Connecticut BHP
Supporting Health and Recovery

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Alcohol Use Disorder: Part Two

Adult Quality, Access & Policy Committee

July 9, 2019

Chapter

01

Recap of March 12th Presentation on Inpatient Detox & Alcohol Use Disorder

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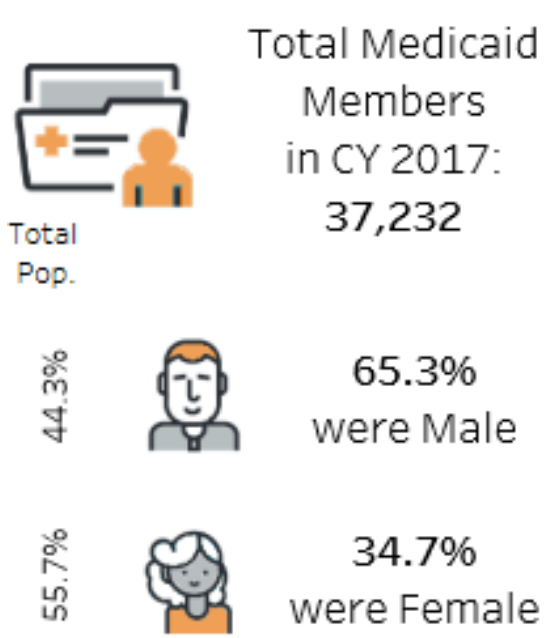
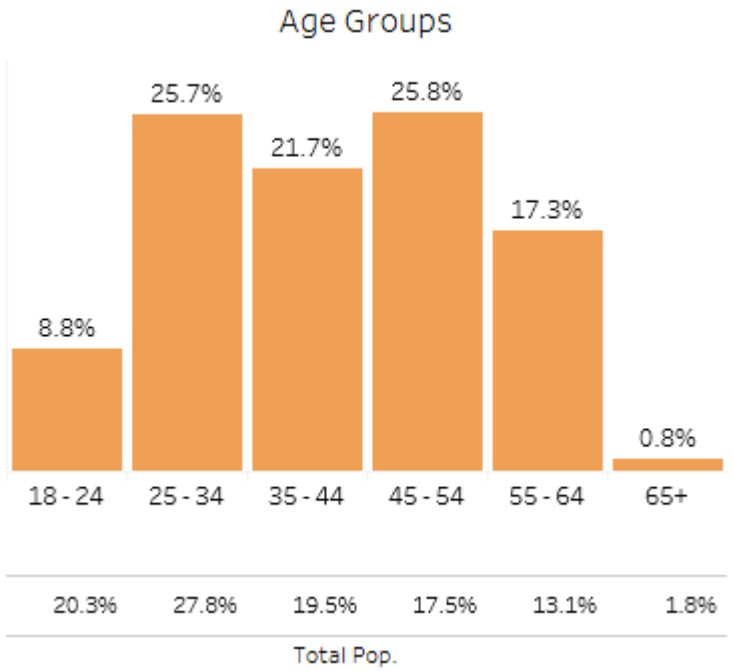
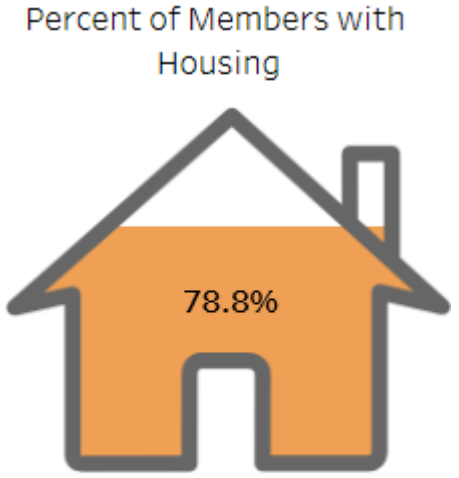
CT Alcohol Use Disorder Population Demographics: CY 2017



