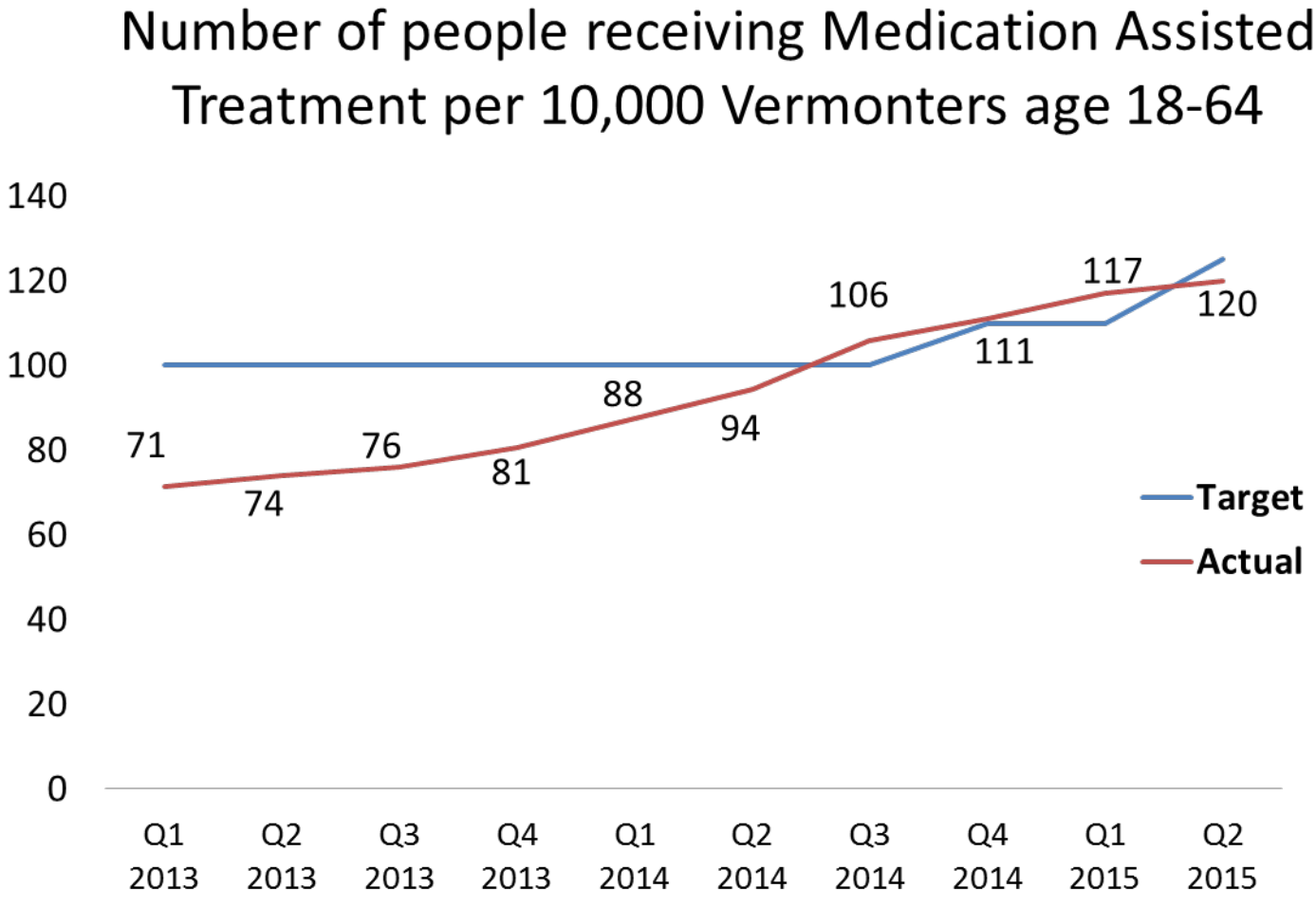
Source: Vermont Medicaid Claims

State-Level Dashboard: Social Supports



Source: Vermont Medicaid Claims

State-Level Dashboard: Access to Medication Assisted Treatment



Key Concern: Are adults seeking help for opioid addiction treatment?

Source: Vermont Substance Abuse Treatment Information System and Medicaid Claims

July 2015

Bennington Blueprint Spoke Dashboard

VERMONT Blueprint for Health

Bennington Blueprint Grant Award: United Health Alliance **Key Partners:** United Counseling Services (UCS) and SVHC, **State Level Leadership:** Craig Jones, MD, Beth Tanzman
Local Leadership: UHA Board of Directors **Physician Champion:** Jim Poole, MD **Bennington Program Director:** Jennifer Fels jennifer.fels@svhealthcare.org

Program Goals

- Improve the health of the population
- Improve the patient experience
- Reduce healthcare costs

Bennington Spoke Practices

Hawthorn Recovery Center
Mount Anthony Primary Care
Shaftsbury Medical Associates
SVMC - Deerfield Valley Health Center
SVMC – Medical Associates (Fall 2015)

Program Funding

Spoke Funding
$163.75/PPPM for Medicaid Patients

Requirements: 1 RN Case Manager and 1 Licensed Behavioral Health Specialist or Licensed Social Worker for every 100 Spoke patients

Spoke services are not billable.

