Connecticut BHP
Supporting Health and Recovery

Administered by
carelon
Behavioral Health

Behavioral Health Quality Indicators and Outcomes for HUSKY Health Members

April 2023

Introductions

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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 rebranded to Carelon Behavioral Health on March 1, 2023.
  - This change will not cause any disruptions in service.
  - Email addresses changed 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.

Agenda

1	CTBHP ASO Overview	2	HEDIS/CMS Core Set Behavioral Health Measures
3	HEDIS/CMS – Intro, Overview & Organizing Framework	4	HEDIS/CMS – Measure Performance
5	CMS Core Set – Non-HEDIS	6	HEDIS/CMS – Health Equity
7	Interventions	8	Recent Projects
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Chapter

01

CTBHP ASO Overview

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Connecticut Behavioral Health Partnership (CT BHP)

CT BHP was established by Connecticut General Statute to provide a multi-agency approach to problem-solving and to identify and address gaps in services across the entire behavioral health continuum while promoting more positive outcomes and improved equity and access.

- The Departments of Children and Families (DCF), Mental Health and Addiction Services (DMHAS), and Social Services (DSS) are member partners of the CT BHP, and jointly contract with and manage Carelon Behavioral Health - the Administrative Services Organization (ASO).
- The Behavioral Health Partnership Oversight Council and subcommittees were created in statute as an advisory body.
- While DSS, DMHAS and DCF remain the contract signatories, the CT BHP collaborates with many other state agencies with an interest in addressing behavioral health issues, including the State Department of Education, the Department of Correction, the Department of Developmental Services, Judicial (CSSD), and the Offices of the Healthcare Advocate and the Child Advocate.

Carelon Behavioral Health CT

Carelon Behavioral Health (previously Beacon Health Options) has served as the Partnership's ASO since the program's inception. Leveraging this contract and 11 additional contracts with individual partner agencies (DCF, DMHAS, DSS), we have worked with our State Partners and providers to develop local solutions to support the individuals we serve. This includes a variety of management programs focused on special populations, reporting, and advanced data analytics designed to improve system outcomes.

Beacon/Carelon has demonstrated high standards of performance regarding both its contractual Performance Targets (over 95% since 2006) and Performance Standards (over 99% since 2011).

Beacon was named one of the state's Top Workplaces for the seventh time in 2022 by the Hartford Courant.

Nationally, Carelon Behavioral Health serves over 47 million people in all 50 states. Our parent company is Elevance Health. Our mission is improving lives and communities. Simplifying healthcare. Expecting more. Our purpose is improving the health of humanity.

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CT BHP At A Glance

Covered Lives:
1,000,000+

Contract Type:
Administrative Services Only
- Cost Plus
- Withholds and Performance Standards

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

Covered Services: Management of full continuum of services covered under Medicaid as well as grant-funded community services via DCF, 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, and the Full American Society of Addiction Medicine (ASAM) continuum with the advent of 1115 substance use disorder waiver

Geography:
Statewide

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Innovation Driven by Performance Targets

Annually the State Partners and Carelon Behavioral Health identify cross-departmental system goals designed to focus Carelon resources to maximize system reform in priority areas.

2023 Targets

- Substance Use Disorders (SUD)
- Managing Systems Throughput (Pediatric Population)
- Value-Based Payment (VBP) for Pediatric Inpatient
- Public Health Emergency Unwinding Support Activities
- Outpatient Redesign

Chapter

02

HEDIS/CMS Core Set Behavioral Health Measures

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 are the CMS Core Set Behavioral Health Measures?

The Centers for Medicare and Medicaid Services (CMS) Core Set Behavioral Health (BH) Measures are quite similar to HEDIS BH Measures, due to NCQA and CMS working together over the last number of years to align their methodologies.

Nearly all of the CMS BH measures are identical to HEDIS measures although some may be named slightly differently or have slightly different age populations that are included.

In the presentation that follows, all HEDIS measures that are reported are also CMS measures with the exception of Initiation and Engagement of Alcohol and other Drug Use Treatment. Those CMS measures that Carelon reports, that are not HEDIS, will be reported separately.

