Connecticut BHP
Supporting Health and Recovery

beacon
health options

Health Equity Clinical Studies 2015-2019

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Agenda

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Definitions

Health Equity is defined as the realization of systems and conditions that provide all people with the opportunity to achieve good health through equitable access, quality, and outcomes of health care.

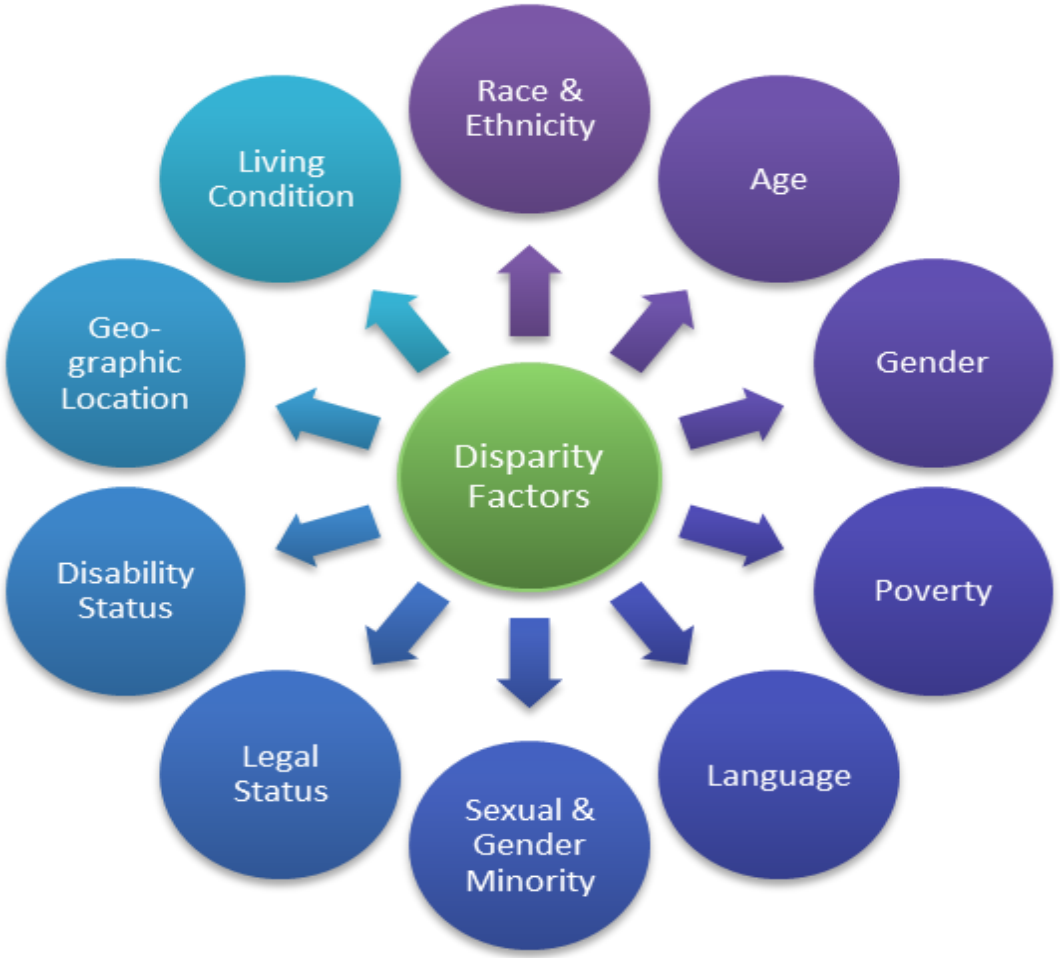
Health Disparities are differences in health care access, quality, or outcomes among distinct segments of the population that are systematic, avoidable, and unjust.