FY 2015 Bennington Program Budget:

Quarter 2015	# Medicaid Beneficiaries	Medicaid Funding
Qrt 1	178	$85,969
Qrt 2	207	$110,531
Qrt 3	226	$110,531
Qrt 4	250	$122,812

Spoke Services

Provides on-going care system for buprenorphine patients. RN Case Managers coordinate care, recovery support and refer to community services.

Patients must have at least one service per month as defined by the CMS Medicaid Waiver:

- Comprehensive Care Management
- Care Coordination
- Health promotion
- Comprehensive Transitional Care
- Individual & Family Support
- Referrals to community and social services support

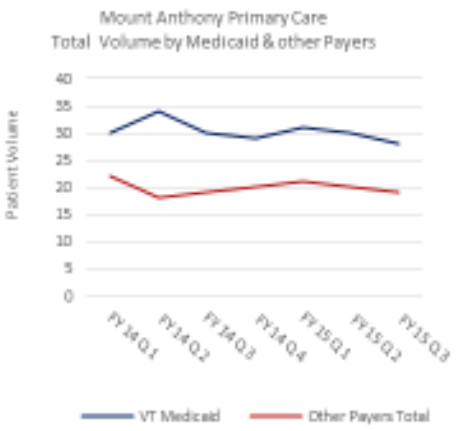
Hub Services

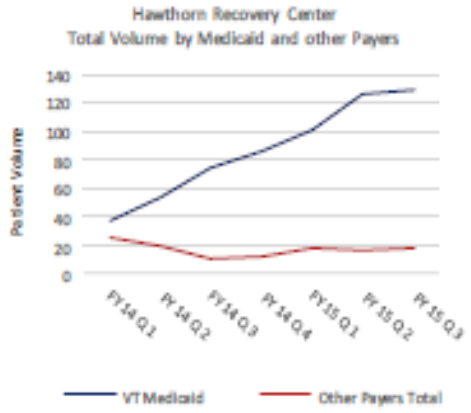
- West Ridge Addiction Center (Rutland)
- Brattleboro Retreat (Brattleboro)

Performance Improvement Initiatives

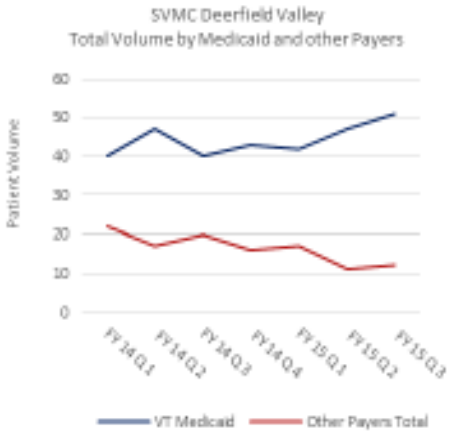
- Standardize patient contracts across practices
- Implement standard Spoke referral tool
- Implement standard communications to PCP tool
- Establish standard communications with Probation and Parole
- Provide expertise to standardization of SVMC discharge opiate ordering protocol

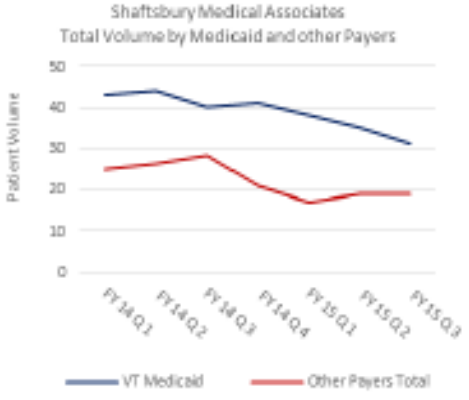
Spoke Program Volume





Spoke Program Volume





Current Staffing

	Hawthorn Recovery Center	Mount Anthony Primary Care	Shaftsbury Medical Associates	SVMC Deerfield	Total Actual FTEs
RN Case Manager	1.2 FTE	.4 FTE	.4 FTE	.4 FTE	2.4
Behavioral Health Therapist/Social Worker	1 FTE	.4 FTE	.4 FTE	.4 FTE	2.2
					4.6

Patient Transfers

2015	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
# pf pts transferred from IOP	0	0	4	1					
# of pts transferred from Hub	3	2	0	0					
# of pts transferred to Hub	0	1	2	2					

