Medicaid Behavioral Health Performance Measures

Follow up to the Comagine Health Study

North Central Region
January 26, 2022

Washington State Health Care Authority

Today's Objectives

- Brief Overview - Behavioral Health Performance Measures Data
- Brief Overview of the Recent Comagine Health Project and Recommendations (Report dated June 2021)
- Facilitated Discussion:
  - Next Steps to address recommendations in and dissemination of the Comagine Health Report (includes follow up and communication plan)
  - Discussion on How Best to ACTIVELY Monitor Behavioral Health Measure Going Forward

Behavioral Health Performance Measures

Regional view of three years of data ending March 30, 2021

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Statewide, trends are stable or improving on 4 of the 12 measures in the study

1. Adult Medicaid, Homeless, Narrow Definition
2. Adult Medicaid: Percent Employed
3. Adults With SUD Treatment Needs: Substance Use Disorder Treatment Penetration
4. Adult SUD: Follow-up After ED Department Visit for Alcohol/Other Drug – 7 Day

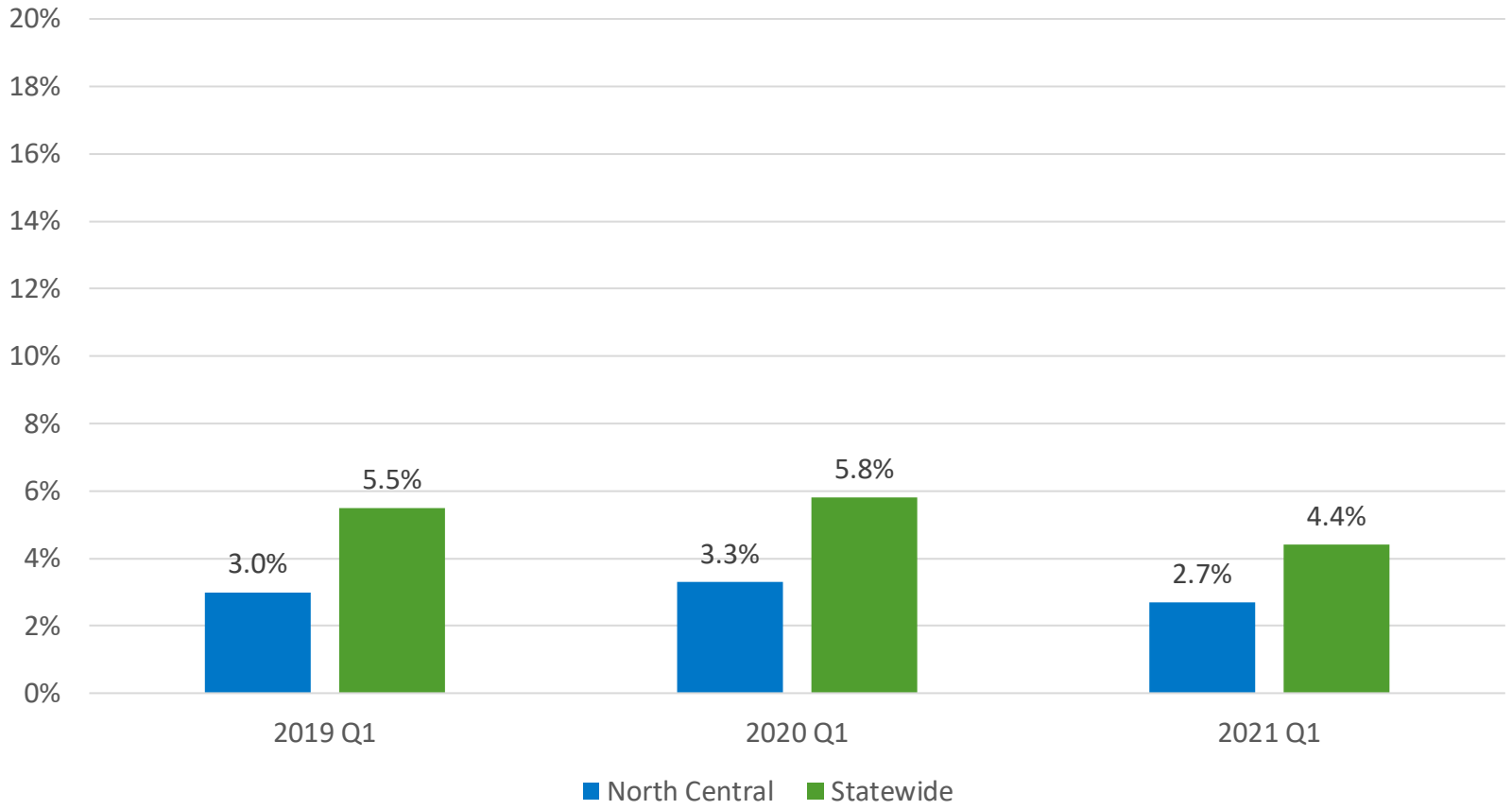
(Also improving but not in the study: Opiate Use Disorder Treatment Penetration; Antidepressant Medication Management)

Statewide, trends are worsening on 6 of 12 measures

1. Adults With SMI: Follow-up After Hospitalization for Mental Illness – Within 7 Days
2. Adults With SMI: Follow-up After Hospitalization for Mental Illness – Within 30 Days
3. Adults With SMI: Follow-up After ED Visit for Mental Illness – Within 7 Days
4. Children/Adolescents (6-17) With Mental Health Needs: Follow-up After ED Visit for Mental Illness – Within 7 Days
5. Children/Adolescents (6-17) With Mental Health Needs: Mental Health Service Penetration (Broad)
6. Children/Adolescents (10-17) With SUD Treatment Needs: Substance Use Disorder Treatment Penetration

Also in study: Psychiatric Inpatient 30-Day Readmission Among All Age Groups

Adult Medicaid, Homelessness Narrow
(Excludes "Homeless with housing in ACES")



