

# Behavioral Health Partnership Oversight Council

## Priority Topics for the State Agency Partners

March 12, 2014

# Prioritizing Process

- A significant amount of data analysis was requested and conducted in 2013, much of which we would like to share with stakeholders
- The state partners suggest future reports on specific topics, including but not limited to:
  - ED and Inpatient Utilization (kids and adults)
  - Home Health
  - IICAPS
- 2014 priorities are based on information obtained and analyzed in previous years

# Priority Items for 2014

The following are the State Agency Partners priority items for Calendar Year (CY) 2014:

1. Impact of ACA on BH Infrastructure
2. Super users
3. ED Utilization
4. Hospital Inpatient Utilization
5. IICAPS
6. Outpatient Services
7. Behavioral Health Homes
8. Healthcare Integration/Coordination

# Impact of ACA on BH Service System

- Payment reform possibilities (e.g. outpatient)
- Use 2011-2012 expenditure data as a baseline to monitor expansion population:
  - Service (Level of care) Utilization
  - Provider Utilization
  - Access issues for treatment and services
- Expansion of eligible providers

# Super Users

- There is a considerable amount of emphasis in healthcare on super users or frequent users
- Super users generally represent a relatively small number of people who use a great deal of services and have average expenditures that far exceed their peers
- This behavioral health cohort generally uses the ED and hospital inpatient services at a significantly higher rate than most individuals and they frequently fail to connect to ambulatory services after an acute service

# Super Users Continued

- It is likely that this cohort receives less primary care services than the rest of the population
- Behavioral health super users frequently have tri-morbid conditions (medical, mental health and substance abuse) or at least co-morbid conditions
- The state agency partners, along with ValueOptions, are developing reports to identify super users with the goal of improving their outcomes

# Emergency Department Utilization

- Based on data analysis and the PRI ED Report, the State Agency Partners have made ED utilization a priority
- Specific Existing Steps:
  - Continue to monitor ED utilization for children and adults
  - Continue targeted interventions currently in place for children involving DCF, VO, community providers and hospitals
  - Continue targeted interventions for adults including: the DMHAS Alternative to Hospitalization Program (ATH), Opioid Agonist Treatment Program (OATP), and the Intensive Case Management Program (ICM) by ABH

# Emergency Department Utilization Cont.

- Specific New Steps:
  - Identify the super users of ED and inpatient hospitalization
  - Identify providers with outlier ED utilization and re-admission rates
  - Outpost ValueOptions ICM to top five hospitals to work with adult members of the cohort to decrease inappropriate ED utilization and increase connect to care from ED and/or hospital inpatient



# Hospital Inpatient

- Develop super user report in order to better understand this cohort (e.g. demographics, diagnoses, HUSKY coverage group, primary care utilization)
- Develop provider dashboard report by agreed upon cohorts (e.g. youth, adult, HUSKY eligibility groups, DCF involvement, diagnosis, gender, race, ethnicity):
  - Admission Rate
  - Length of Stay (median and average)
  - Connect to Care/Ambulatory follow-up (7 and 30 day)
  - Re-admission Rate (7 and 30 day for any cause)

# Intensive In-home Child and Adolescent Psychiatric Services

- ValueOptions, Yale, and the state agencies have been reviewing data on IICAPS for several months
- All parties are interested in ensuring that individuals receive the most effective services for the appropriate duration, intensity and frequency
- The IICAPS analysis will inform the state agencies regarding the level of effectiveness based on cohort groups
- This data may inform the authorization process and will identify additional clinical and quality areas for review
- Initial findings of the IICAPS analysis will be presented to the Council in April

# Behavioral Health Outpatient Services

- Outpatient services are a critical component of a strong behavioral health system of care
- It is ideal to serve individuals with behavioral health conditions in the least restrictive environment and in order to do that successfully, outpatient services needs to be a viable level of care
- Outpatient services are expected to maintain and improve the level of functioning of the people we serve

# Outpatient Services Cont.

- DSS is evaluating the rate structure of outpatient procedure codes as compared to the Medicare rate structure (Upper Payment Limit)
- In aggregate, outpatient clinic services cannot exceed what Medicare would pay for the equivalent services
- The state agency partners are currently reviewing the outpatient level of care to determine if there are modifications that can be made to strengthen this level of care

# Healthcare Data Integration and Care Coordination

- Integration of healthcare data and collaboration of vendors that manage healthcare improves outcomes.
- Current coordination efforts include the following:
  - ASO Collaboration and Coordination
  - Behavioral Health Homes
  - Health Neighborhoods- Medicare/Medicaid Demonstration Project

# ASO Collaboration/Coordination

- There are four ASOs managing Medicaid services in CT:
  - Medical Services- CHN-CT
  - Behavioral Health Services- ValueOptions, CT
  - Dental Services- Benecare
  - Non Emergency Medical Transportation Services- Logisticare

# ASO Collaboration/Coordination

- ValueOptions and CHN collaborate on members who have medical and behavioral health conditions.
- VO collaborates with Benecare on cases when dental services are being requested based on a behavioral health condition
- VO and Logisticare coordinate services for members needing NEMT to behavioral health programs:
  - weather related issues for youth after school programs and methadone maintenance,
  - transportation for family members to out of state psychiatric hospitals,
  - Long distance methadone maintenance transportation

# ASO Care Coordination- Integration of Care

- CHN, the medical ASO subcontracts with ValueOptions to manage a cohort of members with significant co-morbid medical and behavioral health conditions
- VO nurses are co-located at CHN and fully integrated into the care coordination of these members



# Behavioral Health Homes

- DMHAS, DCF, DSS and a provider workgroup have developed a health home model for individuals with severe and persistent mental illness
- The state agencies are currently procuring an ASO for the project
- DSS has submitted the draft state plan amendment to CMS
- Implementation is scheduled for late CY Q2 or early Q3 2014
- Behavioral Health Home services will significantly improve client health outcomes and coordination of medical and behavioral health services for target population

# Health Neighborhoods (Medicare/Medicaid)

- DSS, in collaboration with DMHAS and DDS and stakeholder workgroup have developed a care coordination model of care for those eligible for Medicare and Medicaid
- Health Neighborhoods is a shared savings initiative through CMS
- If the state saves a certain amount of Medicare dollars, net Medicaid expenditures, CMS will share some of the savings with the state
- The state has agreed to share a portion of those savings with providers
- Shared savings with providers will be based on quality measures in Year 1 and then quality measures and savings in Year 2.

# In Summary

- The State Partners and ValueOptions are committed to working collaboratively with stakeholders to improve care for children, youth and families and individuals with behavioral health conditions
- Build on work completed in 2012 and 2013
- Continue to move the service system to improve:
  - Efficiency
  - Effectiveness
  - Coordination
  - Integration
- Be data driven and outcome oriented