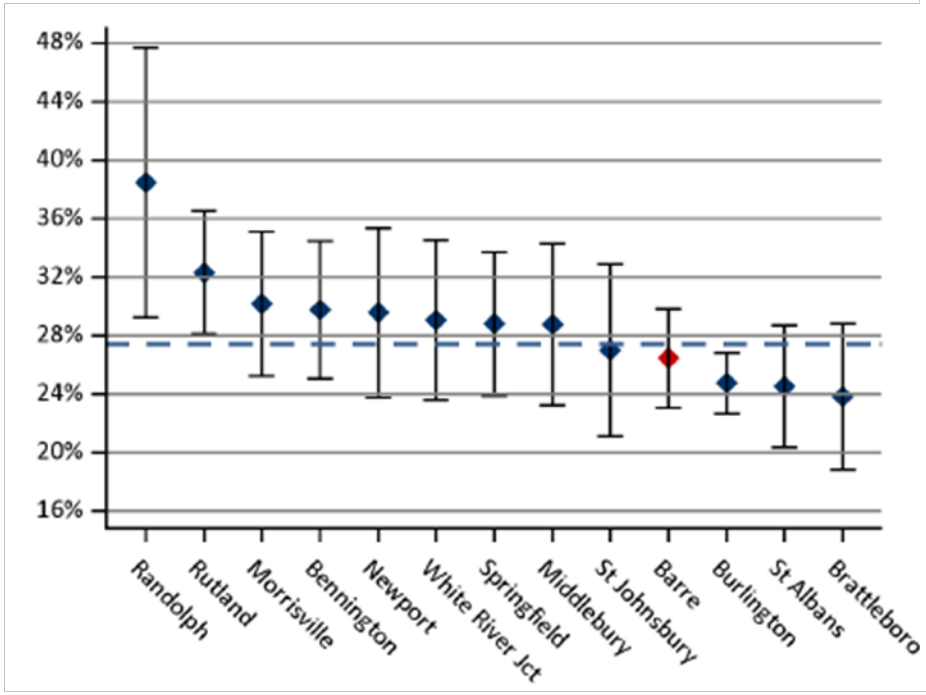
Hospital Services Area Profiles Dashboard: Cost, Use, Quality, Performance

Integrating Performance Measurement

- Blueprint comparative profiles for primary care practices & health service areas produced in collaboration with ACOs
- Profiles include dashboards with results for ACO SSP measures & other measures
- Some results are based on linked claims & clinical data
- Profiles provide Regional Work Groups with objective information for planning, quality improvement, extension of best practices, & primary care providers with practice-level results

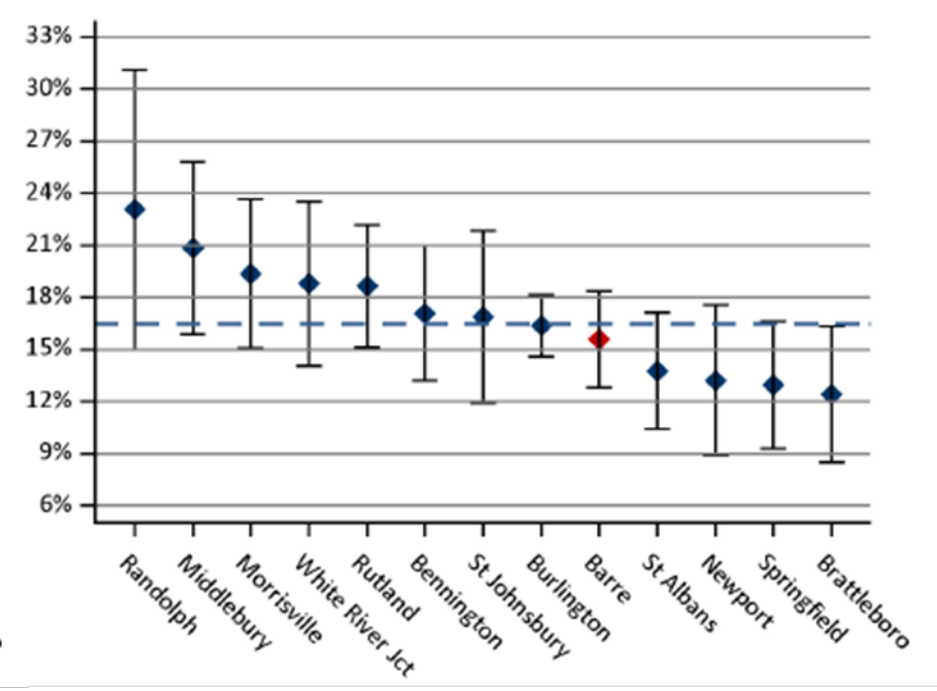
All Payer Comparative Reporting

Initiation of AOD Treatment (Core – 5a)