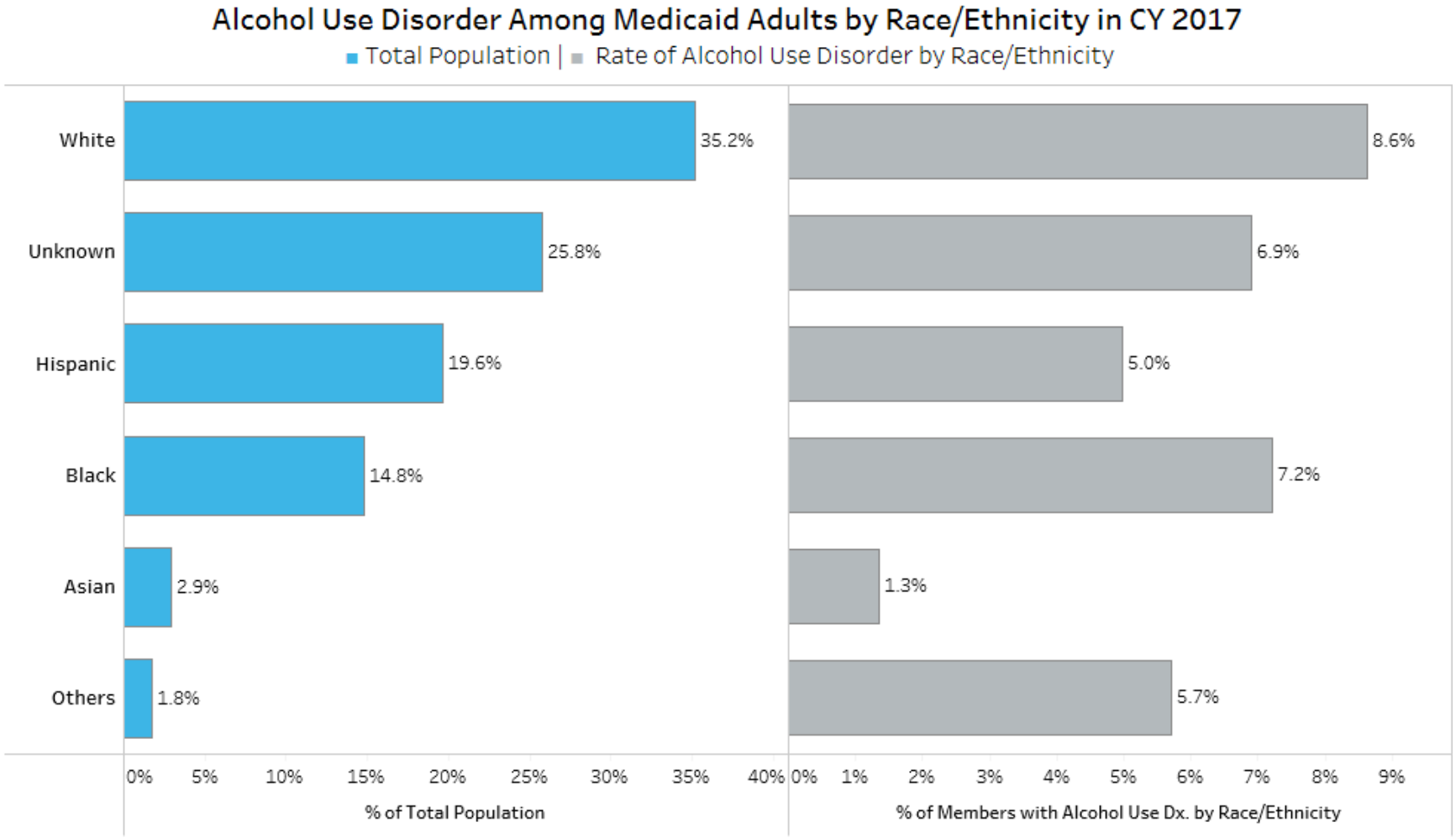




21.2% are homeless.

- In CT, 37,232 Medicaid Adults were diagnosed with an AUD related disorder in 2017
- The AUD Treatment Prevalence rate for 2017 was 7% - typically lower than general prevalence
- Nationally, the estimated US 12-month prevalence rate is 13.9%

AUD Population Demographics Continued



How Does the AUD Population Compare?

- **Compared to the overall Connecticut member population, Adult members with AUD:**
  - Were more likely to be male (65.3% vs 44.3%)
  - More likely to be homeless (21.2% vs 4.9%)
  - More likely to have Medical/BH comorbidities (74.0% vs 25.9%)
  - More likely to have MH/SUD co-occurring disorders (72.6% vs 10%)
  - Had higher healthcare expenditures ($17,627 vs $7,215 annually)

Medication Assisted Treatment Rates: CY 2017

Medication Prevalence Rates
Methadone: 6.4%
Suboxone / Buprenorphine: 6.7%
Vivitrol: 1.9%
Naltrexone: 6.8%
Alcohol Deterrent: 3.8%

Medication Assisted Treatment (MAT) is an evidence-based treatment for alcohol use disorders

FDA Approved for AUD:

- **Naltrexone** (oral form (previously branded as Revia®) and extended-release injection (Brand name Vivitrol®)
- **Acamprosate** (Previously branded as Campral®)
- **Disulfiram** (Brand name Antabuse®)

Highlights from Previous Presentation:

Inpatient Hospital Detox (ASAM 4.0)

- In 2018, there were 3,431 inpatient hospital detox discharges for alcohol related disorders for 2,009 unique members
- Within 30 days of discharge from inpatient hospital detox:
  - 30.1% readmitted to inpatient detox or inpatient psych
  - 57.7% connected to care
  - 14.0% filled a prescription for an alcohol deterrent and/or naltrexone
- Hospital specific rates vary considerably across the different measures

Highlights from Previous Presentation:

Inpatient Freestanding Detox (ASAM 3.7)

- The volume of alcohol related freestanding detox discharges has increased over the past three years. In 2018, there were 5,364 discharges by 3,421 unique members.
- Within 30 days of discharge from freestanding detox:
  - 21.0% readmitted to inpatient detox or inpatient psych
  - 67.1% connected to care
  - 15% filled a prescription for an alcohol deterrent and/or naltrexone

Chapter

02

Follow Up Questions From the Adult QAP

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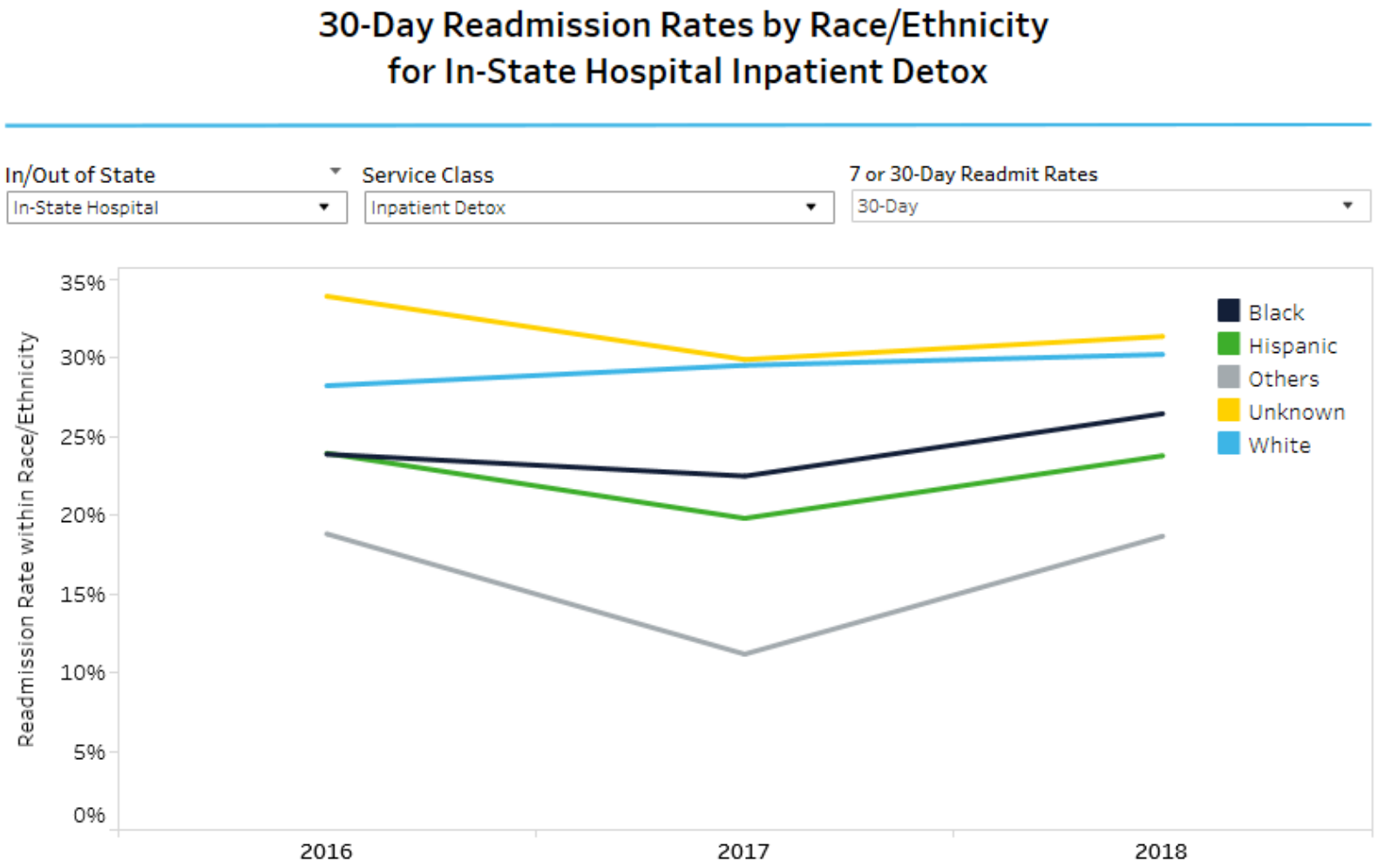
Follow Up Questions from the Adult QAP

