

Measuring Member Engagement in Care:

Robert W. Plant, Ph.D. – SVP Analytics and Innovation

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Agenda

1 Definitions

2 Sufficient Participation in Care

3 Factors Impacting Engagement

4 Level of Care Examples

5 HEDIS IET

6 Questions/Discussion

Definitions



Connection to Care – is about the **timeliness** of beginning the next service or level of care.

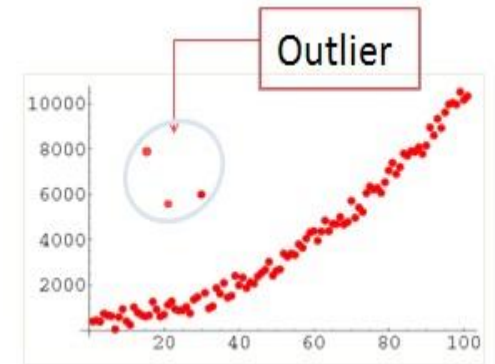
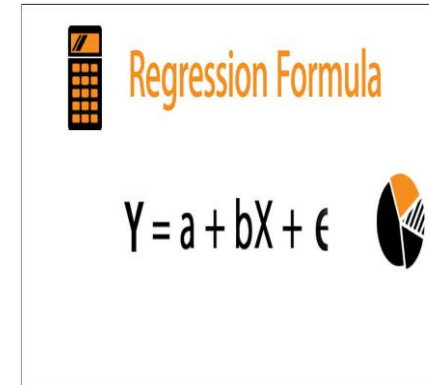
Engagement in Care – is about participating in a sufficient amount of care to be likely to benefit.

Engagement in Care

- also conceptualized as the quality of participation in or investment in care.
- may be an important factor but measurement is more complicated

Sufficient Participation in Care

- Empirically – (Prediction/Regression) Evaluating the relationship between engagement and outcomes
- Empirically (Normatively) - based on an outlier analysis approach
- Based on Program design/structure
- Arbitrarily – pick a number out of the air or out of a hat



Factors Impacting Engagement

- Barriers to Access – transportation, convenience, familiarity, hours, etc.
- Stigma
- Individual Factors – severity of illness, supports, motivation
- Alignment with personal goals
- Program policies, procedures, or design
- Health literacy
- Experience of care
- Many others

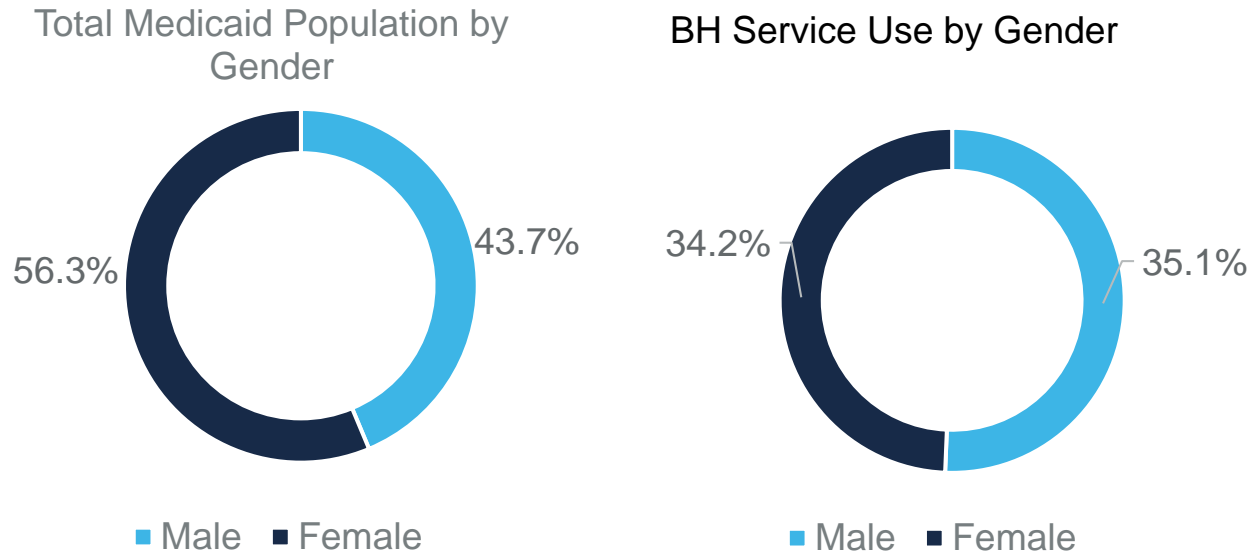


Level of Care Considerations



- ***Defining engagement depends on the level of care/type of service***
- ***Beacon has developed or considered engagement measures for the following levels of care***
 - ***Any BH Service Use***
 - ***Outpatient***
 - ***Intensive Outpatient***
 - ***IICAPS***
 - ***Medication Assisted Treatment***
 - ***Methadone***
 - ***HEDIS Initiation and Engagement***

