

Connecticut's Behavioral Health Homes: Outcomes, Lessons Learned & What's Next

Presentation to the Adult Quality, Access &
Policy Subcommittee

June 12, 2018



Project Partners

- State Partner Agencies
 - Department of Mental Health and Addiction Services
 - Department of Social Services
 - Department of Children and Families
- 14 BHH Providers
- ASO Partners
 - Advanced Behavioral Health
 - Beacon Health Options

Origin & Background

- Section 2703 of the Patient Protection and Affordable Care Act allows states to establish a “health home” option under Medicaid to serve enrollees with specified chronic condition(s)

BHH Eligibility

- SPMI Diagnosis:
 - Schizophrenia and Psychotic Disorders;
 - Mood Disorders;
 - Anxiety Disorders;
 - Obsessive Compulsive Disorder;
 - Post-Traumatic Stress Disorder; and
 - Borderline Personality Disorder.
- Medicaid Eligibility
- Medicaid claims > \$10k/year

Decision to Create BHH

- Individuals with SMI are:
 - Dying 25 years earlier than non-SMI individuals
 - Largely underserved by primary care
 - Experiencing barriers in accessing medical/specialty care
 - Using behavioral health as their primary source of care

BHH Model Development

2012: Oversight by the Adult Quality, Access and Policy sub-committee of the Behavioral Health Partnership Oversight Council in conjunction with DMHAS, DCF, and DSS. Tasks included:

- Establishing eligibility criteria
- Designating provider standards
- Outlining CT-specific outcome measures

BHH Services

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Patient and Family Support
- Comprehensive Transitional Care
- Referral to Community Support Services

Affordable Care Act: Triple Aim

The Goals of Health Homes align with the Triple Aim of the Affordable Care Act (ACA)

- Improved experience in care
- Improved health outcomes
- Reduced health care costs

BHH Vision and Values

BHH Vision

- *Health Homes change the standard of care in behavioral health.*

BHH Values

- Whole person, whole health approach
- Seeking partnership, collaboration and alignment
- Data-driven decision-making
- Blazing trails
- Maintaining transparency
- High-touch customer service
- Blending recovery and medical models
- Using technology

Major Milestones

- 8/2014 Providers Receive 1st List of Eligible Clients
- 11/2014 Missouri Facilitating Healthcare & Nursing Asmnt Training
- 7/2016 1st Provider Mgmt Report Delivered Through Secure Sites
- 9/28/2016 State Plan Amendment Approved, Retro to 10/15
- 10/2017 Beacon's ProviderConnect Enhanced to Collect Health Assessment Data
- 4/2018 Through Collaboration with CHN – Medical Data Begins to Flow to Providers
- 5/2018 Core, Utilization, and CT Specific Outcome Measures Submitted to CMS for CY 2016

BHH Enrollee Demographics

	2015		2016	
	BHH	BH POP	BHH	BH POP
Age Span	7-89	3-97	9-90	3-99
M/F	47%/53%	47%/53%	47%/53%	46.5%/53.5%
Race/Ethnicity				
African American	19%	17%	18%	16%
Hispanic	18%	29%	19%	26%
Caucasian	61%	49%	57%	39%
Other	2%	5%	6%	5%
Unknown	-	-	-	14%

Source:
Beacon's
2015 and
2016
Population
Health
Reports

BHH Enrollee Diagnostic Data

	2015	2016	+/-
Co-occurring MH/SUD:	64% (3,165)	64% (5,136)	
Co-morbid BH/Medical:	82% (4,078)	79% (6,335)	↓ 3%
Highest Prevalence- Medical Diagnoses			
Hypertension	45.9% (2,283)	45.1% (3,608)	↓ 0.8%
Hyperlipidemia	38.5% (1,913)	36.7% (2,932)	↓ 1.8%
Diabetes	35.3% (1,755)	28.7% (2,293)	↓ 6.6%
Highest Prevalence- Substance Use Disorders			
Nicotine	39.7% (1,973)	38.9% (3,114)	↓ 0.8%
Alcohol Use	30.4% (1,512)	31.8% (2,544)	↑ 1.4%
Cannabis	18.4% (917)	22.3% (1,780)	↑ 3.9%
Opioid	14.8% (736)	17.3% (1,383)	↑ 2.5%

Source:
Beacon's
2015 and
2016
Population
Health
Reports

Enrollment/Service Data

Enrollment:

- 10/1/2015: **3917**
- 12/31/2016: **7185**
- 12/31/2017: **7072**

Services Billed:

- Through 9/30/2017
(1st 8 quarters): **103,529**
- Through 3/31/2018: **132,746**

Children Served:

- 2016: **23**
- 2017 **55**

Source: DMHAS Billing Data



Culture Change

- People
 - New staff and/or new roles
 - Intra and inter agency collaborative work
- Partnerships
 - Physicians, hospitals and other specialty providers in the community
- Procedures
 - Workflow changes
 - New or updated protocols
- Data and Systems
 - Spectrum, ProviderConnect, Tableau
 - Health Assessments
 - Medical Data

Data Management

- Management Reports
- Medical Data
- Outcome Reports

Tableau Dashboards

Behavioral Health Home (BHH) Reports Navigation Page



A Beacon Health Options-CT Dashboard



Instructions:

- > Click on the report name below to see Description and Preview of the report, select one at a time.
- > Click on the arrow to navigate to the report in Tableau.