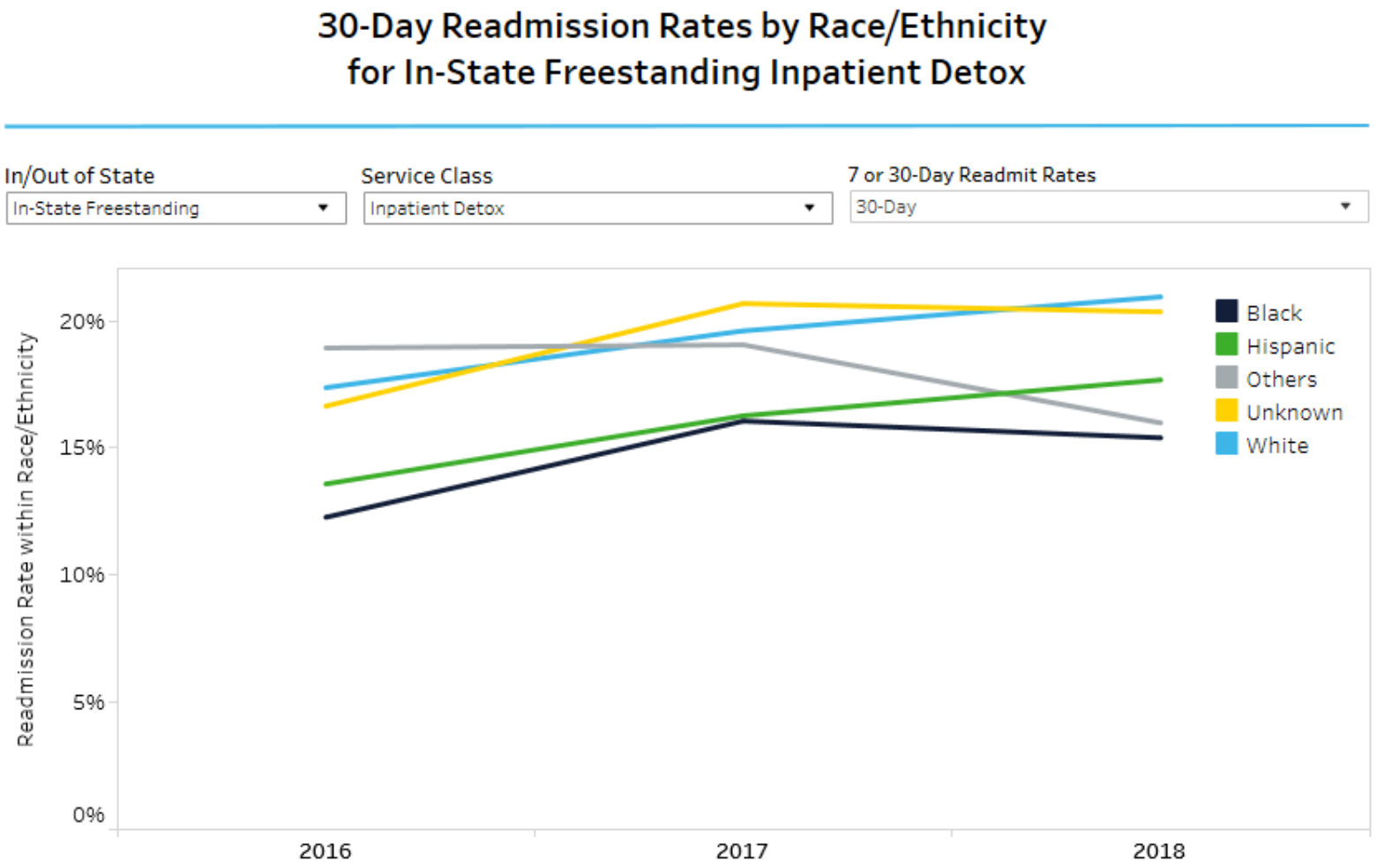
- What are the detox readmission rates by race?
- What services are members connecting to post discharge?
- What do we know about engagement in services post the initial follow up visit?

