Health Equity and Inequity in the Connecticut Medicaid Behavioral Health Service System:

A Roadmap for Improvement

CTBHP 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 found evidence of disparate utilization of behavioral health services across various levels of care when comparing racial and ethnic groups.***

Definitions

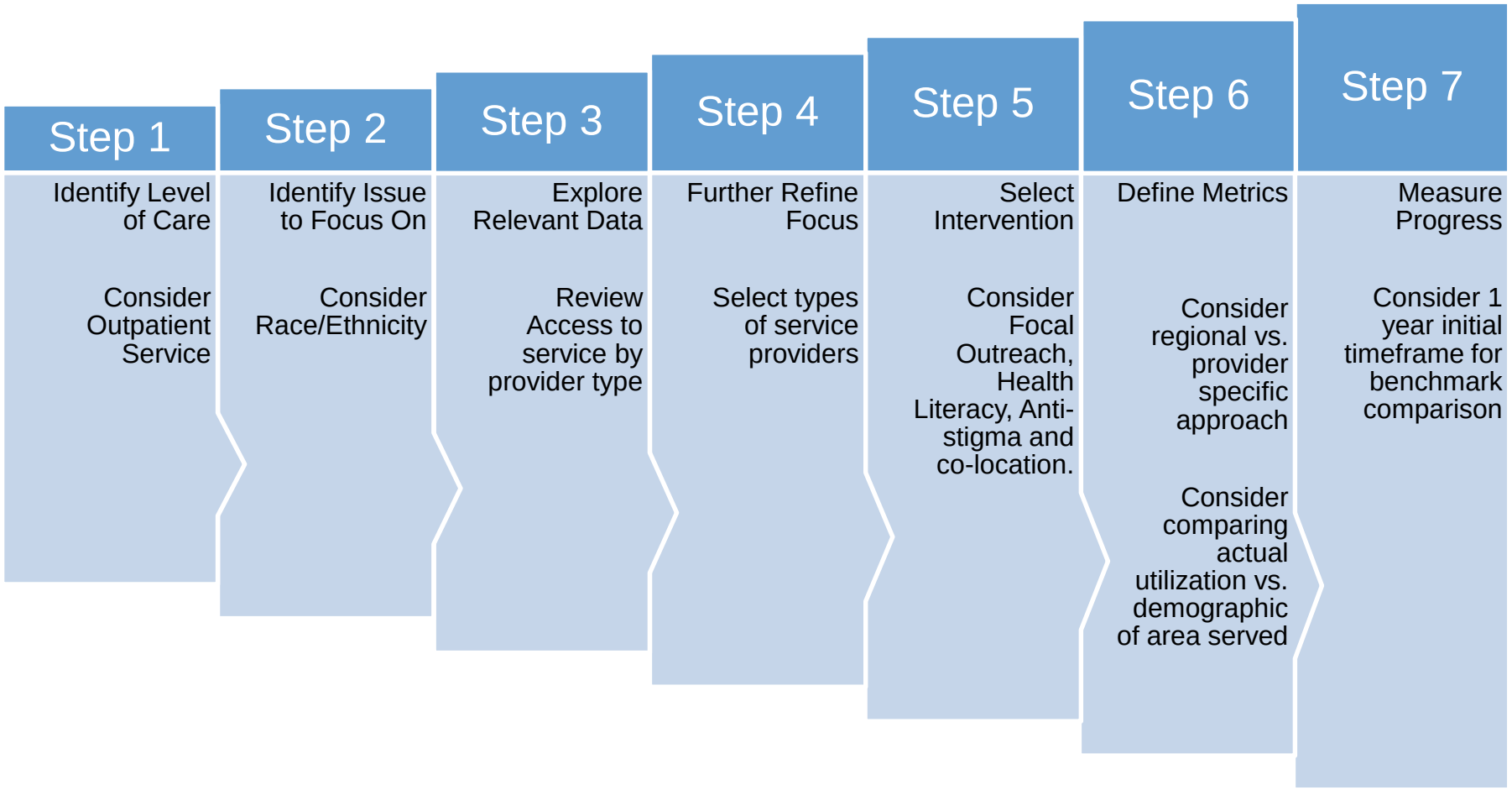
Health Equity is defined as the realization of systems and conditions that provide all people with the opportunity to achieve good health through equitable access, quality, and outcomes of health care.

