

Inpatient Detox: Alcohol Use Disorder

Behavioral Health Partnership Oversight Council


May 8, 2019

Chapter

01

Alcohol Use Disorder: National Context

Alcohol Use Disorder (AUD): National Context

- Prevalence:
 - US 12-month prevalence is 13.9%
 - Between 2001-02 & 2012-13, ~ 50%  in 12-month rates
- Impact:
 - > \$223.5 billion spent annually in US treating AUD and sequelae
 - High morbidity and mortality
 - Associated with motor vehicle accidents, poor academic performance, increased risk of suicide, increased criminal activity including intimate partner violence, increased risk for overdose death, and increased risk of HIV and other STDs
 - High rates of comorbidity with psychiatric disorders, leading to poorer outcomes

Alcohol Use Disorder: National Context

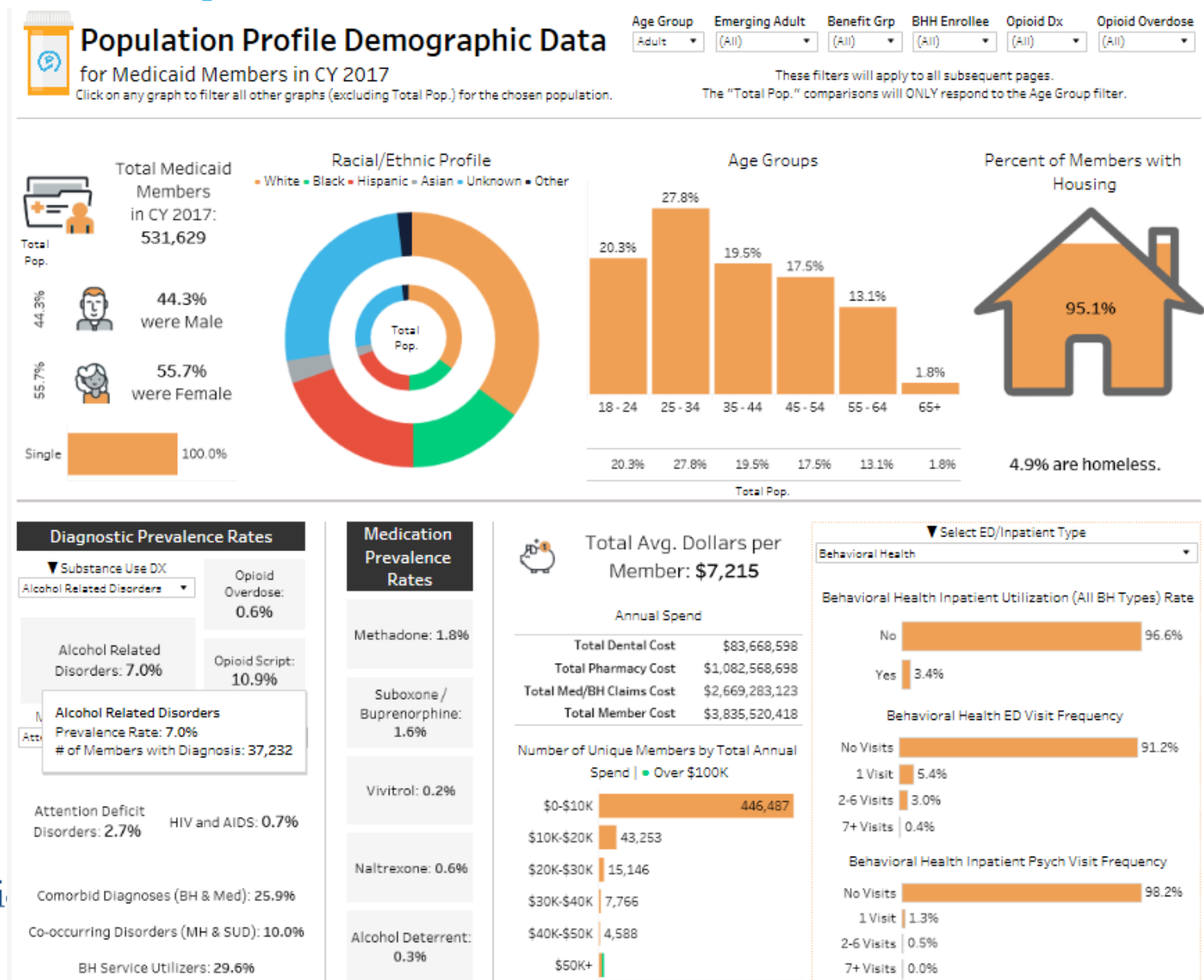
- FDA-approved medication available for AUD
- Pharmacotherapy for AUD associated with improved outcomes
- Despite high prevalence and costs:
 - < 1/10 with a 12-month AUD diagnosis receive any treatment and even fewer receive evidence-based treatment
 - In 2006, 674,000 prescriptions for FDA-approved Rx were written (Mark et al. 2009) vs. an estimated 11 million individuals with AUD (Hasin et al. 2007)