Chapter

03

HEDIS/CMS – Intro, Overview & Organizing Framework

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)

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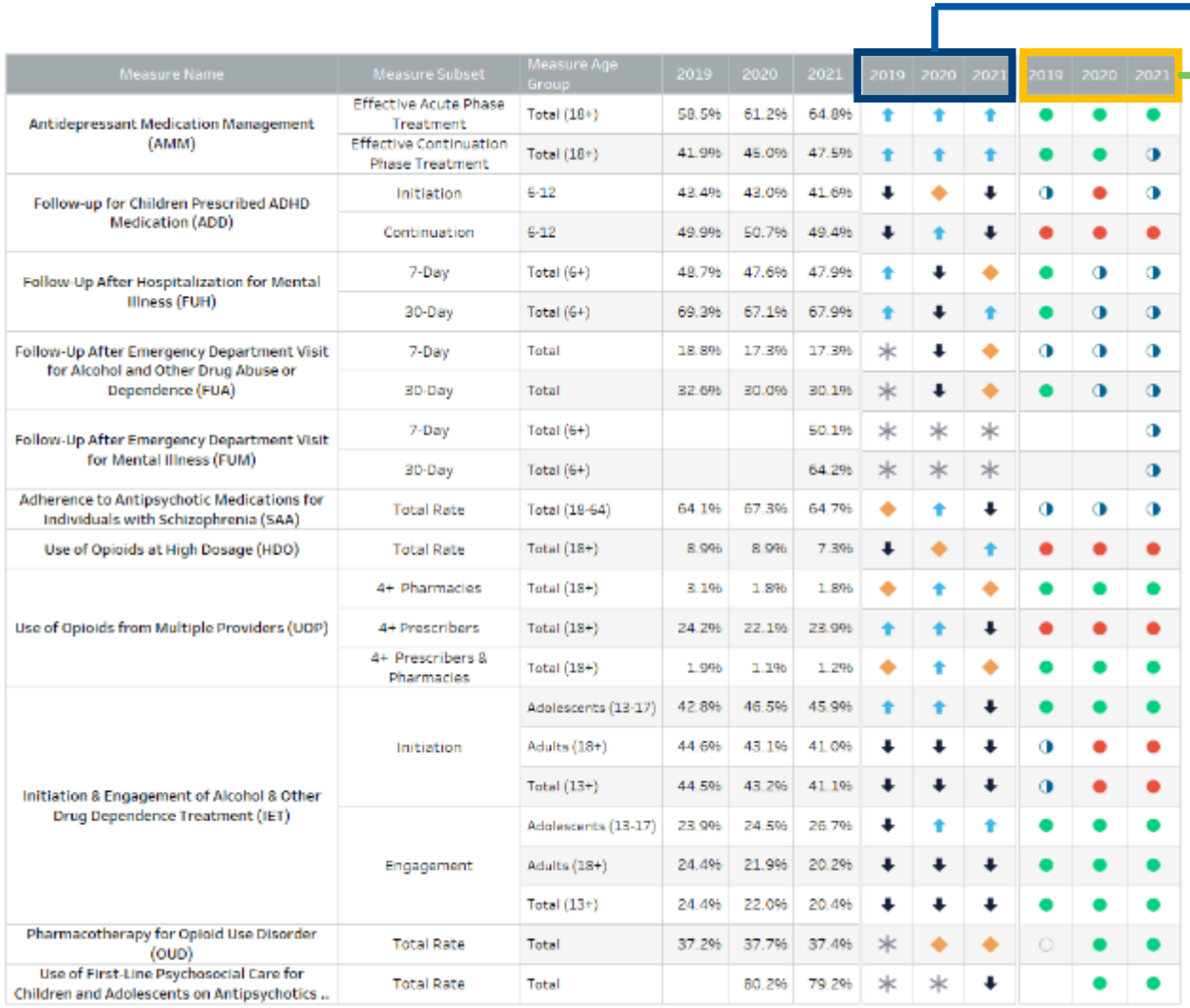
For most metrics, a higher rate = better performance but the exceptions are #7 and #8.