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

General Considerations

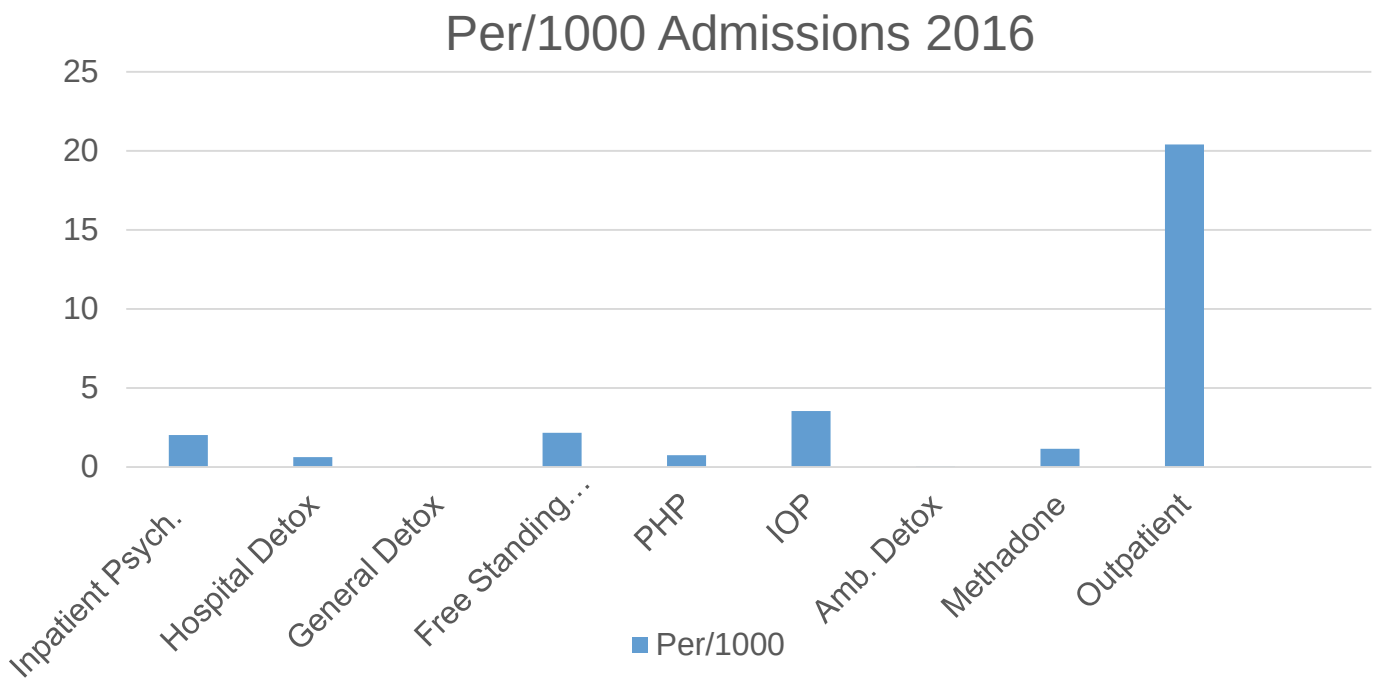
- ***Use the CTBHP Oversight Council, Executive Committee, and both Quality Access and Policy Committees to oversee the initiative***
- ***Engage and involve other stakeholders*** ***(CFAC, Advocates, other providers, etc.)***
- ***Conduct separate but linked projects for youth and adult populations***
- ***Commitments at multiple levels are required***