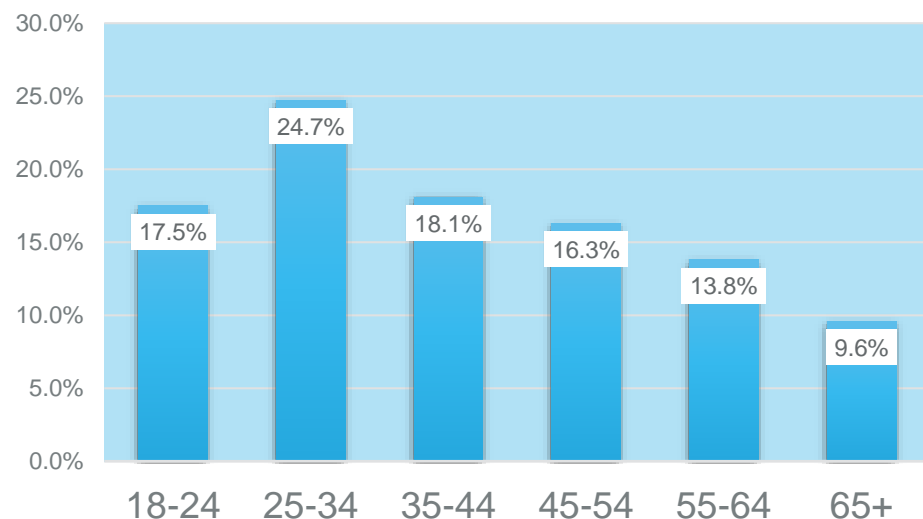
Use of Any Behavioral Health Service by Gender (Duals Included)



- Females are the majority in adult membership in Medicaid at 56.3%
- There appears to be overall gender equity as the rate of BH use across genders is relatively equal

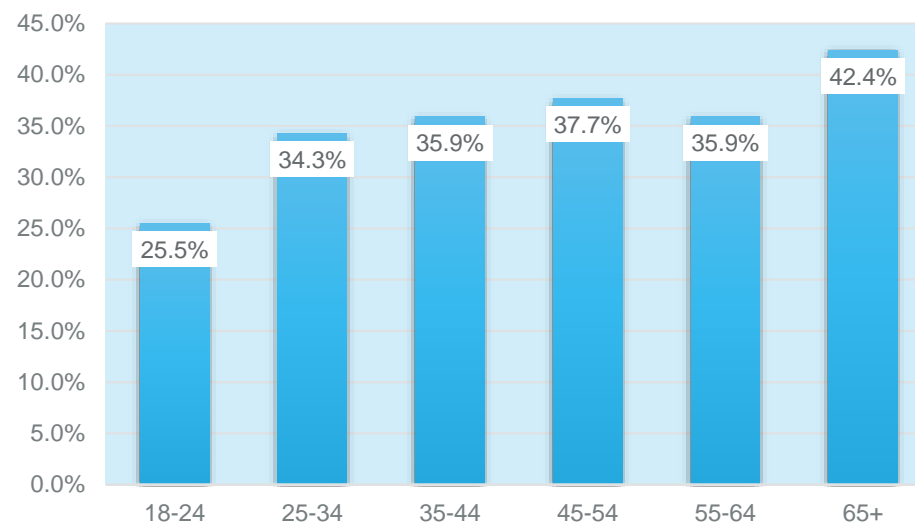
Use of Any Behavioral Health Service by Age (Duals Included)

Total Medicaid Population by Age



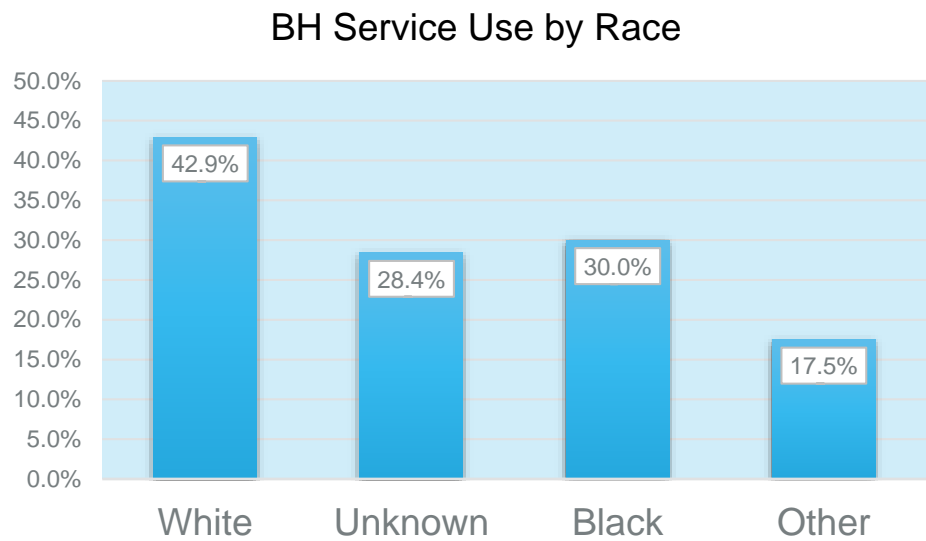
- The largest age group for adult membership is 25-34
- The size of membership declines with age after 34

