

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

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Beacon is Rebranding as Carelon Behavioral Health

- The name of our parent company changed from Anthem, Inc. to Elevance Health on June 28, 2022.
- Elevance Health's Three Brands:
 - *Anthem Blue Cross and Anthem Blue Cross and Blue Shield*
 - *WellPoint*
 - *Carelon*
 - *Carelon Digital Platforms*
 - *CarelonRx*
 - *Carelon Global Solutions*
 - *Carelon Research*
 - *Carelon Insights*
 - *Carelon Behavioral Health*
- Beacon Health Options is rebranding to Carelon Behavioral Health on March 1, 2023.
 - This change will not cause any disruptions in service.
 - Email addresses will change on March 1st to reflect "carelon.com".
 - All previous email addresses and websites will redirect to the new ones with no new registration required.
 - There are no changes to telephone numbers.
 - There will be no organizational shifts due to our brand migration to Carelon Behavioral Health.

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 and 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 11 measures are shown in the slides that follow:

1. Antidepressant Medication Management (AMM)
2. Follow-Up Care for Children Prescribed ADHD Medication (ADD)
3. Follow-Up after Hospitalization for Mental Illness (FUH)
4. Follow-Up after Emergency Department Visit for Alcohol & Other Drug Abuse or Dependence (FUA)
5. Follow-Up after Emergency Department Visit for Mental Illness (FUM)
6. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
7. Use of Opioids at High Dosage (HDO)
8. Use of Opioids from Multiple Providers (UOP)
9. Pharmacotherapy for Opioid Use Disorder (POD)
10. Initiation & Engagement of Alcohol & Other Drug/Abuse/Dependence Treatment (IET)
11. Use of First-Line Psychosocial Care on Antipsychotics (APP)

Performance Overview

Measure Name	Measure Subset	Measure Age Group	2019	2020	2021	2019	2020	2021	2019	2020	2021
Antidepressant Medication Management (AMM)	Effective Acute Phase Treatment	Total (18+)	58.5%	61.2%	64.8%	↑	↑	↑	●	●	●
	Effective Continuation Phase Treatment	Total (18+)	41.9%	45.0%	47.5%	↑	↑	↑	●	●	●
Follow-up for Children Prescribed ADHD Medication (ADD)	Initiation	6-12	42.4%	43.0%	41.6%	↓	◆	↓	●	●	●
	Continuation	6-12	49.9%	50.7%	49.4%	↓	↑	↓	●	●	●
Follow-Up After Hospitalization for Mental Illness (FUH)	7-Day	Total (6+)	48.7%	47.6%	47.9%	↑	↓	◆	●	●	●
	30-Day	Total (6+)	69.3%	67.1%	67.9%	↑	↓	↑	●	●	●
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	7-Day	Total	18.8%	17.3%	17.3%	*	↓	◆	●	●	●
	30-Day	Total	32.6%	30.0%	30.1%	*	↓	◆	●	●	●
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	7-Day	Total (6+)			50.1%	*	*	*			●
	30-Day	Total (6+)			64.2%	*	*	*			●
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	Total Rate	Total (18-64)	64.1%	67.3%	64.7%	◆	↑	↓	●	●	●
Use of Opioids at High Dosage (HDO)	Total Rate	Total (18+)	8.9%	8.9%	7.3%	↓	◆	↑	●	●	●
Use of Opioids from Multiple Providers (UOP)	4+ Pharmacies	Total (18+)	3.1%	1.8%	1.8%	◆	↑	◆	●	●	●
	4+ Prescribers	Total (18+)	24.2%	22.1%	23.9%	↑	↑	↓	●	●	●
	4+ Prescribers & Pharmacies	Total (18+)	1.9%	1.1%	1.2%	◆	↑	◆	●	●	●
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET)	Initiation	Adolescents (13-17)	42.8%	46.5%	45.9%	↑	↑	↓	●	●	●
		Adults (18+)	44.6%	43.1%	41.0%	↓	↓	↓	●	●	●
		Total (13+)	44.5%	43.2%	41.1%	↓	↓	↓	●	●	●
	Engagement	Adolescents (13-17)	23.9%	24.5%	26.7%	↓	↑	↑	●	●	●
		Adults (18+)	24.4%	21.9%	20.2%	↓	↓	↓	●	●	●
		Total (13+)	24.4%	22.0%	20.4%	↓	↓	↓	●	●	●
Pharmacotherapy for Opioid Use Disorder (OUD)	Total Rate	Total	37.2%	37.7%	37.4%	*	◆	◆	○	●	●
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics ..	Total Rate	Total		80.2%	79.2%	*	*	↓		●	●