Roadmap as Staged Process



Step 1 – Rationale for Outpatient Services

- **Outpatient service is usually the first level of care accessed when an individual begins engagement with the behavioral health service system**
- **As shown below, more people access outpatient level of care than any other service type**
- **National and Connecticut Medicaid data demonstrates that there can be differential access to mental health services depending on demographic factors**



Step 2 – Rationale for Focus on Race/Ethnicity

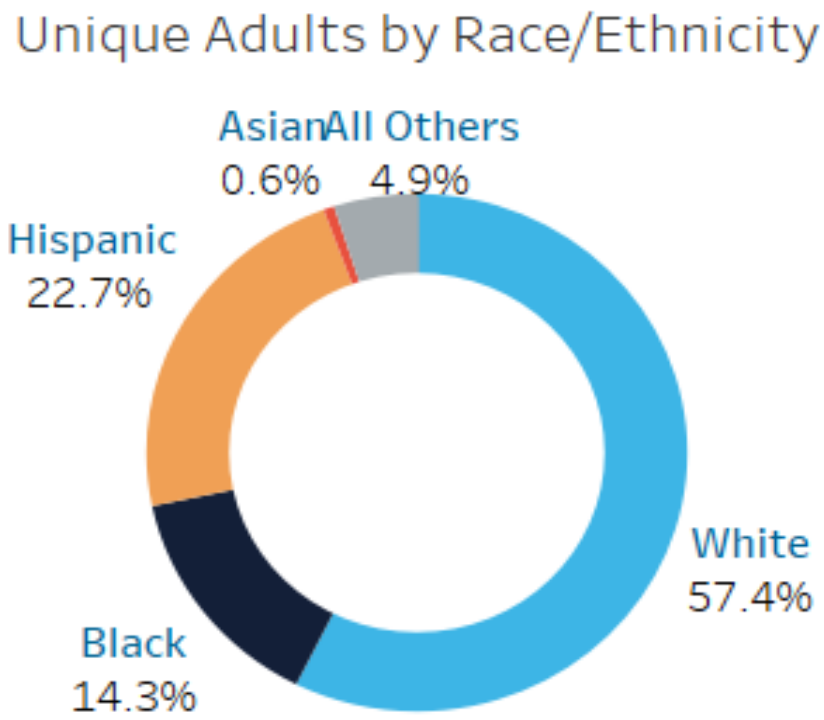
- **Both CT and National data show that racial and ethnic groups, particularly Blacks and Asians experience some of the most pronounced and significant disparities**

- **CT focus groups reported**
  - **Experiences of perceived discrimination**
  - **Awareness of unmet need in their communities**
  - **Identifiable obstacles to access**

Step 3 – Need for Data Exploration

- There are likely differences among outpatient providers in rates of access
- Our outpatient authorization data is sortable into the following categories; Enhanced Care Clinics (ECCs), Non-ECC Clinics, Group and Solo Practitioners
- We know a good deal about ECC access (right) but not as much about other subgroups of providers
- The network of outpatient providers in CT is vast and there will be a need to focus on areas were there is the greatest need and/or the greatest opportunity to make an impact