Initial AOD admission, OP visit, IOP encounter, or partial hospitalization w/in 14 days of diagnosis

Engagement of AOD Treatment (Core – 5b)



Initial treatment + 2 additional services w/ AOD diagnosis w/in 30 days of initiation visit

- - - Statewide Average

Challenges & Lessons Learned

- Important to use measures that have national standards & benchmarks
  - Initiation & Engagement in AOD Treatment measure
    - Produced from claims so low administrative burden for providers
    - Room for improvement on IET
- Lack of connectivity between addictions treatment & health information systems
  - Ex. SUD measures related to care management

Polling Question 3

- What level of SUD reporting does your state use for quality improvement, monitoring, payment or other systems purposes? Select all that apply.
  - State level
  - County level
  - Hospital service area level
  - Manage care level
  - Provider level
  - Do not know

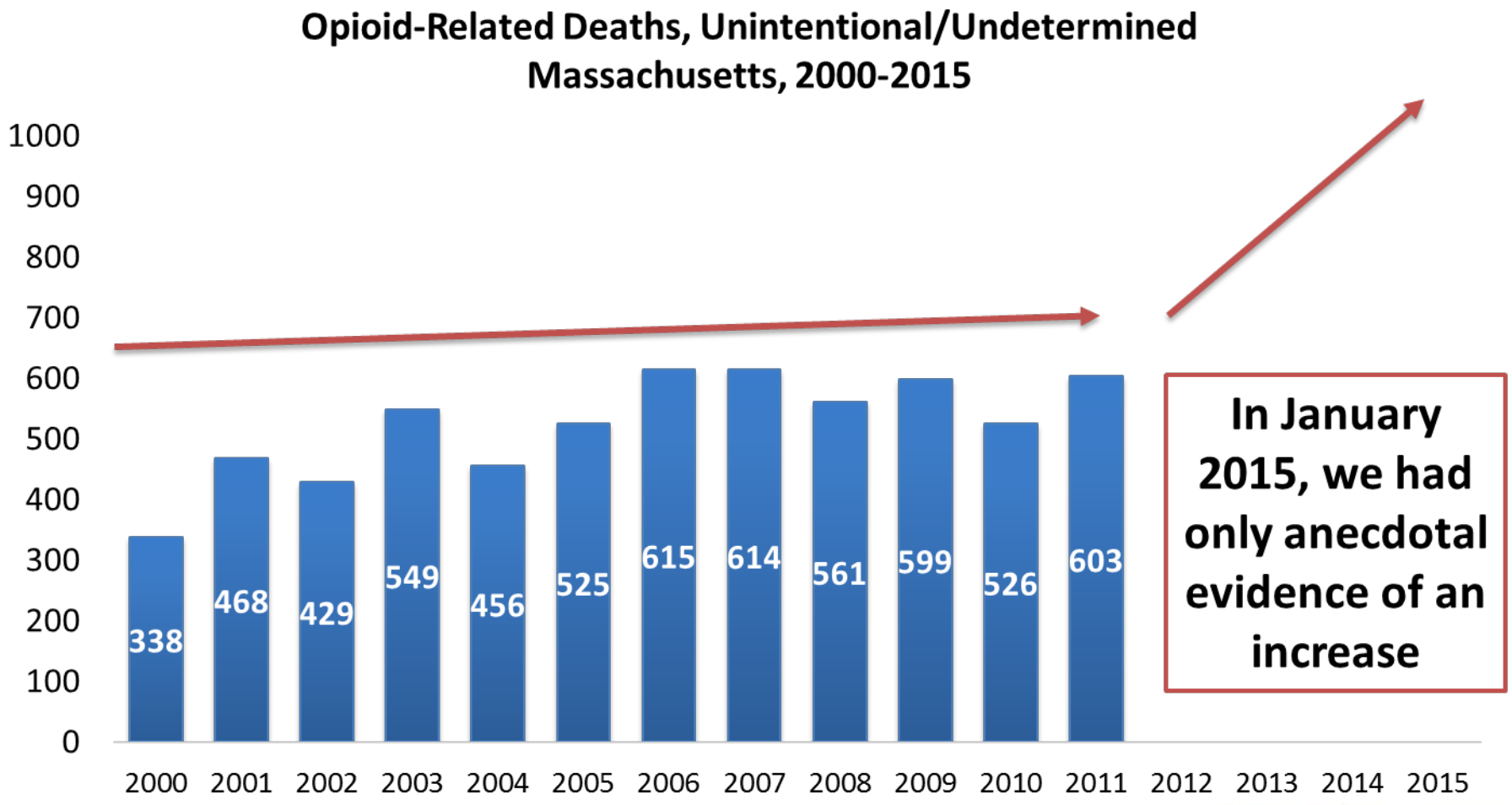
Discussion & Questions 2

Massachusetts Experience: Building Data Infrastructure to Inform Real-Time Decision-Making

