
Using Data to Improve Access to Behavioral Health Follow-up Care

Improving Behavioral Health Follow-up Care Learning Collaborative:
Webinar #3

July 15, 2021

Kamila Stanisch, Centers for Medicare & Medicaid Services (CMS)

Michaela Vine and Mira Wang, Mathematica

Mary Shelton and Rebecca Robinson, Tennessee Division of TennCare

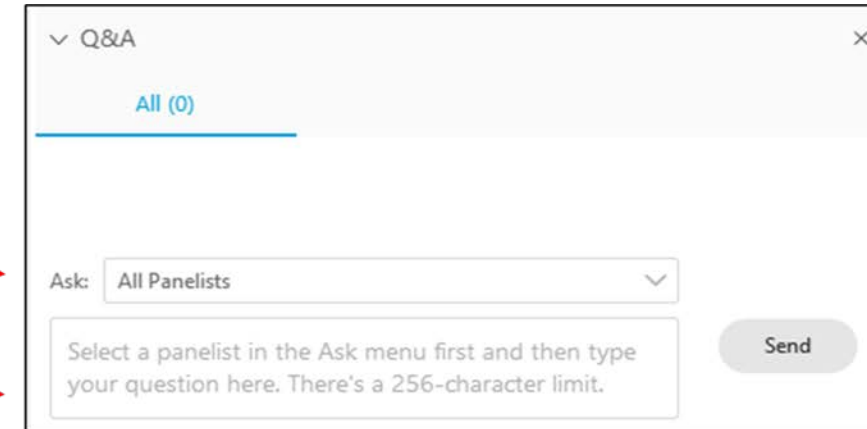
Michele Robison and David K. Kelley, Office of Medical Assistance Programs, Pennsylvania

Department of Human Services



How to Submit a Question

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- **For technical questions, select “Host” in the “Ask” menu**



Q&A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.

Send

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Q & A

All (0)

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Agenda

Topic	Speaker
Welcome from the Centers for Medicare & Medicaid Services (CMS)	Kamila Stanisch, CMS
Use of Care Coordination Data in Tennessee	Mary Shelton and Rebecca Robinson, Tennessee Division of TennCare
Improving Emergency Department Seven Day Follow-Up Treatment for Opioid Use Disorder	Michele Robison and David K. Kelley, Office of Medical Assistance Programs, Pennsylvania Department of Human Services
Questions and Discussion	Michaela Vine, Mathematica
Wrap-Up	Mira Wang, Mathematica

Welcome and Overview of the Improving Behavioral Health Follow-up Care Learning Collaborative

Kamila Stanisch, CMS

Improving Behavioral Health Follow-up Care Learning Collaborative

- **The Centers for Medicare & Medicaid Services (CMS) launched the Improving Behavioral Health Follow-up Care Learning Collaborative in May 2021**
- **State Medicaid and behavioral health agencies and their partners will have an opportunity to:**
 - Expand their knowledge of evidence-based interventions to improve access to behavioral health follow-up care
 - Develop, implement, and assess a data-driven quality improvement project
 - Network with peers
 - Advance their knowledge of and skills in quality improvement

Improving Behavioral Health Follow-up Care Learning Collaborative (continued)

- **Webinar series**

- Previous webinars:

- Webinar 1: Expanding and Ensuring Access to Behavioral Health Follow-up Care (held on May 17, 2021)
- Information Session: Improving Behavioral Health Follow-up Care: Affinity Group Q&A (held on June 15, 2021)
- Webinar 2: Leveraging Key Relationships in Improving Behavioral Health Follow-up Care (held on June 28, 2021)

- Access video recordings, transcripts, and slides available on the [Medicaid.gov Improving Behavioral Health Follow-up Care Learning Collaborative Homepage](#)

- **Affinity Group**

- Action-oriented support to state Medicaid, behavioral health agencies, and their partners
- Opportunity for states to increase access to timely behavioral health follow-up care among Medicaid and CHIP beneficiaries
- Will hold a workshop for state team leads in August 2021 followed by a full affinity group meeting in September 2021 (more information provided in the [Improving Behavioral Health Follow-up Care Affinity Group Fact Sheet](#))



Mary Shelton
Director, Behavioral Health Operations

Rebecca Robinson
Director, Primary Care Quality

TennCare

TennCare is Tennessee's Medicaid program, which provides health insurance coverage to around 1.5 million low-income Tennesseans, including 20% of the state's adult population and 50% of the state's children.* TennCare is 100% managed care with 3 statewide Managed Care Organizations (MCOs).