Statewide 2021 Q1 Range:
2.7% - 5.5%
NC lowest in state

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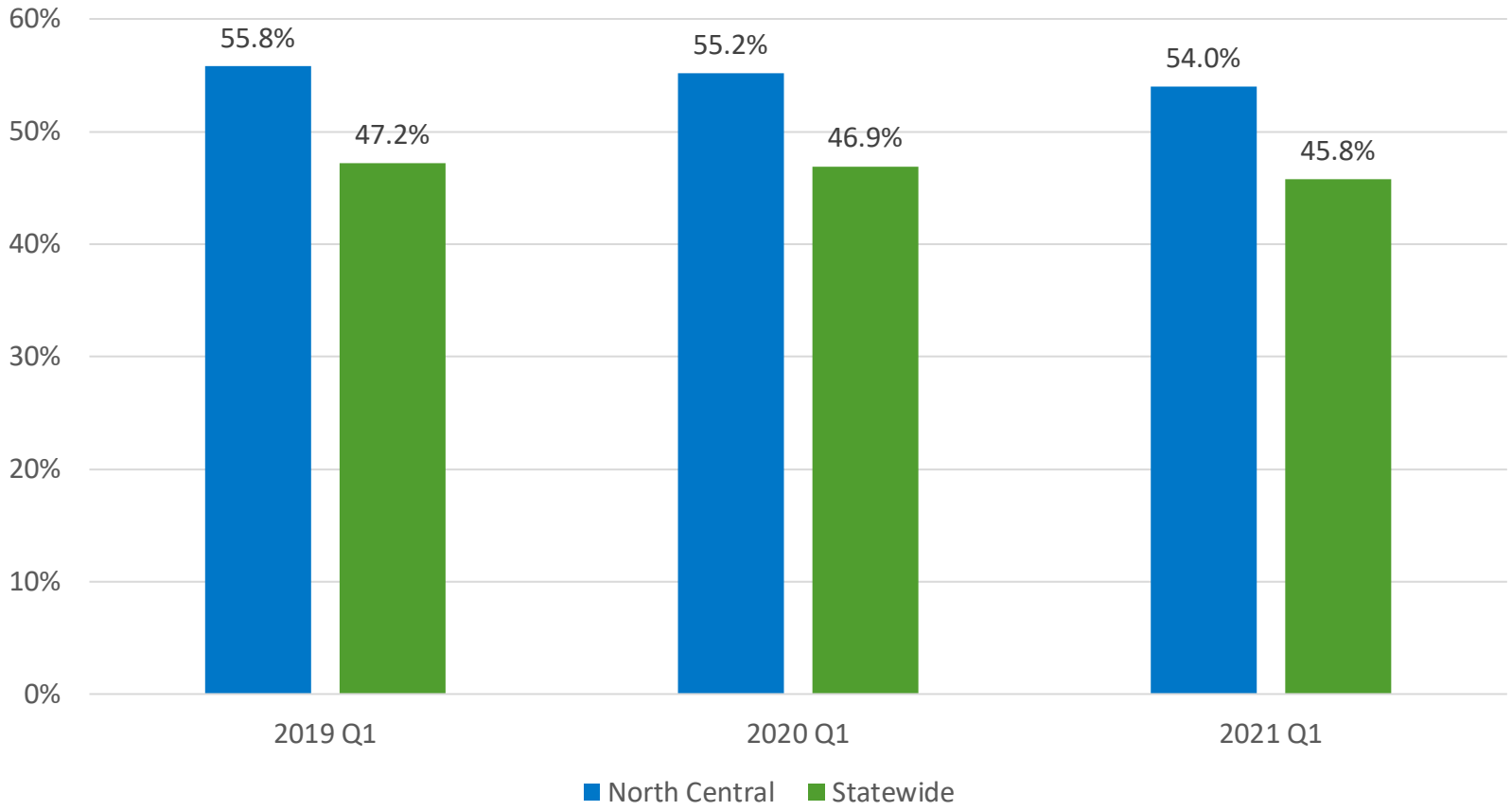
Adult Medicaid: Percent Employed



Statewide 2021 Q1
Range: 38.5% - 54.0%
NC highest in state

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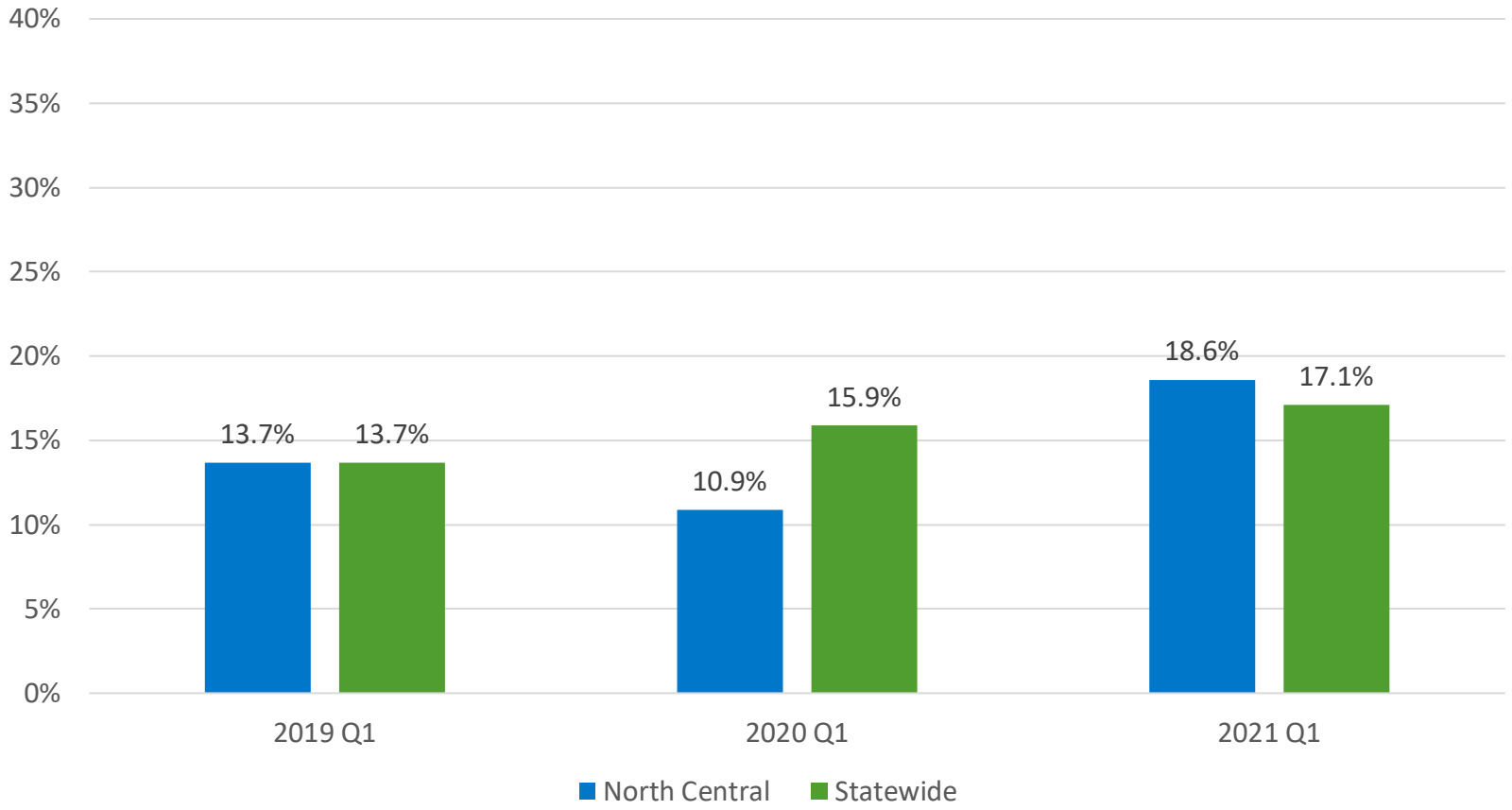
Adults With SMI: Psychiatric Inpatient 30-Day Readmission



