

Improving Behavioral Health Outcomes for HUSKY Members

November 8, 2019

Introductions



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Agenda

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| 3 | Provider Support and Practice Improvement | 4 | Member Engagement |
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Connecticut BHP

Supporting Health and Recovery



Connecticut Behavioral Health Partnership (CTBHP)

CTBHP was established by Connecticut General Statute to provide a multi-agency approach to problem solving and to address seemingly intractable system concerns, resulting in significant positive outcomes.

- The Department of Children and Families (DCF), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Social Services (DSS) are member partners of the CTBHP, and jointly contract with and manage Beacon Health Options as the Administrative Services Organization (ASO)
- Behavioral Health Oversight Council and subcommittees created in statute as an advisory body
- True provider partnerships developed over the years
- The goal of the partnership is to increase access and improve member outcomes

Beacon Health Options

The largest specialty behavioral health company in the U.S., Beacon Health Options serves 50 million individuals accessing care through health plans, employers, labor organizations, and publicly funded programs like Medicaid. For more than 30 years, we have been singularly focused on mental health and substance use disorder services, providing emotional wellness and tailor made solutions at the local level.



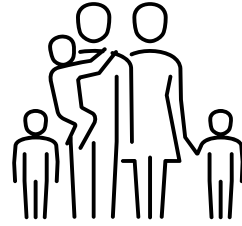
Beacon Health Options, CT

Health care is local. As such, the programs we have built were designed specifically for the individuals we serve in Connecticut. Leveraging our contracts with the CT Behavioral Health Partnership and 11 additional contracts direct with individual partner agencies (DCF, DMHAS, DSS), we provide a variety of programs with an emphasis on management of special populations, reporting, and advanced data analytics designed to improve system outcomes.

Beacon CT was named one of the state's 60 Top Workplaces in 2019 by The Hartford Courant.

CT BHP AT A Glance

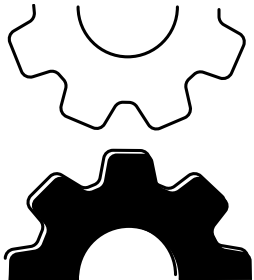
Covered Lives: **875,000+**



Contract Type:

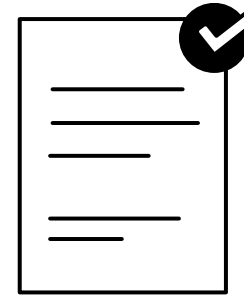
Administrative Services Only

- Cost Plus
- Withholds and Performance Standards



Features:

- Innovative analytic capacity with deep quality and reporting resources
- No claims payment
- Foreign Network that we “co-manage”



Covered Services: Management of core services covered under Medicaid and grant-funded community services, including management of:

- **For Youth:** DCF residential care, intensive home-based services, PRTF, child state inpatient care, autism services, Solnit QM
- **For Adults:** Outpatient, Inpatient, IOP/PHP, Detox (Withdrawal Management)

Geography:
Statewide



Role of the Administrative Service (ASO) Organization

- To act as the primary vehicle for organizing and integrating behavioral health clinical management processes via utilization and care management
- To support improved access to community-based behavioral health services
- To support the delivery of quality behavioral health services across the system
- To prevent unnecessary institutional care, as we believe the right level of care at the right time for the right amount of time leads to positive outcomes (personal and system)
- To enhance communication and collaboration within the BH delivery system

Administrative Performance

Use of Continuous Quality Improvement framework to drive excellence in performance

CT BHP Standards

- Since Contract Inception (13 years) – 15 Performance Standards
- Covering call management, timeliness of authorization processes, denials, complaints, and appeals, etc.
- Assessed quarterly and now reported semi-annually

Performance Over Time

- **Since 2006, >98% compliance on all standards**

Innovation Driven by Performance Targets

Each year of the contract, State Partners and Beacon CT identify cross-departmental system goals designed to focus Beacon resources to maximize system reform in priority areas.

Current Targets

- Increase access to Medication-Assisted Treatment (MAT) – (ECHO, Changing Pathways, MAT Map, reporting and technology advancement)
- Evaluate, via predictive modeling, which emerging adults are likely to prematurely exit the system and bring forward program recommendations to state partners
- Manage acute length of stay and overstay for youth awaiting appropriate disposition
- Longitudinal study of High Cost/High Need members and what impacts improvement in outcomes (clinical and cost)

Chapter

02

Access to Providers (Network Capacity)

Provider Types and Specialties

367+ Facilities / 1,267+ Practice Locations

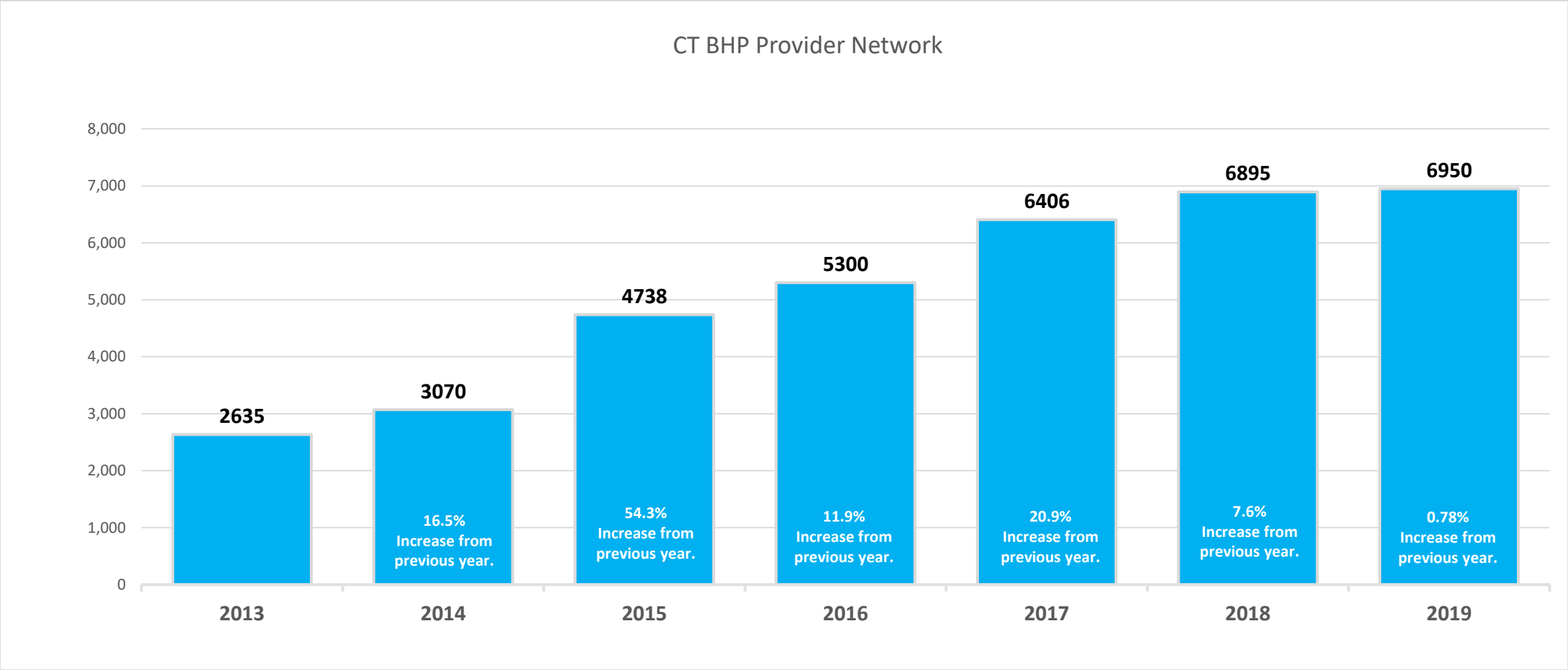
- Hospitals
- Mental Health/Medical Clinics
- Alcohol & Drug Abuse Centers (including Detox, Intensive Outpatient Programs (IOP), Outpatient)
- Methadone Maintenance Clinics
- Home Health Agencies
- Adult Group Homes
- DCF Residential and Congregate Care
- Psychiatric Residential Treatment Facilities (PRTF)
- Autism Spectrum Disorder (ASD) Providers