CTBHP Initial Study of Health Equity and Inequity in the Medicaid Behavioral Health Service System

- ***DSS, DCF, & DMHAS directed Beacon to conduct a Health Equity Study during 2015.***

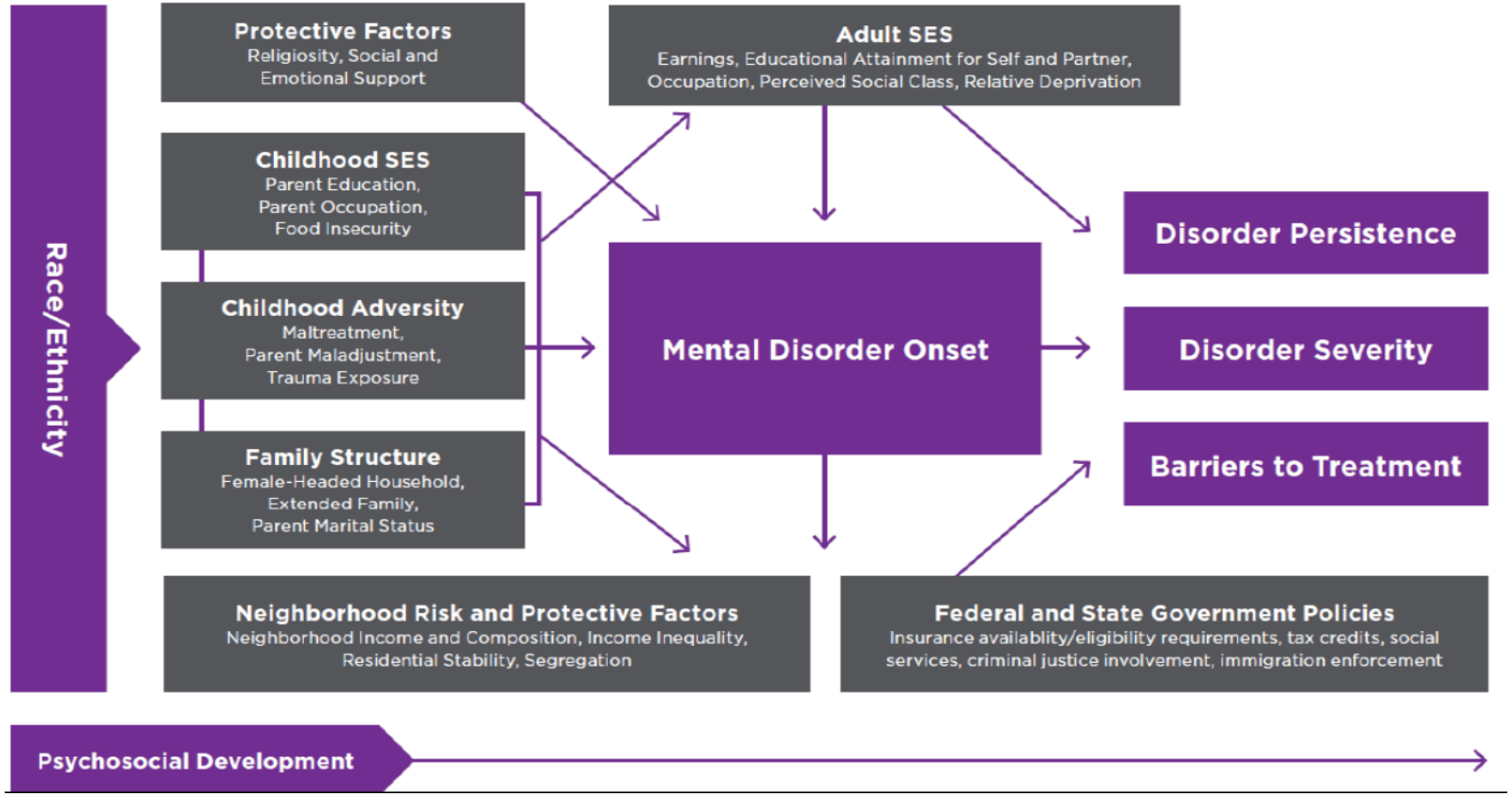
- ***The study was focused on Health Equity for Medicaid Recipients and specifically focused on Behavioral Health including mental health and substance abuse services.***

Various groups, defined by demographic and social conditions experience disparity



Factors Influencing Disparity

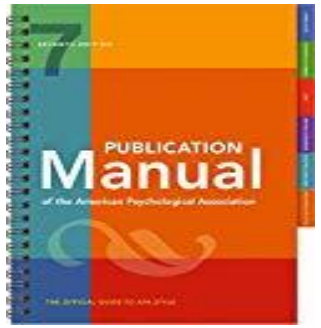
Figure 1: Conceptual Model for Child Mental Health and Mental Health Service Disparities



Health disparity is a complex phenomenon.