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%	64.0%	↑	↑	↑	●	●	●
	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%	42.0%	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 (19-64)	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 better than National and Regional benchmarks
  - **Red Dots -** Rates better than National and Regional benchmarks
  - **White** and **Blue Dots** – Rates better than National but worse than Regional benchmarks

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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

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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

Carelon disaggregates all HEDIS measures by;

- Age
- Sex
- Race
- Ethnicity
- Language
- Benefit group

Chapter

04

HEDIS/CMS – Measure Performance

Measures Exclusively for Children and Adolescents

Inits.	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

Measures Exclusively for Adults

Inits.	Name	Importance	Measure	Rate	NAT	REG
HDO-OHD	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*** (≥90mg morphine milligram equivalent) for ≥15 days	7.3%	Above Mean	Above 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

Inits.	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-OUD	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

Inits.	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	47.5%	Above Mean	Below Mean

Measures for Children, Adolescents & Adults

Inits.	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

Inits.	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

Inits.	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

CMS Core Set Measures – Non-HEDIS

CMS Core Set Measures: Non-HEDIS

Inits.	Name	Importance	Measure	Rate
COB	Concurrent use of Opioids & Benzodiazepines	The concurrent use of opioids and benzodiazepines is linked to increased risk of morbidity and mortality and although indicated in certain cases should be avoided when possible.	% of adult members with concurrent prescriptions for opioids and benzodiazepines	14.8%
CDF	Screening for Clinical Depression & Follow-up Plan for Base Population	Depression is one of the most common behavioral health disorders and early detection through screening improves treatment outcomes	% of the population that has been screened and received follow-up contact based on the results of the screen	
CDF	Adult (18+)			0.8%
CDF	Child (12-17)			0.3%

Chapter

06

HEDIS Health Equity Analysis

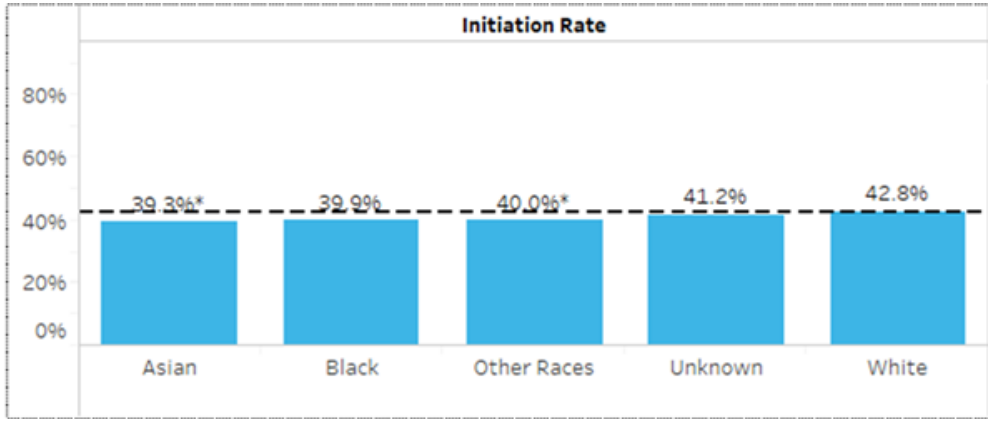
Health Equity Analysis

- Analysis of evidence of health disparities in the behavioral health (BH) HEDIS rates
- Best Off Group Comparison and Visualization (Harper and Lynch – 2010[1])
- 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

Harper, S., and J. Lynch. Methods for measuring cancer disparities: using data relevant to Healthy People 2010 cancer-related objectives. National Cancer Institute Cancer Surveillance Monograph Series, No. 6. No. 05-5777. USA: 2005. NIH Publication, 2010.

Health Equity Analysis

- Example – Initiation of Follow-up care for ADHD



- 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

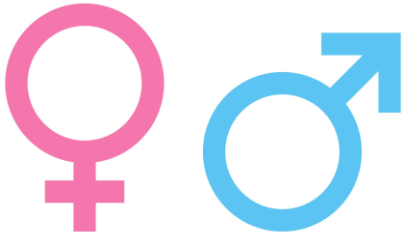
- The Black population has disparate outcomes across nearly every indicator reviewed. The only exception is regarding the prescribing of High Dosage Opioids. This underscores and reinforces the need to address disparate health outcomes and experience for this population.

- 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.



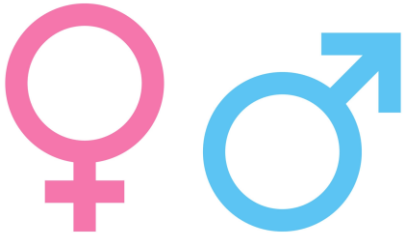
- Those in the unknown category show a consistent pattern of disparate rates although interpretation is difficult since we have poor insight into the unknown group.