Statewide 2021 Q1
Range: 13.4% - 19.4%

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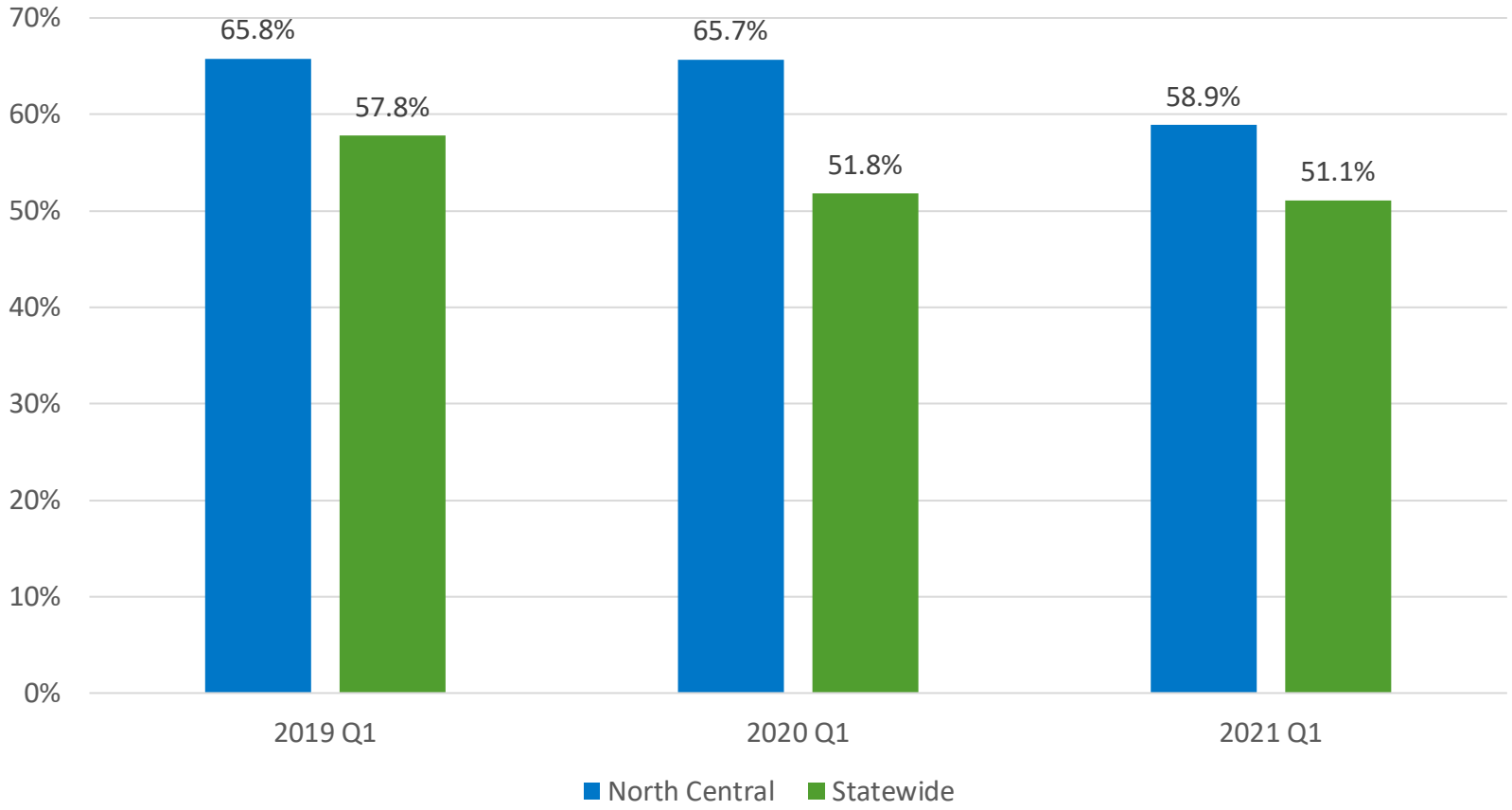
Adults With SMI: Follow-up After Hospitalization for Mental illness – Within 7 Days



Statewide 2021 Q1
Range: 46.1% - 58.9%
NC highest in state

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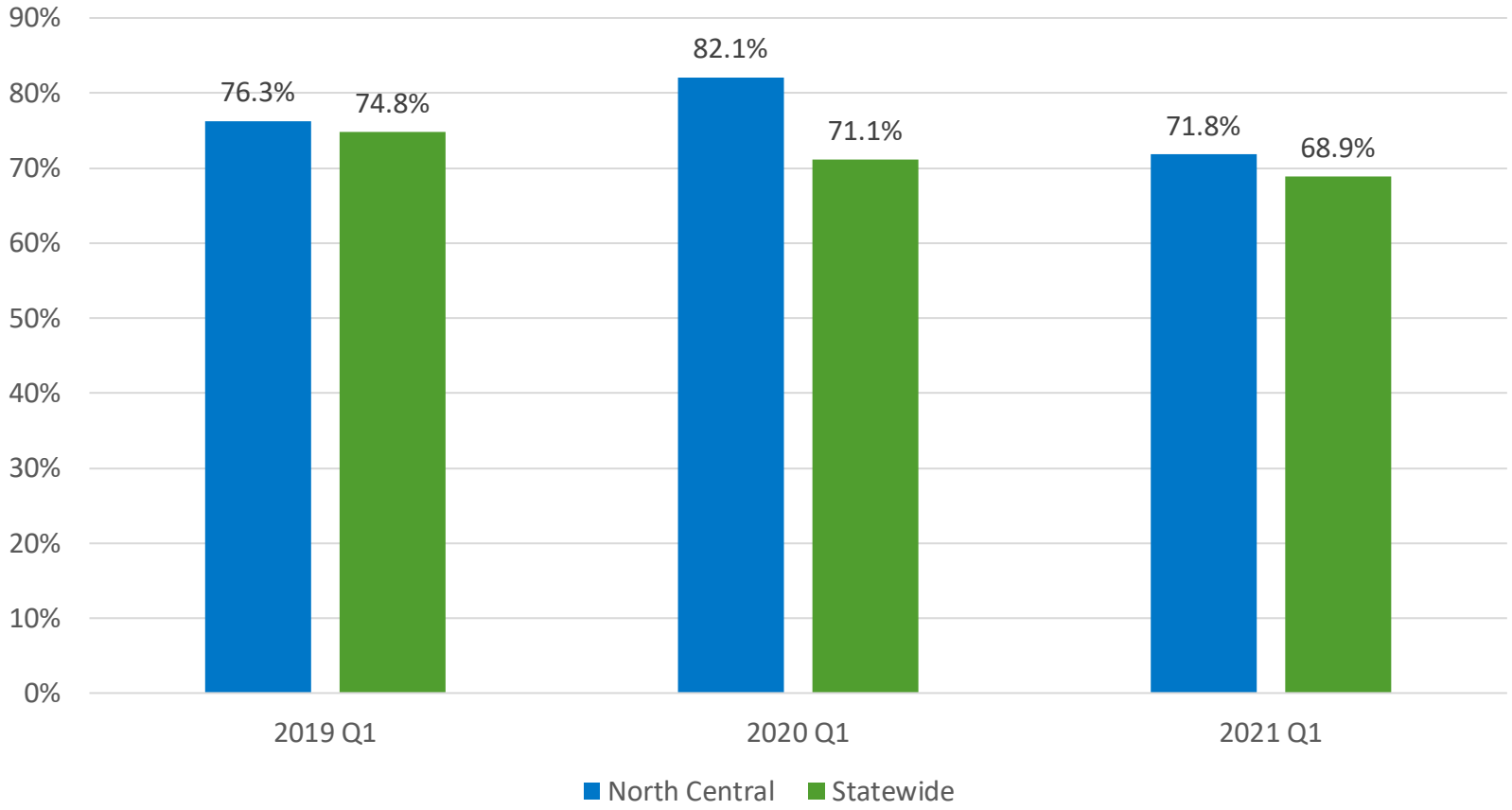
Adults With SMI: Follow-up After Hospitalization for Mental Illness – Within 30 Days