2015 Study - Methods

- Literature review
- Key Informant Interviews
- Member Focus Groups
- Analysis of Medicaid Data on Disparities in Access



Literature Review - Take Aways

- Racial and Ethnic Groups, particularly Blacks and Hispanics experience some of the most pronounced and significant disparities
- Other groups are significantly affected, including
  - smaller minority populations (Asians)
  - Gender and Sexual Minorities
  - Individuals with disabilities, etc.
- Data and Metrics are needed to document disparity and track change over time

CT DATA HIGHLIGHTS – RACE & ETHNICITY

- In general, Blacks, Asians, and Hispanics are underrepresented in populations who utilize any behavioral health service, as well as those that utilize the Emergency Department (ED), Inpatient Detoxification, and Inpatient Psychiatric Services.
- Minorities were also underrepresented in those that frequently utilize the ED, detoxification, and inpatient psychiatric services.
- Blacks and Hispanics were overrepresented among those that utilize the ED for Medical care
- Blacks were disproportionately overrepresented in those that utilize State Hospital Beds.

CT DATA HIGHLIGHTS – Gender

- Women were generally underrepresented in those receiving Medicaid funded behavioral health services
- This finding is despite national data indicating a higher prevalence for women for the most common mental health disorders (Anxiety, Depression, and Stress Disorders).
- Also, in National Studies women are more likely than men to utilize behavioral health services
- This finding is concerning but also points to the predominance of substance abuse diagnoses in CT's behavioral health services system and the higher prevalence of substance abuse disorders among men

CT DATA HIGHLIGHTS – Age

- Adults aged 45-54 tended to be overrepresented in behavioral health service utilization at all levels of care
- Those adults in the 18-25 year old age range were disproportionately underrepresented in BH care utilization, despite comprising a significant portion of the Medicaid adult population

Focus Groups

5 Focus Groups & DCF Community Conversations

FOCUS GROUP METHODS

- 2hr Session Each Group
- Translator Present
- Session Video/Audio Taped
- Themes Extracted by Multiple Reviewers

MAJOR THEMES

Translation services
Experiences of discrimination
Need for outreach
LGBTQ friendly practitioners
Location of services

Cultural understanding
Staff better reflecting clients served
Increase use of peers
Staff Turnover

Summary of Key Informant Interviews

- **17 Key Informant Interviews**
- **Rich diversity of ideas and opinions**
  - Multiple professions/fields (advocates, state agency, academic, public health, etc.)
  - focused on multiple affected groups
  - types of disparity considered most important
  - variety of proposed strategies
- **Common Themes**
  - Need for better data and metrics
  - Need to address underlying social determinants
  - Outreach and Education
  - Training of Providers

Purpose of Recent Study (2018-2019)

1. Improve measurement methodology
2. Improve reporting of health disparities
3. Identify Strategies to mitigate/eliminate disparity
4. Involve stakeholders in assessing strategies
5. Promote greater collaboration and alignment across initiatives

Focus of Current Study

1. Identify interventions to reduce disparity in Outpatient Clinic Service utilization by minority populations
2. Implement enhancements to Beacon's reporting and analysis of health equity across all services and levels of care
3. Create opportunities to collaborate across State agencies and the broader healthcare system to align efforts

- Psychiatric hospitalization
- Substance Use Detoxification Inpatient
- Partial Hospitalization Program (PHP)
- Extended Day Treatment
- Psychiatric Residential Treatment Facility
- Residential Treatment
- Adult Group Homes
- Child Group Homes
- Home-based Services
- Case Management
- Outpatient Services
- Intensive Outpatient Services
- ETC.