Thomas Land, PhD

Director, Office of Data Management & Outcomes
Massachusetts Department of Public Health

Using Timely Data



The Common Problem: Data Chaos

- Siloed operations
- Incomplete data
- Delayed delivery
- Missing pieces

Massachusetts Chapter 55 Legislation

Ch. 55 Legislation

- Signed into law August 2015
- Report to the state legislature
- Must address 7 questions about opioid-related deaths
- Specifies major data sets across government
- Lowers legal barriers for us of some data

Chapter 55: The 7 Questions

Question 1

- Instances of multiple provider episodes
  - A single patient having access to opiate prescriptions from more than 1 provider

Question 2

- Instances of poly-substance access
  - Patients w/ simultaneous prescriptions for an opiate & a benzodiazepine or for an opiate & another drug, which may enhance the effects or the risks of drug abuse or overdose

Question 3

- The overall opiate prescription history of the individuals
  - Including whether the individuals had access to legal prescriptions for opiate drugs at the time of their deaths

Chapter 55: The 7 Questions Cont'd

Question 4

- History of voluntary or involuntary treatment for substance addiction or behavioral health?

Question 5

- History of attempted entry but denied access to treatment for substance addiction or behavioral health?

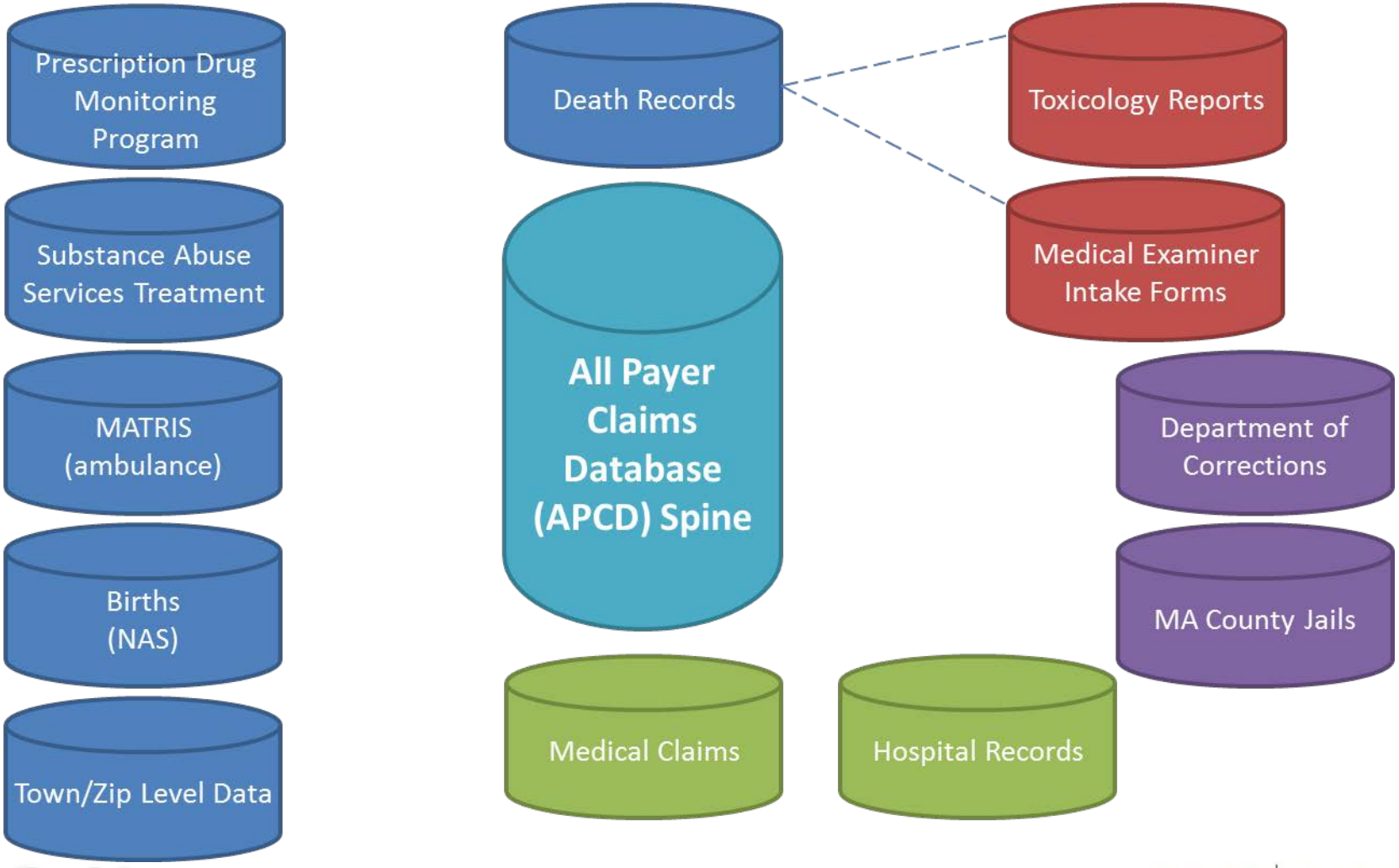
Question 6

- History of receiving treatment for a substance overdose?

