MY 2021
Healthcare Effectiveness Data Information Set (HEDIS®) Behavioral Health Measure Set Performance

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What is HEDIS?

The Healthcare Effectiveness Data Information Set (HEDIS®) measures, developed and monitored by the NCQA, include over 90 measures across six domains including:

- Effectiveness of Care,
- Access/Availability of Care,
- Experience of Care,
- Utilization and Risk Adjusted Utilization,
- Health Plan Descriptive Information
- Measures reported using electronic clinical data systems.

What is NCQA?

The National Committee for Quality Assurance (NCQA) is an independent non-profit organization that studies how well health plans and doctors provide scientifically recommended care.

HEDIS Rates for the Following Measures Will Be Shown

1. Antidepressant Medication Management (AMM)

2. Follow Up after Hospitalization for Mental Illness (FUH)

3. Follow Up after Emergency Department Visit for Alcohol & Other Drug Abuse or Dependence (FUA)

4. Follow Up after Emergency Department Visit for Mental Illness (FUM)

5. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

6. Use of Opioids at High Dosage (HDO)

7. Use of Opioids from Multiple Providers (UOP)

8. Pharmacotherapy for Opioid Use Disorder (POD)

9. Initiation & Engagement of Alcohol & Other Drug/Abuse/Dependence Treatment (IET)

Performance Overview

- Three years of performance measures

- For Columns with up and down arrows
  - **Blue Up Arrow** – rates have improved
  - **Black Down Arrow** – rates have declined
  - **Orange Diamond** – No change

- For Columns with dots
  - **Green Dots** – Rates above National and Regional benchmarks
  - **Red Dots -** Rates below National and Regional benchmarks
  - **White** and **Blue Dots** – Rates above National but below Regional benchmarks

Measure Name	Measure Subset	Measure Age Group	2021
Antidepressant Medication Management (AMM)	Effective Acute Phase Treatment	Total (18+)	🟢
	Effective Continuation Phase Treatment	Total (18+)	◐
Follow-up for Children Prescribed ADHD Medication (ADD)	Initiation	6-12	◐
	Continuation	6-12	🔴
Follow-Up After Hospitalization for Mental Illness (FUH)	7-Day	Total (6+)	◐
	30-Day	Total (6+)	◐
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	7-Day	Total	◐
	30-Day	Total	◐
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	7-Day	Total (6+)	◐
	30-Day	Total (6+)	◐
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	Total Rate	Total (18-64)	◐
Use of Opioids at High Dosage (HDO)	Total Rate	Total (18+)	🔴
Use of Opioids from Multiple Providers (UOP)	4+ Pharmacies	Total (18+)	🟢
	4+ Prescribers	Total (18+)	🔴
	4+ Prescribers & Pharmacies	Total (18+)	🟢
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET)	Initiation	Adolescents (13-17)	🟢
		Adults (18+)	🔴
		Total (13+)	🔴
	Engagement	Adolescents (13-17)	🟢
		Adults (18+)	🟢
		Total (13+)	🟢
Pharmacotherapy for Opioid Use Disorder (OUD)	Total Rate	Total	🟢
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics ..	Total Rate	Total	🟢

- **9 Measures** where CT is above the National and Regional Averages

- **9 Measures** where CT is above the National and below Regional Avgs

- **5 Measures** where CT is below the National and Regional Averages

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Organizational Framework for Reviewing Performance

Organizational Framework for Review of Performance

5 Overlapping Categories of HEDIS Measures

Medical vs. Behavioral Health

- CTBHP Focuses on BH Measures

- CHN Focuses on Medical Measures

- No Medical Measures will be reported today

Mental Health vs. Substance Use Disorder

- MH
  - ADD (6-12)
  - APP (1-17)
  - AMM (18+)
  - FUH (6+)
  - FUM (6+)
  - SAA (18+)
- SUD
  - HDO (18+)
  - UOP (18+)
  - POD (18+)
  - FUA (13+)
  - IET (13+)

Medication Utilization, Prescribing Practice

- ADD Practice
- APP Practice
- AMM Practice
- SAA Practice
- HDO Utilization
- UOP Utilization
- POD Utilization

Age
Child & Adolescent Only, Adult Only, Child and Adult

- Exclusive Child & Adolescent Measures
  - ADD (6-12)
  - APP (1-17)
- Exclusive Adult Measures
  - SAA (18+)
  - HDO (18+)
  - UOP (18+)
  - POD (18+)
  - AMM (18+)
- Child and Adult Measures
  - FUH (6+)
  - FUA (13+)
  - FUM (6+)
  - IET (13+)