Statewide 2021 Q1
Range: 64.9% - 76.0%

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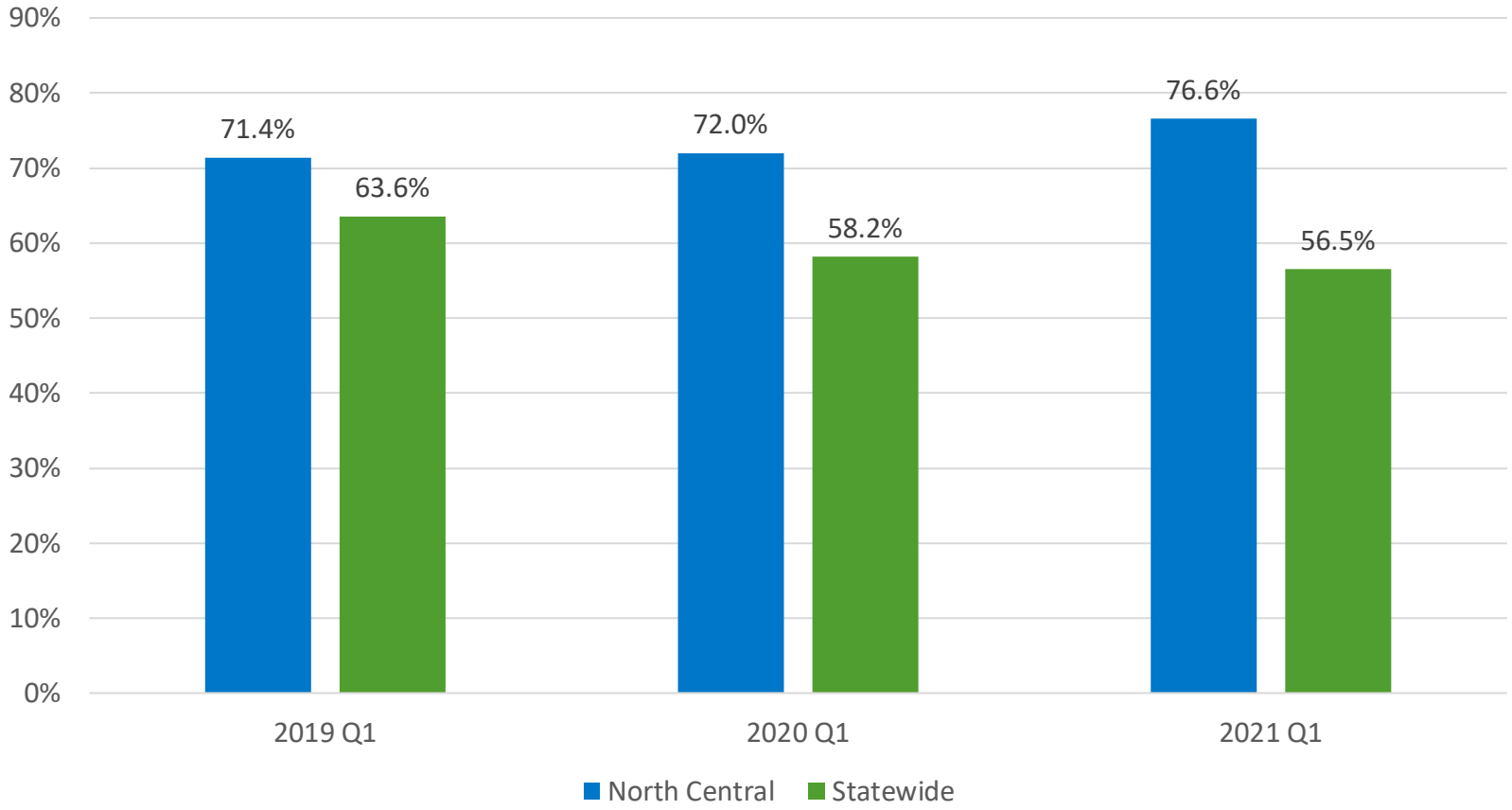
Adults With SMI: Follow-up After ED Visit for Mental Illness – Within 7 Days