Caretaker relatives of young children
(270,900)



Pregnant women
(60,000)



Children
(714,500)



Older adults
(41,100)



Individuals with disabilities
(213,500)



*U.S. Census data as of July 1, 2017.

Delivery System Transformation

Patient-Centered Medical Home (PCMH)

Holistic approach towards care coordination for all patients

Tennessee Health Link (THL)

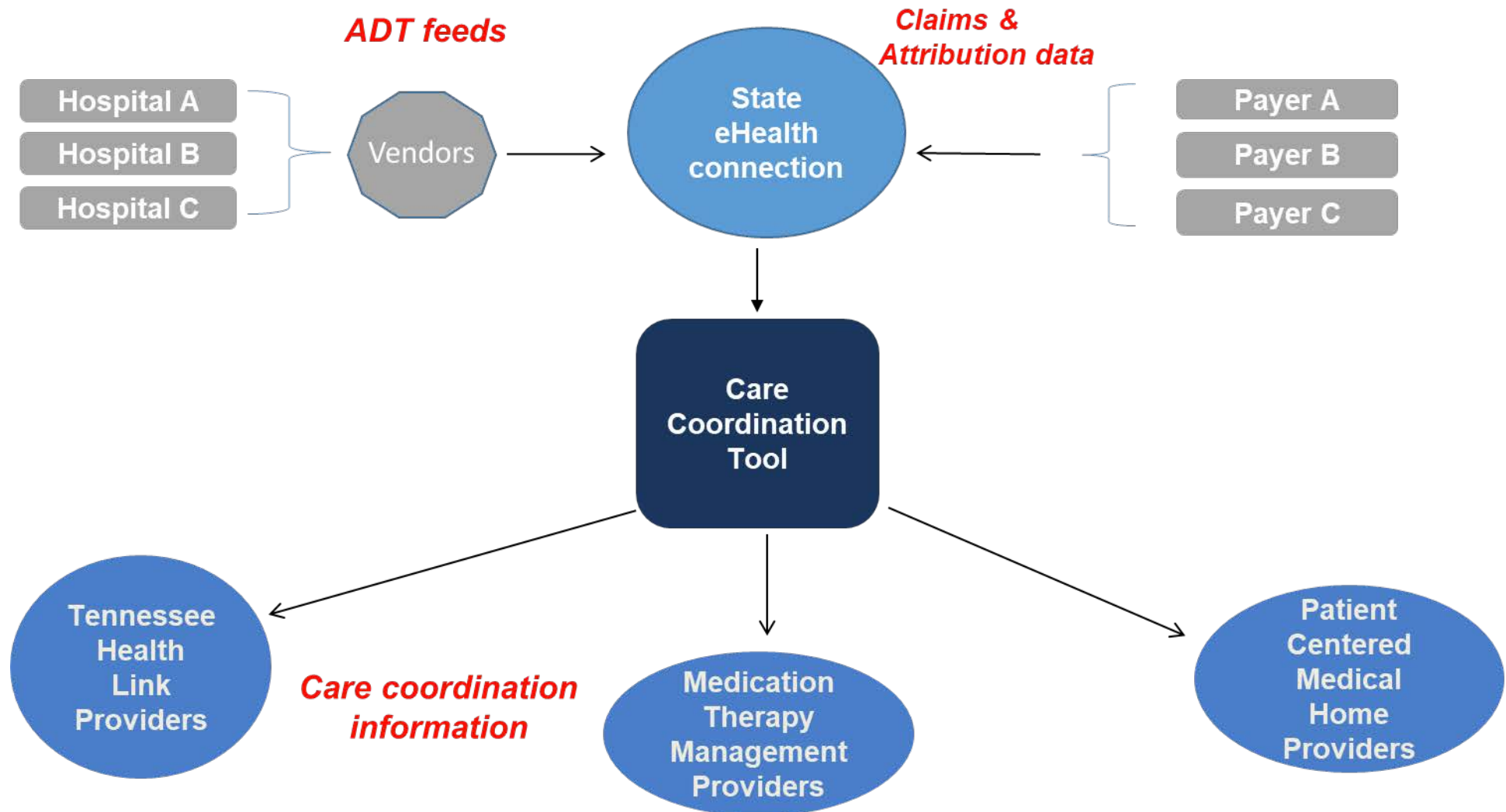
Care coordination focused specifically on highest-need behavioral health patients