6,950+ Individual Practitioners/Group Practices

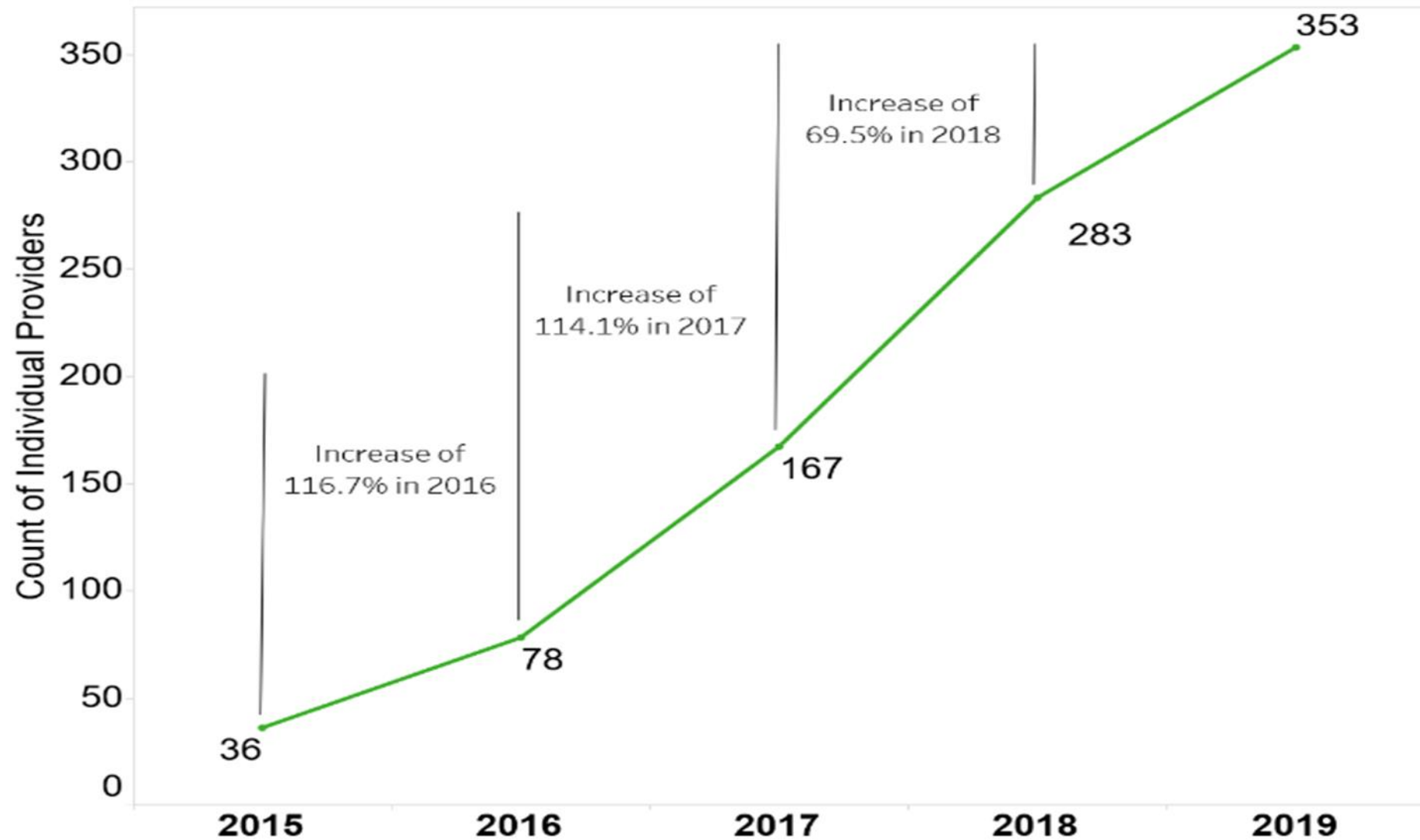
Psychiatrists, Psychologists, Advanced Practice Registered Nurses (APRN), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), Licensed Professional Counselors (LPC), Licensed Alcohol and Drug Counselors (LADC), Board Certified Behavior Analysts (BCBA)

CT BHP Network Growth

Growth primarily attributed to addition of ASD Network, Hospital Outpatient Reform - Professional Service/Group Practice enrollment and increase in Individual Practitioners enrolling as LLC Group Practices.