Use Daily



BHH Management Health Assessment Report



CHN and Beacon Daily Admission Report



Use Monthly



BHH Employment and Living Report



BHH Enrollee Services Report



BHH Enrollees with Lapse in Medicaid Report



BHH Scrub Report



CHN Monthly Gaps in Care Reports



Use Annually



BHH HEDIS Measures Report-CY2015



BHH Population Health Report-CY2015



BHH Population Health Report-CY2016



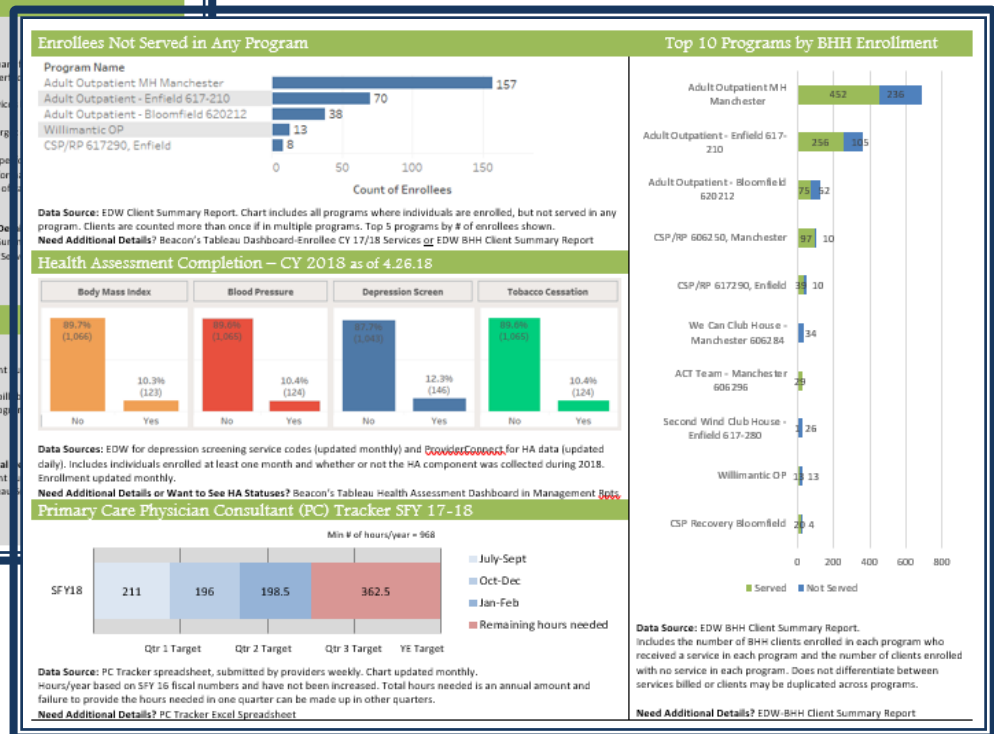
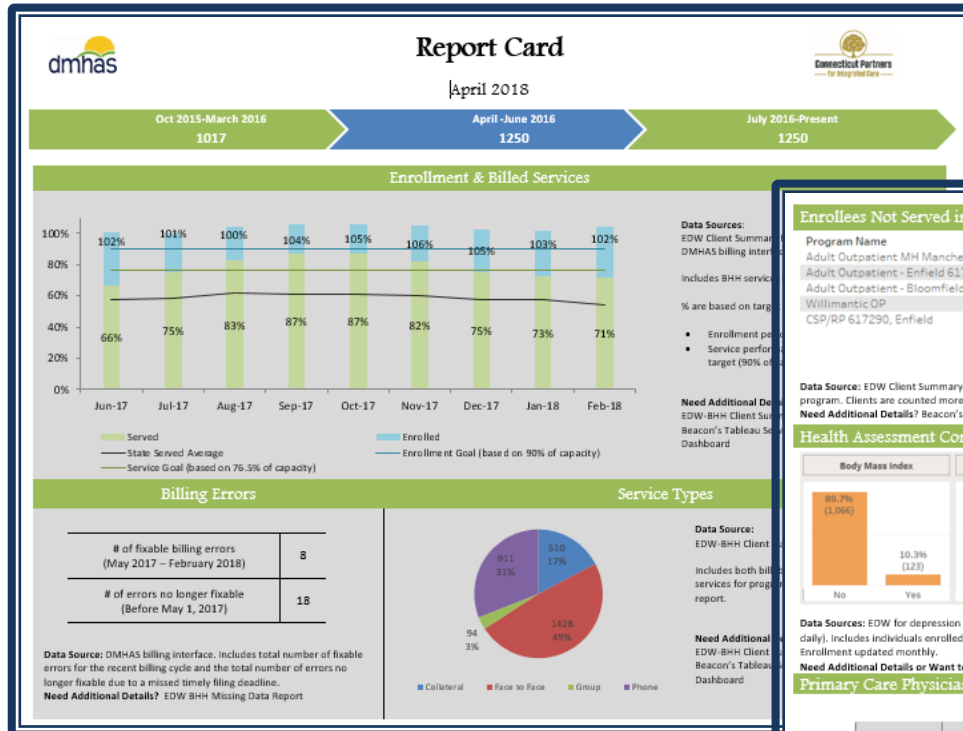
Description of report will show here



Preview of report will show here



Report Cards



Spectrum

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Consumer Record

Consumer Id	Name	Date of Birth	Age	Phone	Effective Date	Expiration Date
CT001			58		04/01/2016	

DEMOGRAPHICS	HEALTH CONDITIONS AND SERVICES	MEDICATIONS/LABS	CARE PLAN	CONTACT CENTER/CARE TEAM	RISKS/ALERTS/DECISION SUPPORT

Health Conditions

▼ Behavioral Health Conditions

Frequency	Description	Source
1	Schizoaffective Disorder, Unspecified	CLAIM
2	Schizoaffective Disorder, Bipolar Type	CLAIM
3	Unsp Psychosis Not Due To A Substance Or Known Phy	CLAIM
4	Bipolar Disorder, Unspecified	CLAIM
5	Delusional Disorders	CLAIM

▼ Physical Health Conditions

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Date of Birth	Age	Phone	Effective Date	Expiration Date
01/05/1971	45	248-999-9999	10/01/2011	

HEALTH CONDITIONS	MEDICATIONS/LABS	CARE PLAN	CONTACT CENTER/CARE TEAM	RISKS/ALERTS/DECISION SUPPORT

Prescriptions Taken

Discontinue Date	Fill Date	Days Supply	Quantity	Dosage	Prescriber Name	Data Source	Information Source
08/25/2013	08/22/2013						
08/25/2013	08/22/2013	3	3	0mg	DAVID POMBO	CCA	CLAIMS
09/20/2013	08/21/2013						
09/20/2013	08/21/2013						
08/20/2013	08/19/2013						
08/19/2013	09/15/2013						
09/28/2012	09/11/2013						
10/01/2012	09/01/2013						
09/05/2012	07/01/2013						
09/05/2012	07/01/2013						
09/05/2012	07/01/2013						
09/05/2012	07/01/2013						
09/05/2012	07/01/2013						
09/05/2012	07/01/2013						
09/05/2012	07/01/2013						
09/05/2012	07/01/2013						
09/05/2012	07/01/2013						

Population Health Profiles



#imawholeperson
#ctbhh

Behavioral Health Home (BHH) Demographic Data for All Enrolled Members in CY 2016



▼ Select BHH Provider
All



Total BHH Enrollees
in CY 2016:
8,000

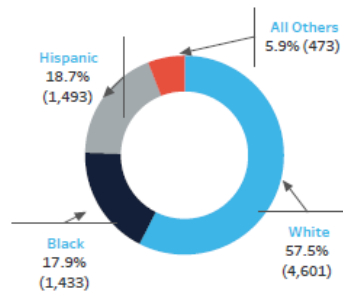


47.3%
were Male

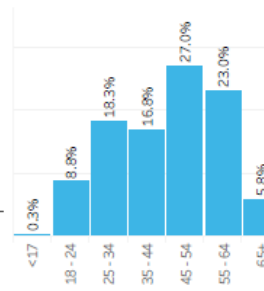


52.8%
were Female

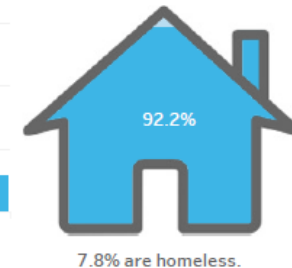
BHH Racial/Ethnic Profile



BHH Age Groups



Percent of BHH Enrollees with Housing



Diagnostic Prevalence Rates for BHH Members in CY 2016

▼ Select Medical Diagnosis
Hypertension

Hypertension:
45.1%



▼ Select Mental Health Diagnosis
Anxiety Disorder

Anxiety Disorder:
55.6%



▼ Select Substance Use Diagnosis
Nicotine

Nicotine:
38.9%



Co-occurring
Disorders
(MH & SA):
64.2%

Comorbid
Diagnoses
(BH & Med):
79.2%

Total Avg. Dollars per Member:
\$31,561.00



Total Spend

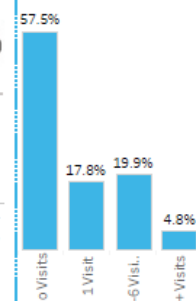
Total Dental Cost	\$2,086,184.64
Total Pharmacy Cost	\$54,617,572.87
Total Med/BH Claims Cost	\$195,784,236.45
Total Member Cost	\$252,487,993.96