Statewide 2021 Q1
Range: 45.7% - 76.6%
NC highest in state

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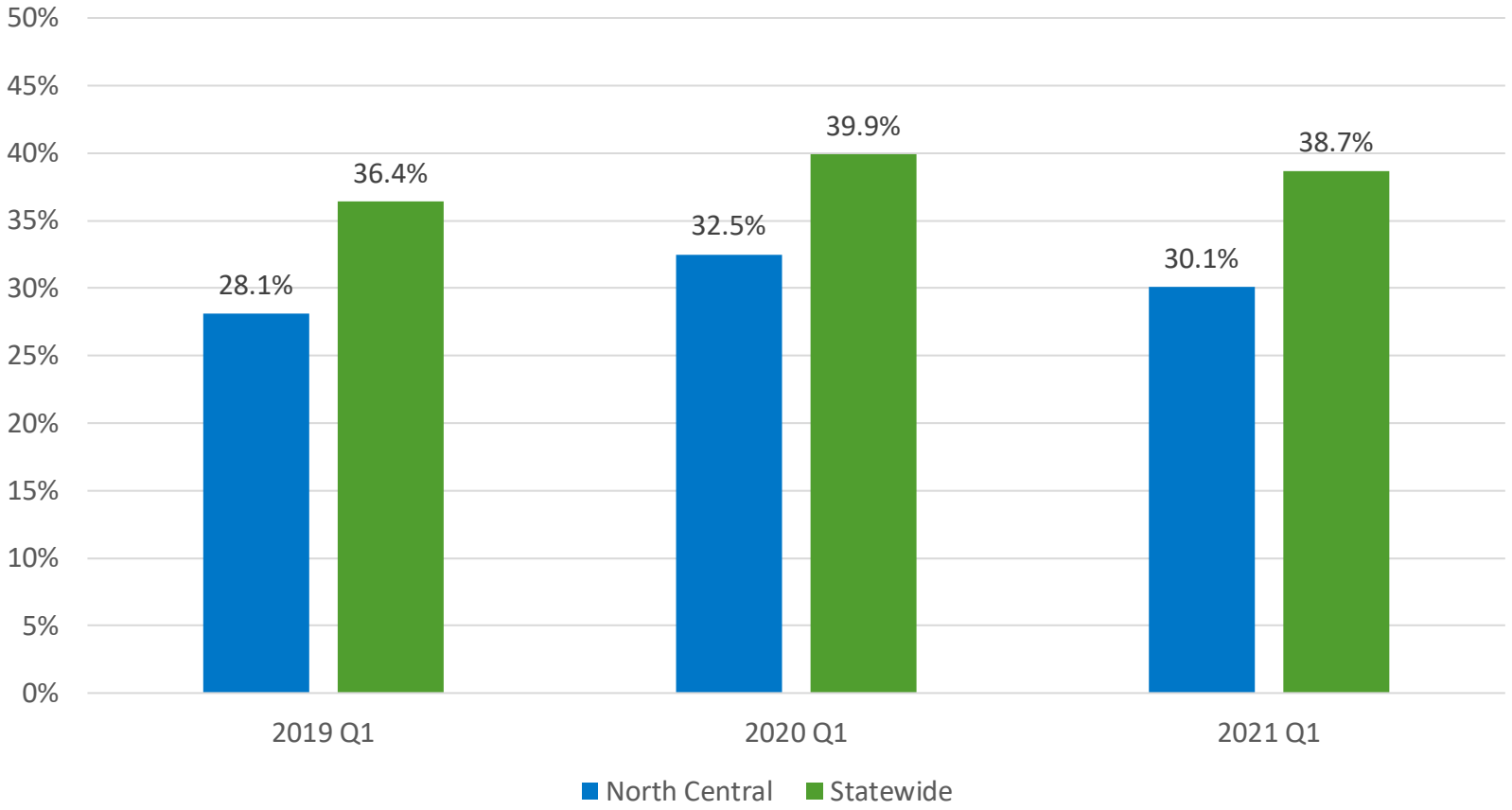
Adults With SUD Treatment Needs: Substance Use Disorder Treatment Penetration



Statewide 2021 Q1
Range: 30.1% - 44.7%
NC lowest in state

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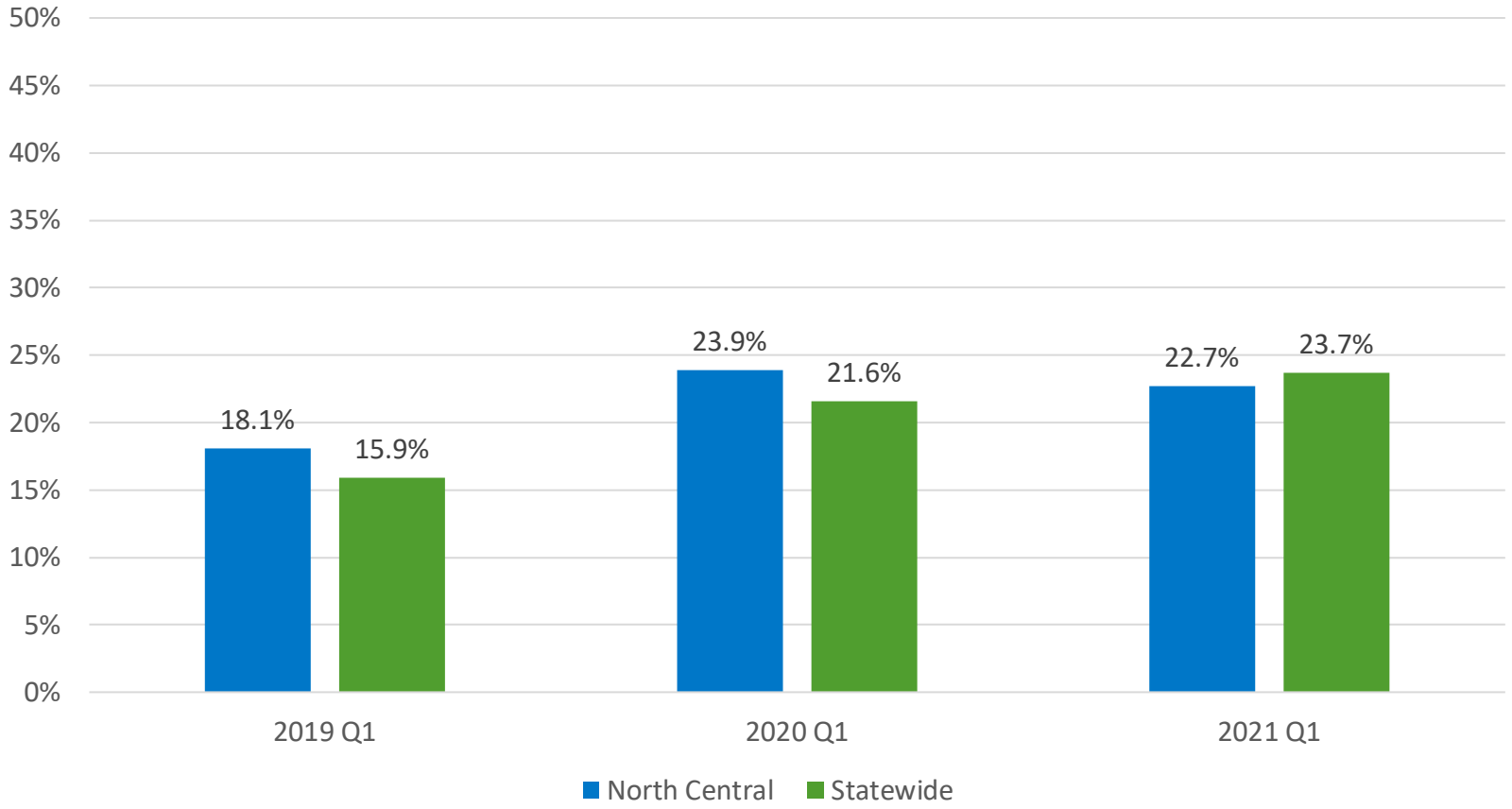
Adult SUD: Follow-up After ED Department Visit for Alcohol/Other Drug – 7 Day