- 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 nine 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.



Chapter

07

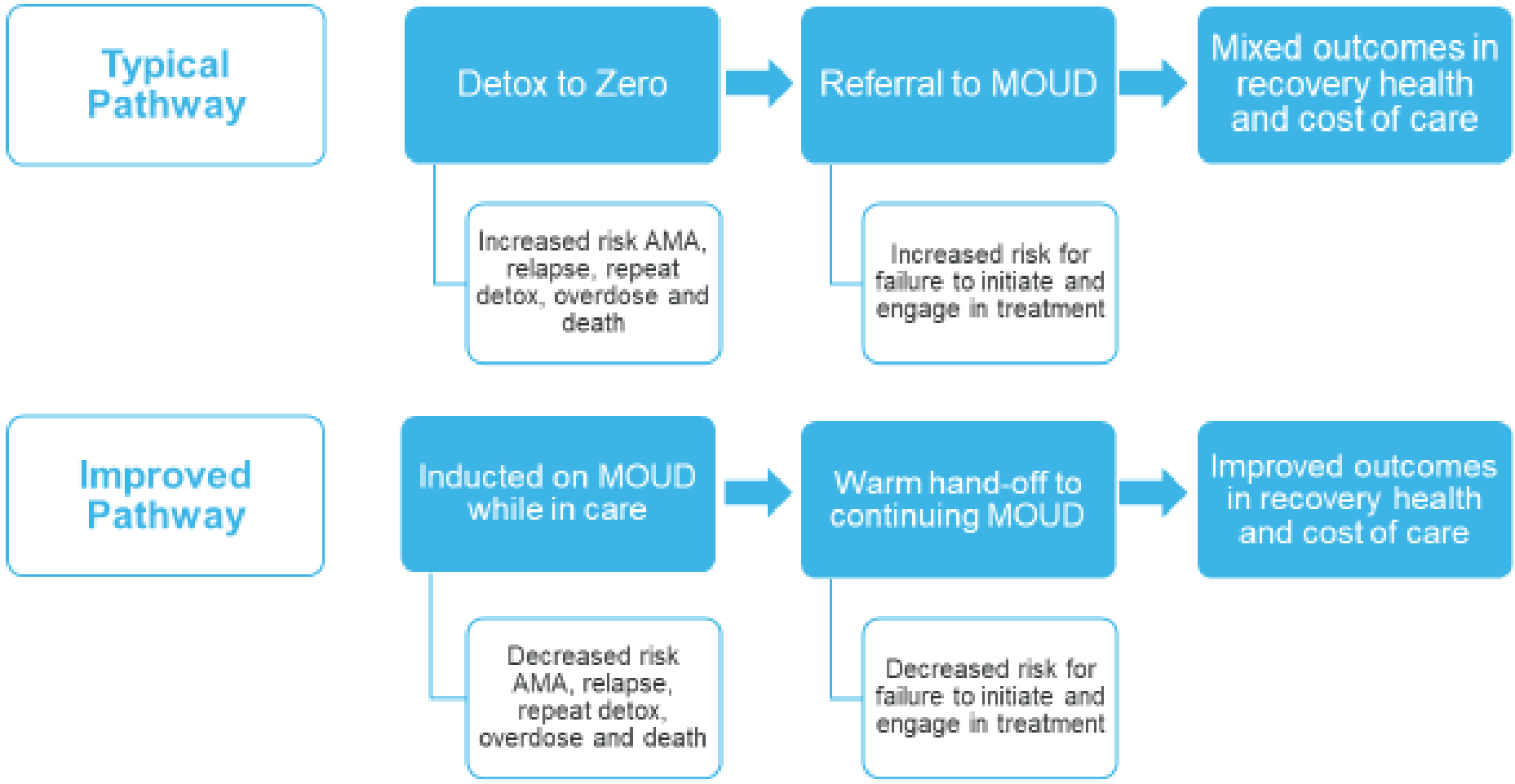
Interventions to Improve Access, Quality, and Outcomes