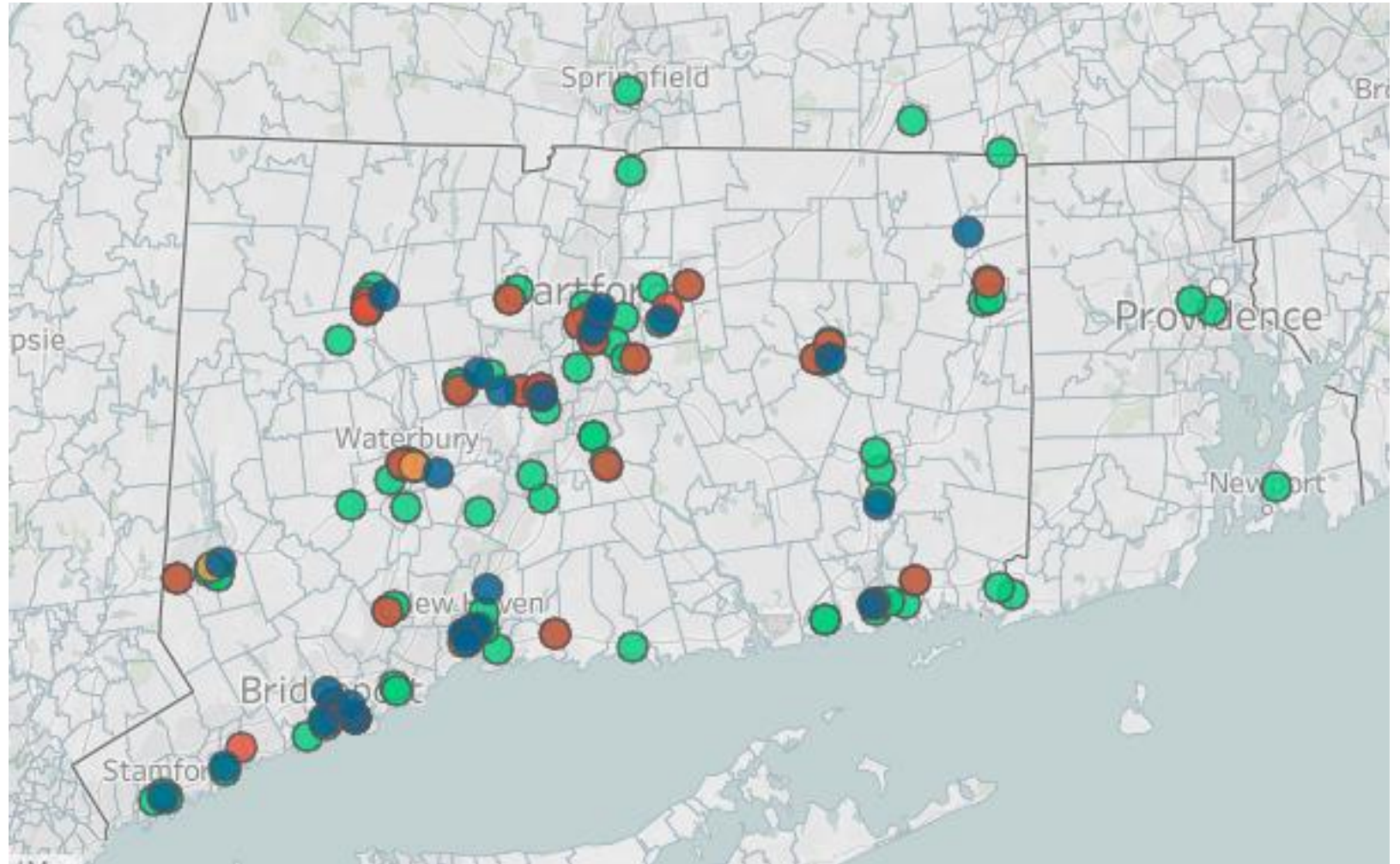


Growth in ASD Individual Provider Enrollment



Growth in MAT Provider Network

Since the Medication-Assisted Treatment (MAT) Locator Map was first added to ctbhp.com in October of 2016, 280 MAT providers/locations have been added, resulting in over 11,256 hits



Challenges in Access to Care

- **Autism Spectrum Disorder (ASD)** – Despite significant increases in the ASD provider network, there remains a shortage of qualified providers of treatment services, contributing to delays in accessing care
- **Medication-Assisted Treatment (MAT)** – MAT is the most efficacious treatment for opioid use disorders, and while we have seen a growth in access, it remains underutilized due in part to a lack of qualified providers and regulatory restrictions
- **Access to hospitals and other youth inpatient facilities** has decreased due to inpatient beds converting to serve other populations
- **Workforce shortage**, specifically around access to psychiatry and culturally and linguistically diverse employees
- **There are opportunities for increased beds** for those requiring withdrawal management who are physically frail and those with complex medical/psychiatric co-morbidities

Chapter

03

Provider Support And Practice Improvement

Provider Education and Support

- **Weekly updates to CT BHP website** (www.ctbhp.com) including Provider, Member Handbooks, alerts/bulletins, step by step user manuals and training materials with a full content review on a yearly basis.
- **CT BH(el)P! Desk** – Weekly 45 minute webinar with open Q&A session and tutorials on authorization process for the CMAP provider network
- **Access to ECHO Trainings** to support Medication Assisted Treatment (MAT). Mat Provider Locator Map updates.
- **Daily telephonic and electronic assistance** to provider network
- **575+ trainings, webinars, focus group and on-site trainings** with the Connecticut Medical Assistance Program provider network assisting over 9,535 attendees since 2006
- **7,951+ ProviderConnect user ID's created** since 2012
- **Triannual provider newsletter** published and posted to website.



Provider Shaping and Support

Regional Network Managers

- Facilitate system improvement and provider performance via the Provider Analysis and Reporting (PAR) program, informed by and in conjunction with, Beacon's Medical Affairs and Clinical Department, state partners and providers
- Use data to inform performance improvement and work with providers and stakeholders to identify and address needs within regional networks and the statewide system of care
- Thorough provider data analysis and reporting, identify best practices and promote their dissemination
- Compile, analyze, and deliver data through the PAR on various levels of care to drive practice improvement ~ practice improvement initiatives include:

Inpatient (Child and Adult)	Psychiatric Rehabilitation Treatment Facility (PRTF)
Home Health	Freestanding Detoxification
Intensive Outpatient Treatment (IOP)	Intensive In-Home Services (IICAPS)

Chapter

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Member Engagement

Member Engagement

- The Consumer and Family Advisory Council (CFAC) is a consumer- and family-driven group of over 60 members, the largest such group in Beacon nationally. They are tasked with improving communication among statewide providers, individuals, families, and agencies to develop more positive service delivery outcomes. CFAC also develops advocacy and educational programs in the community and many individuals serve on legislative councils and sub-committees.



- CFAC and the CT BHP co-sponsor the annual consumer-driven *iCAN* Conference to help ensure Connecticut communities are aware of behavioral health programs, services, and resources, and to encourage partnership in system change. The Fifth Annual *iCAN* Conference held September 26, 2019, involved 250 attendees, 22 exhibitors, and six workshops.

Member Engagement (Con.)

- Since 2006, the CT BHP has held community meetings for consumers and other stakeholders. Most recently, these have focused on challenges associated with substance use disorder/medication-assisted treatment, caring for family members with autism spectrum disorder, and understanding the Child Abuse Prevention and Treatment Act (CAPTA)
- Attendance at community meetings has waxed and waned over the years. Most recently, we've begun partnering with existing community advocacy forums, churches, and other locations to increase access to information to those we serve
- Our on line education and support library, *Achieve Solutions*, offers members access to numerous articles, tutorials, and other resources



Member Engagement (Con.)