- 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

Chapter

01

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

- Beacon disaggregates all HEDIS measures by;
- Age
 - Sex
 - Race
 - Ethnicity
 - Language
 - Benefit group

Chapter

02

Measures Exclusively for Children and Adolescents

Measures Exclusively for Children and Adolescents

Initis	Name	Importance	Measure	Rate	NAT	REG
ADD	Follow-Up Care for Children Prescribed ADHD Medication (Ages 6-12)	Commonly diagnosed disorder and both medication and psychosocial care are recommended	% members ages 6-12 on newly prescribed ADHD medication with at least 3-follow-up visits within 10 months			
ADD	Initiation Phase	Assess adherence and side effects	Follow-up in 30 days	41.6%	Above Mean	Below Mean
ADD	Continuation Phase	Continued monitoring	2 additional visits in next phase	49.4%	Below Mean	Below Mean
APP	Use of First Line Psychosocial Care for Children and Adolescents (ages 1-17)	Anti-psychotics are often prescribed for non-psychotic conditions where safer first line interventions may be underused	% of children 1-17 who had a new prescription for antipsychotic medication and documentation of psychosocial care as first-line treatment	79.2%	Above Mean	Above Mean

Chapter

03

Measures Exclusively for Adults

Measures Exclusively for Adults

Initis.	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 (≥ 90 mg 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

Measures Exclusively for Adults

Initis.	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

Measures Exclusively for Adults

Initis.	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		Above Mean	Below Mean

Chapter

04

Measures that Include Children, Adolescents, and Adults

Measures for Children, Adolescents & Adults

Initis.	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-days of follow-up	67.9 %	Above Mean	Below Mean

Measures for Children, Adolescents & Adults

Initis.	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

Measures for Children, Adolescents & Adults

Initis.	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

Measures for Children, Adolescents & Adults

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

05

Health Equity Analysis

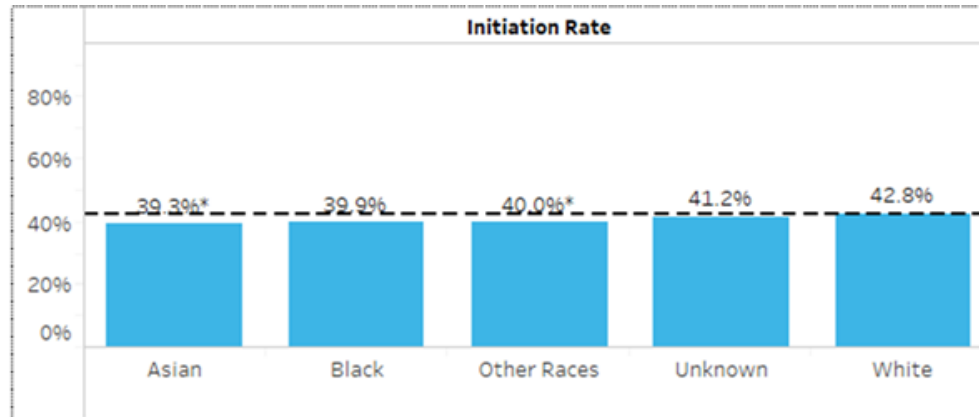
Health Equity Analysis

- Analysis of evidence of health disparities in the behavioral health (BH) HEDIS rates
- Best Off Group Comparison and Visualization (Harper and Lynch – 2010¹)
- 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.



Health Equity Analysis

- Example – Initiation of Follow-up care for ADHD



ASIAN	BLACK	OTHER	UNKNOWN	WHITE

- 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.

Health Equity Analysis

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

**RED =
Disparity**

**Green =
Best Off**

**Grey = No
difference**

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

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.



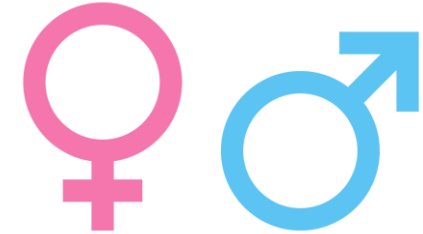
Health Equity Analysis – Summary Observations

- 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 9 of the reported 23 rates.
- Of the five rates where CT was below the National and Regional average rate, four concerned SUD and one was regarding the follow-up for children prescribed medications for ADHD.
- There were nine 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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