Statewide 2021 Q1
Range: 15.0% - 42.2%

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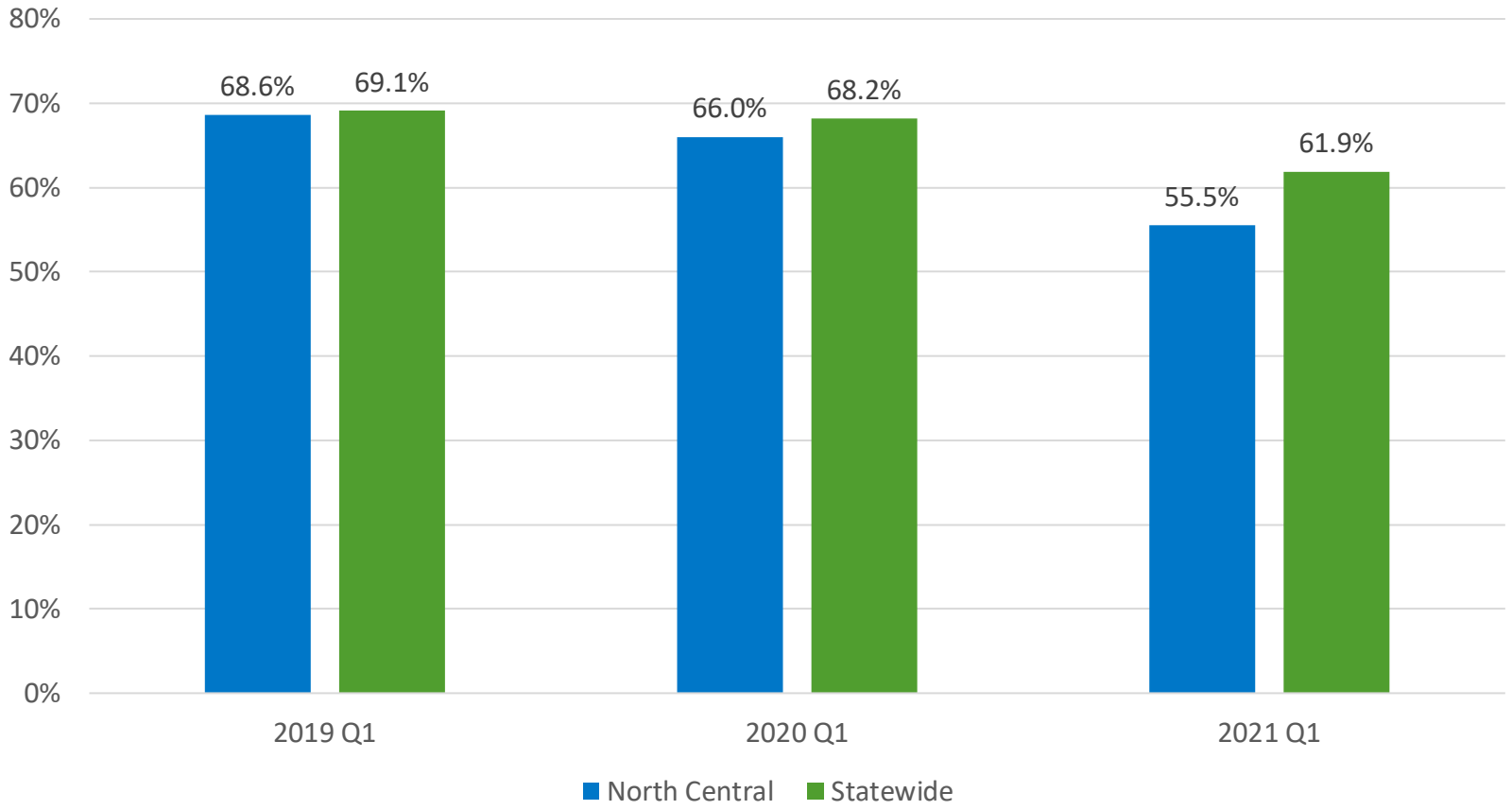
Children/Adolescents (6-17) With Mental Health Needs: Mental Health Service Penetration (Broad)



Statewide 2021 Q1
Range: 55.5% - 68.0%
NC lowest rate

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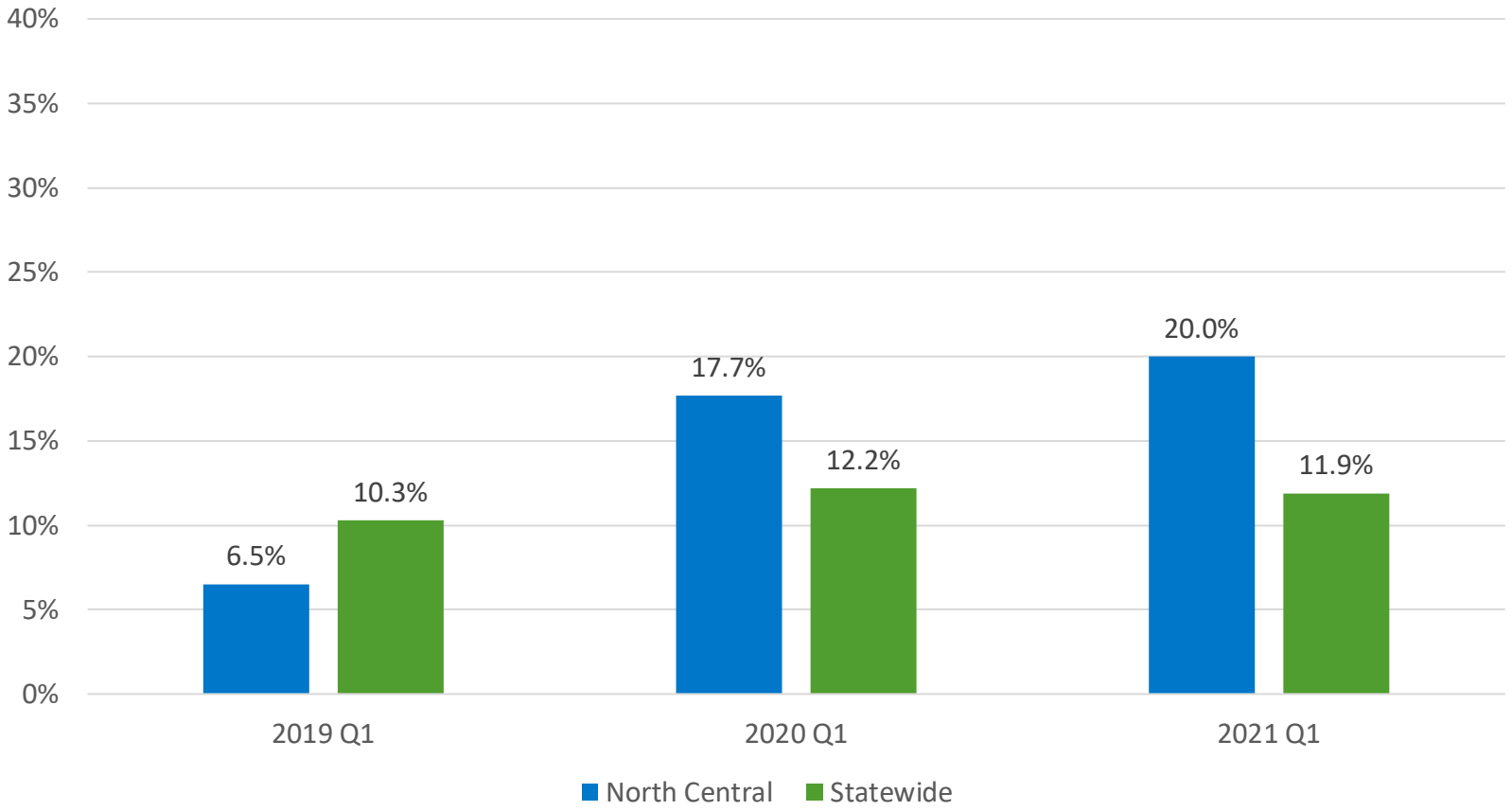
Children/Adolescent (6-17), Psych 30-Day Inpatient Readmission