Readmission Rates by Race: Inpatient Hospital Detox



- Over the past three years, the 30 day readmission rate for inpatient hospital detox has consistently been higher for Unknown and White members
- The 30 day readmission rate increased across all races from CY 2017 to CY 2018

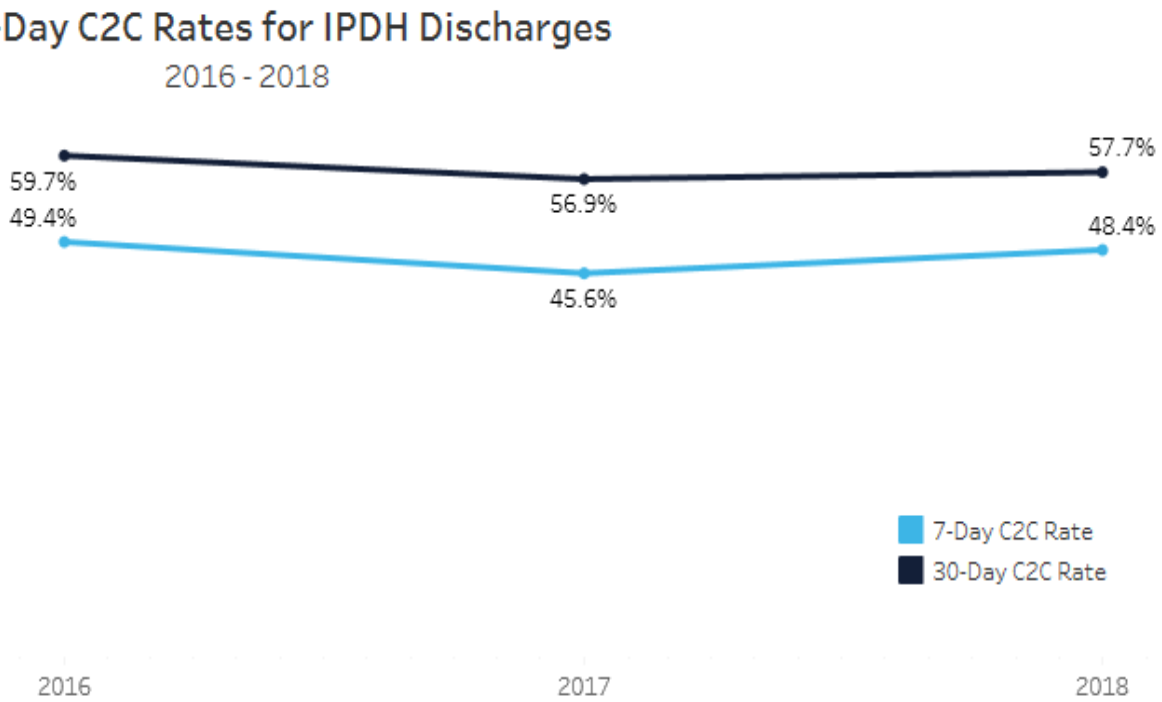
Readmission Rates by Race: Inpatient Freestanding Detox



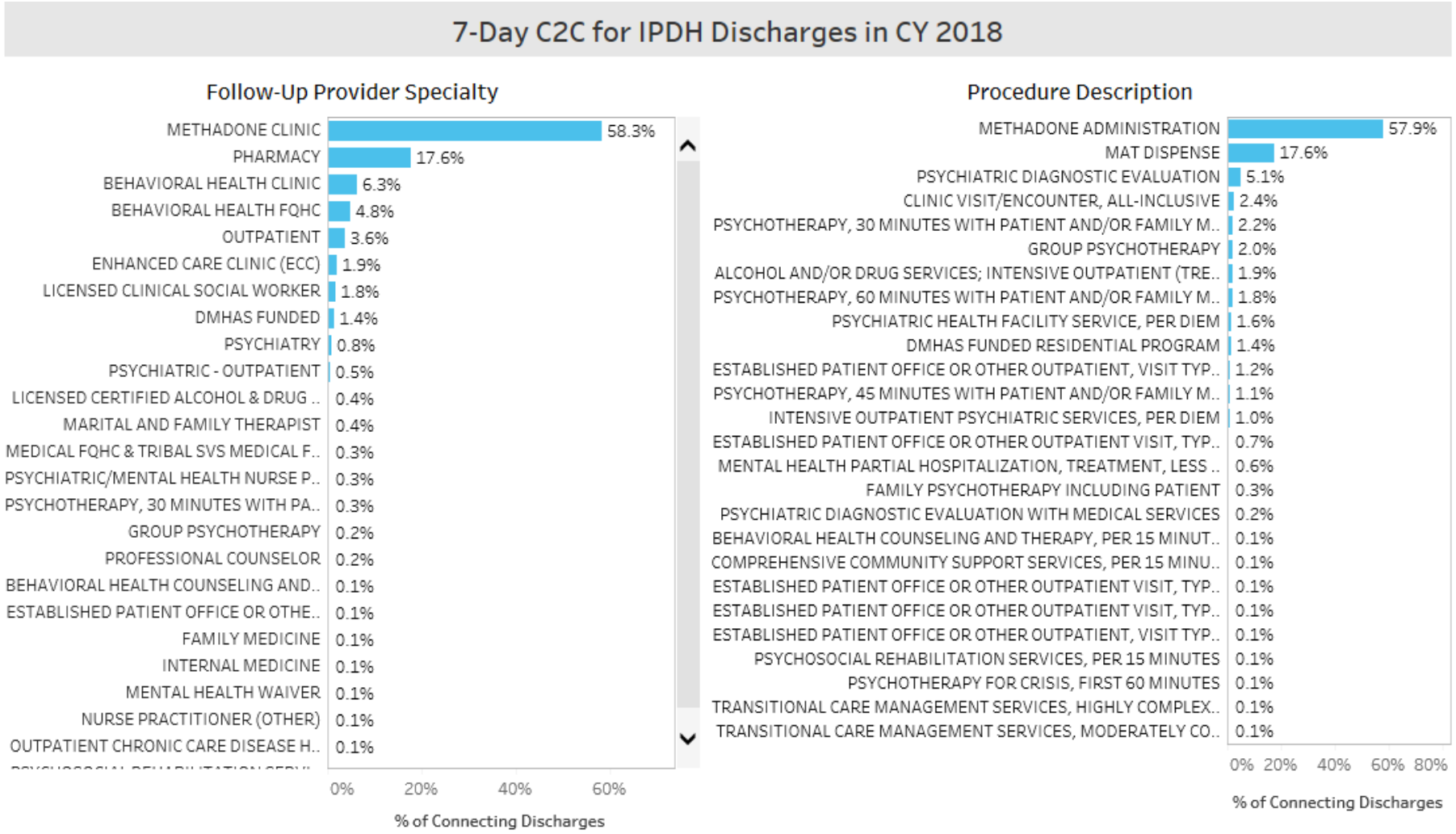
- Similar to hospital based detox, the 30 day readmission rates for freestanding detox were higher for White and Unknown members in CY 2018
- The 30 day readmission rates ranged from 15.4% for Black members to 20.9% for White members