- **MyStrength®**, a mobile application, is being offered/utilized in two pilot programs as an adjunct to more traditional educational information to provide daily support and information to those in need (individuals engaged in MAT and families served via the **Intensive Care Coordination** program)
- Beacon, as the CT BHP ASO, is fully engaged in the **Zero Suicide** initiative on both the national and local basis
- Beacon complies with National Standards for Culturally and Linguistically Appropriate Services (**CLAS**), intended to advance health equity, and improve quality and cultural competency

Chapter

05

Utilization and Clinical Programs

Beacon CT Clinical Programs – Authorizations and Oversight of Utilization

Current:

- Provider self service for clinical authorization requests
- Automated authorization parameters, updated in 2018/2019
- Customized inpatient authorizations based on facility performance and case mix
- Outlier and Bypass programs supported by Medical Affairs, the Quality Department, Regional Network Management, and Data and Analytics

Future State:

- Continued redeployment of clinicians to co-location/clinical consultation model
- Continued development of Specialty Population Management and UM via predictive analytic capabilities
- Additional integrated care strategies/programs

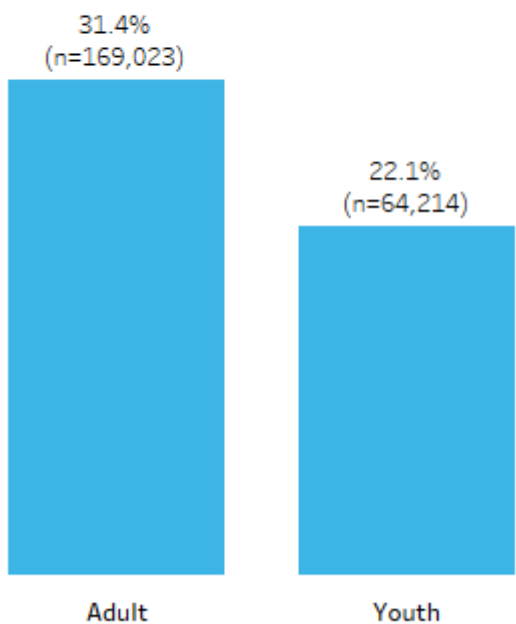
Specialty Population Management

Populations Served:

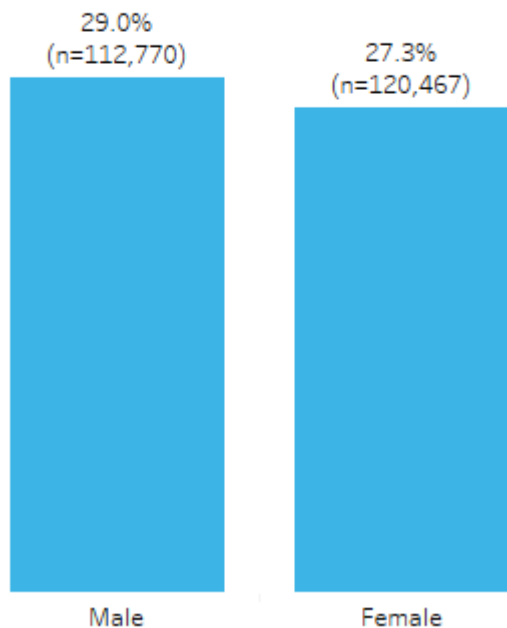
- High Cost/High Needs adults
- Children and families participating in DCF Intensive Care Coordination program
- Families engaged with ASD program
- Young adults whose BH histories indicate potential for First Episode Psychosis
- Youth in need of ED and Inpatient disposition
- Members participating in Medical Co-Management with CHN
- Members engaged in *Changing Pathways* Pilot
- All of our Care Coordination Programs are inclusive of Peer Specialists
- Beacon CT has the largest staff of Peer employees within Beacon nationally(21 in all)
- Peers have been an integral part of the program since its inception in 2006

Use of Any Behavioral Health Service: CY 2018

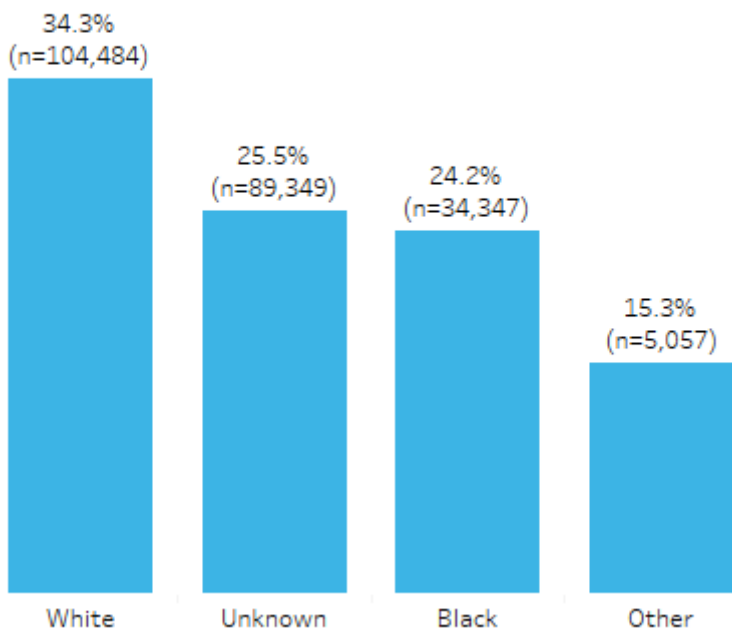
Percent of Medicaid Members that
Used BH Services



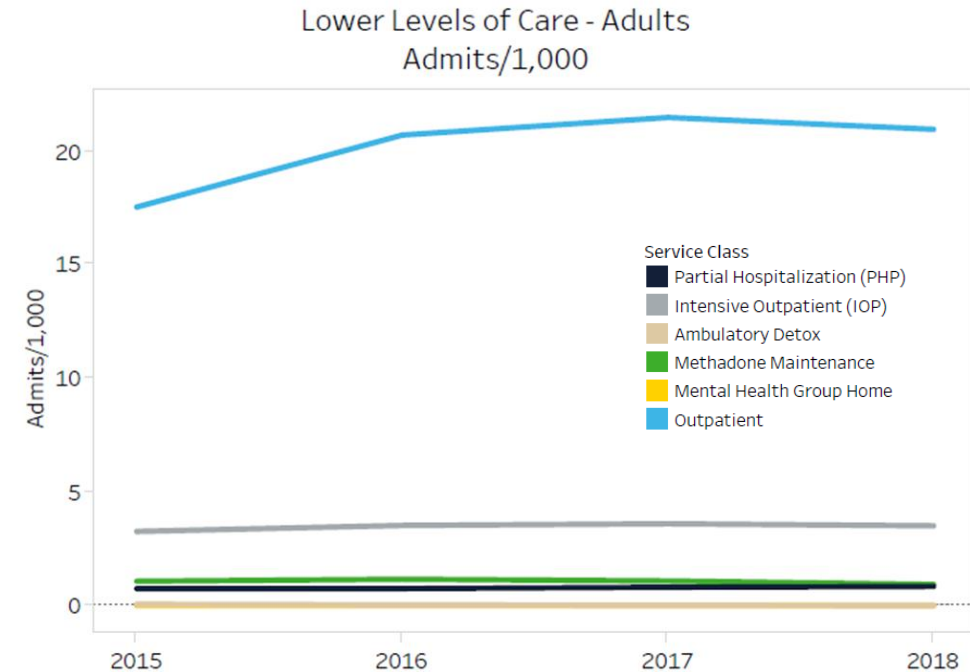
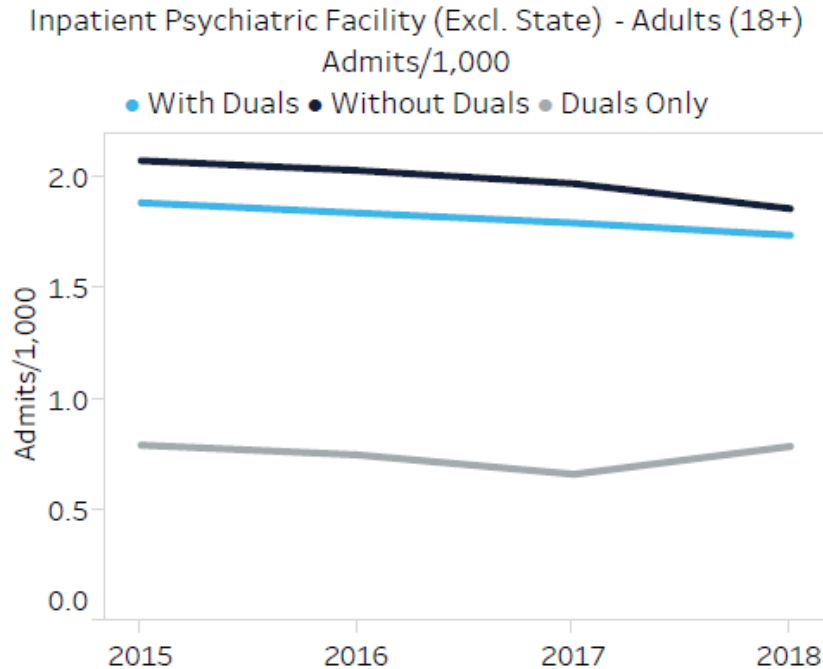
Percent of Medicaid Members that
Used BH Services by Gender



