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
Speakers (2/3)

• Beth Tanzman, MSW
• Assistant Director
  – Vermont Blueprint for Health
• 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
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\(^2\)

Large Variation in Follow Up After ED Visits for SUD

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Average</th>
<th>10\textsuperscript{th} Percentile</th>
<th>90\textsuperscript{th} Percentile</th>
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</thead>
<tbody>
<tr>
<td>Follow-Up After ED Visit for Substance Use w/in 7 Days</td>
<td>62.2</td>
<td>21.8</td>
<td>83.2</td>
</tr>
<tr>
<td>Follow-Up After ED Visit for Substance Use w/in 30 Days</td>
<td>64.7</td>
<td>28.7</td>
<td>83.9</td>
</tr>
</tbody>
</table>

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 with 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
- Intensive Outpatient or Partial Hospitalization
- Inpatient Visit
- 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 **within 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 **within 30 days of their initiation visit**
Trends in Performance Rates Medicaid Plans

5-Year National Medicaid Averages: IAD & IET

## Variation in Performance
### 2015 Medicaid Plans

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Average</th>
<th>10&lt;sup&gt;th&lt;/sup&gt; Percentile</th>
<th>90&lt;sup&gt;th&lt;/sup&gt; Percentile</th>
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<tbody>
<tr>
<td>IAD</td>
<td>5.75</td>
<td>1.71</td>
<td>11.49</td>
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<tr>
<td>IET Initiation</td>
<td>38.29</td>
<td>30.42</td>
<td>48.1</td>
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<tr>
<td>IET Engagement</td>
<td>11.33</td>
<td>4.56</td>
<td>18.95</td>
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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

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
State Experience: Vermont

Beth Tanzman, MSW
Assistant Director
Vermont Blueprint for Health
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

Act 186 – Population Level Outcomes / Priorities

Governor’s Strategic Plan

Agency of Human Services Strategic Plan

Healthy Vermonters 2020

Objective: Prevent and eliminate the problems caused by alcohol and drug misuse.

Indicators:
1) % of adolescents age 12-17 binge drinking in the past 30 days
2) % of adolescents in grades 9-12 who used marijuana in the past 30 days
3) % of persons age 12 and older who need and do not receive alcohol treatment
4) % of persons age 12 and older who need & do not receive illicit drug use treatment

Performance Measures:
1) Are we appropriately referring students who may have a substance abuse problem?
2) Are youth and adults who need help starting treatment?
3) Are youth and adults who start treatment sticking with it?
4) Are youth and adults leaving treatment with more support than when they started?
5) Are adults seeking help for opioid addiction receiving treatment?

Source: Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, January 2015
State-Level Dashboard: Department of Health
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

Percent of Students at Funded Schools Screening Positive for Possible SUD Referred for Assessment

Key Concern: Are we referring students who may have a substance abuse problem to community resources?

Source: Vermont Substance Abuse Treatment Information System and Medicaid Claims
State-Level Dashboard: Treatment Initiation

Percent of Medicaid Recipients w/ a New Episode of Alcohol or Drug Dependence who Initiate Treatment w/in 14 Days

Key Concern: Are youths & adults who need help starting treatment?

Source: Vermont Medicaid Claims
State-Level Dashboard: Treatment Engagement

Percent of Medicaid Recipients w/ 2+ Substance Abuse Services w/in 30 Days of Treatment Initiation

Key Concern: Are youths & adults Medicaid recipients staying in treatment?

Source: Vermont Medicaid Claims
State-Level Dashboard: Social Supports

Percent of Clients Who Have More Social Supports on Discharge Than on Admission

Key Concern: Are youths & adults leaving treatment w/ more support than when they started?

Sources: Vermont Medicaid Claims

Target
Actual
State-Level Dashboard: Access to Medication Assisted Treatment

Number of people receiving Medication Assisted Treatment per 10,000 Vermonters age 18-64

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

Source: Vermont Substance Abuse Treatment Information System and Medicaid Claims
Bennington Blueprint Spoke Dashboard

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: UMA Board of Directors  
Physician Champion: Jim Poole, MD  
Bennington Program Director: Jennifer Fails

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)

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)

Spoke Program Volume
Mount Anthony Primary Care Total Volume by Medicaid & Other Payers

Spoke Program Volume
SVMC Deerfield Valley Total Volume by Medicaid and Other Payers

Spoke Program Volume
Shaftsbury Medical Associates Total Volume by Medicaid and Other Payers

Program Funding
$163.75/PFFM 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 bilable.

FY 2015 Bennington Program Budget:

<table>
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<tr>
<th>Quarter 2015</th>
<th># Medicaid Beneficiaries</th>
<th>Medicaid Funding</th>
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<tr>
<td>Qrt 1</td>
<td>178</td>
<td>$83,969</td>
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<td>Qrt 2</td>
<td>207</td>
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<td>Qrt 4</td>
<td>250</td>
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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

Current Staffing

<table>
<thead>
<tr>
<th></th>
<th>Hawthorn Recovery Center</th>
<th>Mount Anthony Primary Care</th>
<th>Shaftsbury Medical Associates</th>
<th>SVMC Deerfield</th>
<th>Total Actual FTE</th>
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</thead>
<tbody>
<tr>
<td>RN Case Manager</td>
<td>1.2 FTE</td>
<td>.4 FTE</td>
<td>.4 FTE</td>
<td>.4 FTE</td>
<td>2.4 FTE</td>
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<tr>
<td>Behavioral Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Therapist/Social</td>
<td>1 FTE</td>
<td>.4 FTE</td>
<td>.4 FTE</td>
<td>.4 FTE</td>
<td>2.2 FTE</td>
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<tr>
<td>Worker</td>
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Patient Transfers

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<tr>
<th>2015</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td># of pts transferred from IOP</td>
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<td>0</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td># of pts transferred from Hub</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td># of pts transferred to Hub</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
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</table>
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
Initiation of AOD Treatment (Core – 5a)

- - - Statewide Average

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
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

Opioid-Related Deaths, Unintentional/Undetermined
Massachusetts, 2000-2015

In January 2015, we had only anecdotal evidence of an increase.
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

Prescription Drug Monitoring Program
Substance Abuse Services Treatment
MATRIS (ambulance)
Births (NAS)
Town/Zip Level Data

All Payer Claims Database (APCD) Spine
Death Records
Medical Claims
Hospital Records
Toxicology Reports
Medical Examiner Intake Forms
Department of Corrections
MA County Jails
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

PSI #1 & #2  PSI #3 & #4  PSI #5 & Analytic  PSI #N & Analytic

PSI #1 & #3  PSI #1 & #4  PSI #1 & #5  PSI #1 & #N

PSI #1  APCD SPINE  PSI #1

Enterprise SAS or other software (Cloud-based servers)

Chapter 55 Privacy Shield: Authorized users only, no write access, analysts cannot see data, automatic cell suppression, delete all temporary work files, full auditability of all data operations.


Machine 6  Machine 7  Machine 8  ... additional machines ...  Machine N
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
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 Domain-Specific Report for Behavioral Health
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- Thomas Land
  - MA Dept. of Public Health
  - thomas.land@state.ma.us
  - 617-624-5254
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