BH Service Use by Age

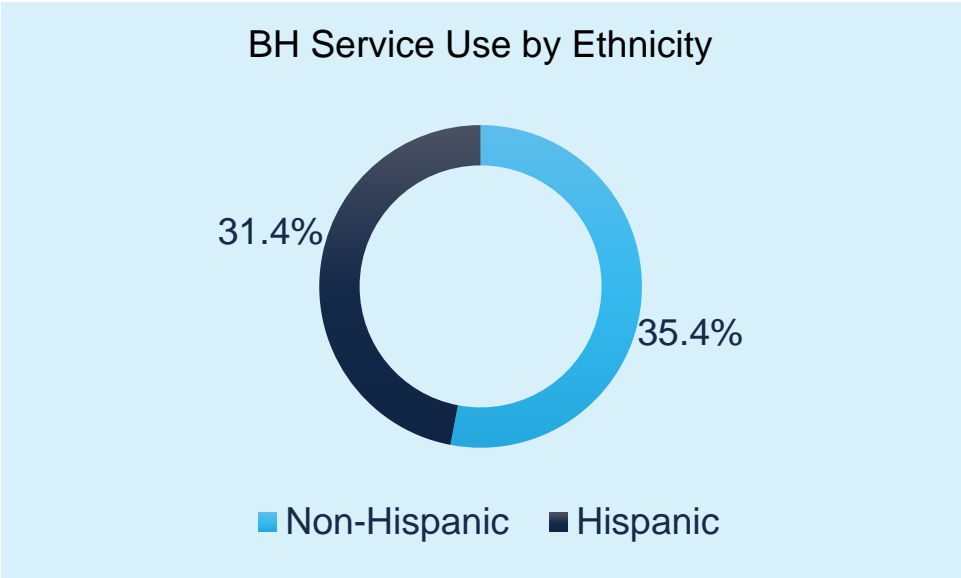


- The 65+ year old age group has the highest percentage (42.4%) of individuals that have used at least one BH service
- Utilization appears to generally increase with age
- The absolute disparity between the youngest and oldest groups is 16.9 percentage points

Use of Any Behavioral Health Service by Race & Ethnicity (Duals Included)

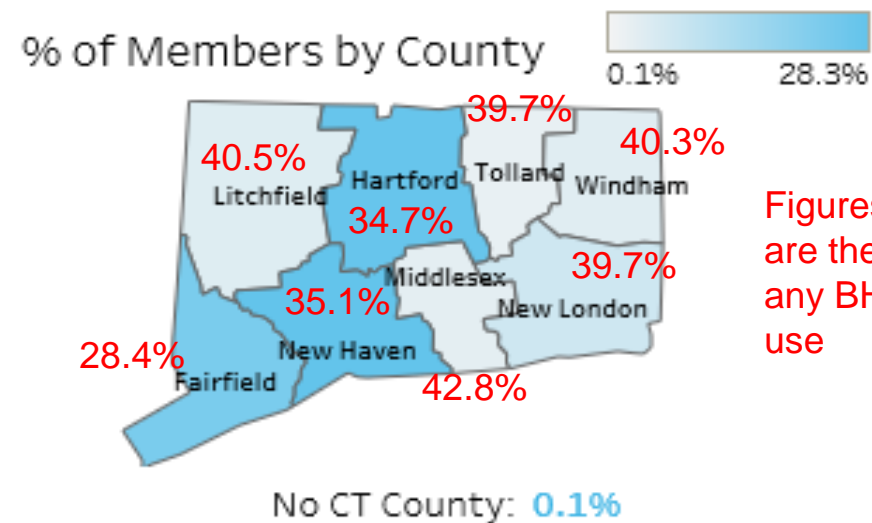
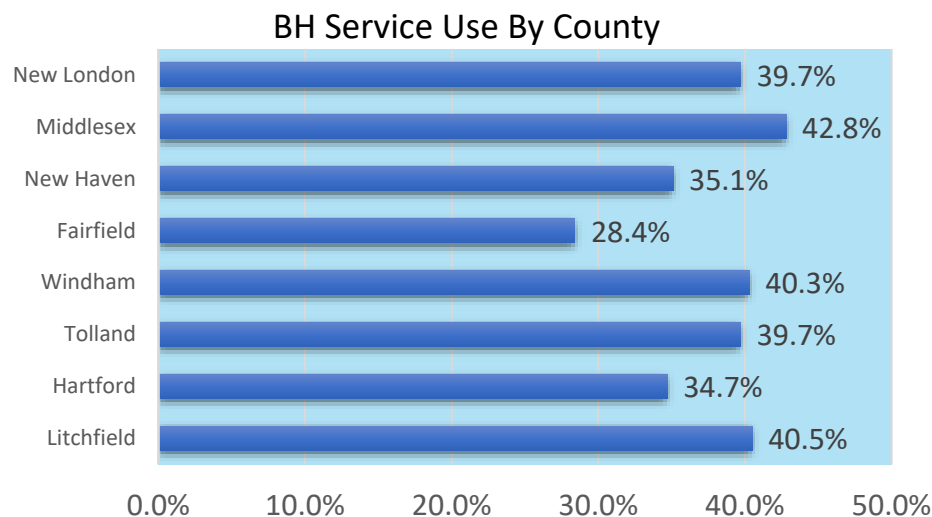