Methods

- Literature Review
  - Methods of Disparity Measurement
  - Interventions to Reduce Disparity

- Identifying 10 Proposals for Reducing Disparity
  - Multi-methods – Lit Review, Focus Groups, Key Informants

- Stakeholder Feedback on Interventions
  - CFAC Members
  - Non-Profit BH Leaders (The Alliance)

Summary – Improving Health Equity Reporting:

- Use both **Absolute** and **Relative** Metrics
  - Absolute Metrics are better for tracking changes over time because they are less sensitive to changes in population base rates
  - Relative Metrics are better for taking population size into account because the same absolute disparity has a greater impact on smaller populations
- Use both **Disparity** and **Inequity** Comparisons to assess differences across groups
- Disparity refers to differences in rates when comparing a certain rate for a population (access to BH services for Hispanics) to their base-rate in the total population
- Inequity refers to a comparison of a population rate to the rate of the "best off" group, or the group showing the most favorable rate

Summary – Improving Health Equity Reporting:

- Incorporate a health equity lens into all reports whenever possible
- Report Race and Ethnicity categories rolled up on a single dimension, **and** report the separate combinations of race and ethnicity such as Hispanic/Black
- Evaluate Geographic Disparities where possible
- Include a “Best Off” comparison in selected analyses

Summary – Opportunities for Cross-Department/System Collaboration

- Opportunities exist for alignment among health equity/racial justice initiatives at Beacon, DCF, DMHAS, DSS and The Primary Care Action Group
- Many projects and initiatives underway with significant opportunity for impact
- Consider securing funding for a Health Equity Statewide Summit

Population Profile Demographic Data for CT Medicaid Members in CY 2018

Click on any graph to filter all other graphs for the chosen population (excluding Total Pop. and diagnostic prevalence rates)