A Beacon Health Options-CT Dashboard

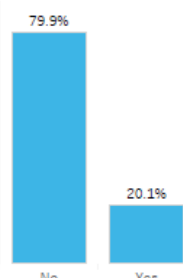
▼ Select ED/Inpatient Type

Behavioral Health

Behavioral Health ED Visit Frequency



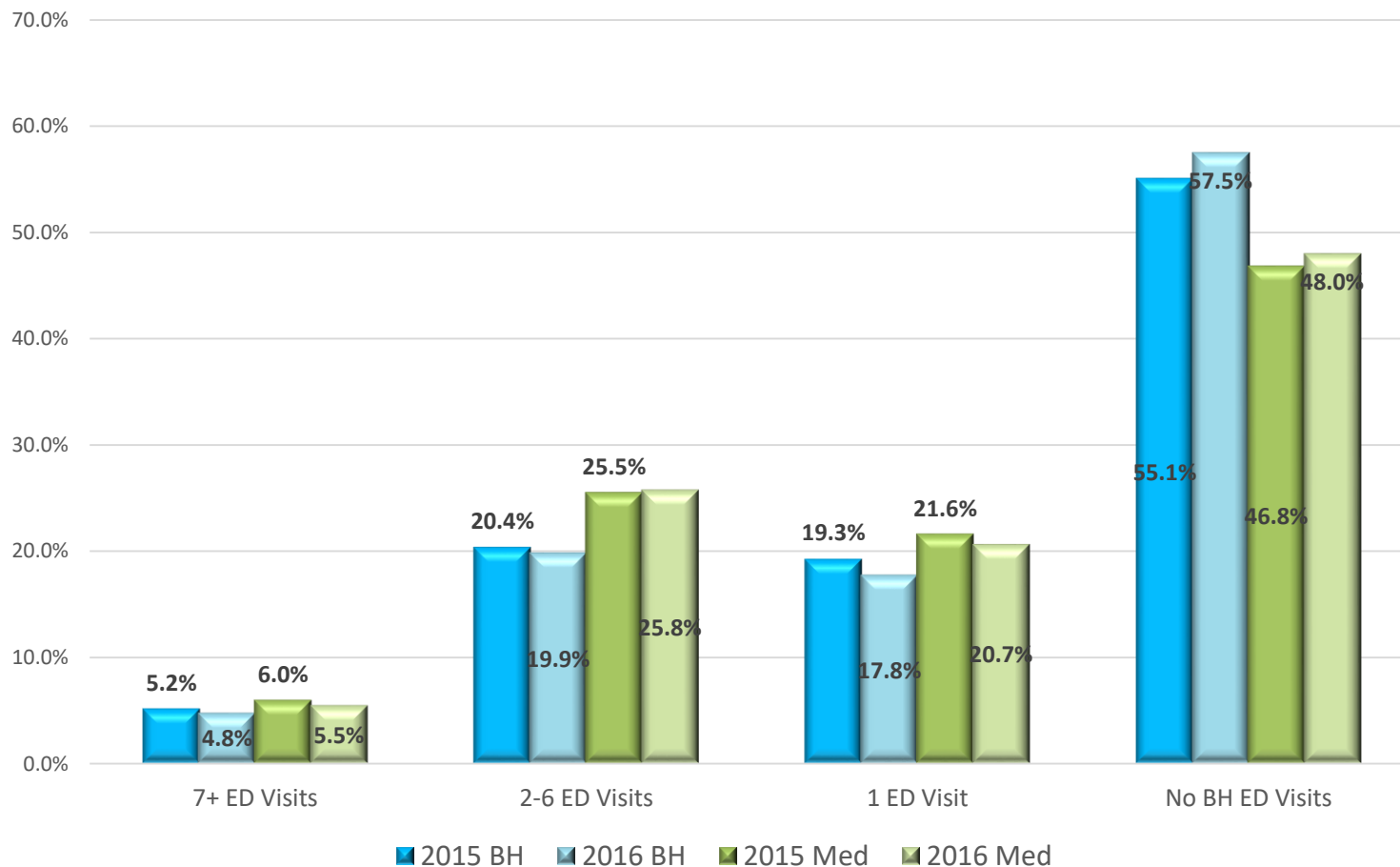
Behavioral Health Inpatient Utilization Rate



Outcome Reporting

- Data Limitations and Report Specifications
 - Impact numerators, denominators, and rates in some cases
- CMS/PQRS/HEDIS Measures:
 - The measures require continuous enrollment, for both BHH and Medicaid, to be included in the denominator,
 - Duals (enrollees eligible for Medicaid and Medicare) are not included,
 - Clients are assigned to providers based on where they are enrolled and not where they received the service(s) being measured,
 - Only claims data is used so DMHAS funded services are not captured, and
 - Some measures were modified due to the lack of access to medical records or other data sets needed to program these according to CMS specifications.
- CT Specific Measures:
 - Data sources are included on each slide

1. Emergency Department Visits



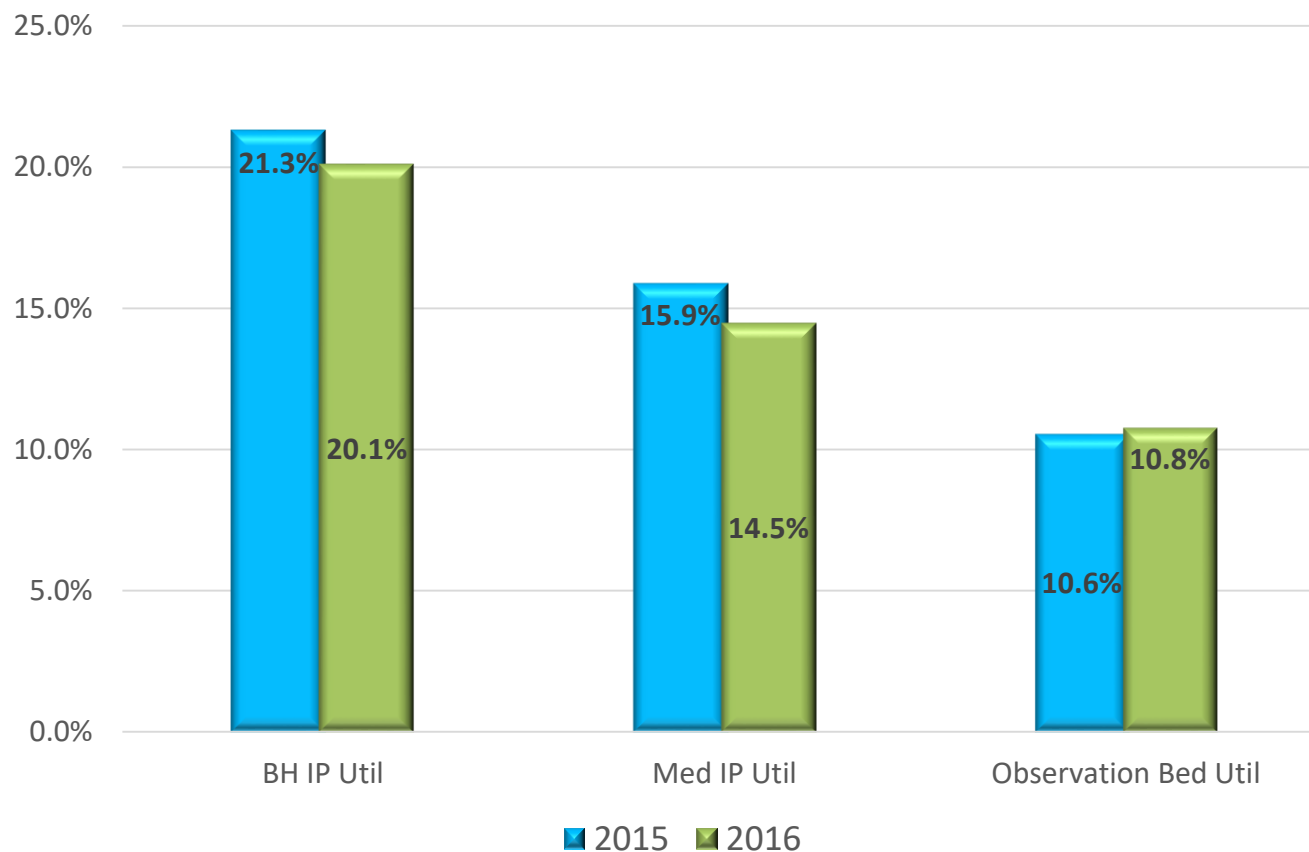
Source: 2015 and 2016 Population Health Reports