- The “other” category has the lowest rate of any BH service use
- Unknown and Black populations have a use rate of any behavioral health service that is significantly lower than whites.



- Individuals that identify as Hispanic have a lower rate of any BH service use

Use of Any Behavioral Health Service by Geography (Duals Included)

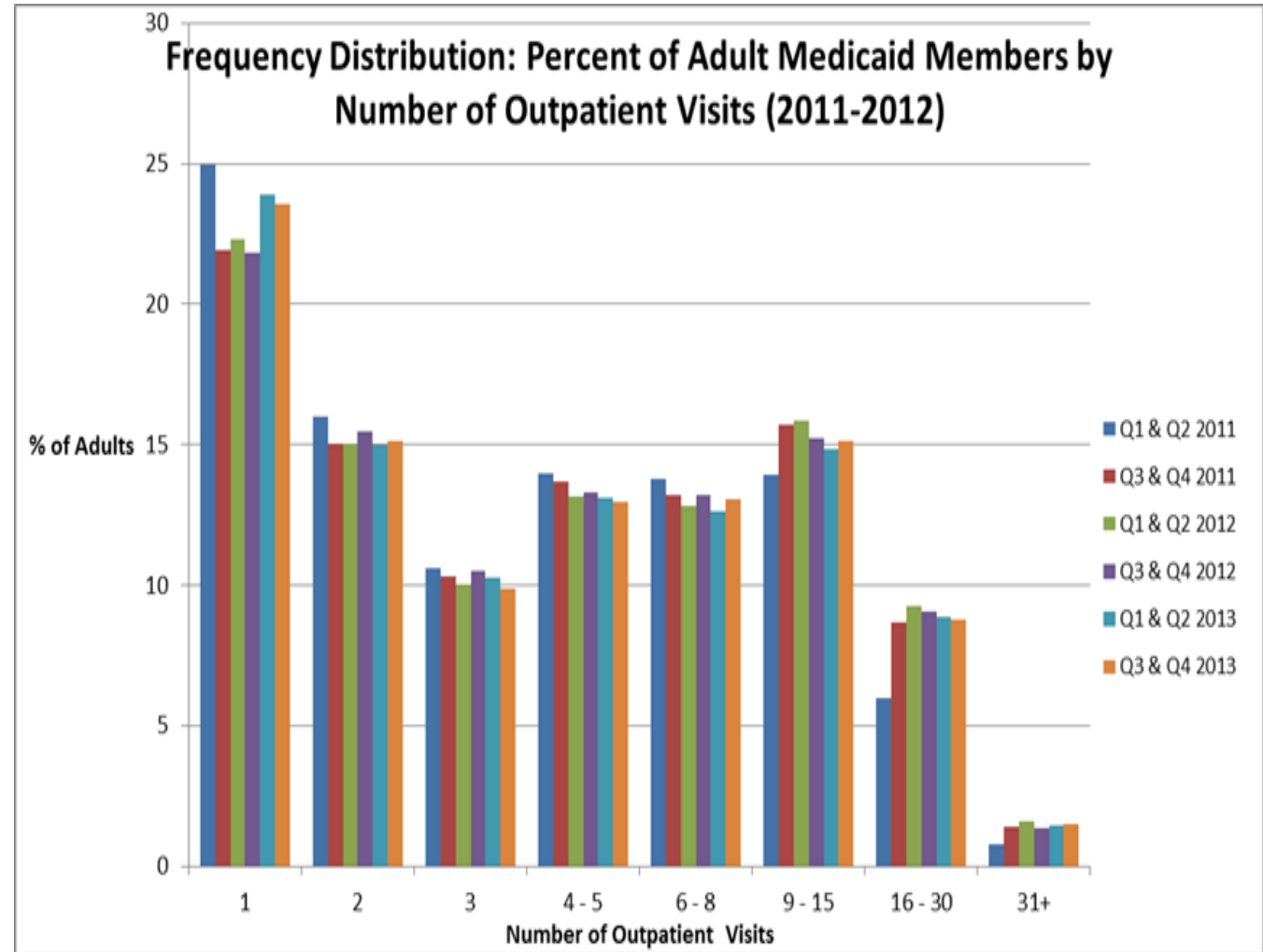


- Middlesex has the highest rate of any BH service use at 42.80%
- Fairfield County has the lowest rate of any BH service use at 28.4%