Health Equity
Overarching Category Applied to All Metrics

Carelon disaggregates all HEDIS measures by;

- Age
- Sex
- Race
- Ethnicity
- Language
- Benefit group

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Measures Exclusively for Adults

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Inits.	Name	Importance	Measure	Rate	NAT	REG
HDO	Use of Opioids at High Dosage (Ages 18+)	When used appropriately provide effective pain relief but unhealthy use can lead to addiction, OUD, OD, and death	% of members ages 18+ who received prescription opioids at a *high dosage* (≥90mg morphine milligram equivalent) for ≥15 days	7.3%	Below Mean	Below Mean
UOP	Use of Opioids from Multiple Providers (Ages 18+)	Use of multiple prescribers and/or pharmacies increases risk of addiction	Three measures are included as described below			
UOP	4+ Prescribing Providers	Multiple prescribers increase risk of unhealthy use	% of members who use 4 or more prescribers	23.9%	Above Mean	Above Mean
UOP	4+ Pharmacies	Multiple pharmacies increase risk of unhealthy use	% of members who use 4 or more pharmacies	1.8%	Below Mean	Below Mean
UOP	Both 4+ Prescribers and 4+ Pharmacies	Multiple prescribers and pharmacies increase risk of unhealthy use	% of members with 4 or more prescribers & pharmacies	1.2%	Below Mean	Below Mean

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Inits.	Name	Importance	Measure	Rate	NAT	REG
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) (Ages – 18-64)	60% of individuals diagnosed with Schizophrenia may not take medications as prescribed (NCQA)	The percentage of members 18+ diagnosed with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period	64.7%	Above Mean	Below Mean
POD	Pharmacotherapy for Opioid Use Disorder (Ages 16+)	Strong evidence of effectiveness of MOUD but this is an underutilized treatment option	% new opioid use disorder (OUD) pharmacotherapy events for members with a diagnosis of OUD, age 16+, that have OUD pharmacotherapy for 180 days or more. 2 rates as per below	34.7%	Above Mean	Above Mean

Inits.	Name	Importance	Measure	Rate	NAT	REG
AMM	Antidepressant Medication Management (Ages 18+)	50% discontinue prematurely, adherence impacts effectiveness and is impacted by follow-up (NCQA)	% of members with a dx. of major depression, treated with an antidepressant and remained on the medication during the acute and/or continuation phase – 2 rates			
AMM	Acute Phase Treatment	Stopping early can lead to ineffective treatment	% remained on medication for at least 12 weeks	64.8 %	Above Mean	Above Mean
AMM	Continuation Phase Treatment	Continued adherence contributes to better outcome	% remained on medication for at least 6 months	47.5 %	Above Mean	Below Mean

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Measures that Include Adults, Adolescents, and Children

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Inits.	Name	Importance	Measure	Rate	NAT	REG
FUH	Follow-Up after Hospitalization for Mental Illness (Age 6+)	Prompt follow-up care after psychiatric hospitalization lowers risk for ED visits and hospital readmission	% of discharges for individuals over 6 years old with a primary diagnosis of mental illness receiving a follow-up visit appointment within a certain number of days since discharge – 2 rates			
FUH	7-Day Follow-up	7-Day follow-up is considered best practice	Follow-ups that occur within 7-days of discharge	47.9 %	Above Mean	Below Mean
FUH	30-Day Follow-up	30-Day follow-up is better than no or later follow-up	Follow-ups that occur within 30-fays of follow-up	67.9 %	Above Mean	Below Mean

Inits.	Name	Importance	Measure	Rate	NAT	REG
FUM	Follow-Up After Emergency Department Visit for Mental Illness (Ages 6+)	Receiving follow-up care after (ED) visits reduces risk of returning to the ED and inpatient admission	% of emergency department (ED) visits for members with a primary diagnosis of mental illness who follow-up within a certain number of days since discharge – 2 rates are computed			
FUM	7-Day Follow-up	7-Day follow-up is a best practice	% that followed up within 7-days of discharge	50.1%	Above Mean	Below Mean
FUM	30-Day Follow-up	30-Day follow-up is better than no or later follow-up	% that followed up within 30 days of discharge	64.2%	Above Mean	Below Mean