Connect to Care: Inpatient Hospital Detox

	2016	2017	2018
Discharges	1,959	1,741	1,950
7-Day C2C Count	967	794	944
7-Day C2C Rate	49.4%	45.6%	48.4%
30-Day C2C Count	1,169	990	1,125
30-Day C2C Rate	59.7%	56.9%	57.7%



- Approximately half of the discharges from inpatient hospital detox in CY 2018 connected to care within 7 days of discharge



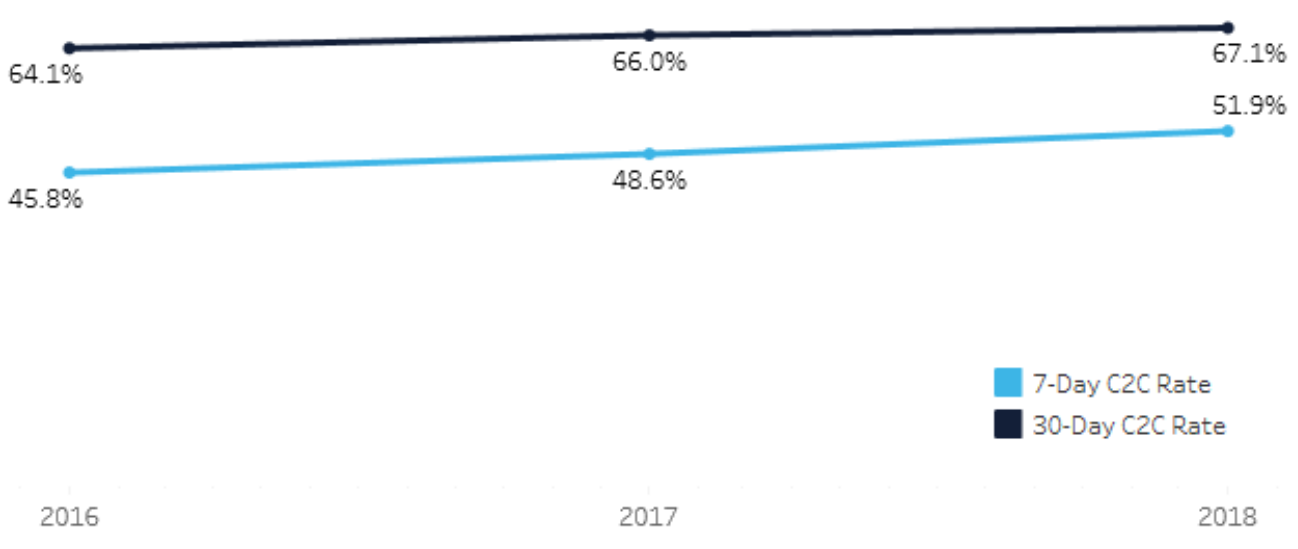
- Of the members who connected to care within 7 days of discharge from inpatient hospital detox, the majority (57.9%) connected to a methadone clinic, followed by a Medication Assisted Treatment (MAT) dispensing event (17.6%).

Connect to Care: Inpatient Freestanding Detox

7 & 30-Day C2C Rates for IPDF Discharges with a Primary Diagnosis of Alcohol-Related Disorders