- The counties with the greatest % of the Medicaid population have the lowest percentage of BH service use
- This finding is believed to be due to race outweighing geography in the impact on any BH service use

Engagement in Outpatient – 2014 Clinical Study

- CHCS Study (Pires, 2013) found modal number of outpatient sessions is one and median across a 10 year period was 5
- Similar CT Data – See Bar Chart to the right
- No health equity analysis was performed but use of measurement based care was promoted as a means of improving engagement.



Engagement in Care - IOP

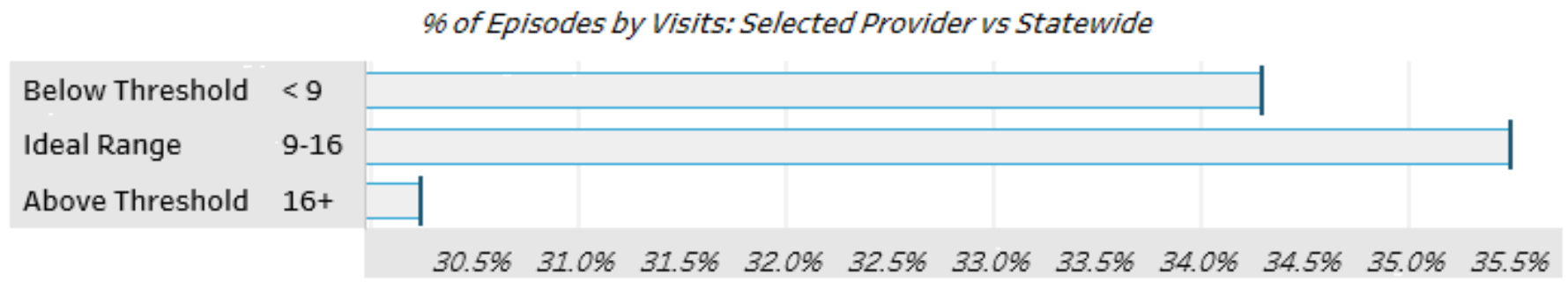
Measure Description: The percentage of treatment episodes where the member attends fewer than 9 treatment days – e.g. the lower limit of the “minimally adequate dose”

Rationale: Engagement in treatment for both children and youth has been identified as a critical factor in determining treatment outcome.

- 2015 IOP study: Adults and children that attended fewer than 9 treatment days per episode had poorer outcomes than those that received a minimally adequate dose
 - Adults – Minimally Adequate Dose (9-16)

