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

• Use the Q&A function to submit questions or comments.
  – To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” menu
  – Type your question in the text box and click “Send”
  – Only the presentation team will be able to see your questions and comments

• For technical questions, select “Host” in the “Ask” menu
## Agenda

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

Kamila Stanisch, CMS
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](https://medicaid.gov)

- **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).

*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.

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

## Tool
- Version 1: 2017
- Version 2: Q4 2020
- Ensure reliable and certified HEDIS platform
- Advanced analytics capabilities
- Require ADT submission from hospitals

## Design & Implementation
- 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.

## User Engagement & Training
- 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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Mary Shelton
Director, Behavioral Health Operations
Mary.C.Shelton@tn.gov
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.
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.
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

- 92 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

- 92 attested to inpatient admission for methadone or observation for buprenorphine induction
• 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

January 2019
Hospitals begin operating clinical pathways

Early Spring 2019
Hospitals attest to treatment pathways implemented

Late Spring 2019
DHS validates use of pathways

July 2019
Payments made to hospitals for clinical pathways

2019-2020
DHS analyzes data and calculates incentives

October 2020
DHS makes incentive payments to hospitals

120 hospitals out of 160 participated by developing at least one pathway
77 hospitals attested to developing all pathways
Results

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 ≥ 3.0%.
• 62 EDs showed improvement ≥ 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

Percentage of Treatment within 7 Days of ED Visit for Opioid Use Disorder

ED admission year

% referred within 7 days

2015 2016 2017 2018 2019

25 27 29 31 33 35 37 39
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**

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