Percent of Medicaid Members that Used BH
Services by Race

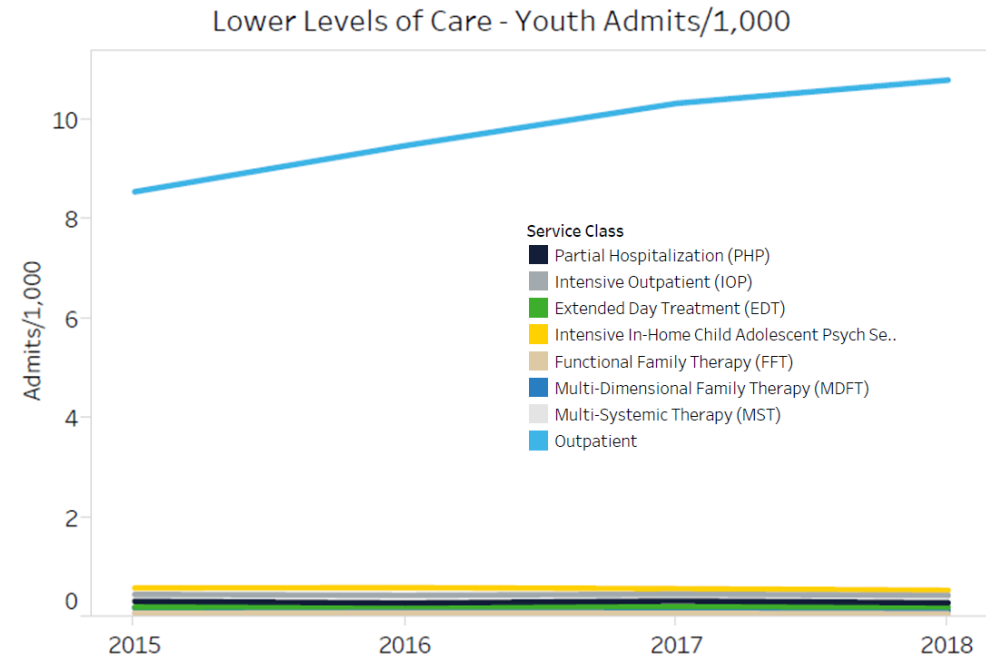
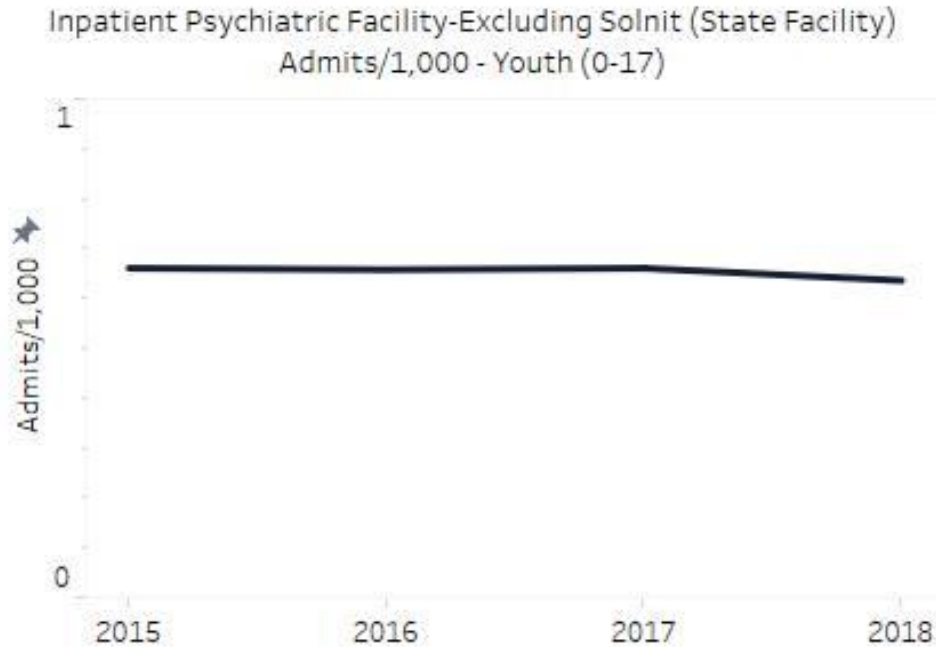


Adult Inpatient and Outpatient Utilization



- Over time, there has been a decrease in admits/1000, while days/1000 have increased
- Outpatient admissions for adults have continued to increase year over year, rising to 118,679 admits in 2018 (21 admits/1,000)

Youth Inpatient and Outpatient Utilization



- Over the past few years, both admits/1000 and days/1000 have been relatively stable
- Outpatient admissions for youth have continued to increase year over year, rising to 41,453 admits in 2018 (10.8 admits/1,000)

Chapter

06

Clinical Quality Outcomes

Discharge Delay (D/D)

When a child is ready to leave a psychiatric hospital, but a needed service is not immediately available, the child's discharge is delayed.

Beacon, DCF and DSS staff, and providers work together to identify available services while removing barriers to accessing treatment. As a result, the time children wait unnecessarily in hospitals has been greatly reduced.