Chapter

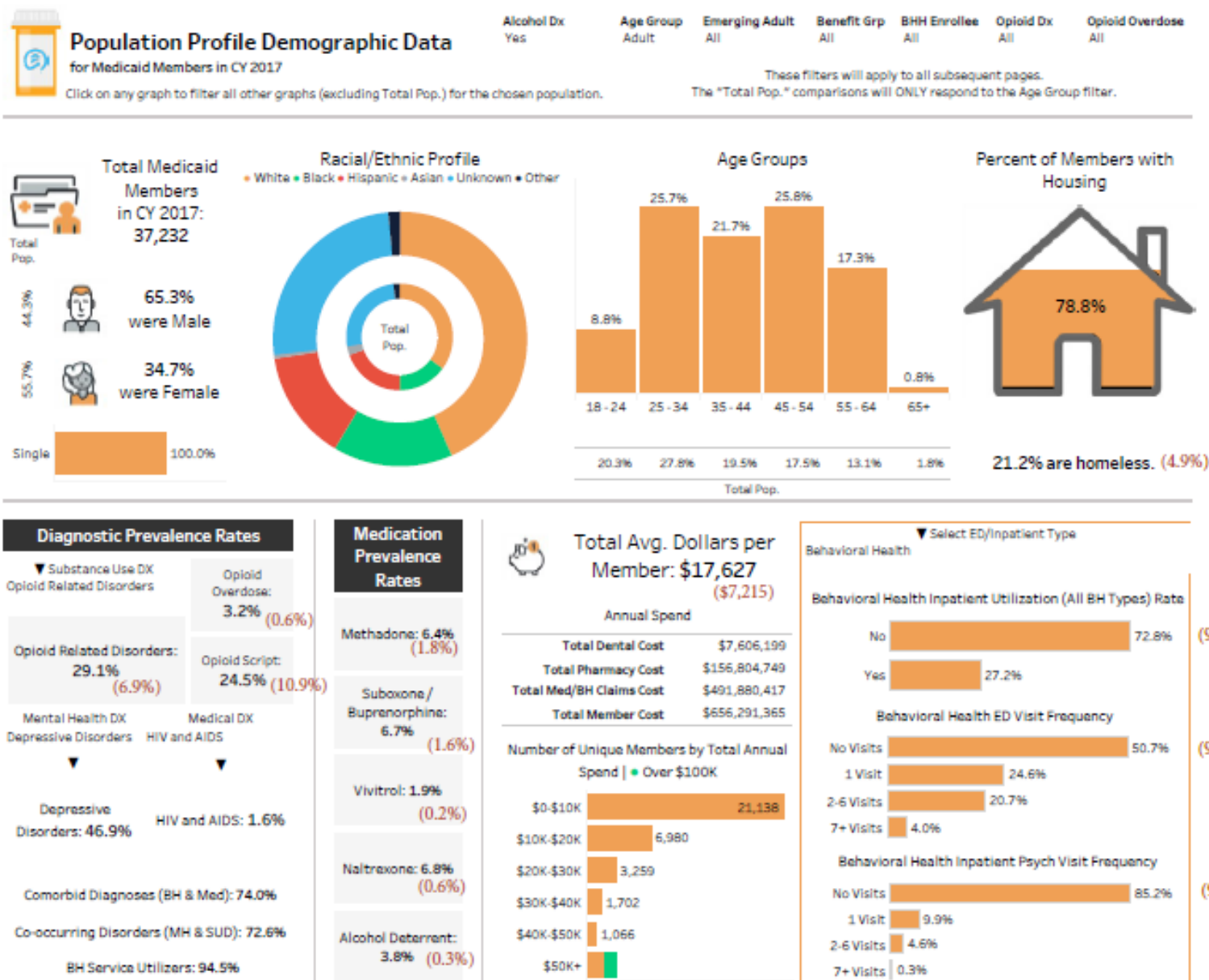
02

Connecticut Context: Medicaid Population Profile

Medicaid Population Profile: Total Membership



Medicaid Population: Adults with AUD (All Adults)



Chapter

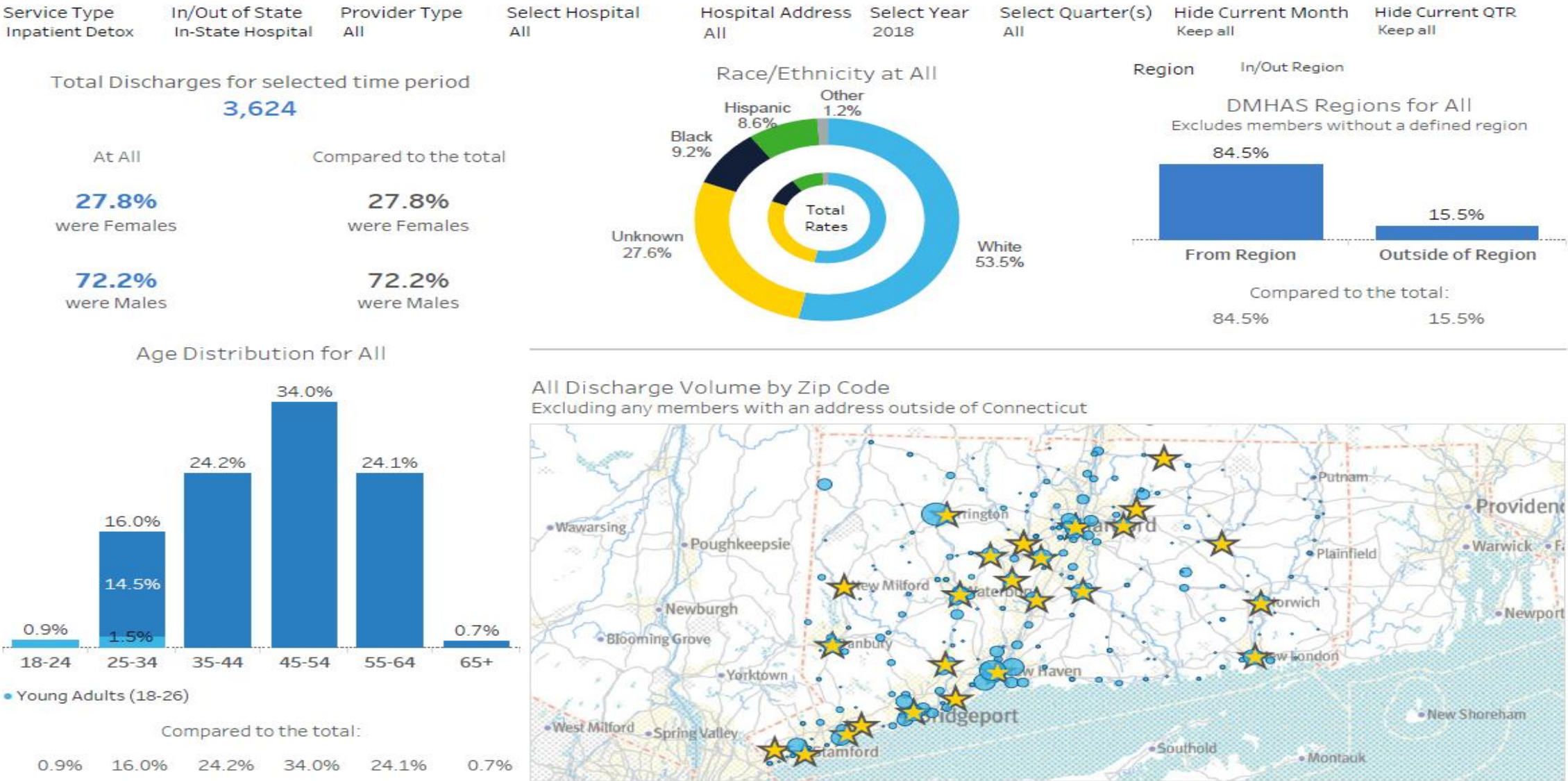
03

Inpatient Hospital Detox (ASAM 4.0)