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Inits.	Name	Importance	Measure	Rate	NAT	REG
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Ages 13+)	High ED use for individuals with SUD may be related to issues with access and continuity of care. Timely follow-up is associated with reduced use of substances, the ED, hospital care, and bed days	% of emergency department (ED) visits for members with a primary diagnosis of SUD who follow-up with SUD care within a certain number of days since discharge – 2 rates are computed			
FUA	7-Day Follow-up	7-Day follow-up is a best practice	% that followed up within 7-days of discharge	17.3%	Above Mean	Below Mean
FUA	30-Day Follow-up	30-Day follow-up is better than no or later follow-up	% that followed up within 30 days of discharge	30.1%	Above Mean	Below Mean

Inits.	Name	Importance	Measure	Rate	NAT	REG
IET	Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (Ages 13+)	Rapid initiation and engagement in treatment after identification of AOD can help members avoid future drug-related illnesses and deaths, improving quality of life.	% of members with a new episode of alcohol and other drug (AOD) use or dependence who: - Initiated within 14 days - Engaged within 34 days			
IET	Initiation (13-17)		% that initiate SUD treatment through inpatient, outpatient, IOP, PHP, telehealth or medication treatment within 14 days of diagnosis	45.9%	Above Mean	Above Mean
IET	Initiation (18+)			41.0%	Below Mean	Below Mean
IET	Initiation Total (13+)			41.1%	Below Mean	Below Mean
IET	Engagement (13-17)		% of those that initiated treatment and who were engaged in ongoing SUD care within 34 days of the initiation visit.	26.7%	Above Mean	Above Mean
IET	Engagement (18+)			20.2%	Above Mean	Above Mean
IET	Engagement Total (13+)			20.4%	Above Mean	Above mean

Chapter

04

Health Equity Analysis

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Health Equity Analysis

- Analysis of evidence of health disparities in the behavioral health (BH) HEDIS rates

- Best Off Group Comparison and Visualization (Harper and Lynch – 2010[1])

- Health Disparity Definition – Any group with a rate that is 2 percentage points lower or higher (depending on the valence of the measure, for most measures higher is better) than the Best Off group is considered to be experiencing disparate care.

Harper, S., and J. Lynch. Methods for measuring cancer disparities: using data relevant to Healthy People 2010 cancer-related objectives. National Cancer Institute Cancer Surveillance Monograph Series, No. 6. No. 05-5777. USA: 2005. NIH Publication, 2010.

Health Equity Analysis

- Example – Initiation of Follow-up care for ADHD

Initiation Rate

	Asian	Black	Other Races	Unknown	White
	39.3%*	39.9%	40.0%*	41.2%	42.8%

ASIAN	BLACK	OTHER	UNKNOWN	WHITE
RED	RED	RED	GREEN	GREEN
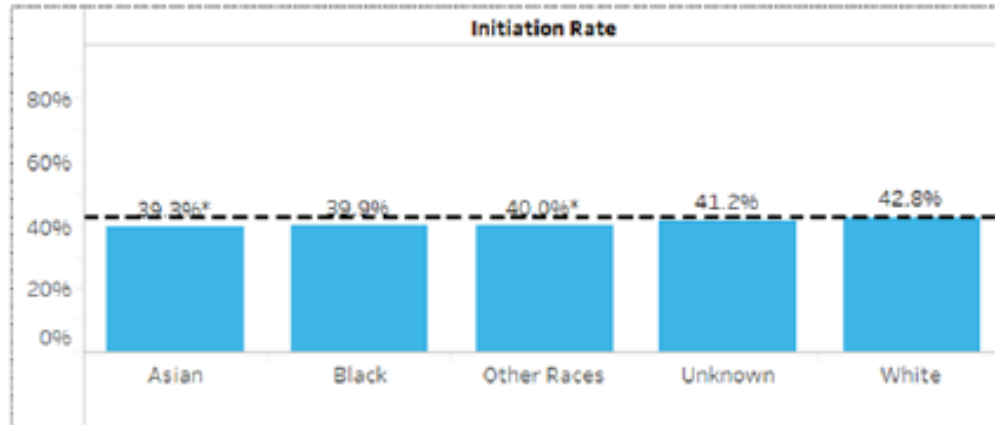
- The WHITE group has the highest rate at 42.8%

- The UNKNOWN group has a rate that is roughly comparable, less than 2 percentage points difference from the WHITE rate (41.2%)

- In each case, the rate for the ASIAN, BLACK, and OTHER groups is at least 2 percentage points lower than the Best Off group.

- When visualized, Green equals BEST OFF and RED reflects a possible health disparity

- Visualization of all measures across Sex, Race, and Ethnicity reveals some predictable but concerning observations as well as some surprises that are worthy of further thought and inquiry.