1. Average ED Visits PM/PY



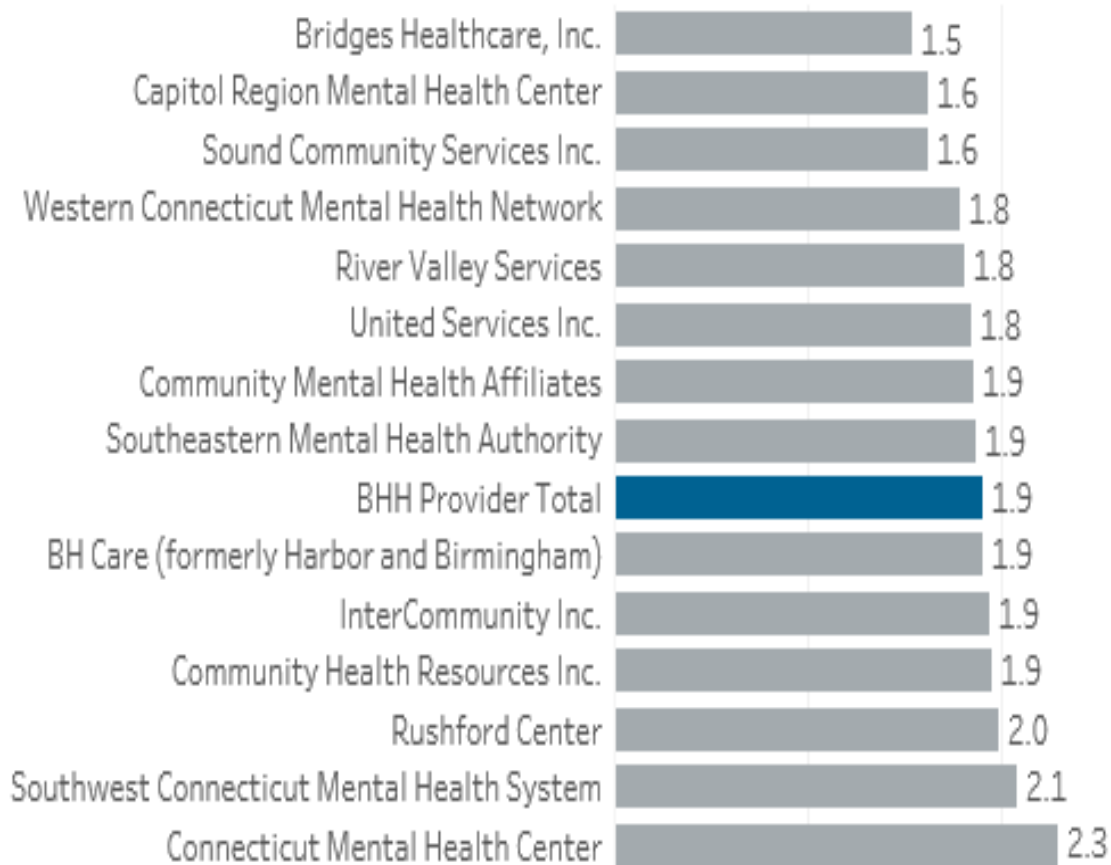
Source: CY2016 CMS Inpatient Utilization Report

1. Inpatient Utilization Rates



Source: 2015 and
2016 Population
Health Reports

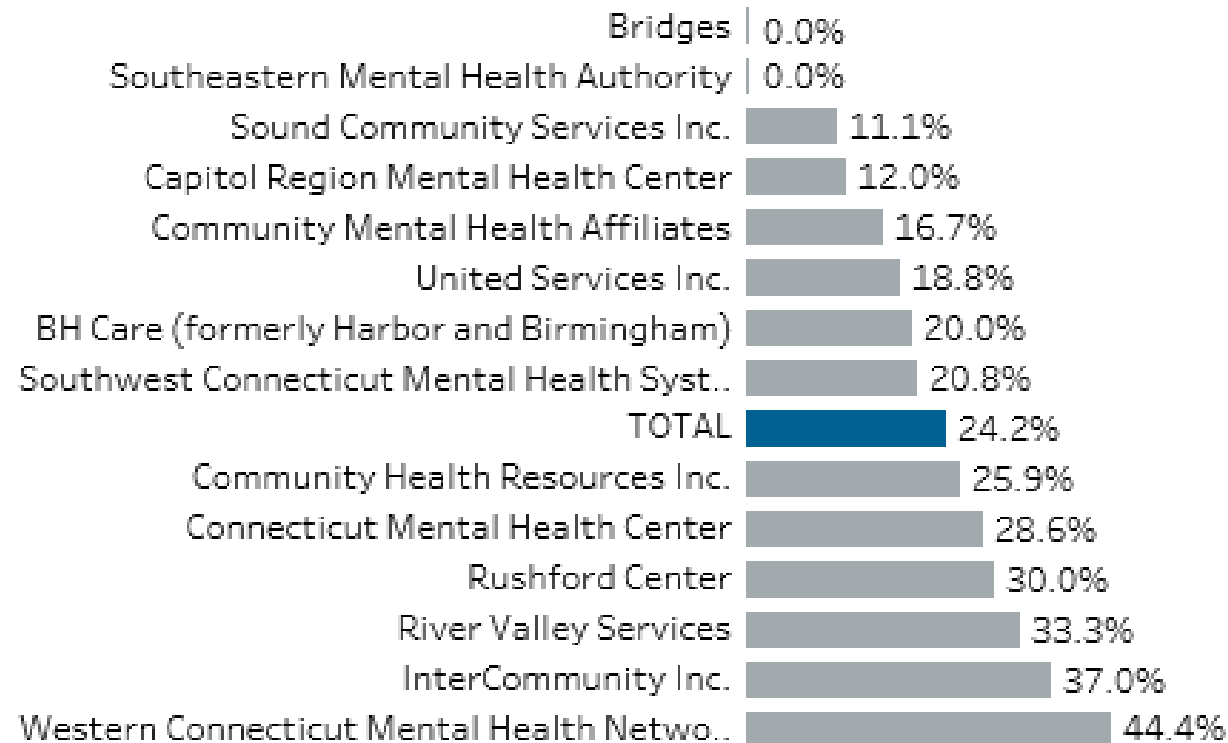
1. Average IP Visits PM/PY



Source: CY2016 CMS
Inpatient Utilization
Report

1. Plan All Cause Readmission (PCR)*

Plan all-cause readmission (PCR)*



* Reversed measure(s), lower rate better.