Methodology

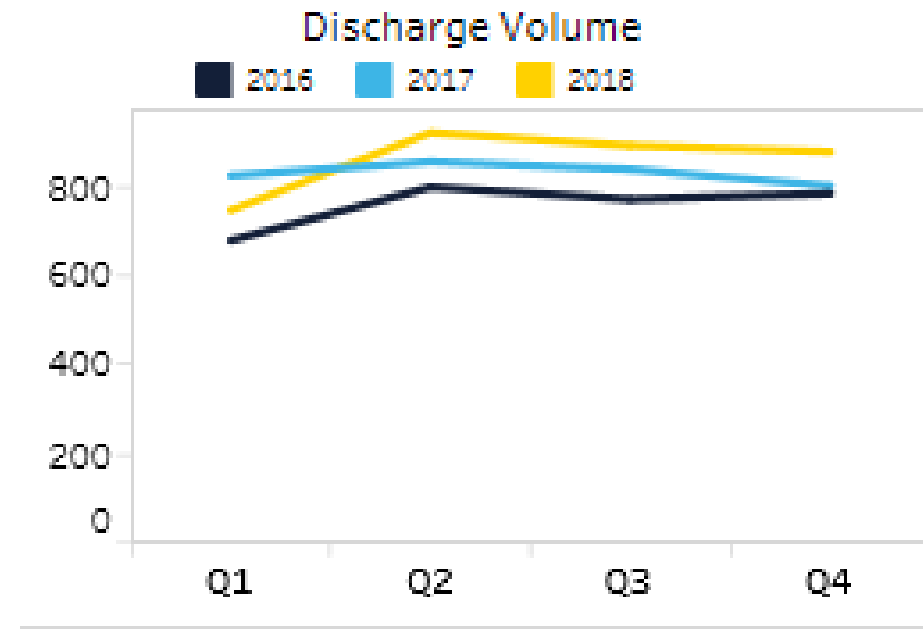
- Data is based on authorizations and claims for Medicaid Adults (18+)
- For Inpatient Hospital detox only:
 - Beginning in 2014, Beacon began authorizing inpatient hospital detox for Medicaid adults
 - One exception: direct admission to the ICU are authorized by CHN and therefore are not included in the data

Inpatient Hospital Detox: CY 2018 Demographics



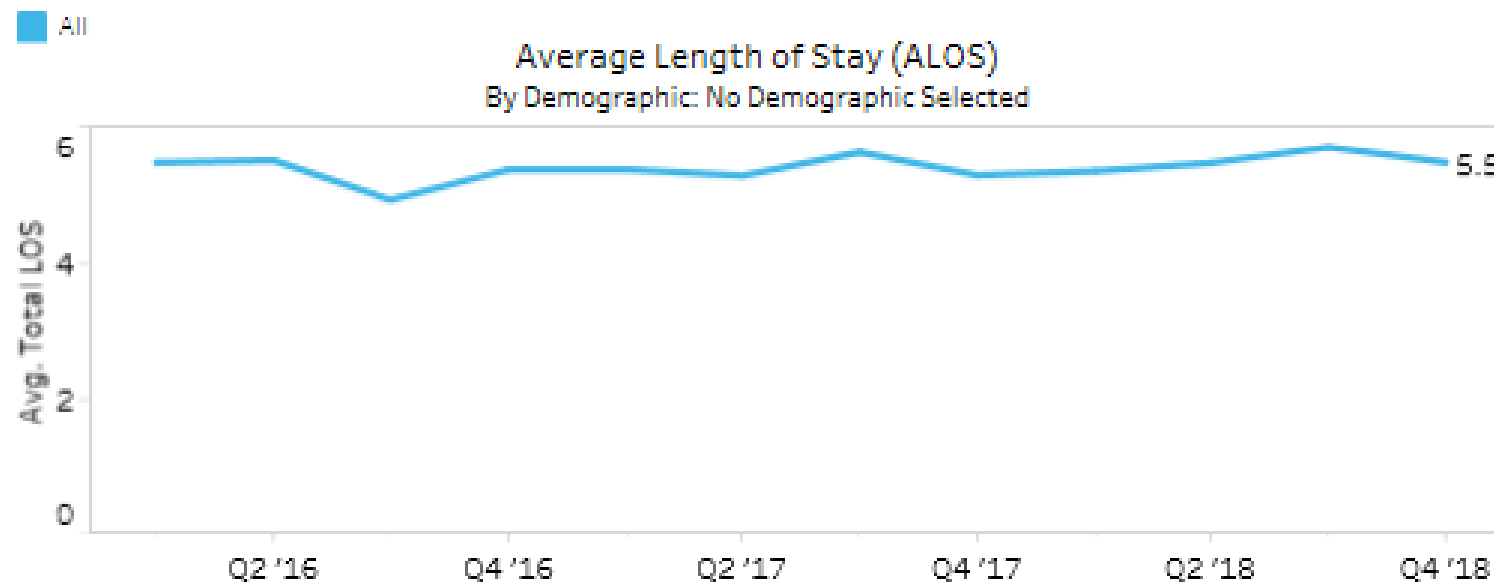
Volume of Inpatient Hospital Detox Discharges: AUD

- Approximately 95% of IP hospital detox discharges are alcohol related
- Both the volume of discharges and unique members served for AUD have increased over the past three years
 - 2016: 3,027 discharges; 1,759 unique members
 - 2017: 3,314 discharges; 1,912 unique members
 - 2018: 3,431 discharges; 2,009 unique members



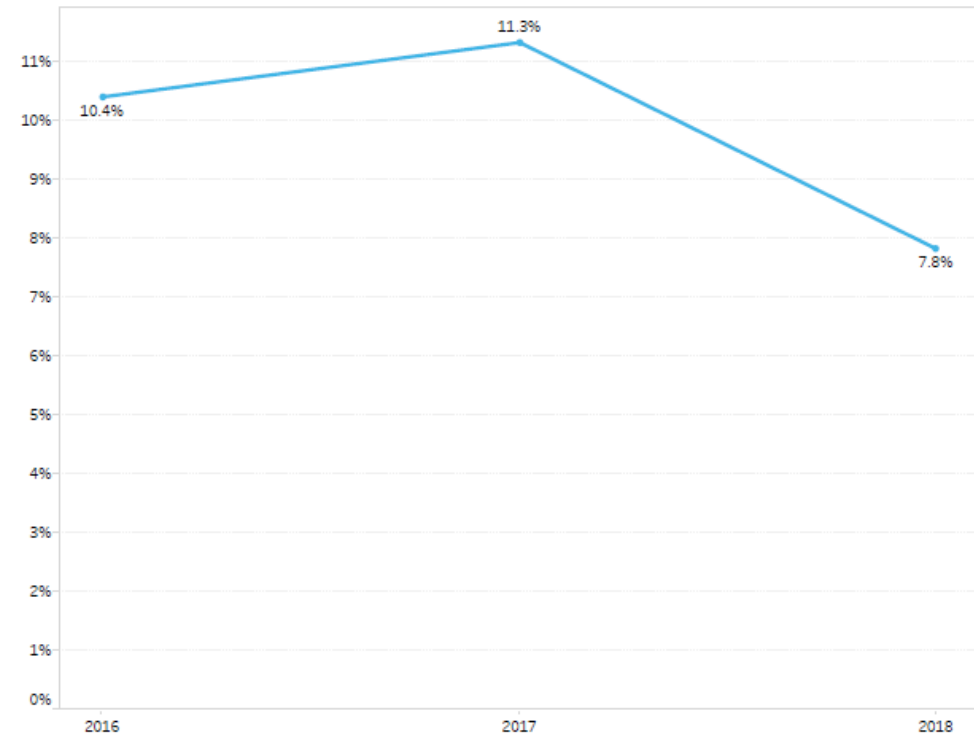
Average Length of Stay: Alcohol Use Disorder