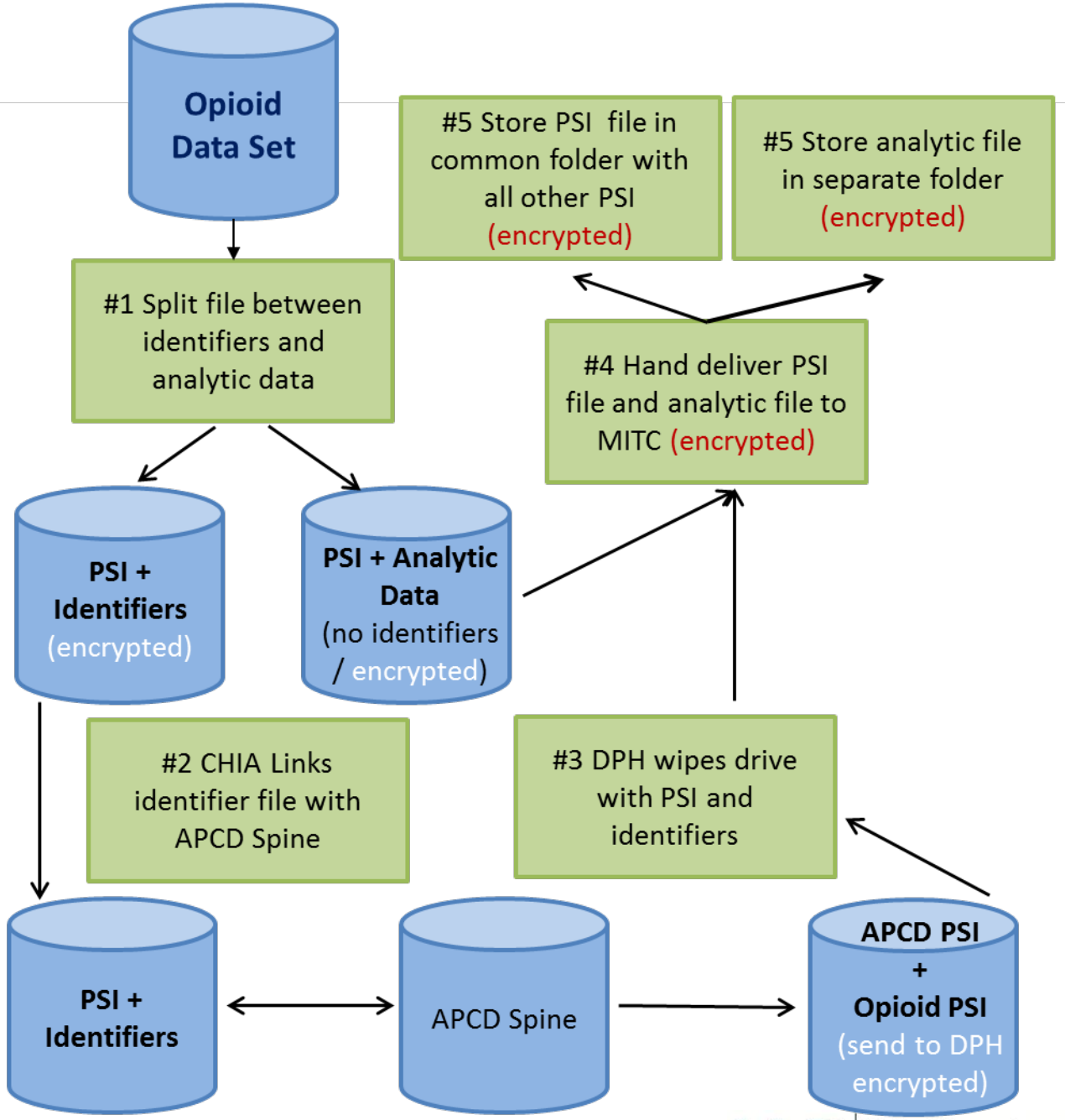
Question 7

- History of detention or incarceration?
  - If so, did the individual receive treatment during the detention or incarceration?