2008 - 25.63%*

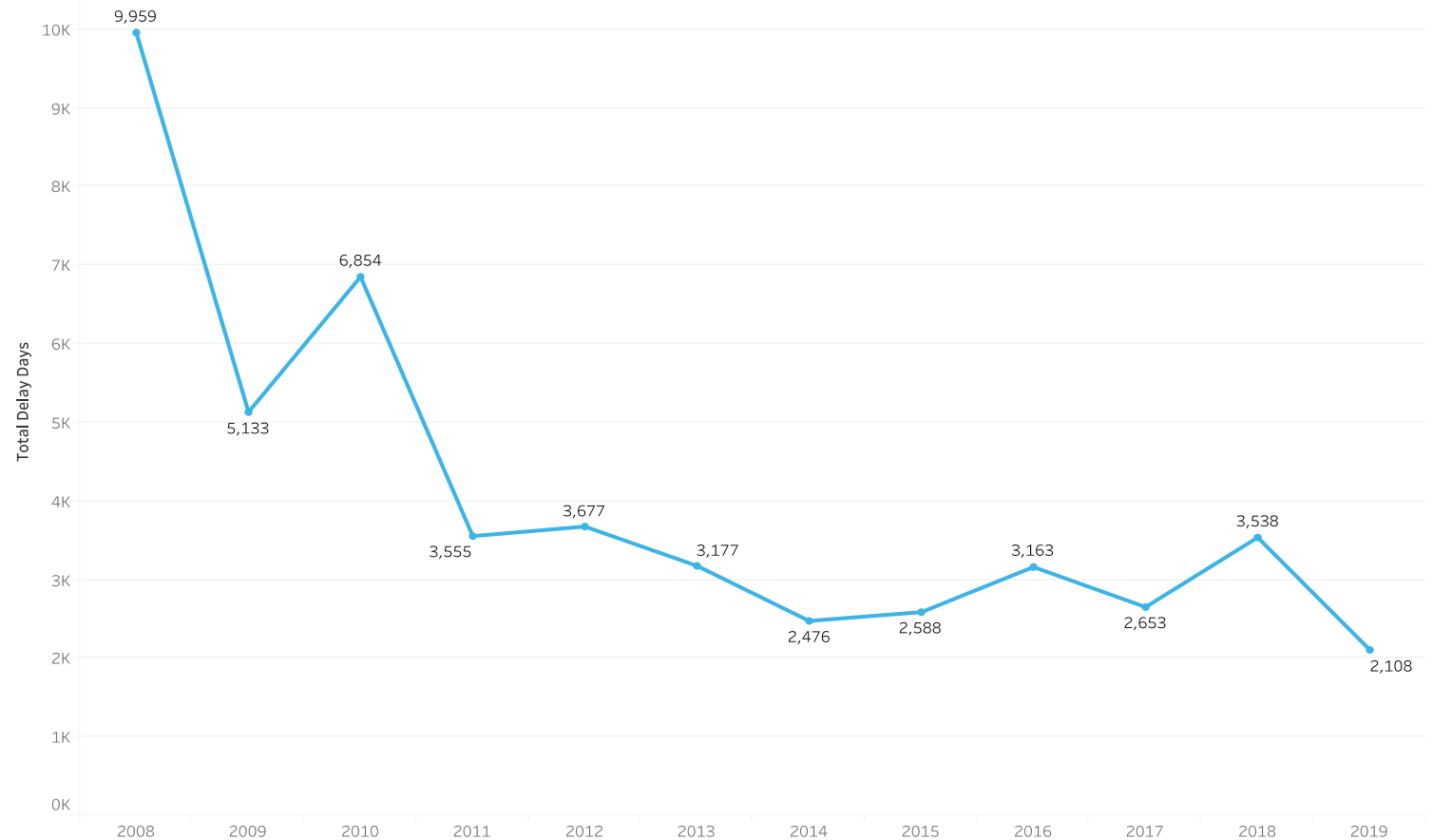
Year-to-date - 7.22%*

↓ **72% Reduction**

* % D/D days out of total inpatient days

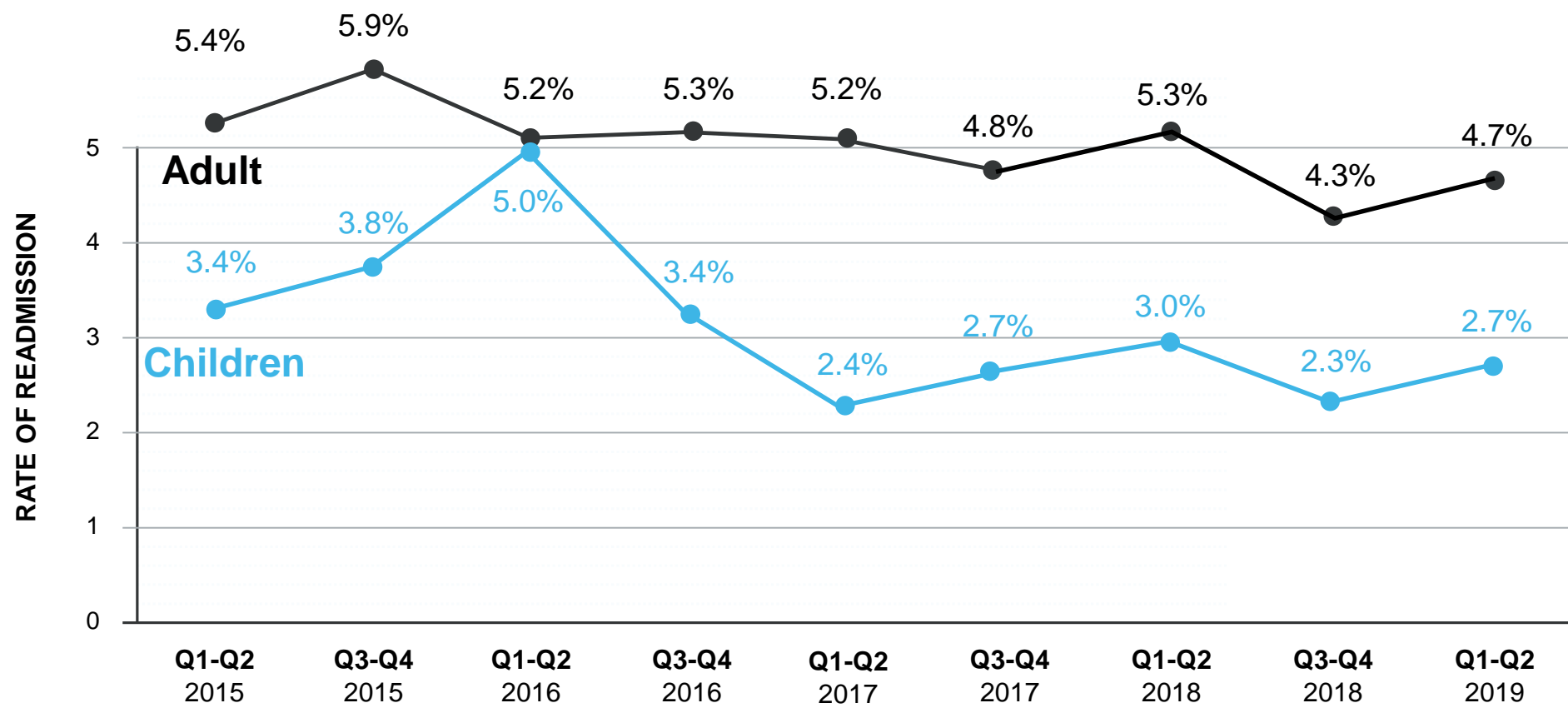
Total Discharge Delay Days

CY 2008 to YTD 2019



- **13 Years of Success** – Beacon has met the performance target, defined by the percentage of discharge delay days, every year for the last 13 years
- This has resulted in increased access and less days for youth in restrictive settings

Adult & Child 7-Day Inpatient Psychiatric Readmission Rates



RESULTS

 **13%**
REDUCTION

21% 
REDUCTION

Adult and Child 7-Day Readmission Rate **reduced 13% and 21%, respectively**, between Q1-Q2 2015 and Q1-Q2 2019.