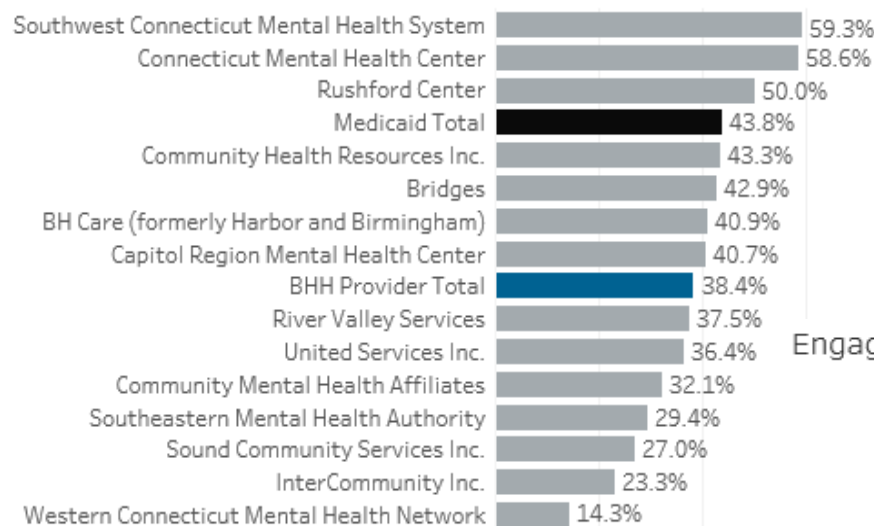
Source: CY2016 CMS
PCR Report

2. Tobacco Cessation (TC)

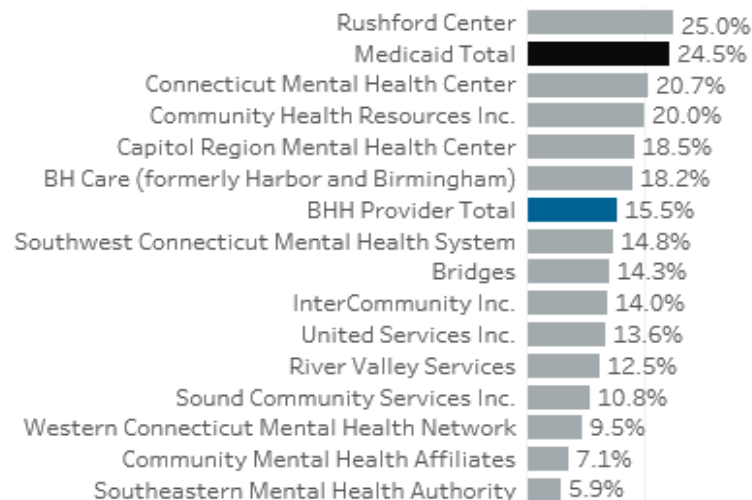
Tobacco Assessment	2016	2017	2018 through May
Not a Smoker	1,685	1,990	1,177
Tobacco Cessation Offered	1,061	1,543	995
Tobacco Cessation Not Offered	199	435	53
% offered TC	84%	78%	95%
No Assessment Data Entered	5,148	4,449	4,716

2. Initiation and Engagement in Treatment (IET)*

Initiation in substance use/abuse treatment (IET)



Engagement in substance use/abuse treatment (IET)

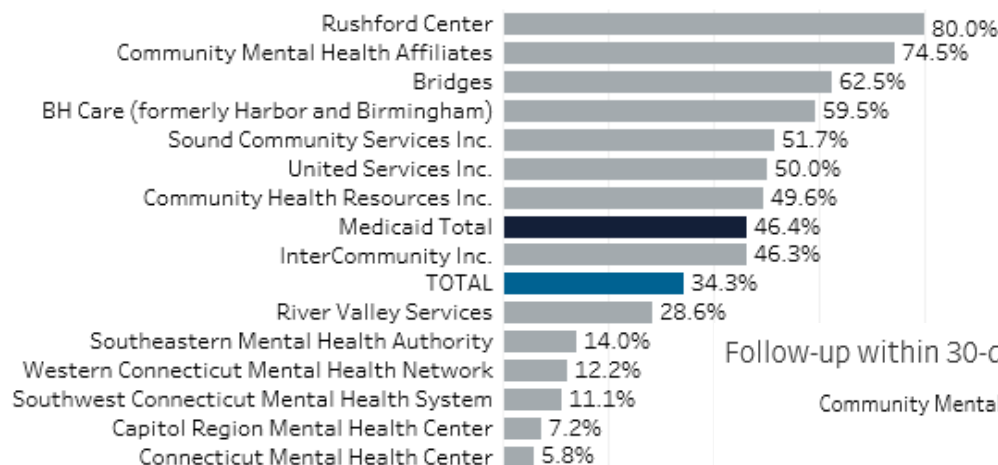


*Treatment is not always with listed providers. DMHAS funded services not included.

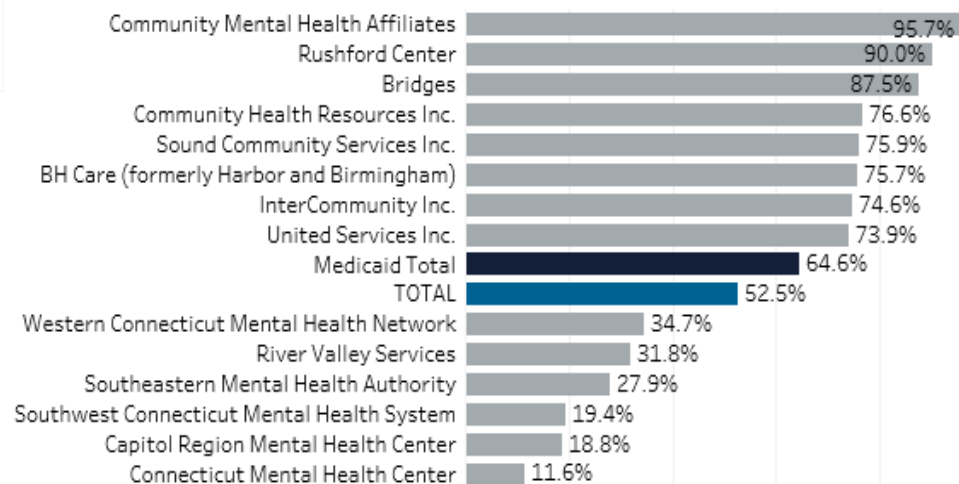
Source: CY2016 CMS IET Report

3. Follow-up After Hospitalization (FUH) 7 and 30 days

Follow-up within 7-days after hospitalization (FUH)