Chapter 55: Data Mapping



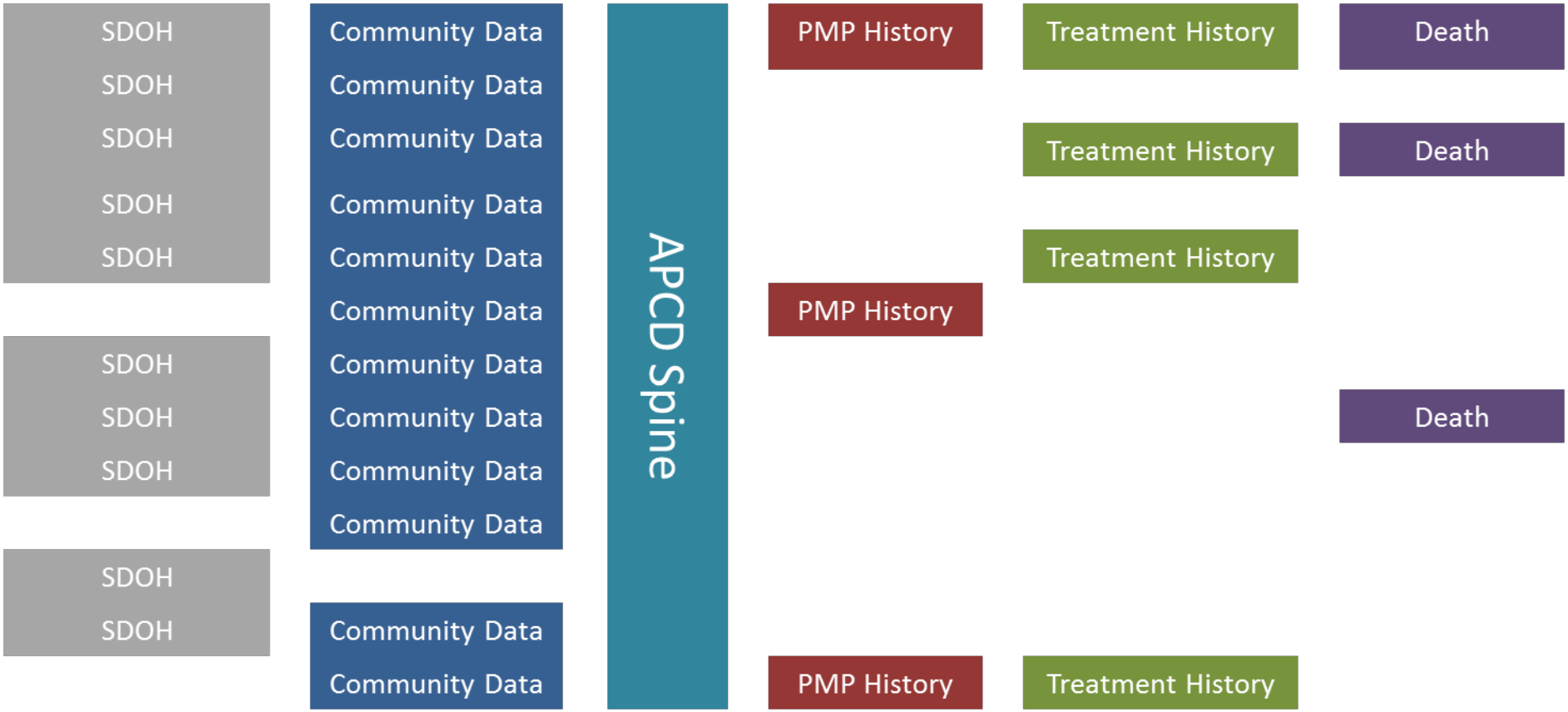
Chapter 55 Data Flow between DPH, CHIA, and MITC



Legend

APCD: All Payer Claims Database
CHIA: Center for Health Information & Analysis
DPH: Department Of Public Health
MITC: Massachusetts Information Technology Center
PSI: Project Specific Identifier