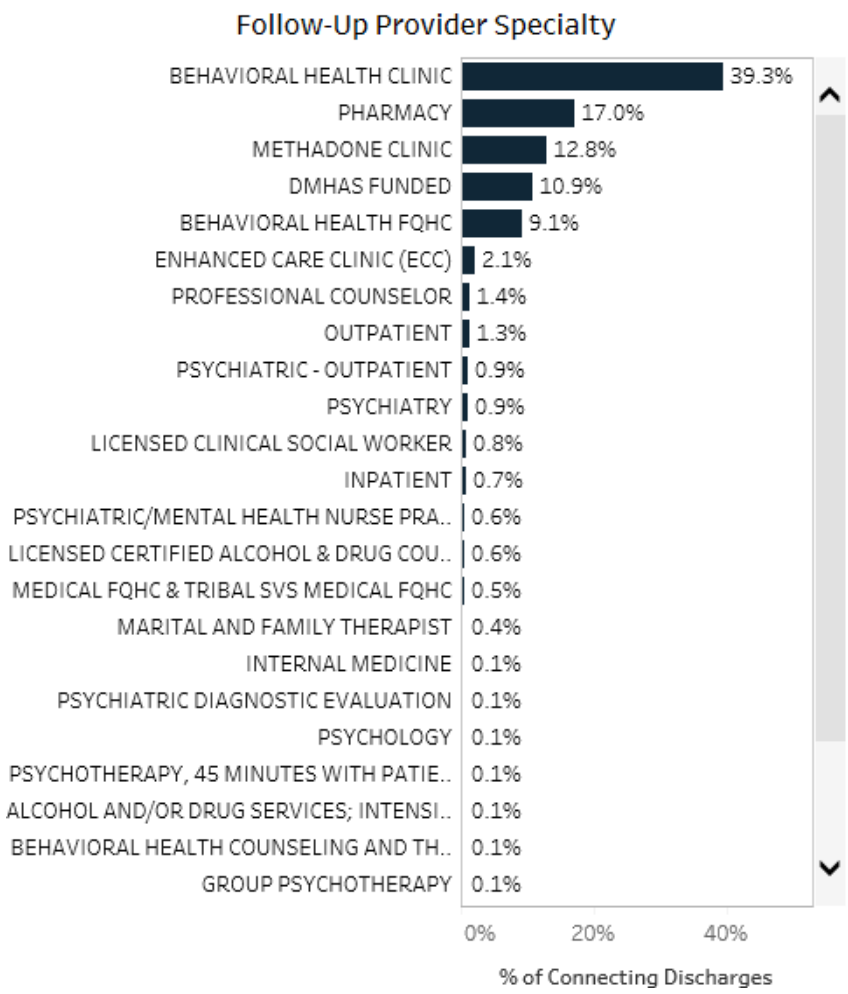
2016 - 2018

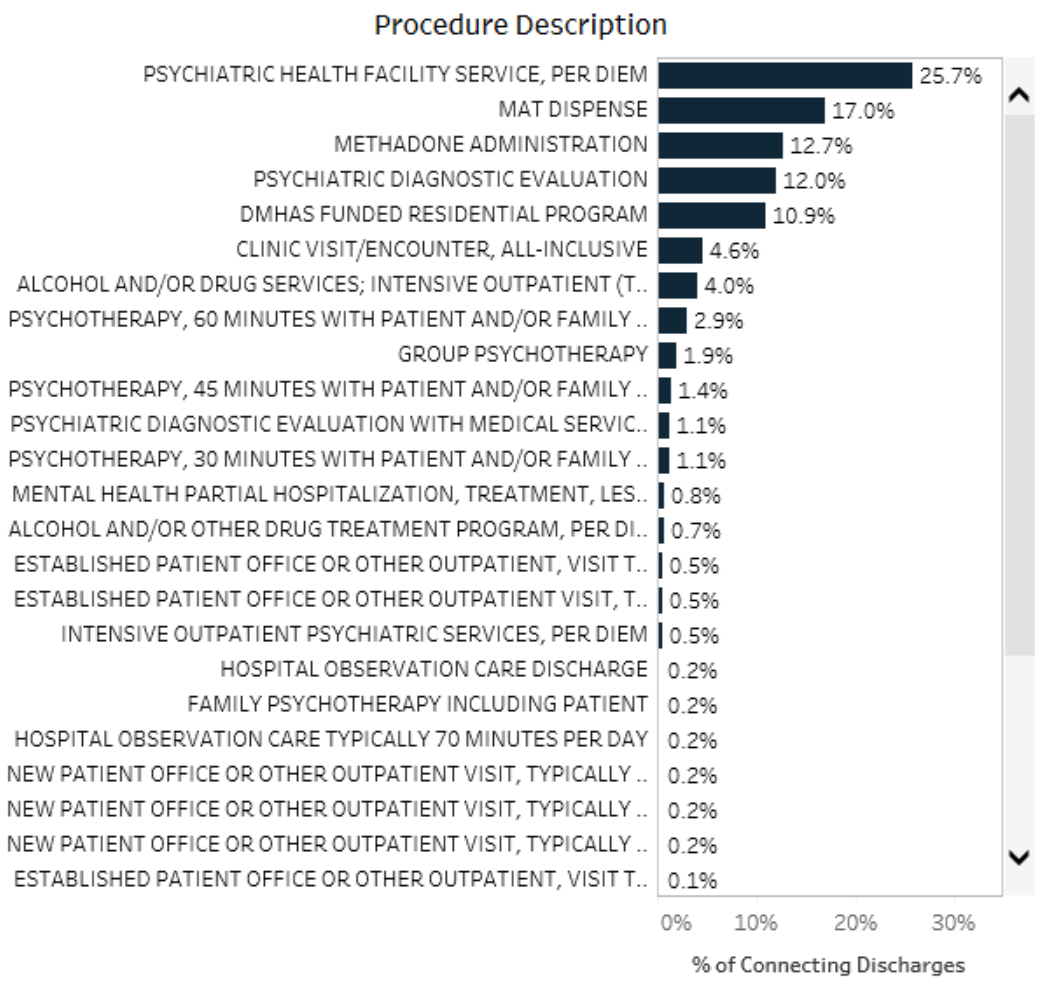
	2016	2017	2018
Discharges	3,327	3,393	3,685
7-Day C2C Count	1,525	1,648	1,914
7-Day C2C Rate	45.8%	48.6%	51.9%
30-Day C2C Count	2,133	2,240	2,473
30-Day C2C Rate	64.1%	66.0%	67.1%



- The 7 and 30 day connect to care rates for freestanding detox for AUD have gradually increased over the past three years
- The connect to care rates for freestanding detox are slightly higher than the rates for hospital based detox

7-Day C2C for IPDF Discharges with a Primary Diagnosis of Alcohol-Related Disorders in CY 2018





- Of the members who connected to care post discharge from an inpatient freestanding detox for AUD, 25% or 1 in 4 connected to a psychiatric health facility service (e.g., Stonington)
- The first service a member connects to appears to vary significantly based on the location of the detox (hospital vs freestanding)

What data do we have re: engagement in treatment?

- Currently, our connect to care measure includes the first visit post discharge from detox
- We also report on the HEDIS Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measure; however this is NOT specific to detox
  - IET identifies adults and adolescents with a new episode of alcohol or other drug dependence (AOD) who subsequently ***initiated*** and ***engaged*** in treatment for the AOD
  - "New" is defined as no AOD diagnosis during the 60 days prior to the index diagnosis

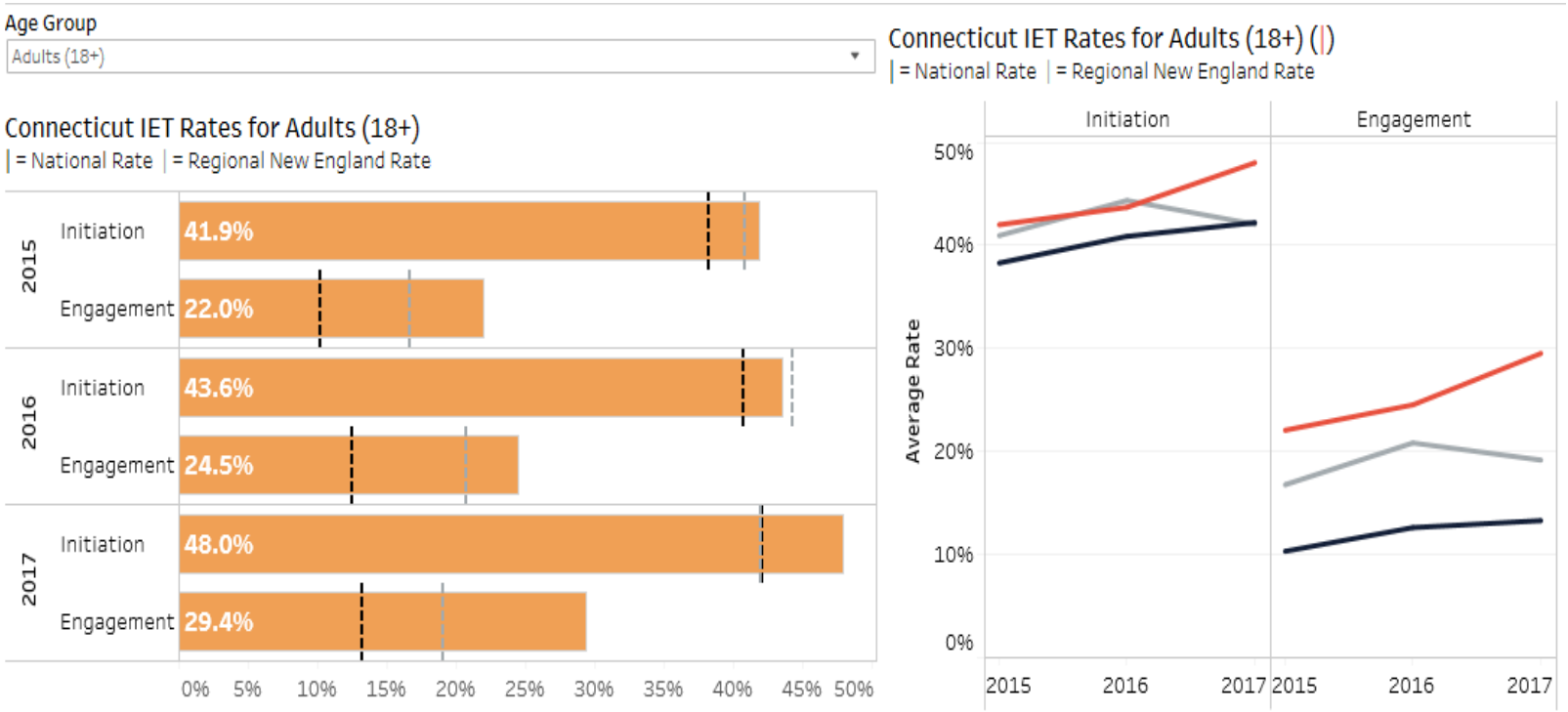
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) Methodology