Key Principles

- Ensure **access** to a range of physical and behavioral health related supports aligned with level of need
- Foster **joint decision making** across health providers
- Instill **awareness** of interaction of behavioral and physical health needs
- Expected **sources of value** include appropriateness of care setting, choice of behavioral health care providers, referrals to high value providers, and medical management
- Improved **access** to patient specific information
- Increased **resources and training** to support optimal patient care

Care Coordination Tool

A multi-payer shared care coordination tool allows primary care providers to implement better care coordination in their offices.



Impact of the Care Coordination Tool

Providers and care coordinators utilize CCT information to identify members with higher likelihoods of adverse health events and facilitate personalized outreach to improve care coordination and health outcomes for TennCare members.

CCT Information	Data Source
Member Panels	Weekly attribution files sent from each Managed Care Organization and member files from TennCare
Quality Measures and Gaps in Care	Claims data uploaded weekly, and user manual closures within the CCT
Risk Scores	Claims data uploaded weekly; calculated by CDPS+Rx weekly
Admission, Discharge and Transfer (ADT) Events	ADT feeds from hospitals across the state in near real-time
TennIIS Data on Childhood Vaccines (ages 0-2, 9-13)	Monthly minimum update for all members, with a maximum of daily for an individual



Lessons Learned

Tool	Design & Implementation	User Engagement & Training
<ul style="list-style-type: none">• Version 1: 2017• Version 2: Q4 2020• Ensure reliable and certified HEDIS platform• Advanced analytics capabilities• Require ADT submission from hospitals	<ul style="list-style-type: none">• Establish a clear and consistent team understanding of system functionality prior to development• Establish clear requirements using requirements gathering sessions as well as requirements elaboration and validation sessions.• Utilize SharePoint to minimize emails and mitigate document versioning issues.	<ul style="list-style-type: none">• Established Super User Group and engaged in UAT• Support from user engagement team• Strategic communications and training plan• Surveys and feedback sessions after implementation of Version 2

Future Plans

- Continued platform improvement based on user feedback
- Possibly integrating assessments into the CCT
- Possible expansion to additional TennCare member populations or programs
- Better data integration across all Delivery System Transformation programs

TennCare Contact Information

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Improving Emergency Department Seven Day Follow-Up Treatment for Opioid Use Disorder

Pennsylvania Department of Human Services
Office of Medical Assistance Programs

**CMS Behavioral Health Learning Collaborative Webinar
July 15, 2021**

- Pennsylvania Department of Human Services (DHS) administers the Medical Assistance Program (Medicaid).
- Medical Assistance serves over 3.0 million individuals- 1.1 million children, over 45,000 deliveries per year.
- HealthChoices- mandatory managed care for children under 21 and adults under 65 meeting Medical Assistance (Medicaid) eligibility requirements.
- Five behavioral health Manage Care Organizations (BH-MCOs) carved out from eight physical health Manage Care Organizations (PH-MCOs).
- Medicaid expansion started in 2015 with over 900,000 enrolled as of June 2021.