- The Average Length of Stay (ALOS) for AUD has been relatively stable around 5.5 days
- Increases in length of stay are usually related to medical conditions requiring additional inpatient days



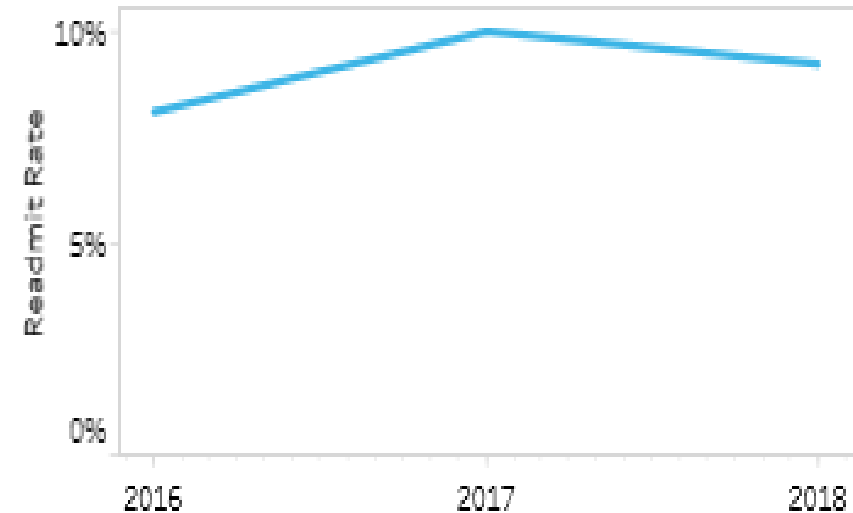
% of Members Leaving Against Medical Advice: AUD

- AMA is measured based on provider report using the Beacon inpatient discharge form
- For inpatient hospital detox, approximately 40% of discharge forms are submitted
- Discharges without a discharge form are excluded from the measure

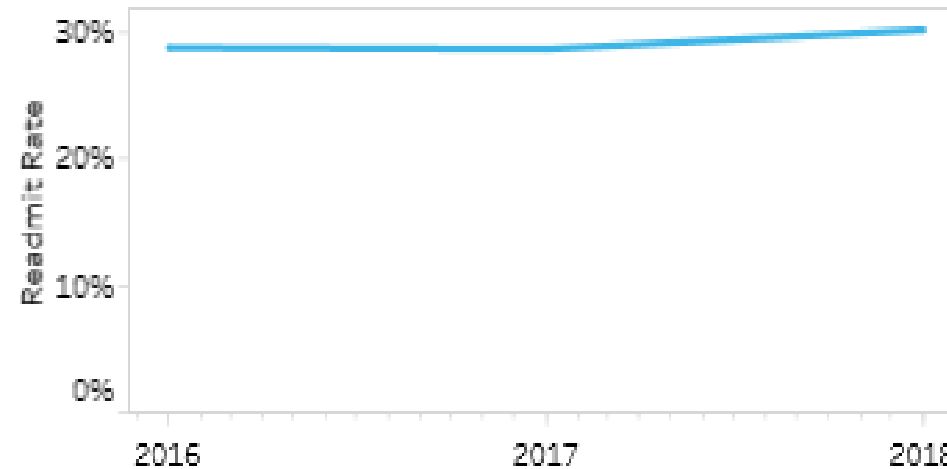


7 Day Readmission Rates: Alcohol Use Disorder

- From CY 2017 to CY 2018, the 7-day readmission rate decreased slightly from 10% to 9.2%
- Provider specific rates vary from 1.6% to 18.8%
- In CY 2018, approximately 47% of readmissions within 7 days were to a different provider
- Readmissions by service class:
 - 87% readmitted to Inpatient Detox
 - 13% readmitted to Inpatient Psych



30 Day Readmission Rates: Alcohol Use Disorder



- The 30 day readmission rate increased slightly from 28.5% in 2017 to 30.1% in 2018
- In CY 2018, provider rates varied from 12.5% to 40.5%
- Consistent with overall utilization, the majority of members who readmit are white (56.4%), male (74.9%), and between the ages of 45-64 years (58.6%)

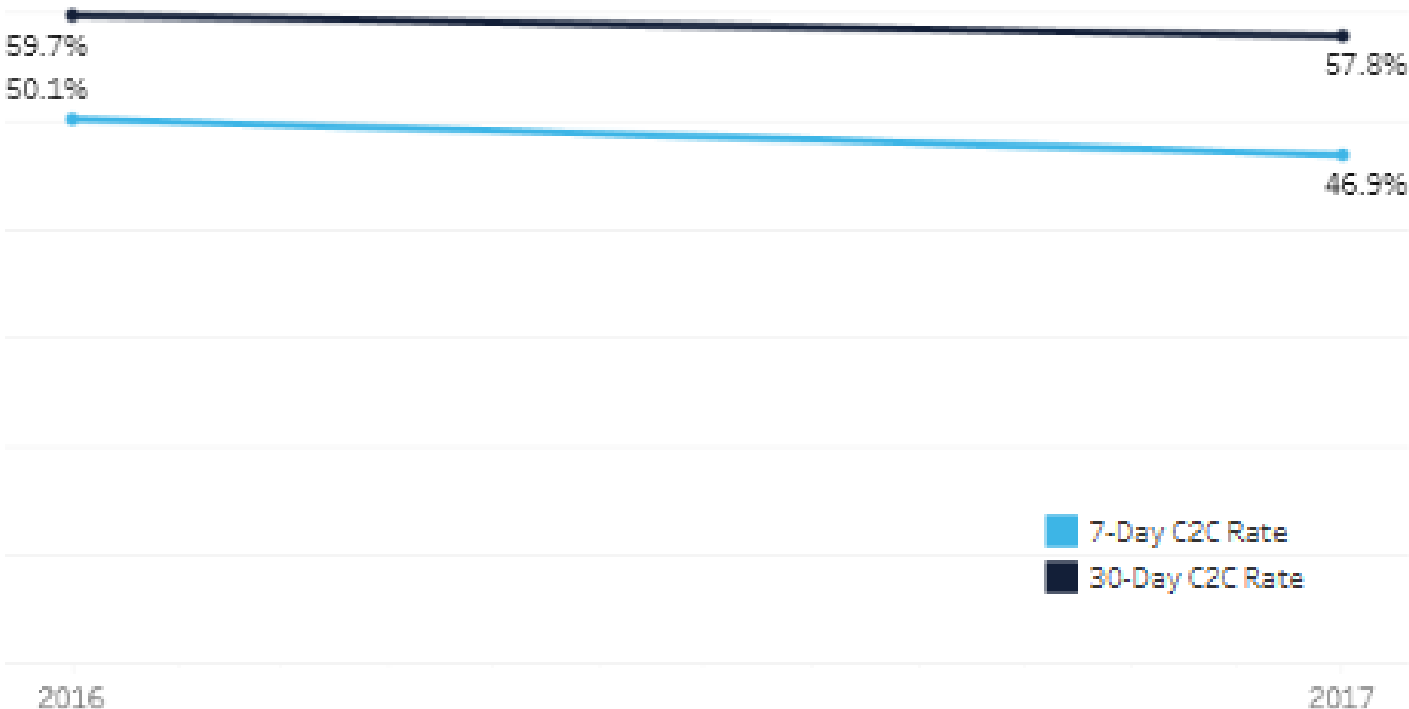
Connect to Care Post Detox: Measure Methodology