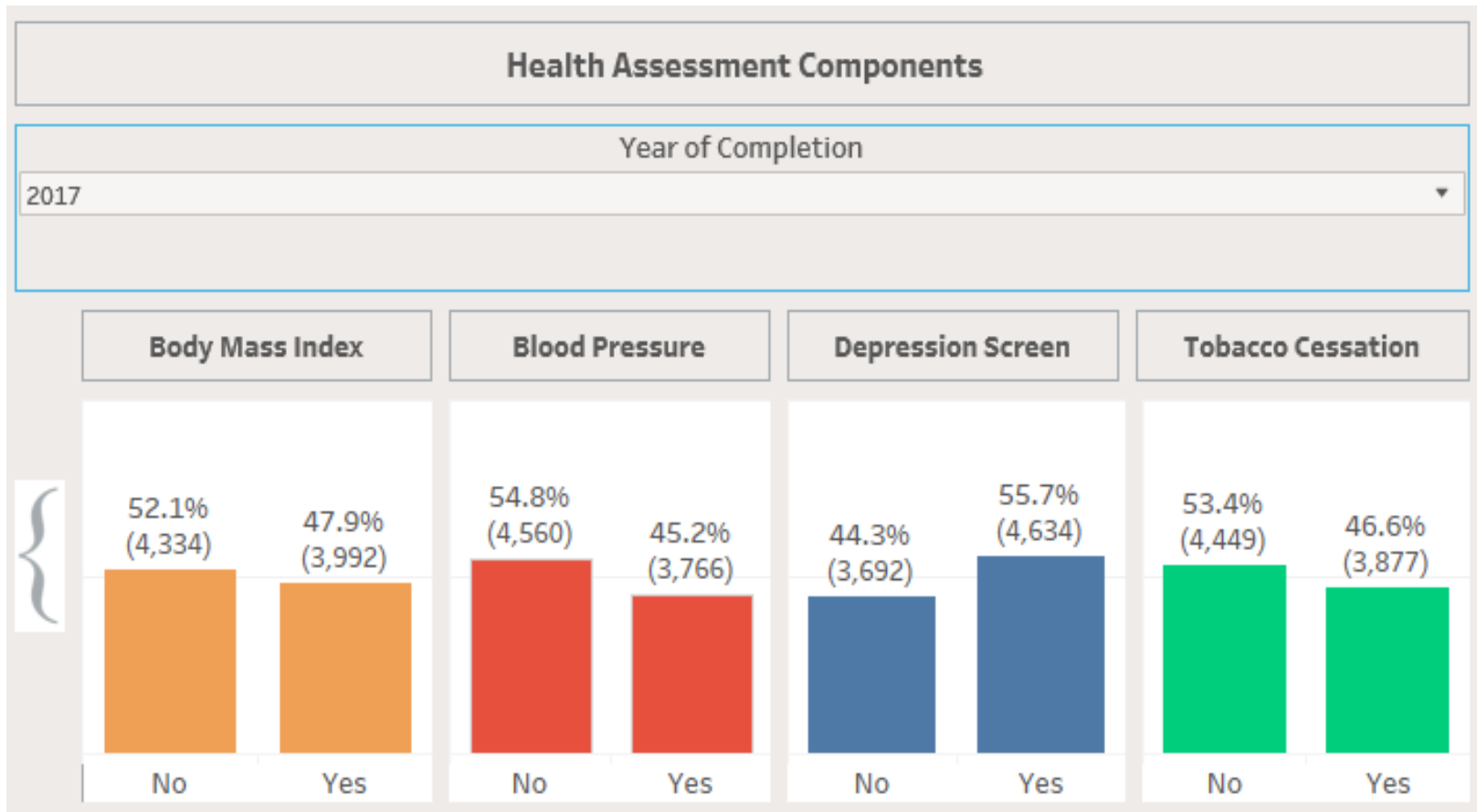


Follow-up within 30-days after hospitalization (FUH)



Source: CY2016 CMS FUH Report

4. Health Assessment Tracking



4. Health Assessment Statuses

Blood Pressure Range	2015	2016	2017
SBP (<120) AND DBP (<80)	33.5%	33.4%	30.9%
SBP (120-129) AND DBP (< 80)	12.8%	13.0%	13.7%
SBP (130-139) OR DBP (80-89)	40.7%	41.3%	42.8%
SBP (>=140) OR DBP (>=90)	13.0%	12.2%	12.5%
SBP (>180) AND/OR DBP (>120)	0.1%	0.1%	0.1%

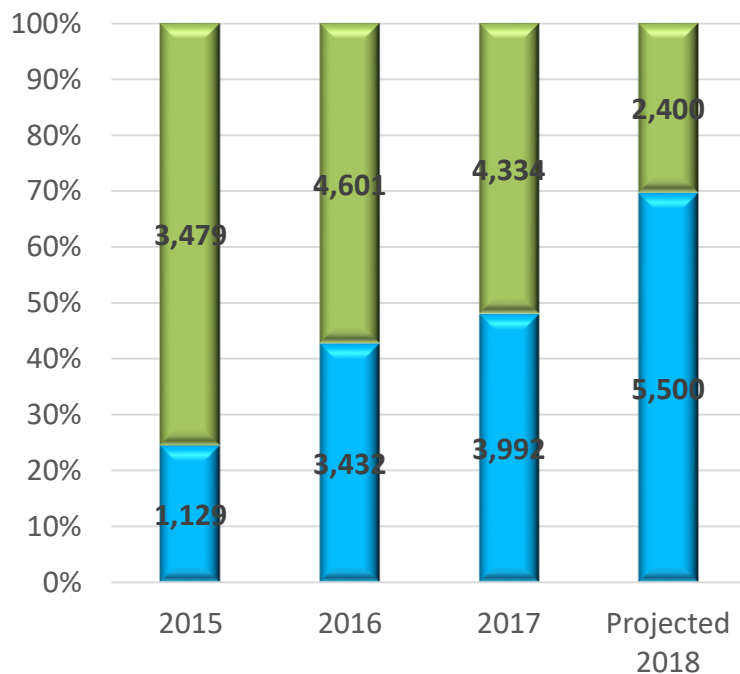
BMI Adult Status	2015	2016	2017
Underweight	0.8%	1.3%	1.7%
Normal	15.0%	17.9%	18.2%
Overweight	22.8%	24.6%	25.1%
Obese	43.6%	39.5%	38.8%
Morbidly Obese	17.8%	16.7%	16.2%

Tobacco Assessment	2015	2016	2017
Cessation Intervention Not Offered	5.5%	6.8%	11.0%
Cessation Intervention Offered	43.2%	36.0%	38.9%
Not a Smoker or Tobacco Users	51.4%	57.2%	50.2%

Depression Assessment	2015	2016	2017
(-) Screen	54.5%	54.3%	54.2%
(+) Screen	45.7%	44.4%	37.4%
EX_DP_INCR			0.0%
EX: Current Functional Capacity May E..			0.1%
EX: Existing DX of Depression or Bipol..		1.4%	8.0%
EX:Enrollee Refused		0.1%	0.4%