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INITS	MEASURE	FEMALE	MALE		ASIAN	BLACK	OTHER	UNKNOWN	WHITE		HISPANIC	NON-HISPANIC
ADD	Follow-up Care ADHD - Initiation	grey	grey		red*	red	red*	green	green		grey	grey
ADD	Follow-up Care ADHD - Continuation	grey	grey		green*	red	red*	red	red		green	red
APP	First Line Care for Child and Adolescents	green	red		red*	red	green*	red	red		grey	grey
HDO	Use of Opioids at High Dosage	green	red		red*	green	red*	green	green		green	red
UOP	Use of Opioids from Multiple Providers - Prescribers	grey	grey		green*	red	red*	red	green		grey	grey
UOP	Use of Opioids from Multiple Providers - Pharmacies	grey	grey		grey*	grey	grey*	grey	grey		grey	grey
UOP	Use of Opioids from Multiple Providers – Both Prescribers and Pharmacies	grey	grey		grey*	grey	grey*	grey	grey		grey	grey
SAA	Adherence to Antipsychotic Medications	green	red		green*	red	red*	red	green		grey	grey
POD	Pharmacotherapy for Opioid Use Disorder	grey	grey		red*	green	red*	green	green		green	red
AMM	Antidepressant Medication Mgt. - Acute	green	red		green*	red	green*	red	red		red	green
AMM	Antidepressant Medication Mgt. - Continuation	green	red		red*	red	green*	red	red		red	green
FUH	Follow-up After Hosp. for Mental Illness (7-Day)	green	red		red*	red	green*	red	red		red	green
FUH	Follow-up After Hosp. for Mental Illness (30-Day)	green	red		red*	green	green*	red	red		red	green
FUM	Follow-up after ED visit for Mental Illness (7-Day)	green	red		green*	red	red*	green	green		green	red
FUM	Follow-up after ED visit for Mental Illness (30-Day)	green	red		green*	red	green*	green	green		green	red
FUA	Follow-up after ED Visit for Alcohol and Drug (7-Day)	green	red		green*	red	red*	green	green		red	green
FUA	Follow-up after ED Visit for Alcohol and Drug (30-Day)	green	red		green*	red	green*	green	green		red	green
IET	Initiation for AOD (13-17)	green	red		green*	red	green*	green	red		green	red
IET	Initiation for AOD (18+)	red	green		red*	red	green*	red	red		red	green
IET	Initiation for AOD Total (13+)	grey	grey		red*	red	green*	red	red		red	green
IET	Engagement for AOD (13 - 17)	green	red		green*	red	green*	green	green		grey	grey
IET	Engagement for AOD (18+)	grey	grey		green*	red	green*	green	green		grey	grey
IET	Engagement for AOD Total (13+)	grey	grey		grey*	grey	grey*	grey	grey		grey	grey

RED = Disparity

Green = Best Off

Grey = No difference

* Indicates a small N size, and care should be taken in interpreting results

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Health Equity Analysis – Summary Observations

- The Black population has disparate outcomes across nearly every indicator reviewed. The only exception is regarding the prescribing of High Dosage Opioids. This underscores and reinforces the need to address disparate health outcomes and experience for this population.

- The Asian population shows a trend of being in the Best Off group in more than half the measures reviewed but they represent less than 3% of the total population and an even lower percentage end up in the measures due to lower utilization. Care must be taken in interpreting observations with low Ns.

- The rates for the Hispanic Population are mixed in comparison to the non-Hispanic Population. In six measures the Hispanic group has disparate rates, in seven they are the Best Off group, and in the remainder there is no difference between the Hispanic and Non-Hispanic Groups.

Health Equity Analysis – Summary Observations

- The consistency with which females have better rates on nearly every measure compared to males was somewhat surprising. Males are not typically seen as receiving disparate treatment and although the causes may be complex the clear message is that the service system is not adequately serving them.

- Those in the unknown category show a consistent pattern of disparate rates although interpretation is difficult since we have poor insight into the unknown group.

- In summary, those that identify as Black, as "unknown", and as male show the most consistent pattern of disparate rates.

- Further analyses will explore combinations of age, gender, race and ethnicity.

HEDIS Rate Performance Summary

- CT rates were above both the National and Regional Average on 8 of the reported 20 rates

- Of the 4 rates where CT was below the National and Regional average rate, all of them concerned SUD

- There were 8 rates where CT scored above the National average but below the Regional Average, most having to do with timely follow-up after hospital or emergency department care.

Thank You

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