Medication-Assisted Treatment

2016 - 2018

 **15%** reduction



in high-dosage opioid prescriptions (for Medicaid members without Cancer)



MAT prescription **increased 43.8 % for buprenorphine and 110.4% for naltrexone**



Rate of Medicaid members using buprenorphine **increased by 30.7%** and naltrexone **by 73.6%**

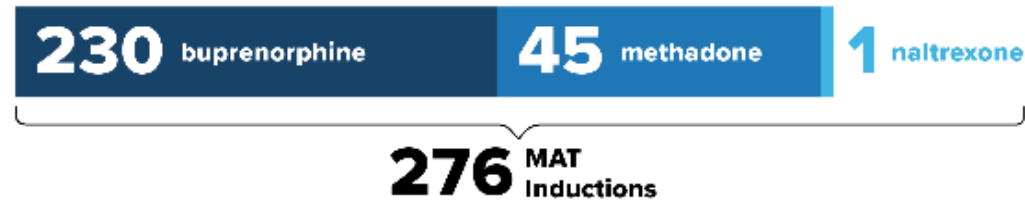
Q1 2017 – Q1 2019



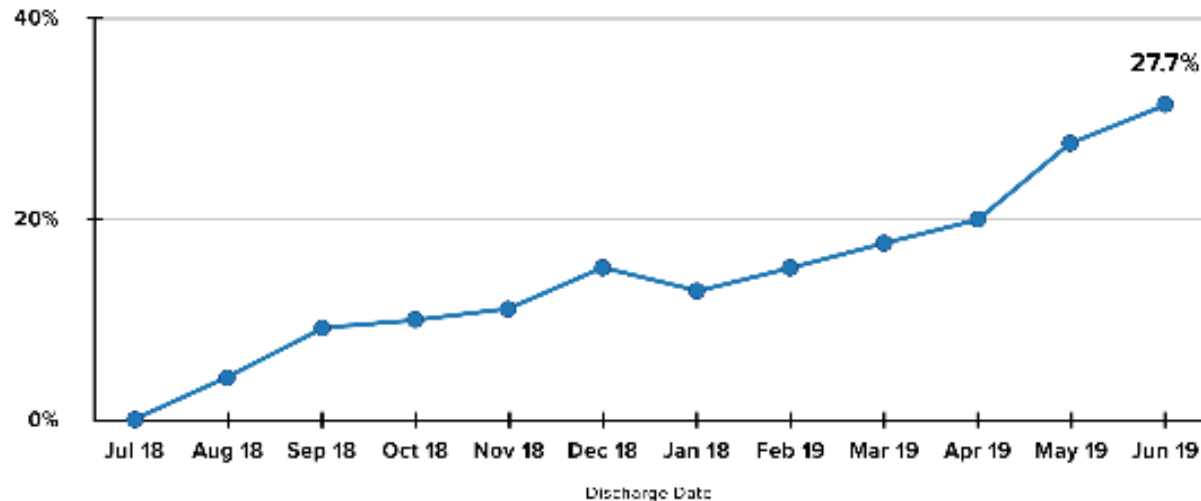
Rate of Medicaid members connecting to MAT from freestanding detox increased **from 21.4% to 37.4%**

Changing Pathways Demonstration Project (10/1/18 - 6/30/19)

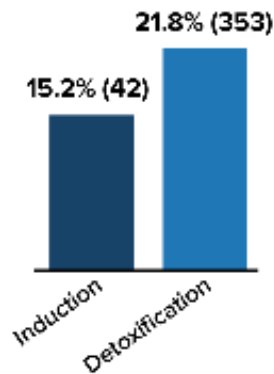
Our goal is to increase MAT induction – especially prior to or during the discharge process from a withdrawal management facility, when relapse is more likely to occur



Percent of Discharges Induced on MAT

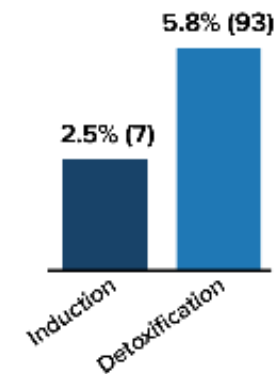


Against Medical Advice (AMA) Rate

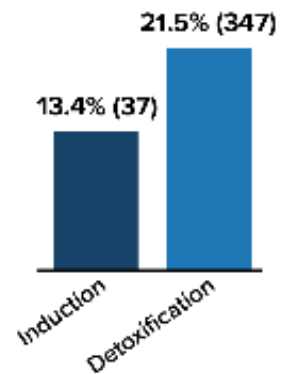


AMA results need to be interpreted with caution because of discrepancy in reporting.