Sample Interventions to Improve HEDIS/CMS Rates

Intervention	Description	Impact
Provider Analysis and Reporting (PAR) Programs	Data driven performance improvement processes driven by custom dashboards. Includes 9 PAR programs focused on 5 levels of care (Inpatient, Emergency Departments, Outpatient Clinics, Intensive Outpatient, and Methadone Maintenance).	• Reductions in 7 & 30 day pediatric inpatient re-admission rates between 2020 and 2022 • 20% increase in recognition of SUD diagnosis documented in ED visits between 2020 and 2022 • Nearly eight-fold increase in MOUD initiation rates in Adult inpatient
Enhanced Care Clinic Expansion	CT BHP initiative to improve access to care for underserved populations. Carelon collects and tracks data on demographics of clinic staff, agency board, and members served.	• Baseline data collection began during 2022. • Annual collection thereafter • Too soon to assess outcomes
FUH/Aftercare Follow-up Initiative	Multi-year project to improve FUH rates in general and for BIPOC in particular. Components include focus groups and key informant interviews, predictive model for risk stratification, tiered intervention, peer supports, provider education and support, toolkits, and coordination with PAR.	• Preliminary work completed in 2022 (lit review, focus groups, key informant interviews, etc.) • Predictive modelling to be completed in 2023 • Identification of program scope and pilot sites 2023 • Intervention in 2024 – Outcome analysis in 2025
First Episode Psychosis (FEP) Program	MH Block Grant funded initiative via DMHAS and DCF to identify, outreach and engage, support and refer individuals and their families regarding a first psychotic episode	• Developed a predictive model report • Since “go live” over 441 individuals served • Intensive outpatient care services were the most utilized services (50%) during FEP care coordination • Utilization of antipsychotics, antidepressants and mood stabilizers increased among members 15-20 years old
SUD Performance Target – Changing Pathways	Multi-year initiative to increase initiation of medications for opioid use disorder (MOUD) across withdrawal management, inpatient, and ED programs	• Significant improvements in multiple outcomes as published in the Journal; of Addiction Medicine – October 18, 2022.

Noam, Krista R. PhD; Schmutte, Timothy J. PsyD; Pirard, Sandrine MD, PhD, MPH; Bourdon, Carol LCSW; Langless, Daniel LMFT; Plant, Robert PhD. Associations Between Inpatient Induction on Medications for Opioid Use Disorder and Postdischarge Medications for Opioid Use Disorder Adherence, Overdose, and Service Use. Journal of Addiction Medicine ():10.1097/ADM.0000000000001092, October 18, 2022. | DOI: 10.1097/ADM.0000000000001092