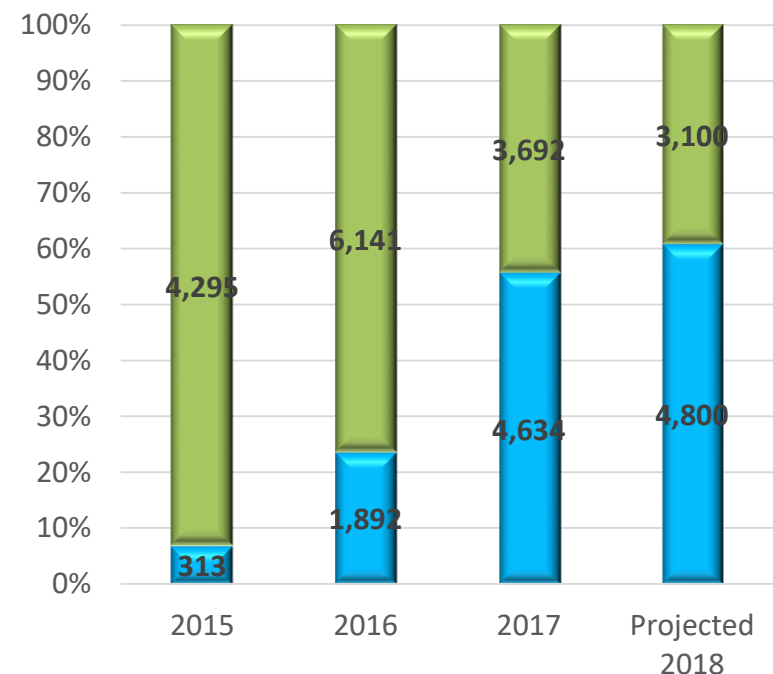
4. Health Assessment Data

Body Mass Index (BMI)



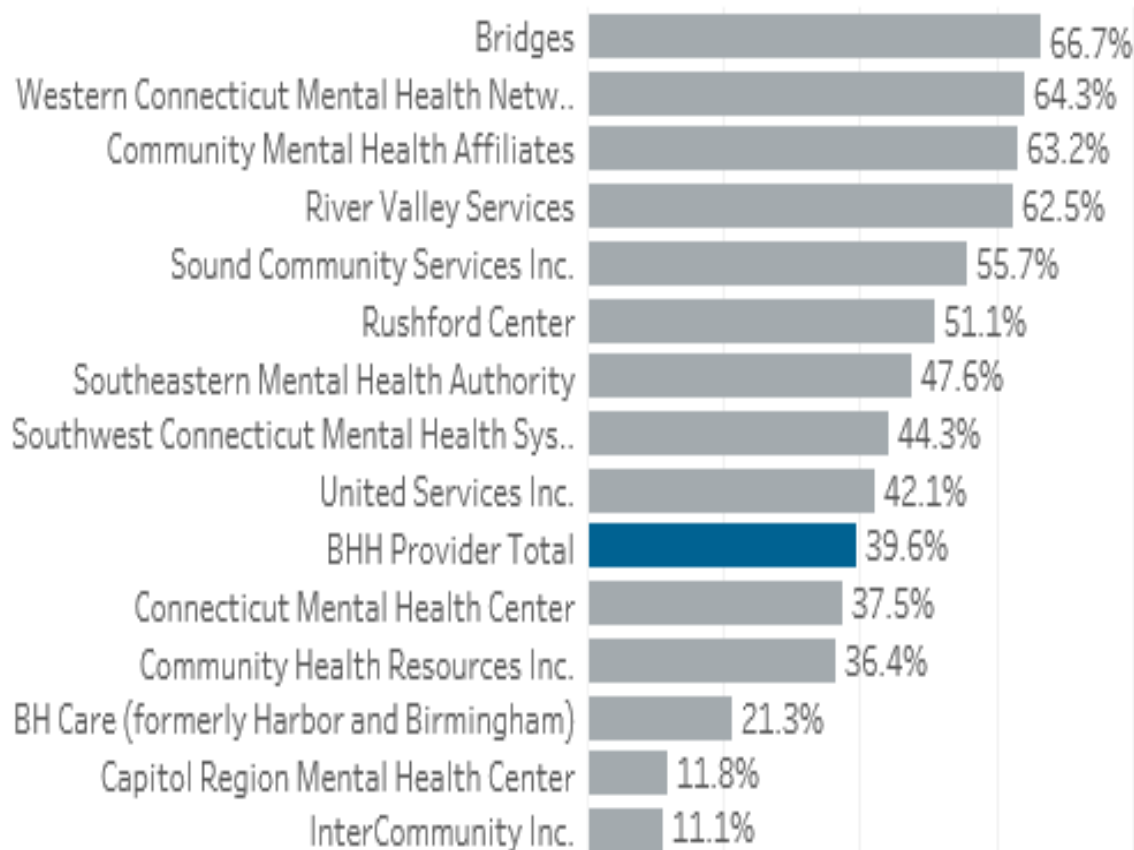
■ BMI Documented ■ BMI Not Documented

Depression Screening



■ Screened ■ Not Screened

5. Controlling Blood Pressure (CBP)



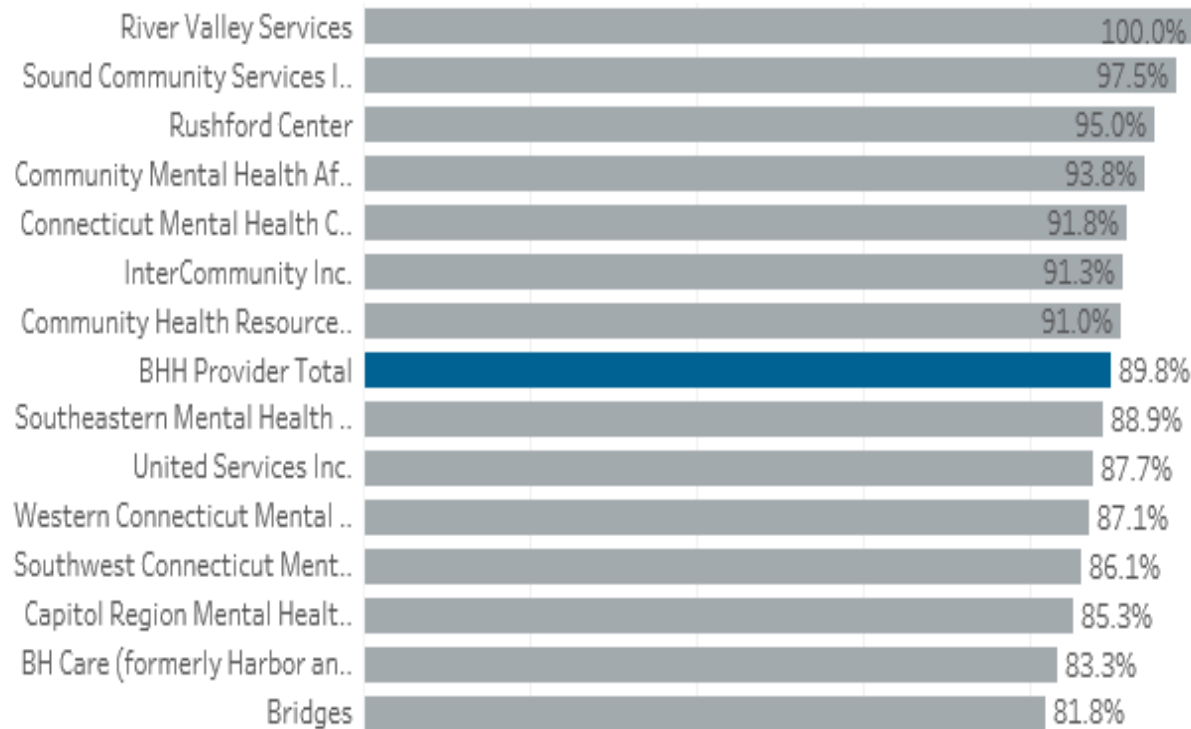
Notes:

There were many deviations to this measure due to not having access to medical records.