Engagement in IOP Care: CY 2018 Statewide Rates

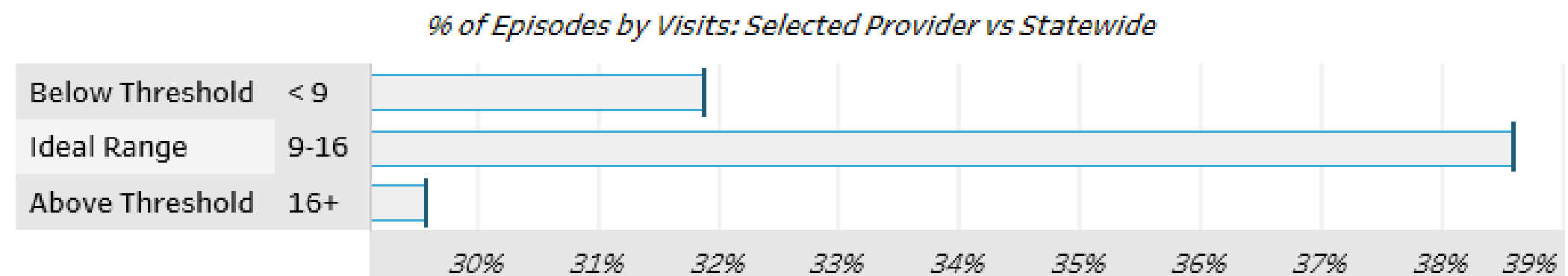
% of Episodes by Visits; All Adults



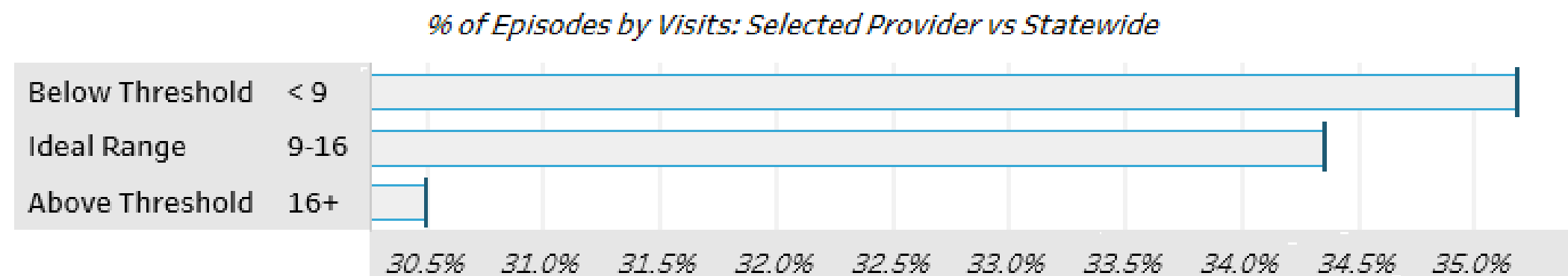
- Statewide in CY 2018:
 - Approximately 34% of members attended less than nine IOP sessions
 - 36% attended the minimally adequate # of sessions (9-16)
 - 30% attended more than 16 sessions
- There are differences in utilization based on whether the treatment focus was Mental Health or Substance Use

Engagement in IOP Care: CY 2018 Statewide Rates

% of Episodes by Visits; Mental Health Focus



% of Episodes by Visits; Substance Use Focus



Engagement in Care – Intensive In-home Child and Adolescent Psychiatric Service (IICAPS)

- For IICAPS, engagement is defined by the service model parameters regarding expected duration of care and intensity of service based on number of billed ours per week per case.
- Some variation on these parameters is allowed based on case presentation so basic guidelines for caseloads rather than absolute cutoffs per case are provided
- For example, if greater than 15% of cases are below the 4-7 month optimal LOS, the program is deemed out of compliance for that measurement period.



Engagement in Care – Intensive In-home Child and Adolescent Psychiatric Service (IICAPS)

Site Provider	N*	DURATION					SERVICE INTENSITY			
		Average LOS (in months)	% Cases with LOS 0-4 Months	% Cases with LOS 4-7 Months	% Cases with LOS 7+ Months		Average Time Billed per Week per Case (in Hours)	% Cases with 0 – 4 Hours Billed per Week	% Cases with 4 – 6 Hours Billed per Week	% Cases with 6+ Hours Billed per Week
Boys and Girls Village	33	5.4	12.1%	87.9%	-		4.8	6.1%	90.9%	3.0%
Bridges	26	5.3	15.4%	80.8%	3.8%		5.4	19.2%	38.5%	42.3%
Catholic Charities	9	5.7	-	88.9%	11.1%		2.6	88.9%	11.1%	-
Child and Family Agency - New London	6	4.6	33.3%	66.7%	-		4.5	33.3%	66.7%	-
Community Child Guidance Clinic	12	5.0	25.0%	75.0%	-		3.6	75.0%	25.0%	-
NETWORK MEAN	483	5.4	12.2%	84.7%	3.1%		4.4	34.0%	60.2%	5.8%
NETWORK RANGE		4.2-6.4	0%-45.5%	45.5%-100%	0%-16.7%		2.6-5.4	0%-88.9%	11.1%-91.2%	0%-42.3%
BENCHMARKS			<15%	≥70%	<15%			<20%	≥70%	<10%