Statewide 2021 Q1
Range: 5.8% - 20.0%
NC highest rate

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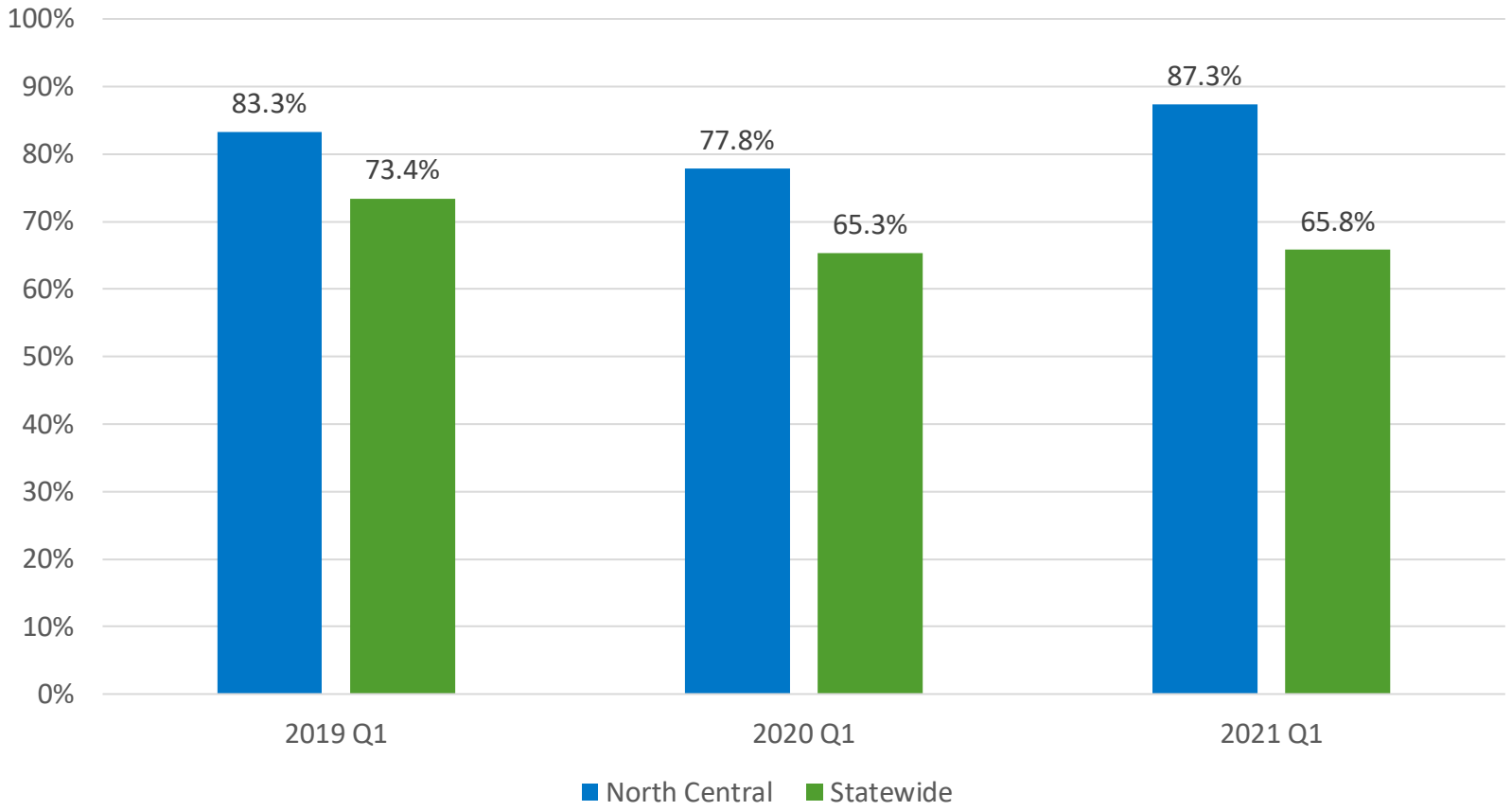
Children/Adolescent (6-17) With Mental Health Needs: Follow-up After ED Visit For Mental Illness – Within 7 Days



Statewide 2021 Q1
Range: 55.7% - 87.3%
NC highest rate

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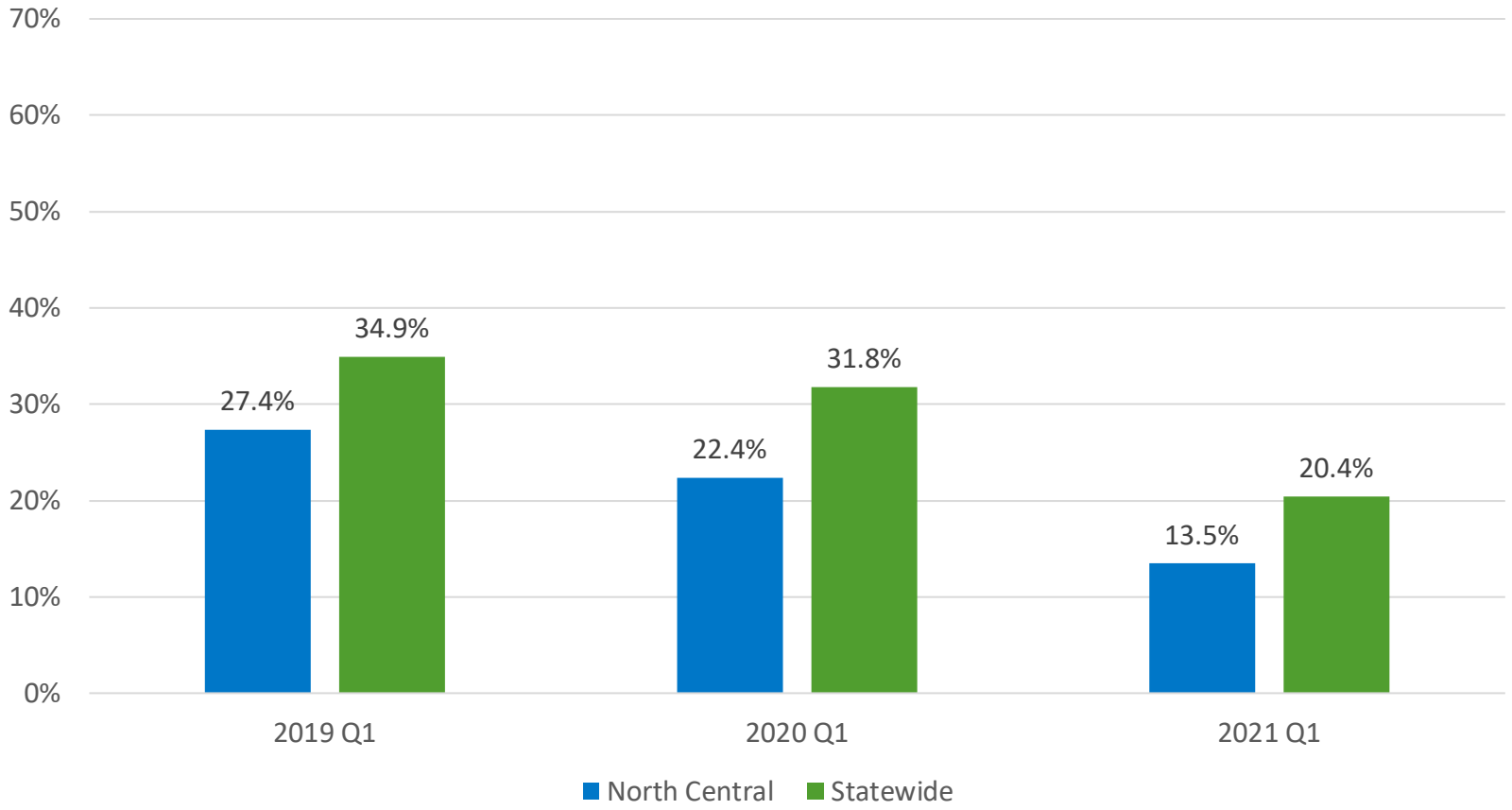
Children/Adolescent (10-17) With SUD Treatment Needs: Substance Use Disorder Treatment Penetration