- Data Source: Medicaid claims and DMHAS data
- Must have continuous eligibility for 30 days post discharge
- Dually eligible (Medicare and Medicaid) are excluded
- Members transferred to another 24/7 day setting are excluded (e.g., SNF)
- Members who were readmitted within 7 or 30 days are excluded
- Services that count as a C2C visit include outpatient visits with a BH provider, IOP, Partial Hospital, Home-based services and a DMHAS encounter data-based admission to a Residential Treatment setting

Connection to Care Post Discharge

7 & 30-Day C2C Rates for IPDH Discharges
2016 & 2017

	2016	2017
Discharges	1,945	1,718
7-Day C2C Count	975	805
7-Day C2C Rate	50.1%	46.9%
30-Day C2C Count	1,161	993
30-Day C2C Rate	59.7%	57.8%



Medication Assisted Treatment for Alcohol Use Disorders

- Medication Assisted Treatment (MAT) is an evidence-based treatment for alcohol use disorders
- FDA Approved for AUD:
 - **Naltrexone** (oral form (previously branded as Revia®) and extended-release injection (Brand name Vivitrol®))
 - **Acamprosate** (Previously branded as Campral®)
 - **Disulfiram** (Brand name Antabuse®)

Prescriptions Filled Post Inpatient Hospital Detox: CY 2018

Discharges with a Primary Alcohol Diagnosis that Filled a Prescription for
Naltrexone or an Alcohol Deterrent

	Discharges	Alcohol Deterrent 7 Days	Alcohol Deterrent 30 Days	Naltrexone 30 Days	Naltrexone/Alcohol Deterrent 30 Days
In State Hospital	3,287	3%	6%	9%	14%

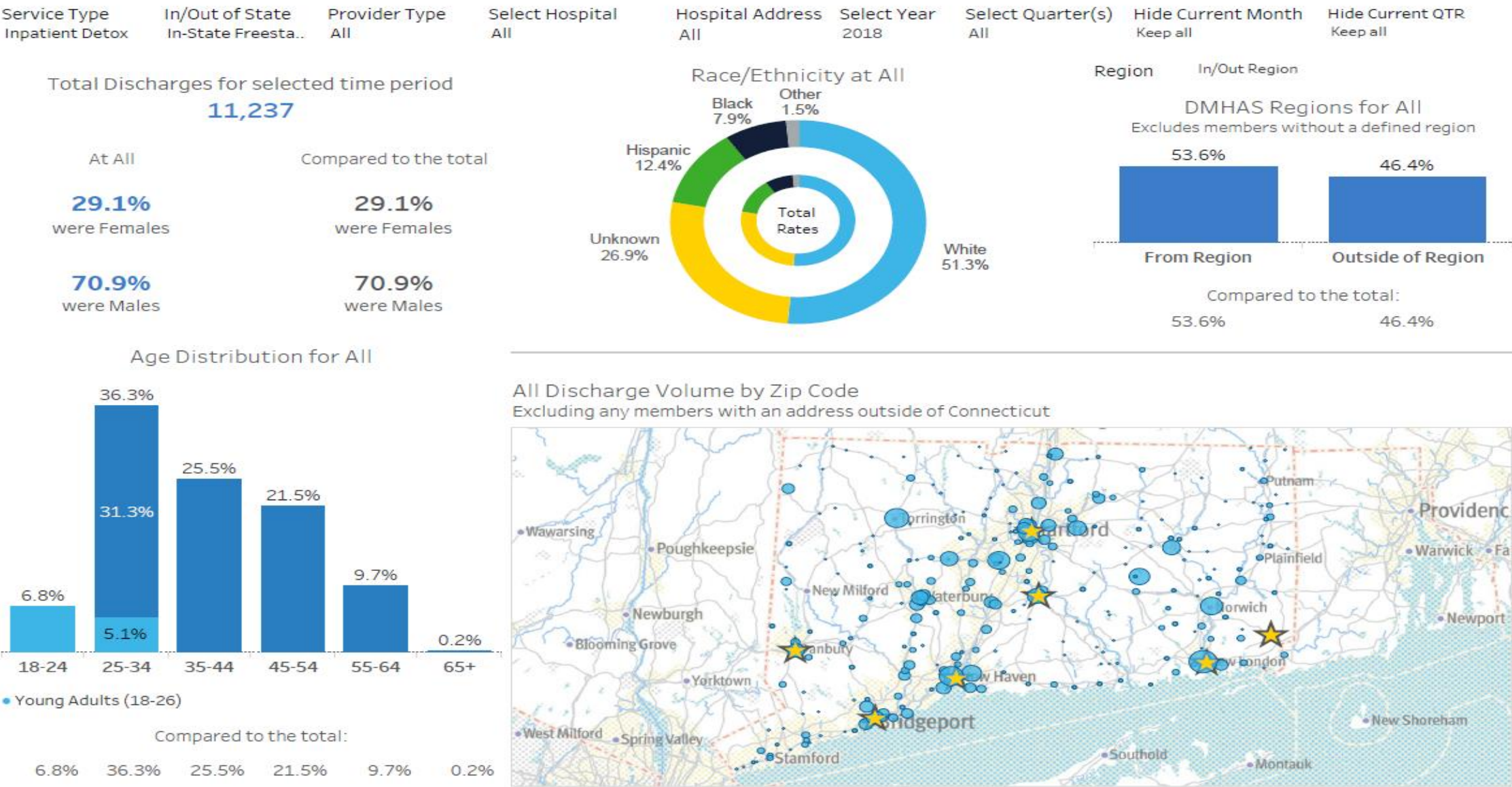
- Provider specific rates for discharges with a prescription filled for naltrexone within 30 days ranged from 1% to 32%
- For an alcohol deterrent and/or naltrexone within 30 days ranged from 6% to 40%