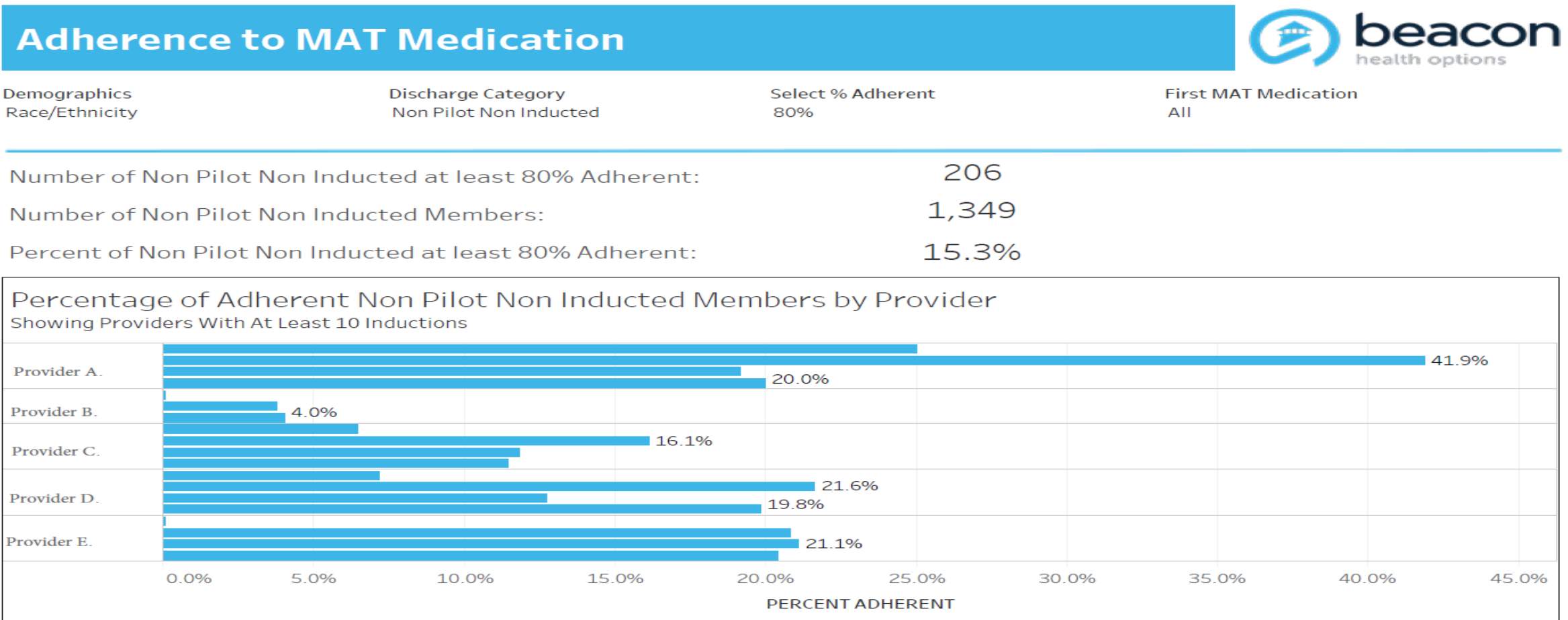
- This table is a sub-sample of providers selected to make the table more legible
- This data is regularly disseminated to IICAPS providers by agency and site
- IICAPS services manages the fidelity on these metrics as well as other indicators
- Certain exclusions apply to those included in the sample.

Engagement in Care – Medication Assisted Treatment (MAT)

- Medication Assisted Treatment (MAT) is an effective evidence based treatment for Substance Use Disorders (primarily for alcohol and opioid use disorders)
- MAT is intended as a relatively longer-term intervention particularly for opioids
- Graphic is for illustrative purposes – still in development, caveats include N size, data quality, etc.
- Adherence Rate Based on Medication Possession Ratios from pharmacy and methadone claims

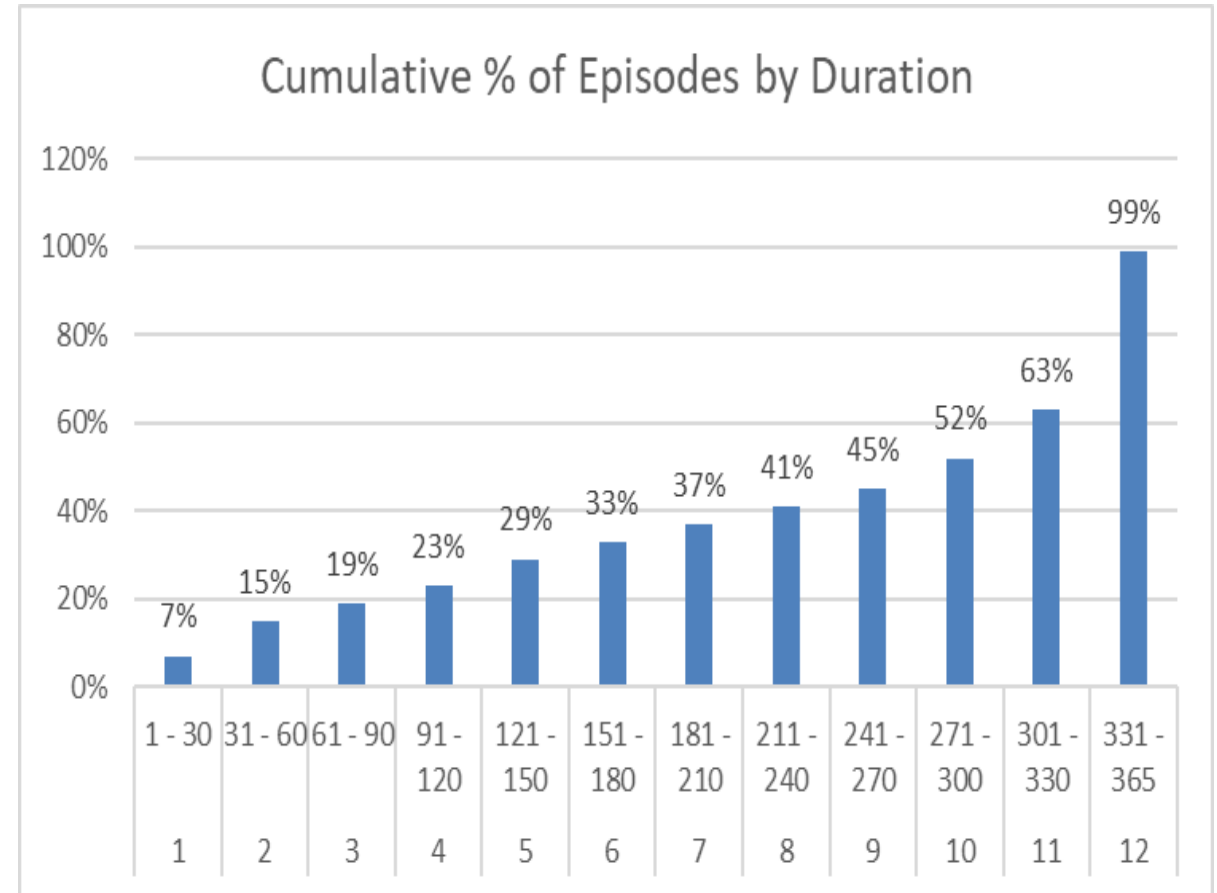
Engagement in Care – Medication Assisted Treatment (MAT)

