

Meeting Summary for BHP Adult Quality, Access & Policy Committee Zoom Meeting

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Quick recap

The meeting focused on the New Year experiences and upcoming meetings, with a particular emphasis on addressing adult services and behavioral health issues. The team discussed the functionality of population profile dashboards, the prevalence of substance use disorders among Medicaid members, and the utilization of behavioral health services among HUSKY Health members. The meeting also highlighted the challenges of tracking healthcare service utilization, the need for follow-up care for patients with behavioral health issues, and efforts to connect individuals discharged from inpatient care with outpatient providers.

Next steps

Rob Haswell (DMHAS) to follow up with the chairs on how data from DDAP and Carelon systems can be overlaid to track outcomes for Medicaid patients.

Rob to work with Carelon colleagues and DMHAS data sources to compare housing status data for individuals in 3.7 withdrawal management over time.

Co-Chairs Sabrina Trocchi and Kelly Phenix to meet with state agency partners and Carelon to finalize the March meeting agenda, including topics on homelessness, and connecting homeless individuals to services before hospital discharge.

Carelon team to develop dashboards related to the 1115 waiver.

Carelon team to investigate possibility of collecting data on:

- a) Number of times clients are turned away when seeking services
- b) Average wait time between intake and first treatment session

Rob to gather information from providers on current practices for connecting residential program patients to housing services, including what's working and what's not.

Summary

Addressing Adult Services and Data

Sabrina Trocchi, the President and CEO of Wheeler, and Kelly Phenix, the Co-Chair, expressed concerns about adult services and the need to push the committee to address these issues. Kris Noam, the AVP of Analytics and Innovation at Carelon, presented on the adult husky health membership, sharing data from 2023.

Population Profile Dashboards Demo

Kris demonstrated the functionality of the population profile dashboards, which provide detailed demographic, behavioral health, and medical service utilization data for HUSKY Health members. The dashboards allow for filtering by various characteristics, enabling users to drill down into specific subpopulations. Kris also highlighted the ability to compare subpopulations to the total population. Kelly and Sabrina asked questions about the dashboards, with Kelly specifically inquiring about the substance use disorder data.

Substance Use Disorders and Medicaid Members

Sabrina and Kris discussed the prevalence of substance use disorders among 85,000 Medicaid members. Sabrina expressed difficulty in understanding the specific disorders the members were in treatment for and questioned the system's capacity to address these disorders. Kris clarified that the dashboard showed the specific diagnosis of the total

population, not just the 85,000 members. He also explained that the dashboard could filter down for members with a diagnosis and show the specific services they had, but not the specific substance use disorder treatment. Bonni Hopkins (Carelton) added that the diagnosis on the page was from any Medicaid claim during the calendar year. Sabrina's main question remained unanswered, about the system's responsiveness to the needs of the behavioral health populations. Kris offered to dive deeper into the filters to provide more detailed answers.

HUSKY Health Membership and Expenditures

Kris presented data on the total Husky Health membership, focusing on adults and those utilizing behavioral health services. The total HUSKY Health membership increased by 16,000 since 2022, with 63% identified as adults. The average annual expenditure per member was \$6,608. Among adults, there was a higher percentage utilizing behavioral health services, with an average annual expenditure twice as high as the total adult HUSKY Health population. The adult total expenditure for behavioral health claims was almost \$1.2 billion, accounting for 75% of the total behavioral health claims expenditures. The discussion also touched on the demographics of those utilizing behavioral health services, with higher percentages of English speakers, females, and members identifying as white. The meeting also highlighted the need for more services to address the behavioral health needs of the HUSKY Health population.

Addressing Homelessness and Tracking Outcomes

Kelly pointed out the significant number of people experiencing homelessness in the data, emphasizing the need for housing security. Sabrina and Rob discussed the connection between the 58/48 number and the providers involved in the 1115 waiver, with Rob confirming that all these individuals would have gone through these programs. Kelly suggested a way to track these individuals through the waiver. Kris explained that while the current dashboard does not include patient outcomes, they do have a program that looks at outcomes for members with substance use disorder, comparing inpatient utilization and opioid poisoning rates before and after discharge. Bonni agreed, mentioning the importance of standardized rates and readmission rates.

Healthcare Utilization and Reporting Challenges

In the meeting, Kelly and Bonni discussed the challenges of tracking the utilization of healthcare services, particularly the issue of 'one and done' patients who only attend one appointment. They suggested the need for a more comprehensive view of the sequence of care. Sabrina and Rob discussed the reporting of outcomes to state agencies and the potential for overlap between Medicaid and DDAP systems. Stephney Springer (DCF) suggested that providers could share their data to provide a clearer picture of the situation. Sabrina also raised the issue of capturing behavioral health services provided in primary care settings. Kelly asked about the inclusion of hospital ED data in the opioid poisoning rates, which Kris confirmed. Kris also mentioned the development of several dashboards related to the 1115 waiver. Neva Caldwell raised the issue of follow-up care for patients with behavioral health issues after hospital discharge, suggesting that assessments could be done during hospital stays to prevent readmissions.

Connecting Homeless Clients to Outpatient Care

Erika Sharillo (Carelton) discussed efforts to connect individuals discharged from inpatient care with outpatient providers, such as offering intensive care management or peer support specialists. However, system barriers often prevent timely follow-up appointments. Brenetta Henry raised concerns about connecting homeless individuals to services before discharge to ensure continuity of care. Sabrina commits to gathering more data on this issue. Rachel

Boucher suggested collecting data on how often clients are turned away when seeking services and the average wait time between intake and first treatment session. Kelly recommended examining providers connecting clients to housing after residential treatment. Rob plans to analyze data on individuals experiencing homelessness in withdrawal management and exiting treatment without stable housing.