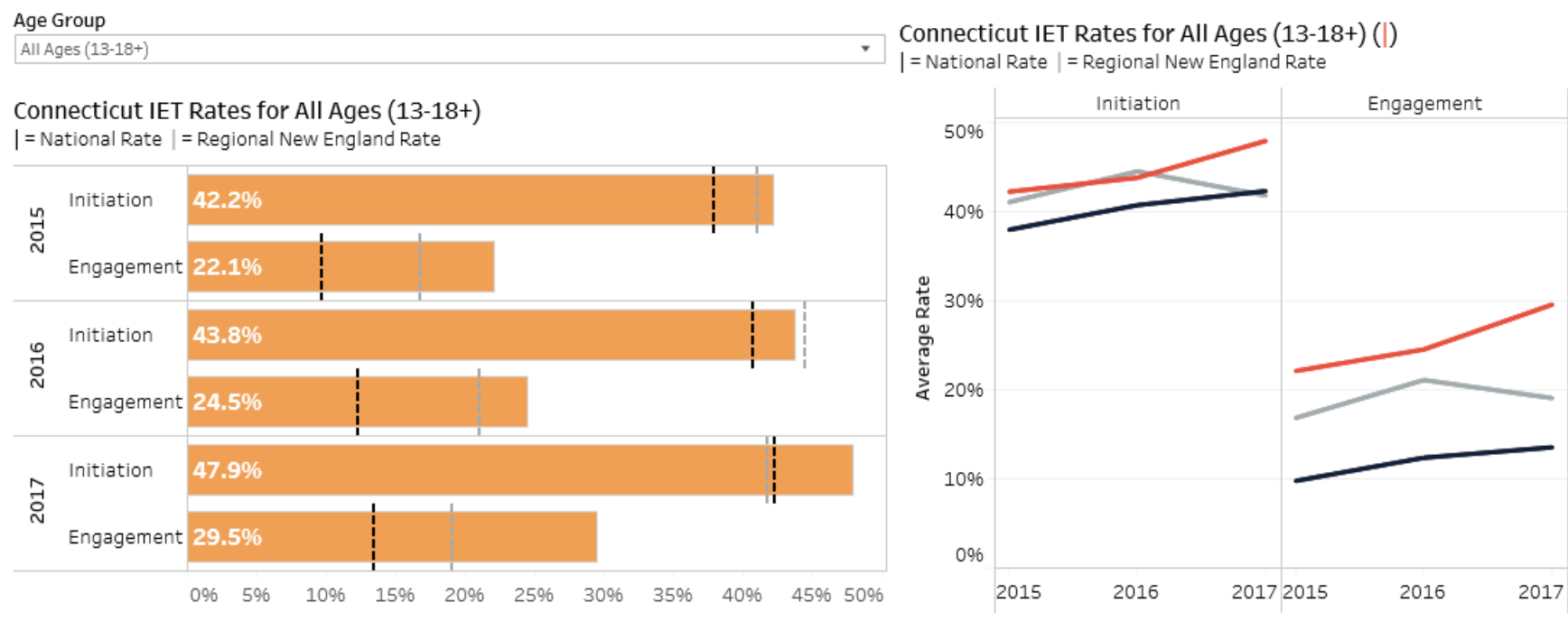
7-Day Readmission Rates



30-Day Readmission Rates



HEDIS Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)



- IET identifies adults and adolescents with a new episode of alcohol or other drug dependence (AOD) who subsequently **initiated** and **engaged** in treatment for the AOD
- CT Medicaid rates of initiation and engagement continue to improve and exceed national and regional New England Medicaid rates.

High Need/High Cost Initiative: 2016 - Present

Goal: To identify and positively impact outcomes for High Need Adults with behavioral health disorders.

Characteristics of the Intervention Group of 437 individuals included:

- 64% male and 70% HUSKY D
- High rate of co-occurring MH and SUD: 93% with Mood Disorder; and 98% with SUD
- 62% identified as being homeless in the year prior to intervention, supporting the need for the current Medicaid Housing Initiative

Greater than 40% of Intervention Group showed improvement. Of this improved group:

- 73% had fewer ED visits
- 80% had fewer BH inpatient admissions
- 32% had improved housing security
- 19% experienced cost shift (increase in \$s spent on OP, PHP, IOP, and Home Health Services)

An unexpected finding:

- While the Intervention Group had greater improvements in ED use, connection to services following discharge from the ED or IP, and improved access to rehabilitation services, it was the Control Group that had greater decreases in IP use and greater decreases in Total Costs, Total BH Costs, and Psychiatric IP costs
- The intervention drove up costs in some areas, we believe due to unmet need

Chapter

07

Quality Functions and Initiatives

Quality Core Functions

Improvement – PAR (Provider Analysis & Reporting), Regional Network Management, HEDIS and Hybrid Quality Metrics

Analytics – Financial Mapping, PMPM by LOC, & use of advanced statistical techniques such as survival, multiple regression, predictive modeling, propensity score matching analyses, provide support for multiple contracts

Innovation – Tableau, SAS Miner (machine learning), Text Miner (ability to read and consume narrative within care coordination system – pending) and Spectrum. Comfort and capacity to import additional data sets (Behavioral Health Home, special projects) to enhance reporting, predictive analytics and more

Quality Core Functions (Con.)

Quality Assurance – Complaints and grievances, quality of care concerns/tracking/investigation, provider chart auditing

Publications – Examples:

- “Caseworker assessment of child risk and functioning and their relation to service use in the child welfare system”
- “The impact of mobile crisis services on ED use among youth with BH service needs” and
- “Intensive Outpatient Treatment (IOP) of BH Problems: Engagement Factors Predicting Subsequent Service Utilization”



Quality Initiatives

- **Emerging Adults:** Implemented a predictive model to identify emerging adults that are at risk of disengaging from behavioral health Medicaid service system within the next 12-months
- **Case-Mix Adjustment:** Implemented a regression model to predict child and adult length of stay within inpatient psychiatric facility stays to account and case-mix for individual episode clinical complexity
- **First Episode Psychosis (FEP):** Utilizing claims and authorization-based data sources to help identify Medicaid members potentially experiencing first episodes psychosis. By using data to rapidly identify and refer, decrease duration of untreated psychosis. Predictive modeling is on the horizon

Implementation Science to Drive Quality Improvement



Identify Goal: Increase access to MAT prescribing

Complete Situational Analysis: Although many CT providers are waived to prescribe MAT, many are not doing so at full capacity due to lack of experience and support

Delineate Strategies: Identify an evidenced based practice to positively impact the above goal. Project ECHO is a national model, wherein a Beacon psychiatrist certified in addiction medicine, educates the MAT provider network through instructive learning, case review, and group discussion via teleconference one time per month

Implement Activities: Organize meeting, prepare case didactics for discussion, identify presenters, survey participants, offer CEUs and CMEs to participants

Tracking Outcomes: To date, the CTBHP ECHO program has served 14 provider organizations and dozens of prescribers in CT. After 6 months of participation in ECHO, there was a **48.9% increase** in the number of members receiving MAT from our ECHO prescribers. After 1 year of participation in ECHO, providers reported a **23% increase in overall confidence in prescribing MAT** to individuals with OUD

Beacon's Ability to Integrate Multiple Data Sets Supports Multiple New State Initiatives

Data Sets

- Project Notify
- BH Claims
- Med Claims
- Pharmacy
- Dental
- Eligibility
- Authorization
- DCF PIE
- DMHAS
- DOC
- CSSD
- HMIS



Projects/Outputs

- SUD Support Grant (Federal)
- InCk Grant (Federal)
- Multi-agency Financial Mapping (State)
- Housing initiatives (State)
- CHES
- Governor's Task Force on Housing for Vulnerable Populations
- Integrated Family Care and Support (DCF)
- Voluntary Services (DCF)

Chapter

08

Challenges and Opportunities

Challenges and Opportunities

Public Health

- **Opioid Crisis** – Opioid prescribing is declining but rates of fatal overdose remains significantly high
- **Disparities in Behavioral Health Care** – Metrics to identify and track disparities, but capacity to meaningfully address is in early stages
- **Suicide** - Suicide rate in CT lower than national average, but is estimated to have increased 19.2% in the 1999-2016 period

Behavioral Health System

- **Inpatient** – Although current lengths of stay are within industry standards, the adult inpatient psychiatric is trending up, as is the acuity of those needing services
- **ED Volume and Youth Awaiting Services** – Volume of BH ED visits is trending up particularly for youth, as is the acuity of the individuals presenting for services
- **Minority BH Access/Use Disparities** – Individuals who identify as Black, Hispanic, or Unknown have lower rates of any BH service use, demonstrating that disparities continue to exist even though we may not know the reason for those disparities

Chapter

09

William McClendon

Chapter

10

Questions

Thank You

Contact Us



877-552-8247 Hearing Impaired members dial 711 for
Relay Services



www.beaconhealthoptions.com | www.ctbhp.com



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