Ideal Analytic Model

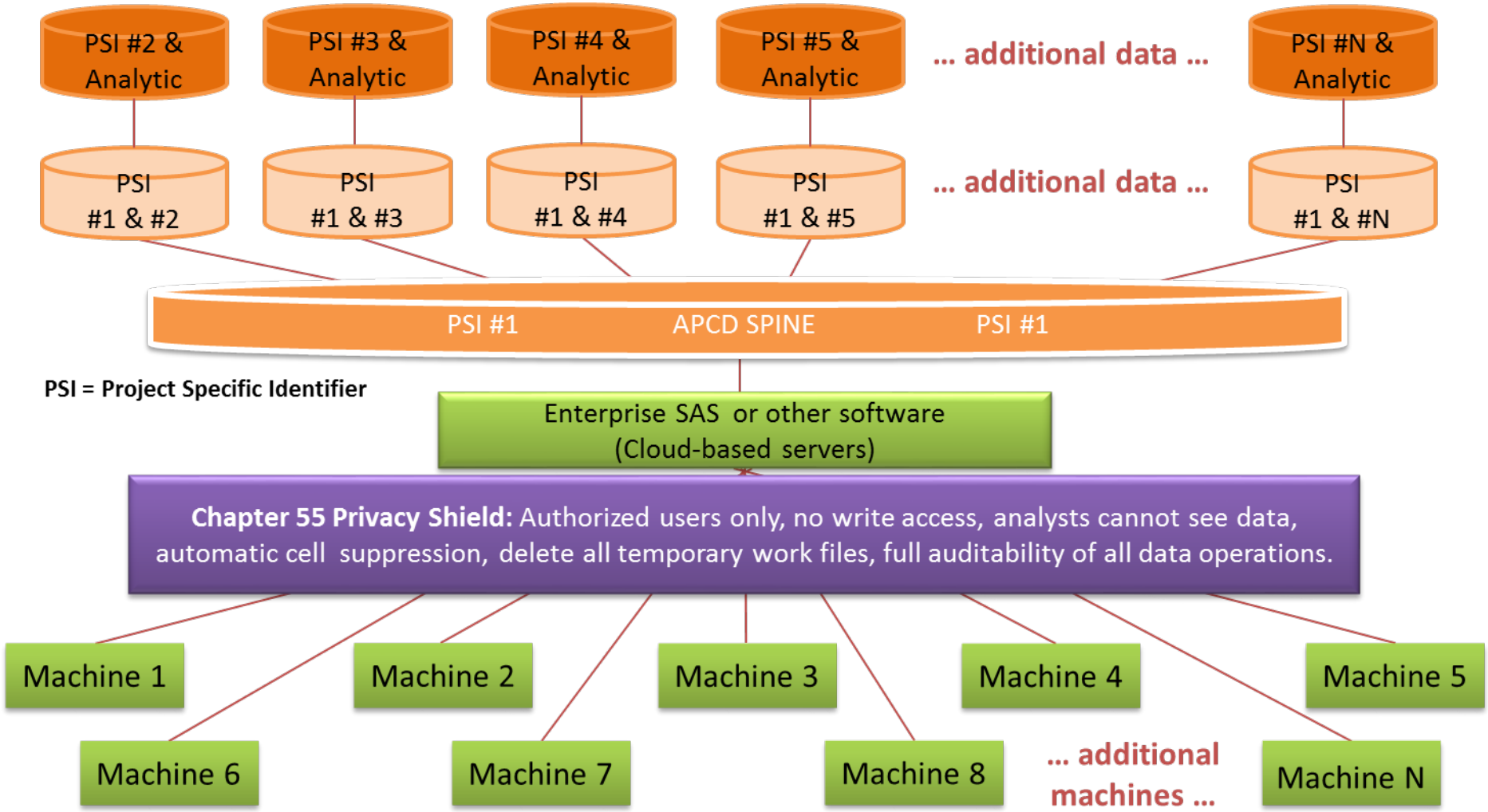


APCD = All Payer Claims Database

SDOH = Social Determinants of Health

PMP = Prescription Monitoring Program

Public Health Data Warehouse Overview



Dashboards: Developed & Under Construction

- Real Time Death Reporting
  - April 2016 report provided death data through 3/31/2016
- Prescription Drug Monitoring Program
  - Real-time estimate of likelihood of death or non-fatal overdose
- Step Down Treatment Model
  - Assessing population specific effectiveness
- Hotspotting
  - Troubling trends, unexpected bright spots
- Trends in Drug Combinations
  - Rapid analysis of drug combinations in fatal overdoses

Polling Question 4

- Has your state used death records to track the opioid epidemic?
  - Yes
  - No
  - Do not know

Polling Question 5

- If your state has used death records to track the opioid epidemic, do you find the resource timely or actionable enough? Select one.
  - Yes, both
  - Yes, timely
  - Yes, actionable
  - Neither
  - Do not know

Discussion & Questions 3

Polling Question 6

- Would your state be interested in having a post-webinar discussion with the speakers to address any additional questions or reflections on today's webinar?
  - Yes
  - No

Resources

- Core Set of Adult Health Care Quality Measures for Medicaid. Centers for Medicare & Medicaid Services.
  - 2016 Medicaid Adult Core Set
  - Medicaid Adult Core Set webpage
- 2015 Annual Report on the Quality of Care for Adults in Medicaid. Department of Health & Human Services. 2016.
  - 2015 Domain-Specific Report for Behavioral Health

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  - 617-624-5254

Thank You!

Thank you for joining us for this Targeted Learning Opportunity!

Please complete the evaluation form following this presentation.