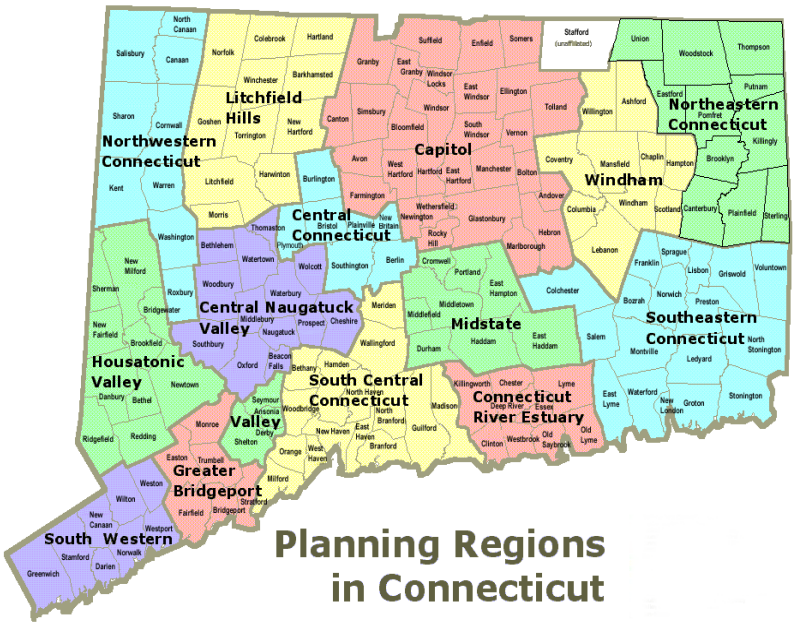
ECC Demographics – Calendar Year 2016



White	Black	Hispanic	Asian	Other Races
53.6%	16.5%	25.4%	2.9%	1.6%

Step 4 – Refine Focus – Select Provider Type

- **Use data to select a manageable cohort of participants**
- **Consider the following**
  - **Engage Stakeholders (CFAC, providers, advocacy organizations, etc.)**
  - **Optimal Size of Cohort?**
  - **Unit of Analysis (Region vs. Individual Provider?)**
  - **Where are disparities greatest?**
  - **Where are disparities most impactable?**
  - **Where is there the most buy-in?**
  - **What is most practical?**



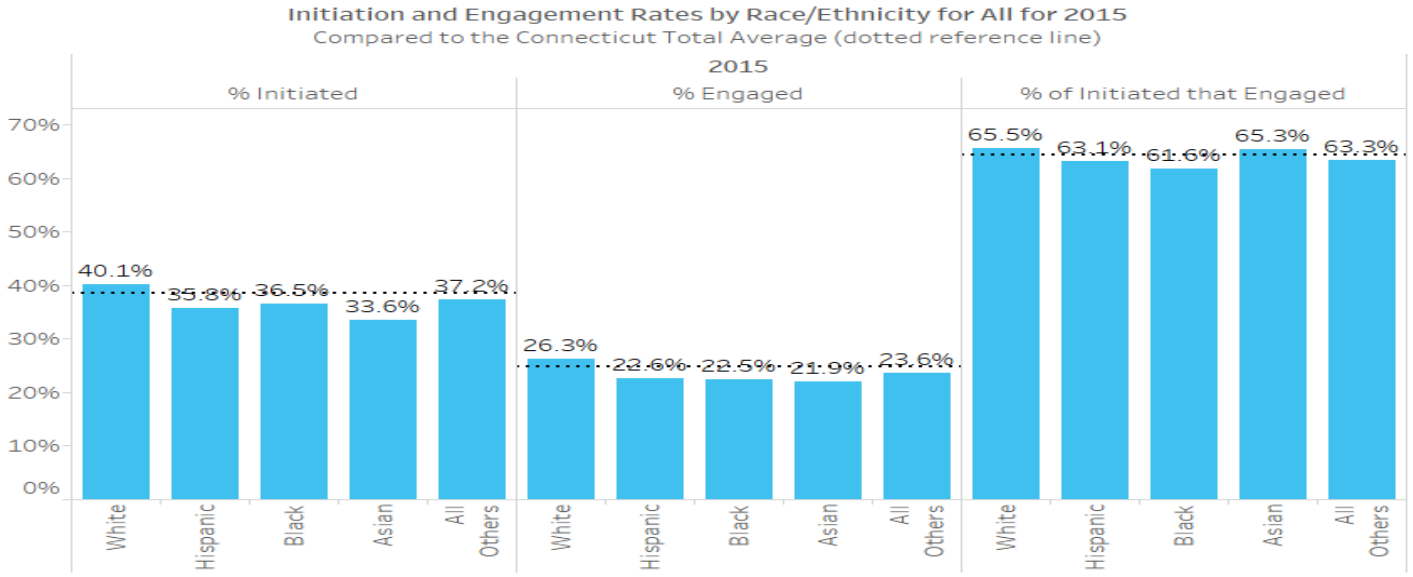
Map courtesy of the Northeastern Connecticut Council of Governments