Chapter

04

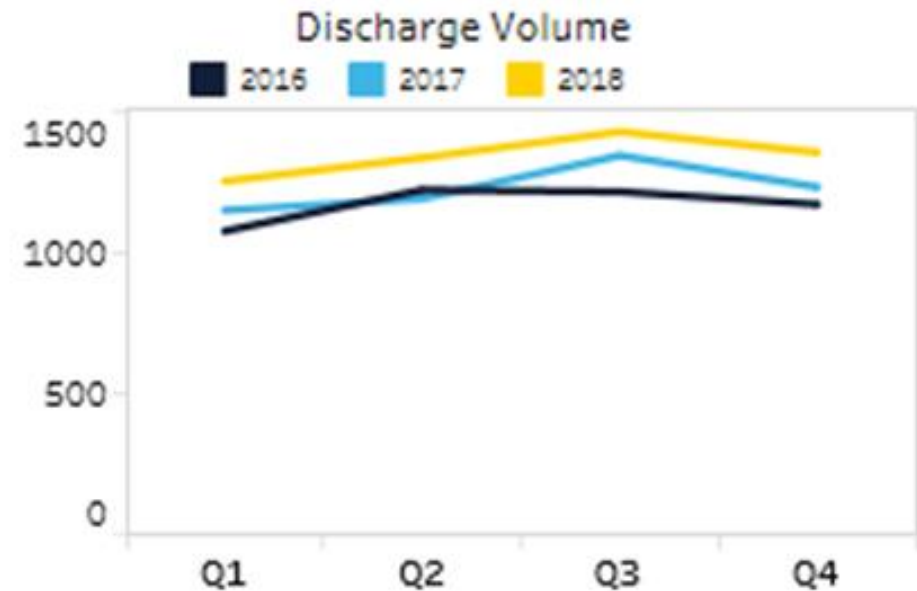
Inpatient Freestanding Detox (ASAM 3.7)

Inpatient Freestanding Detox: CY 2018 Demographics



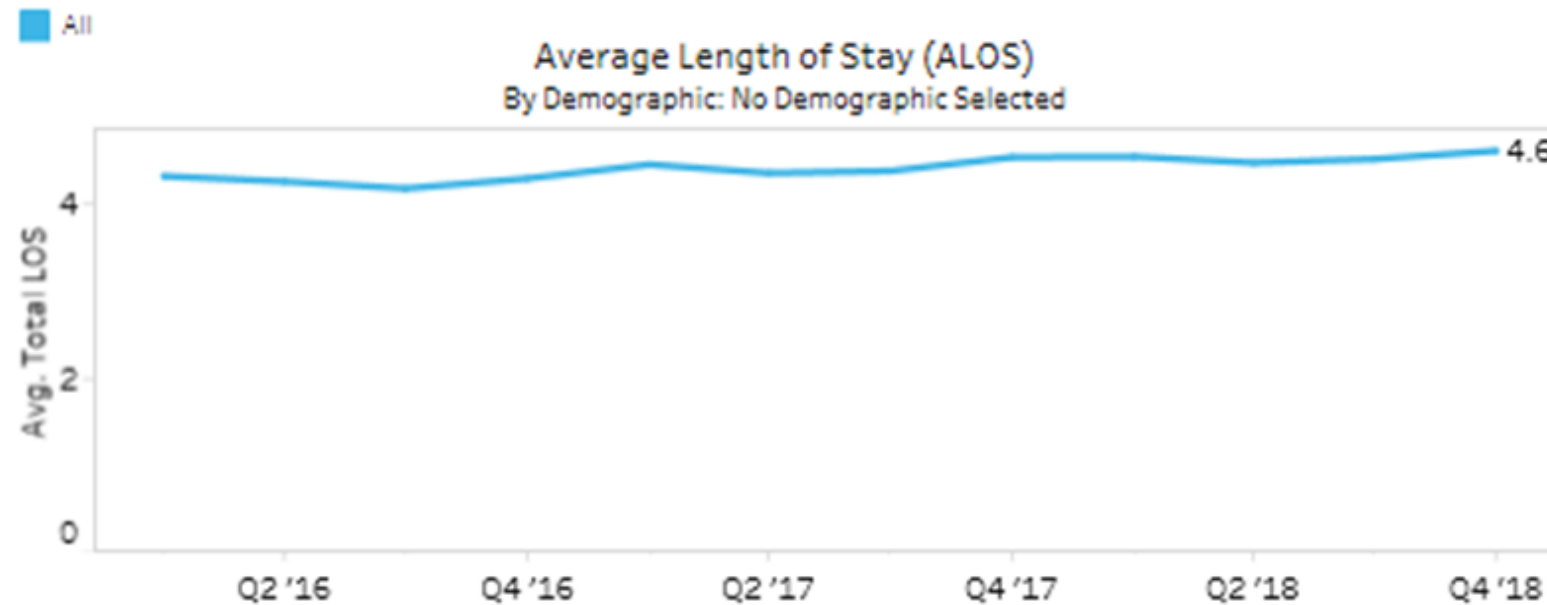
Volume of Inpatient Freestanding Detox Discharges with a Primary Alcohol Use Disorder

- Approximately 50% of freestanding detox discharges have a primary diagnosis of AUD
- The volume of alcohol related freestanding detox discharges has increased over the past three years
 - 2016: 4,677 discharges; 3,139 unique members
 - 2017: 4,909 discharges; 3,159 unique members
 - 2018: 5,364 discharges; 3,421 unique members



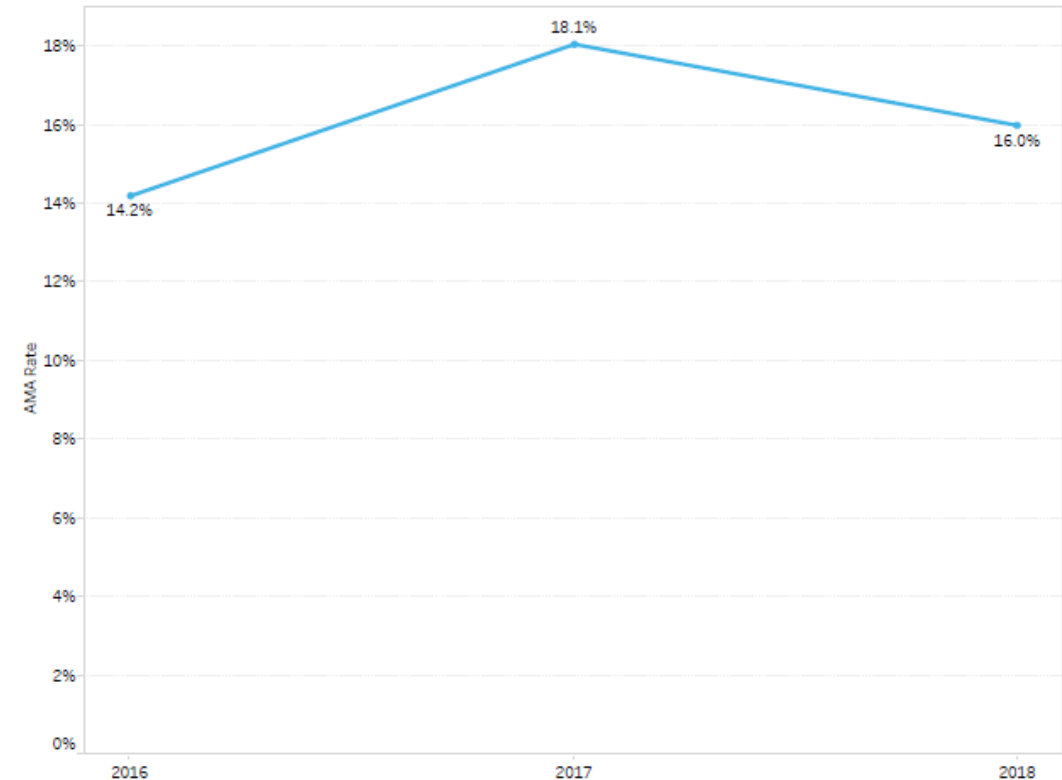
Average Length of Stay: Alcohol Use Disorder