Data Driven Approach to Combat Opioid Crisis

- Governor Tom Wolf issued an opioid disaster declaration in January of 2018.
- Medicaid data showed individuals with Opioid Use Disorder (OUD):
 - Repeatedly admitted to emergency departments (EDs) for opioid related events,
 - Less than 30% initiated treatment after an ED visit,
 - They were at increased risk of overdose death.
- DHS began the Emergency Department Opioid Use Disorder Warm Hand-Off Incentive Program in 2018.
- **Objective: to increase the number of individuals initiating treatment for OUD within seven (7) days of an ED visit.**

Program Overview-Year One



- Year one 2018- Development of ED warm handoff pathways
 - DHS funded \$35 million dollars for health systems to develop warm handoff pathways for individuals suffering from OUD.
 - Payment for process and infrastructure building.
 - Pathways needed to be operational by early spring 2019.
 - Higher incentive payment based on number of pathways implemented.



Hospital Quality Improvement Program

Hospitals could choose to develop any of these clinical pathways:

ED initiation of buprenorphine with warm hand off to the community

Direct warm hand off to the community for MAT or abstinence based treatment

Specialized protocol to address pregnant women with OUD

Direct inpatient admission pathway for methadone or observation for buprenorphine induction

Results Year One

- A complete list of participating hospitals, as well as the pathways they attested to developing, can be found at https://www.dhs.pa.gov/providers/Documents/Hospital%20Assessment%20Initiative/c_287007.pdf

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attested to ED initiation of buprenorphine

120

attested to warm hand-off to the community for MAT or abstinence-based treatment

114

attested to a specialized protocol for pregnant women

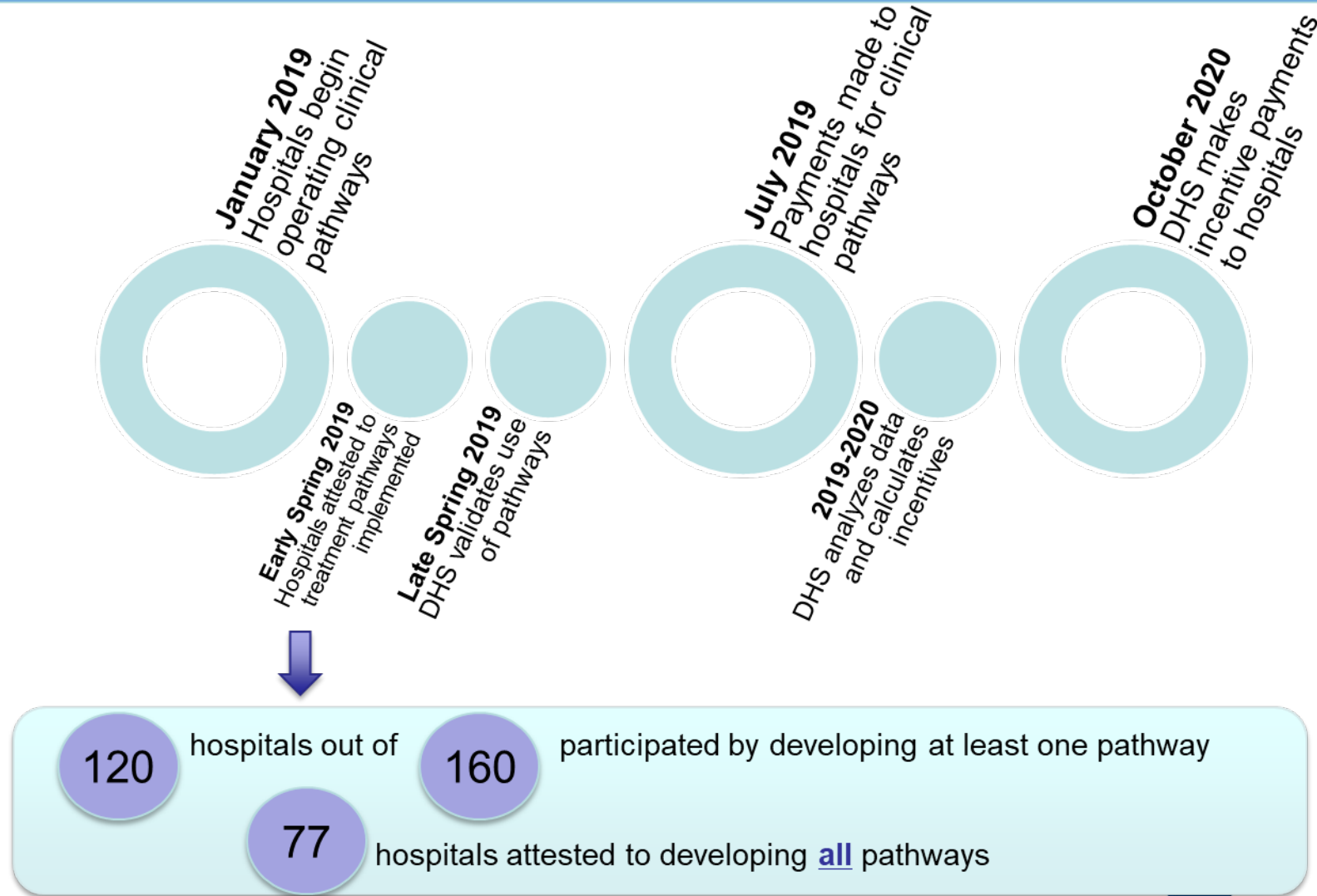
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attested to inpatient admission for methadone or observation for buprenorphine induction