How are initiation and engagement defined?

To meet the **criteria for initiation of AOD dependence treatment**, the member must have:
+ An inpatient or residential AOD admission OR
+ An ED visit, outpatient visit, intensive outpatient (IOP) encounter, telehealth encounter, MAT dispensing event, or partial hospitalization (PHP) visit AND an additional AOD-related visit within 14 days of the index diagnosis.

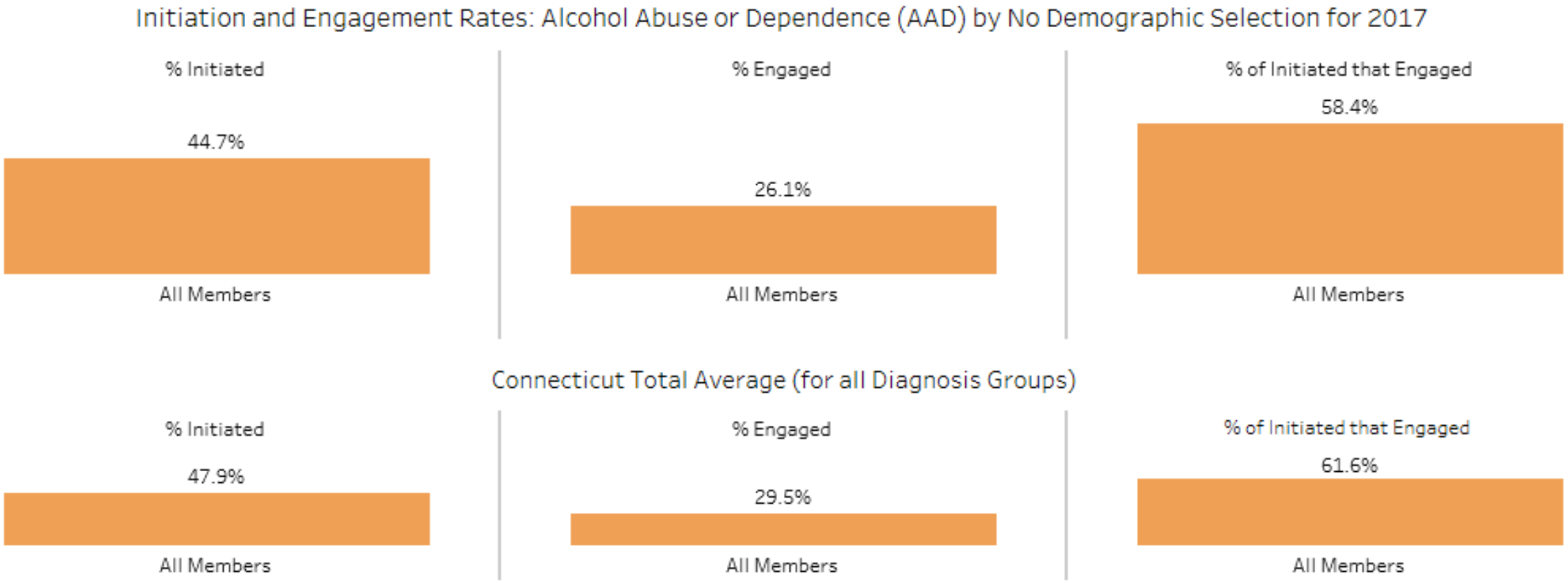
To meet the **criteria for engagement in AOD dependence treatment**, following initiation, the member must have:
+ Two or more additional inpatient admissions, outpatient visits, IOP encounters, telehealth encounters, or PHP visits, with a diagnosis of AOD dependence, within 34 days of the initiation visit OR
+ At least one additional encounter from list above plus a MAT dispensing event
+ Events that include inpatient detoxification or detoxification codes do not count towards initiation or engagement.