- The Average Length of Stay (ALOS) for alcohol related freestanding detox has been relatively stable around 4.5 days

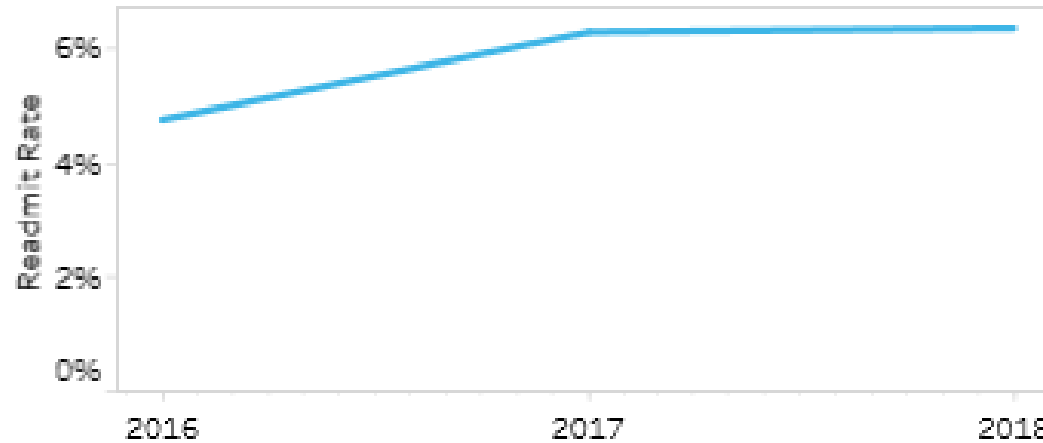


% of Members Leaving Against Medical Advice: AUD

- AMA is measured based on provider report using the inpatient discharge form
- For freestanding detox, approximately 95% of discharge forms are submitted
- Discharges without a discharge form are excluded from the measure



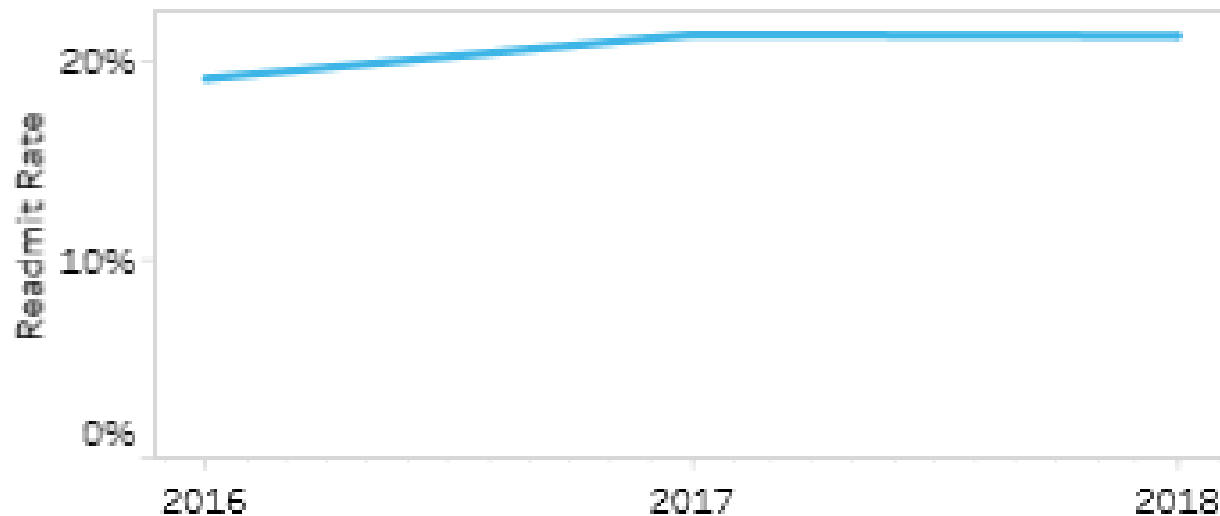
7 Day Readmission Rates: Alcohol Use Disorder



- In CY 2018, provider specific 7 day readmissions rates varied from 3.2% to 8.9%
- Approximately 75.8% of readmissions within 7 days were to a different provider
- Readmissions by service class:
 - 85.5% readmitted to Inpatient Detox
 - 14.5% readmitted to Inpatient Psych

30 Day Readmissions: Alcohol Use Disorder

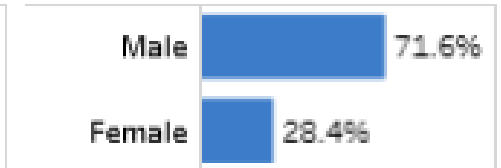
- 30-day readmission rates remained stable from CY 2017 to CY 2018