Changing Pathways



Changing Pathways: Three Essential Components

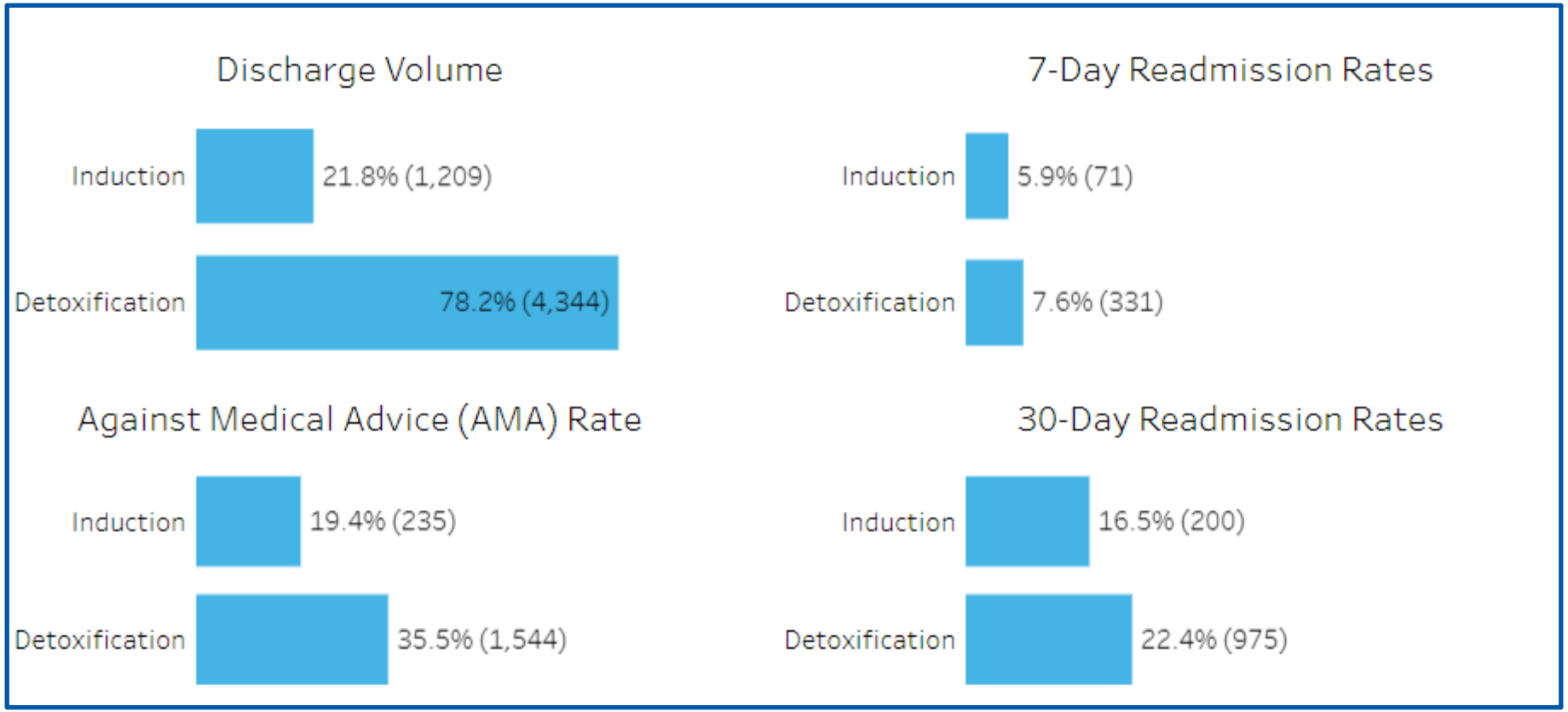
Frequent and thorough education of individuals with OUD on MOUD and how it can support them in their recovery

Offering individuals with OUD the **option to be inducted on MOUD** during their inpatient stay (instead of being detoxed to zero)

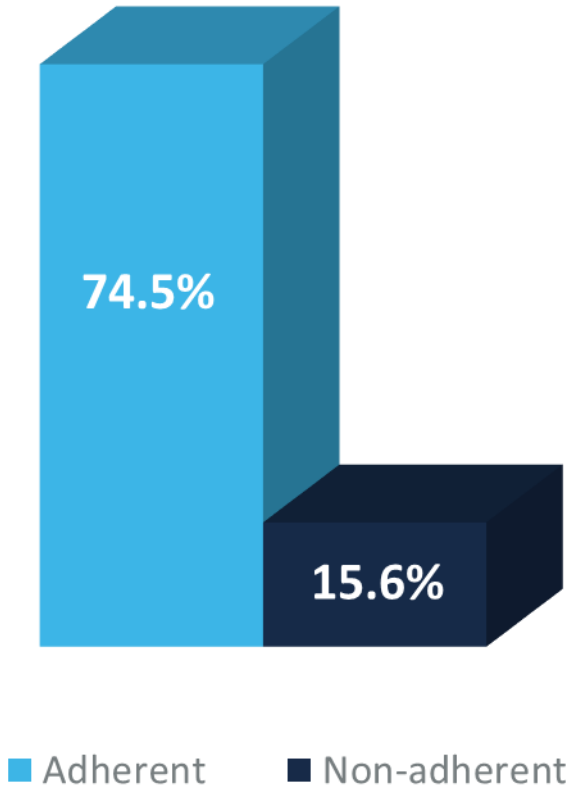
Providing clients inducted onto MOUD with **comprehensive discharge and warm handoffs**

Changing Pathways - AMA & Readmission Rates

CY 2021 FWM Induction vs Detoxification



Changing Pathways – Adherence & Overdose Rates



Individuals who engaged in Changing Pathways in 2020 and remained MOUD adherent for 90 days following discharge, experienced a **74.4% reduction** in their rate of overdose, from **8.2%** of members having an overdose in the 90 days following discharge **to 2.1%** of members having an overdose during the 90 days following discharge. Individuals who were non-adherent only saw a **15.6% reduction** (from **7.7% to 6.5%**, respectively).