- Content for the bars is as follows
Top Line = Black, Second Line = Hispanic, Third Line = Unknown, Fourth Line = White



Engagement in Care – Methadone Clinic Treatment

- Approach is to evaluate the frequency distribution of Methadone Episodes by length of service and use cut-offs based on current norms
- Many methodological considerations
 - New episodes only
 - Exclude episodes <30 days
 - Etc.
- Chart to the right is illustrative only
 - Sample data to demonstrate approach
- Apply analysis by provider
- Use similar methodology to IICAPS
- Incorporate case-mix



Engagement in Care – HEDIS Initiation and Engagement (IET)

- Healthcare Effectiveness Data and Information Set
- Measure assesses the percentage of members that initiate and then engage in SUD care following an index diagnosis
- Initiation is a visit or admission within 14 days of the index
- Engagement is two or more visits or encounters within 34 days after initiation
- Dashboard can be filtered for AUD, OUD or any SUD

Initiation and Engagement in Alcohol and Drug Treatment (IET)

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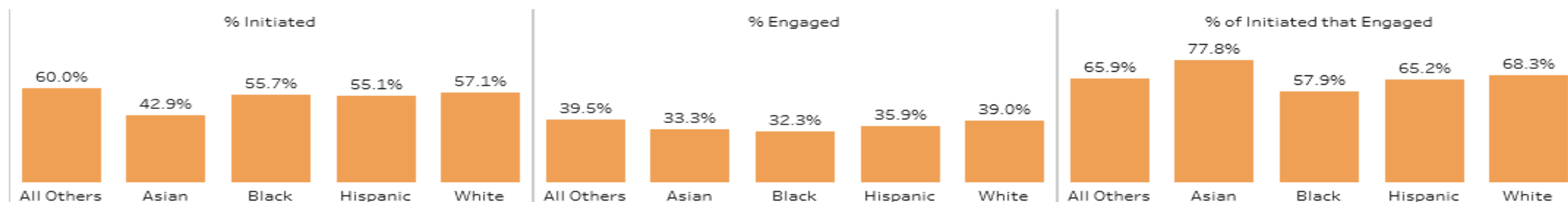


Select Year
2017

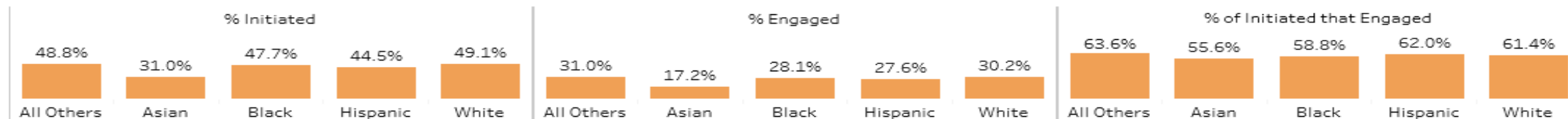
Select Demographic
Race/Ethnicity

Diagnosis Group
Opioid Abuse or Dependence (OAD)

Initiation and Engagement Rates: Opioid Abuse or Dependence (OAD) by Race/Ethnicity for 2017



Connecticut Total Average (for all Diagnosis Groups)



Questions and Discussion

Thank you!