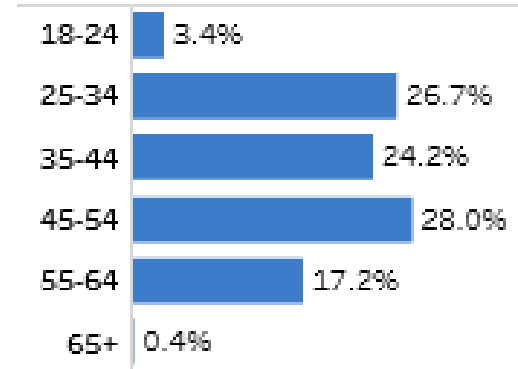
Readmits by Service Class



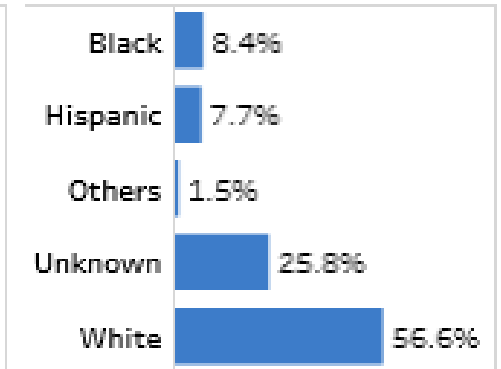
Readmits by Gender



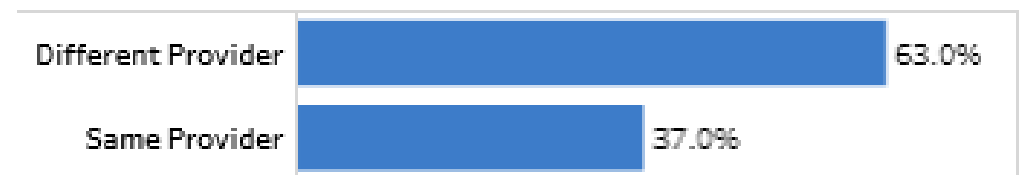
Readmits by Age Group



Readmits by Race/Ethnicity



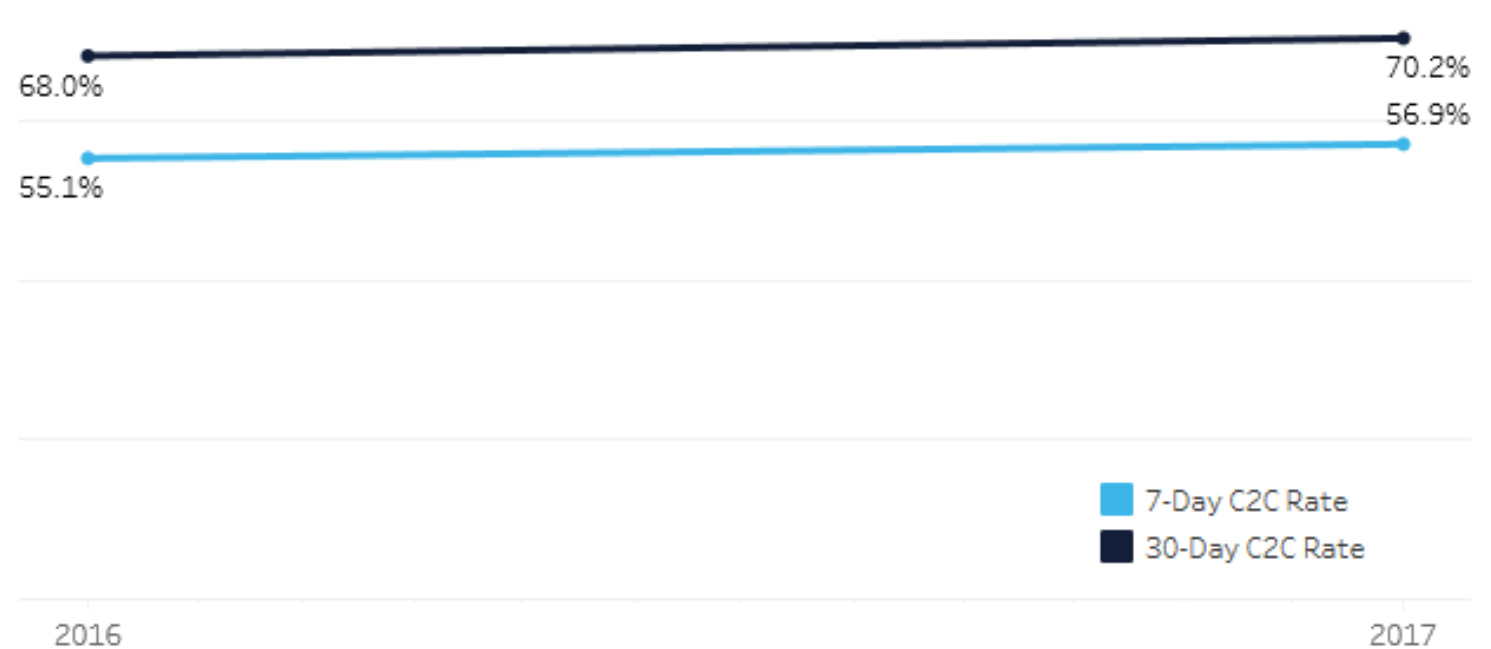
Readmits to Same or Different Provider



Connect to Care Post Freestanding Discharge

7 & 30-Day C2C Rates for IPDF Discharges with a Primary Diagnosis of Alcohol-Related Disorders
2016 & 2017

	2016	2017
Discharges	3,317	3,363
7-Day C2C Count	1,829	1,914
7-Day C2C Rate	55.1%	56.9%
30-Day C2C Count	2,255	2,361
30-Day C2C Rate	68.0%	70.2%



Prescriptions Filled Post Inpatient Freestanding Detox: CY 2018

Discharges with a Primary Alcohol Diagnosis that Filled a Prescription for Naltrexone or an Alcohol Deterrent

	Discharges	Alcohol Deterrent 7 Days	Alcohol Deterrent 30 Days	Naltrexone 30 Days	Naltrexone/Alcohol Deterrent 30 Days
In State Freestanding	5,298	2%	6%	11%	15%

- Provider specific rates for discharges with a prescription filled for naltrexone within 30 days ranged from 6% to 21%
- For an alcohol deterrent and/or naltrexone within 30 days ranged from 9% to 28%

Detox Considerations

- Obtain ROI from member to get information on tx history from Beacon
- Improve completion of Beacon discharge form to improve accuracy of data and allow for Beacon to conduct post discharge phone calls (hospital detox)
- Develop processes to address AMA
- Enhance discharge planning and improve connect to care in an attempt to reduce re-admissions
- Increase use of evidence based practices such as MAT
- Utilize Beacon's MAT Map to locate providers who prescribe Vivitrol

Chapter

05

Additional Opportunity: Inpatient Psychiatric Hospitalization

Alcohol Use Disorders Among Members Discharged from Inpatient Psych

- Approximately 42% of all Medicaid adults discharged from IPF in 2017 were diagnosed with an alcohol use disorder at some point during that year, compared to 7% of total Medicaid population
- Only 16.3% of discharges had an alcohol use disorder on the inpatient psychiatric authorization
- Statewide IPF Prescription Fill Rates Post Discharge (Jan-Nov 2018)
 - Naltrexone: 4%
 - Alcohol Deterrent: 2%
- Potential opportunities for improvement include better screening, use of MAT, and referral to treatment

Questions?

Thank You

Contact Us



www.beaconhealthoptions.com
www.ctbhp.com