*Adherence means using MOUD at least 80% of days for the three months following discharge

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Chapter

08

Recently Completed Projects

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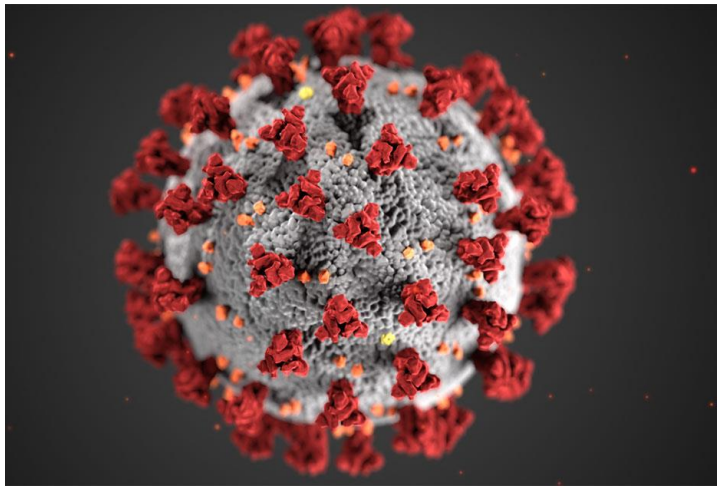
2022 Projects – COVID-19 Analysis

Analysis of the Impact of COVID-19

- Clinical study conducted during 2022 – in-depth report of findings
- Purpose – better understand the impact of the COVID-19 pandemic on those HUSKY Health members with behavioral health diagnoses
- Explored impact of broad pandemic effects in terms of diagnoses, use of medication, etc.
- Out of a total 1,169,055 distinct members included in the study, 207,040 (17.71%) had COVID-19 at any point during the study period (January 2020- September 2022).
- Results indicated gender and ethnic disparities among HUSKY Health members, with higher rates of COVID-19 for females (60.14% for females vs. 39.54% for males) and Hispanic members (24.34% for Hispanics vs 19.23% for non-Hispanics).
- Post COVID-19 diagnosis, members were 40% more likely to develop depression and 30% more likely to develop anxiety.



2022 Projects – Pharmacy Analysis

Pharmacy Analysis - Approach

- Biennial contract deliverable beginning in 2022
- Selected a pharmaceutical classification system focusing on psychopharmacological agents
- Integrated pharmacy utilization data into the population health profile
- 4 major medication categories - all medications, medications for MH treatment, medications for SUD treatment, and prescribed opioids
- Analysis by demographics, major BH diagnosis categories, and service utilization

2022 Projects – Selected Findings

Pharmacy Analysis

- 30.4% of adults and 7.7% of youth had at least one MH or SUD-related prescription.
- People identifying as White were most likely to be prescribed any of the medications and people identifying as Black were least likely.
- Prescription prevalence increased with age.
- Females were more likely to receive a prescription for MH medications and males were more likely to receive medication for SUD.
- Youth involved in DCF were more likely to have any prescription than youth not involved with DCF (19.8% and 7.5%, respectively).
- 51.3% of youth with a BH ED visit had a prescription for antidepressants; this was the case for 17.3% of youth with an outpatient BH visit.
- 28.8% of youth with a BH diagnosis had a prescription for medications to treat MH or SUD condition, 71.2% did not.

Chapter

09

Summary

Summary

- From a National perspective, CT was better than the National benchmark on 18 of 23 metrics/submetrics and below the benchmark on five metrics mostly having to do with SUD services.

- Regionally, CT was above the Regional mean on nine measures and below on 14, indicating multiple opportunities for improvement.

- Multiple programs are provided to positively impact access, quality, and outcomes of services.

- Disparities based on race and sex are evident in the HEDIS rates. Current efforts to address racial disparities include:
  - Our aftercare follow-up clinical study/intervention
  - Monitoring of the Enhanced Care Clinic (ECC) expansion in relation to equity goals
  - Our Community Conversations Series, this year engaging with local community church groups to expand access and reduce stigma for underserved groups.

- Our COVID-19 Retrospective Review and Pharmacy Analysis are both good examples of the use of analytic methods to extract insights from the data to inform practice improvement efforts going forward.

- Current priorities include assistance with the PHE unwinding member outreach, 1115 SUD system improvement, CHESS program implementation.

Chapter

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Questions and Discussion

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Thank You

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