Program Overview-Year Two

- Year Two 2019 - Improvement in seven-day follow up for OUD treatment
 - DHS funded \$35 million dollar incentive to health systems to **improve** follow-up treatment after ED visits for OUD within 7 days of discharge.
 - EDs evaluated on incremental improvement using claims data for 2018 versus 2019.
 - All EDs evaluated for their performance in referring people who present to the ED with OUD.
 - Only hospitals that met targeted benchmarks or demonstrated improvement received incentives.

Timeline





INCREMENTAL IMPROVEMENT

- Changes in % of individuals connected to treatment varied greatly, ranging from some hospitals that saw decreases to others that doubled their rates.
- Average increase was 3.4%.
- 93 hospitals attained an increase and received payouts.



BENCHMARK

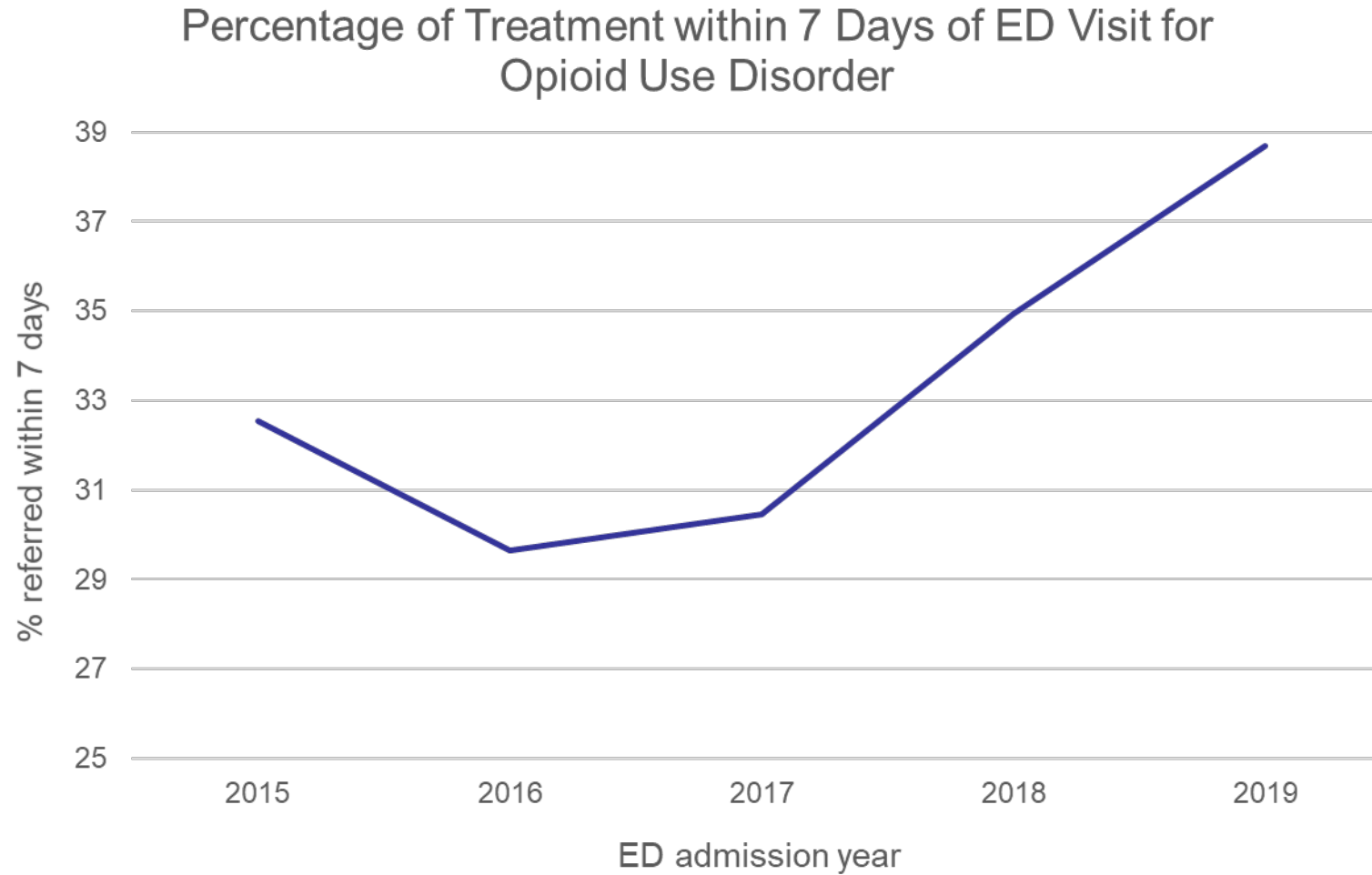
- Approximately 100 hospitals attained the benchmark and received payouts.

Results

- 2018: 5,068 out of 14,439 individuals or 35.1% initiated treatment for Opioid Use Disorder within 7 days.
- 2019: 5,840 out of 15,157 individuals or 38.5% initiated treatment for Opioid Use Disorder within 7 days.
- 79 EDs showed improvement $\geq 3.0\%$.
- 62 EDs showed improvement $\geq 5.0\%$.

<https://www.dhs.pa.gov/providers/Providers/Documents/FY1920%20Hospital%20Quality%20Improvement%20Program%20Opioid%20Use%20Disorder%20Treatment%20Statewide%20Results.pdf>

Increased Connections to Treatment within 7 Days of ED Visit for Opioid Overdose



Discussion

- High participation in pathways.
- Overall improvement in 7-day follow-up.
- Program helps improve three Adult Core Measures:
 - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD),
 - Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD),
 - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD).
- DHS expanding Opioid Centers of Excellence.
- DHS continues expanded telemedicine related to public health emergency.
- Analysis of 2019 versus 2020 results in the fall
- Challenges and barriers- COVID-19, buprenorphine in ED, Other

Contact Information

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Questions & Answers

Michaela Vine, Mathematica

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Announcements and Next Steps

Mira Wang, Mathematica

Announcements and Next Steps

- Webinar recording and slides will be posted on the [Medicaid.gov](#) [Improving Behavioral Health Follow-up Care Learning Collaborative](#) [Homepage](#)
- Affinity Group Fact Sheet and EOI form are available at the [Medicaid.gov](#) [Improving Behavioral Health Follow-up Care Learning Collaborative](#) [Homepage](#)
- Affinity Group EOI forms are **due Thursday (TODAY!), July 15, 2021, 8:00 PM ET**

Thank you for participating!

- Please **complete the evaluation** as you exit the webinar
- If you have any **questions**, or we didn't have time to get to your question, **please email**

MACQualityImprovement@mathematica-mpr.com