If you remove members who didn't have BP collected by provider in 2016, the overall rate increases to 74%.

Source: CY2016 CMS CBP Report with CT Deviations

5. Diabetes Care-HbA1c



State Medicaid Rates:

- Husky A/B: 83.58%
- Husky C: 88.56%
- Husky D: 86.31%

Source: CY2016 CMS CDC-A1C Report

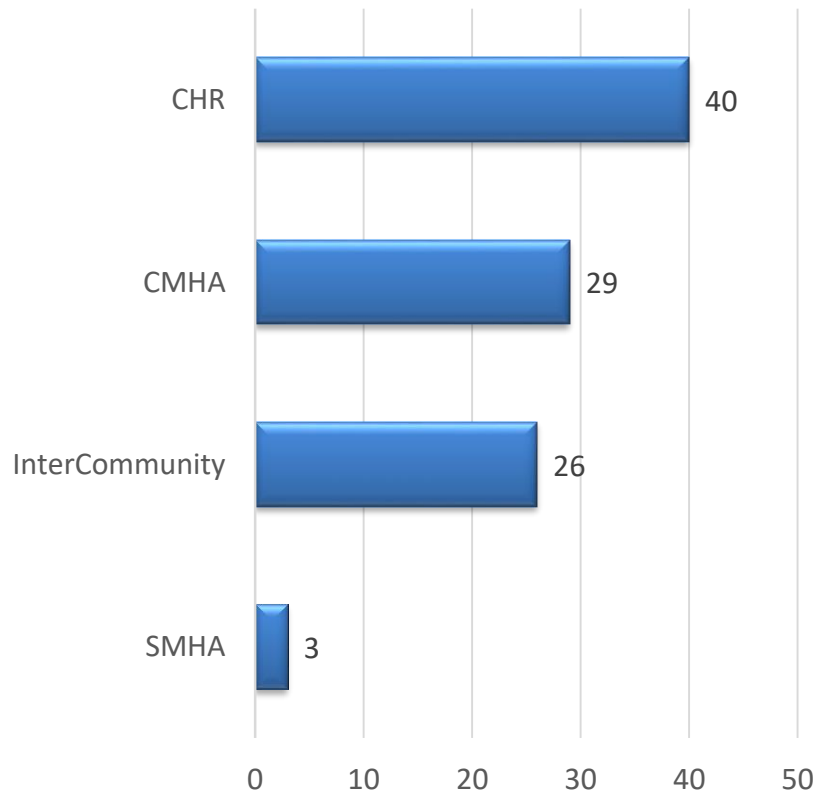
Source: Community Health Network of CT

5. CHN Gaps in Care Reports

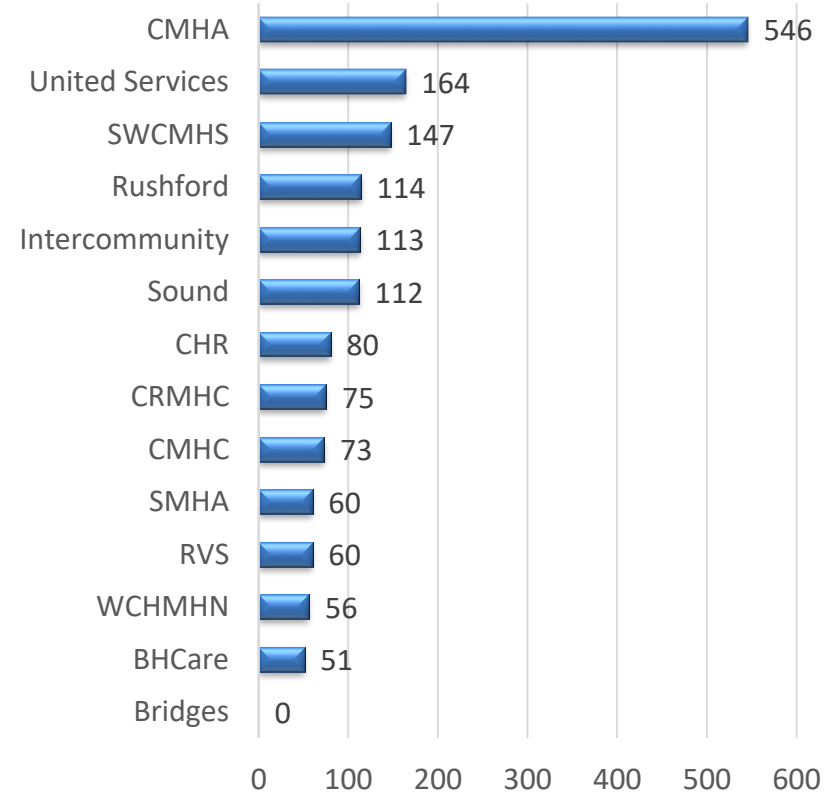
- Adult Diabetes Screening Tests
- Child Diabetes Screening Tests
- Adult Preventative Visits Age 21-49
- Adult Preventative Visits Age 50-64
- Asthma Controller Medications
- BEH and Developmental Screenings
- Breast Cancer Screenings
- Cervical Cancer Screenings
- Colorectal Cancer Screenings

6. Consumer Satisfaction

2016 BHH Consumer Satisfaction Survey Responses



2017 BHH Consumer Survey Responses as of 6.11.18



7. Stable Living and Employment/School

Measure	2016	2017
Stable Living	93.6%	93.6%
Employed or in School	11.5%	13%

BHH Cost Savings

Costs	12 months pre-BHH	12 months post-BHH	Difference
PMPM Costs	\$33,811	\$33,628	(\$183)
Annualized Costs	\$405,732	\$403,536	(\$2,196)
Total savings for 4,925 enrollees in the cost analysis			\$10,815,300

What We've Heard...

From Enrollees:

- “Before I went to [diabetes] group, I didn’t know that I felt bad every day because I wasn’t eating enough food at the right times, and wasn’t taking my insulin at the same time every day. I feel much better now that I’ve been doing the things at the same time each day.”
- “Takes a little off of me. A lot of appointments hard to keep track. Help schedule outside appointments. Making sure I am eating good healthier foods. I have learned more about my medications.”
- Staff provides several opportunities for clients to better understand their medications.

What We've Heard...

From Providers:

- PC Consultant developed blood pressure protocols & staff trainings
- Host pop-up blood pressure clinics
- Transitional care staff imbedded in the hospital
- Nurses huddle with case management teams
- Offer Health and wellness groups
- Lives literally saved by BHH
- Having nurses available has been extremely helpful-would be devastated without them
- Nurses have facilitated speaking with doctors, explaining tests, medications, and health information to clients; and help with getting appointments for clients
- Doctors are taking clients seriously because BHH staff have intervened

Challenges Experienced

- Communication and coordination - lack of integrated health information exchange
- Documentation and reporting – No EHR for some BHHs, and managing new data and reports difficult for some
- Data Integration – data comes from multiples sources, creating challenges for entry, integration and utilization
- Staff - high reliance on in-kind, staff changes have large ripple effect on training, expectations, and support for BHH
- Culture shift – made great strides, but integration continues to be a challenge in some areas

What's Next

- Increasing Report Utilization
- Data Informed Care to Improve Outcomes
- Showcasing Promising Practices
- CY2017 CMS Outcome Measures and Population Health File
- Member Level Dashboard

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#imawholeperson and #ctbhh



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