IET: Comparison of CT, Regional & National Rates

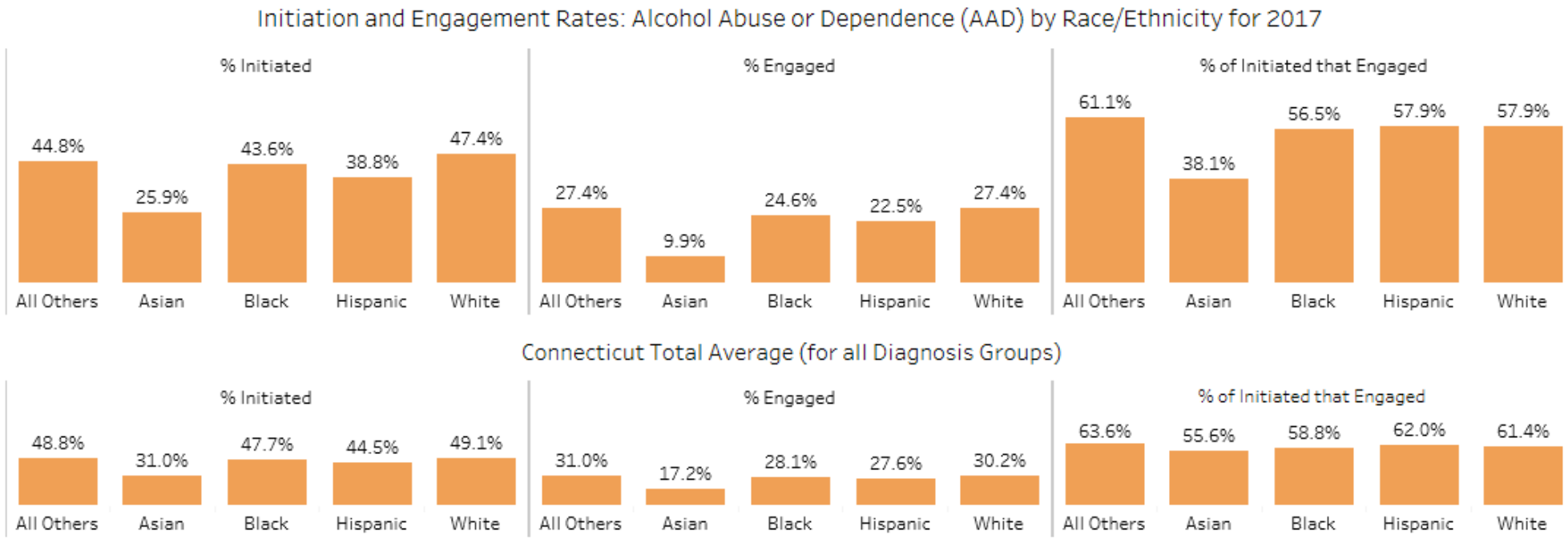


- CT Adult Medicaid rates of initiation and engagement continue to improve and exceed national and regional New England adult Medicaid rates.
- Slightly less than half of adult members with a new AOD diagnosis initiated treatment in CY 2017

IET: Alcohol Abuse or Dependence (AAD) Specific Rates

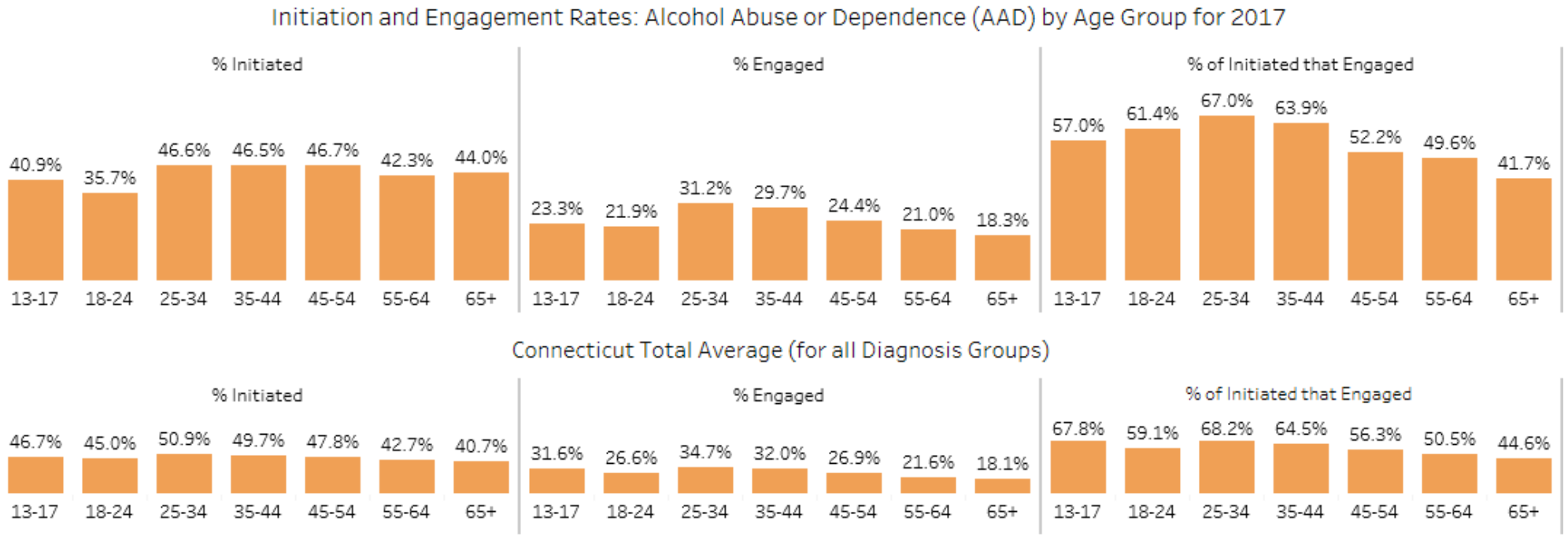


IET: Alcohol Abuse or Dependence (AAD) by Race



- Asian members had the lowest rates of initiation and engagement in treatment for AAD.
- There were also slight disparities in the initiation rates for Black and Hispanic members. However, once treatment is initiated the engagement rates are more comparable across Whites, Blacks, and Hispanics.

IET: Alcohol Abuse or Dependence (AAD) by Age



- Almost 70% of 25-34 year olds who initiated treatment for AAD also engaged.
- Rates of engagement for AAD declined with age after 25-34 year olds.

Summary

- Alcohol Use Disorder (AUD) is a chronic disease that is multifactorial in etiology and is associated with a variety of co-morbid, co-occurring, and psychosocial conditions.
- Treatment is associated with improved outcomes including reductions in the risk of relapse and AUD-associated mortality.
- 30% of members discharged from inpatient hospital detox and 20% of members discharged from freestanding detox for AUD readmitted within 30 days; consider opportunities to enhance discharge planning, improve connection to care, and utilize MAT to reduce readmissions and improve member experience.
- CT Adult Medicaid rates of initiation and engagement for AOD continue to increase and exceed national and regional New England adult Medicaid rates.
- In CY 2017, approximately 1 in 4 CT Medicaid members engaged in treatment following a new diagnosis of Alcohol Abuse or Dependence (AAD), suggesting continued room for improvement.
- The IET demographic data highlights opportunities to target specific populations for improvement in initiation and engagement for AAD (e.g., older adults, minorities).

Questions?

Thank You

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