Step 5 – Identify Intervention

- **Need to select one or more interventions to implement in an effort to reduce/eliminate disparate access**
- **National Literature, CT Focus Groups, and Key Informant Interviews include multiple suggestions:**
  - **Focused outreach to communities of color**
  - **Co-location of services in medical or "non-traditional" settings**
  - **Health Literacy Campaigns**
  - **Employment of indigenous community members**
  - **Removal of geographic, time-based, environmental, and other practical and structural obstacles to access**
  - **Other**

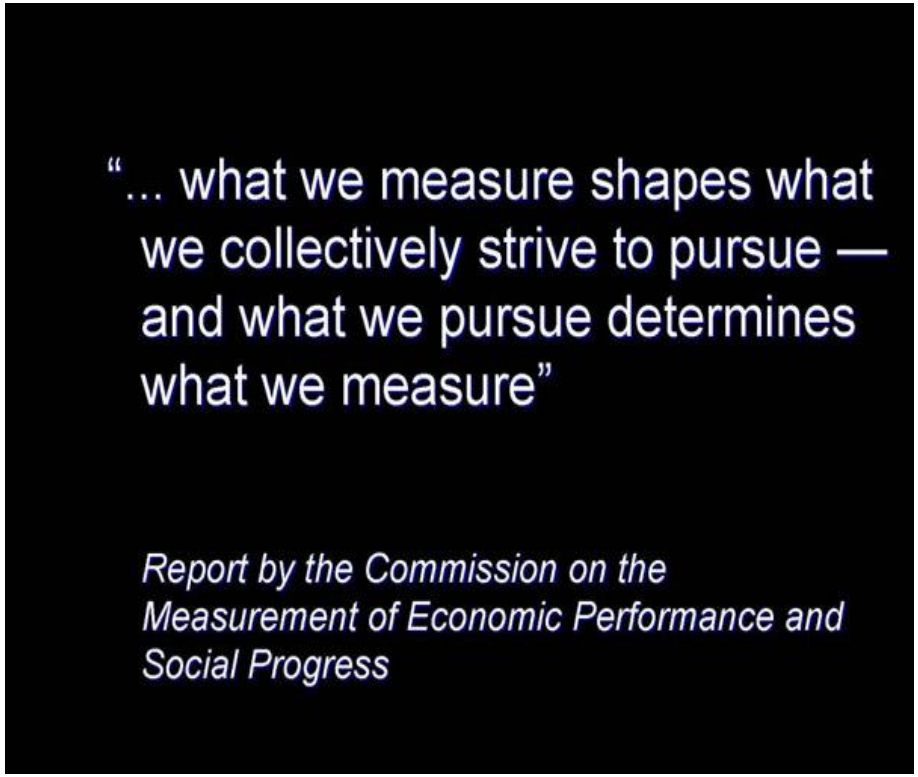
Step 6 – Define Metrics

- **Develop and review potential metrics considering the following;**
  - **Unit of Analysis (Provider, Region, State, Catchment Area, etc.)**
  - **Time Frame for Review**
  - **Accessibility of data**
  - **Source of Data (Authorizations vs. Claims vs. HER, etc.)**
  - **Uniform or individualized benchmarks, etc.**



% Initiated, % Engaged and % of Initiated that Engaged for each Demographic Selection broken down by Data Year Year. The data is filtered on Action (IET More info Icon) and Youth or Adults. The Action (IET More info Icon) filter keeps 1 member. The Youth or Adults filter keeps Adolescents and Adults. The view is filtered on Data Year Year, which keeps 2015.

Step 7 – Measure Progress



- ***Select timeframe for initial review***
- ***Assess progress and make adjustments based on feedback***
- ***Review results in QAPs and other committees as indicated***
- ***Determine next steps to bring to scale or shift focus***

Discussion

Next Steps?

Thank You