DRAFT

Show Filters
Hide Filters

Abc

Total Medicaid Members in CY 2018

539,065

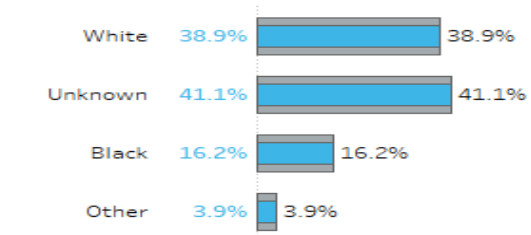
Gender

Primary Language

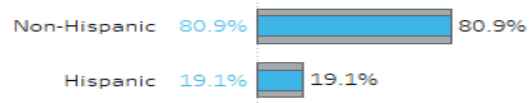
English	87.6%
Spanish	11.2%
Other	1.2%

Racial Profile

Selected Group | Total Population

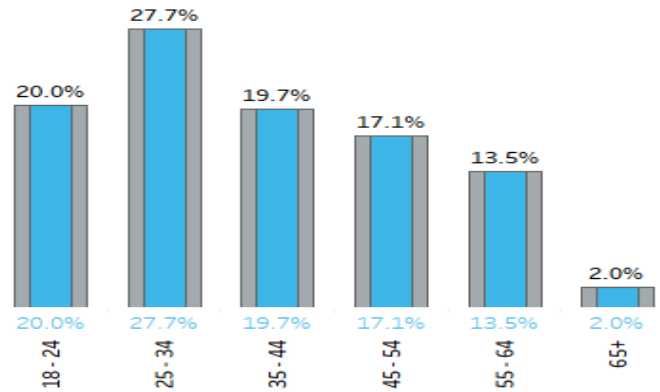


Hispanic/Non-Hispanic



Age Groups

Selected Group | Total Population

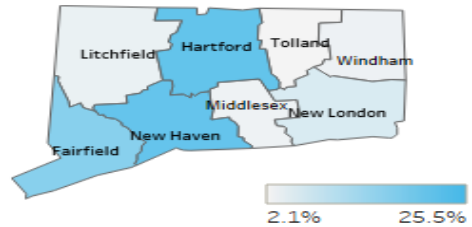


Housing Status

4.4% were Homeless

95.6% were Housed

Percent of Members by County



Diagnostic Prevalence Rates

▼ Substance Use DX

Alcohol Related Disorders

Alcohol Related Disorders: **7.1%**

Opioid Overdose: **0.5%**

Opioid Script: **9.3%**

Mental Health DX

Schizophrenia and Other Psychotic Disorders

Schizophrenia and Other Psychotic Disorders: **3.0%**

Medical DX

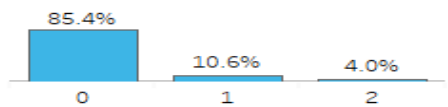
Asthma

Asthma: **10.4%**

Select Chronic Condtion Type

- MH
- Med
- SUD

Members' Count of Substance Use Disorder (SUD) Chronic Conditions



Medication Prevalence Rates

Alcohol Deterrent: **0.3%**

Methadone: **1.8%**

Suboxone / Buprenorphine: **1.8%**

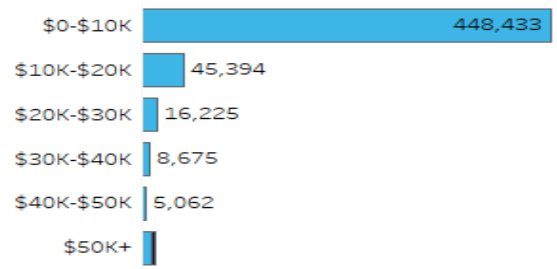
Vivitrol/ Naltrexone: **0.8%**

Total Avg. Dollars per Member: $7,509

Annual Spend

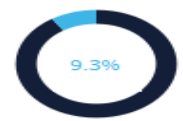
Total Dental Cost	$75,915,527
Total Pharmacy Cost	$1,133,541,518
Total Med/BH Claims Cost	$2,838,396,415
Total Member Cost	$4,047,853,461

Number of Unique Members by Total Annual Spend | ● Over $100K



BH ED Visit Utilization Rate and Visit Frequency

Select ED Type: BH ED Visit



No Visits	90.7%
1 Visit	5.8%
2-6 Visits	3.1%
7+ Visits	0.4%

Inpatient Psych (IPF) Utilization Rate and Frequency

Select Inpatient Type: Inpatient Psych (IPF)

No Stay	98.2%
1 Stay	1.3%
2-6 Stays	0.5%
7+ Stays	0.0%

BH Service Utilizers: 31.4%

Co-occurring Disorders (MH & SUD): 10.2%

Comorbid Diagnoses (BH & Med): 27.2%

Summary – Interventions to Improve Health Equity in Outpatient Clinic Services

- Curated a list of 10 concrete strategies based on prior work (Lit reviews, member focus groups, key informant interviews, etc.)
- Separately live-polled the Consumer and Family Advisory Council (CFAC) and a group of non-profit BH leaders convened by The Alliance regarding their preferences for the proposed strategies
- Obtained valuable feedback regarding preferred strategies and the sensitivity of minority groups in answering questions about race and ethnicity
- Found **Agreement** among the two groups regarding the top 4 priorities
- 10 concrete strategies and 4 stakeholder priorities

Curated List of 10 Concrete Strategies

1. Utilizing “peers” in delivering MH or SUD services
2. Collaborating with natural community supports to conduct outreach/education
3. Improving translation & interpretation capacity
4. Providing community outreach
5. Providing services closer to where people live
6. “Co-locating” mental health services in doctors’ offices or medical clinics
7. Facilitating access to social services such as food and/or housing supports as a component of clinic services
8. Using VBP or incentives to improve health equity
9. Providing MH or SUD “ apps”
10. Publishing provider staff demographic and cultural profiles

Top 4 Strategies as Selected by BOTH Stakeholder Groups

1. Providing community outreach/education
2. Facilitating access to social services such as food and/or housing supports as a component of clinic services
3. Providing services closer to where people live
4. Improving translation & interpretation capacity

Next Steps

- Present Findings to CTBHPOC and Subcommittees
- Present Findings to Stakeholder Groups (CFAC and The Alliance)
- Reach consensus among Beacon, State Agencies and Stakeholders regarding the feasibility of potential next steps in terms of potential for a pilot with outpatient clinics

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Questions and Discussion

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Thank you!