Statewide 2021 Q1
Range: 12.6% - 35.8%

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Questions?

- Other sources of performance measurement information:
  - External Quality Review Organization annual reports https://www.hca.wa.gov/about-hca/apple-health-medicaid-and-managed-care-reports
  - Healthier Washington dashboards https://www.hca.wa.gov/about-hca/medicaid-transformation-project-mtp/arm-data-dashboards
  - DSHS Research and Data Analysis dashboards https://www.dshs.wa.gov/ffa/research-and-data-analysis/dashboards
- Contact Carey Wallace or Teresa Claycamp for follow up if needed:
  - Carey.Wallace@hca.wa.gov
  - Teresa.Claycamp@hca.wa.gov

Comagine Health Report Recommendations

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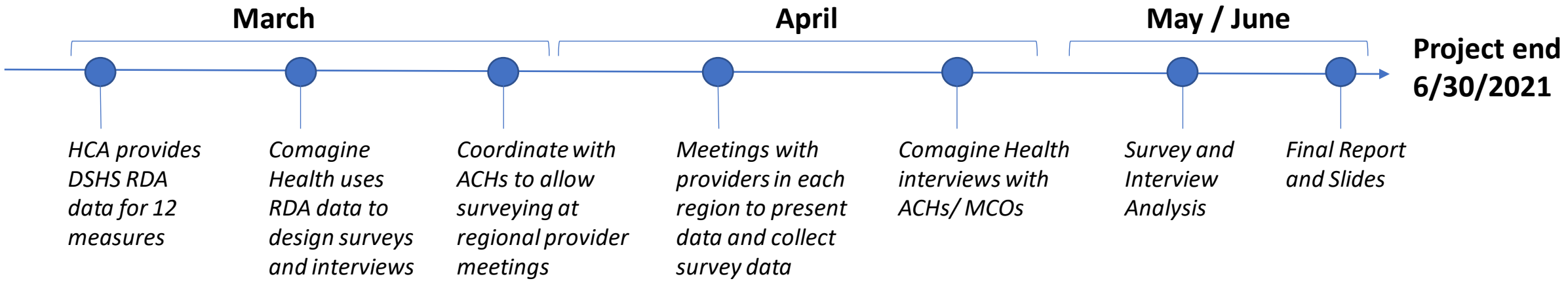
Mental Health Waiver Funded Projects

During Spring 2021, administrative dollars from the Health Information Technology component of the MH Waiver supported the following projects:

Project	Contractor
Clinical Integration Assessment Tool	HealthierHere ACH
SDOH and Telehealth	Behavioral Health Institute
Behavioral Health Performance Measures	**Comagine Health**

Brief Reminder of the Study and Timeline



Comagine Health Report Recommendations

After compiling, reviewing and analyzing the results of the 195 surveys and 14 interviews, Comagine Health identified recommendations for the following areas:

1. Workforce shortages
2. Health information technology
3. Challenges sharing patient information/data
4. Limited access to data to assess progress on performance measures
5. Limited access to services
6. Challenges for children and youth in behavioral health treatment
7. Areas for future study or review

Workforce Shortage

- Focused efforts to recruit behavioral health professionals while they are in college.
- Loan forgiveness for individuals with professional behavioral health degrees.
- Supports to include adequate professional staff to provide training and clinical supervision for clinicians and non-clinical staff, including clinical supervision toward licensure.
- Increased focus on statewide efforts to recruit, train, certify and support non-clinical workers throughout the state (*Oregon offers a comprehensive model utilizing traditional health workers that is built into the State Plan Amendment).

*State of Oregon. Oregon Administrative Rules: Medical Assistance Programs – Chapter 410. Traditional Health Workers. Available at: https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1741.

Workforce Shortage - *continued*

- Support increased pay for behavioral health providers and offer more funding for increased reimbursement as well as expanded payment for non-clinical workers.
- Increased recruitment, hiring, training, credentialing and supervision of substance use disorder (SUD) workforce.
- Continue efforts to increase Medication for Opioid Use Disorder (MOUD) by primary care providers.
- Workforce development should include education, training and certification to increase the number of behavioral health providers for children and youth.
- Continue support for remote services, while providing multiple treatment modalities so patients can use the one that works best for them.

Of note: To address the shortage of behavioral health professionals and expand and diversify the workforce, in May 2021, the Washington state legislature earmarked funds for a training hospital; more behavioral health programs at 12 Washington state universities; and using dollars for scholarships, grants and loan forgiveness for this workforce. In addition to this legislation, the Ballmer Group provided $38 million to support a broad, collaborative response to the state's behavioral health crisis.

Health Information Technology

- Support EMR improvements to improve clinical integration which may include increased funding for innovation and technology enabling bidirectional referrals between physical health and behavioral health.

- Work with providers and MCOs to address privacy concerns related to telehealth.

Patient Health Information Sharing

- HCA, ACHs and the MCOs (and their delegates) should connect all providers with Collective Medical around emergency department (ED) and hospitals in order to share patient information with providers. They should standardize implementation, training, support and learning collaboratives related to Collective Medical across MCOs and regions.
- HCA should implement a statewide effort to support providers and ensure consistent application and succinct processes, in compliance with 42 CFR Part 2, in order to increase the effectiveness of care coordination, improve health outcomes, decrease costs, and to truly integrate care for those experiencing SUD.
- HCA, ACHs and the MCOs (and their delegates) should share best practices, incentives, technical assistance and more across all regions of the state to encourage timely follow-ups after ED visits for behavioral health issues.

Limited Access to Data

- HCA should assist MCOs, ACHs and providers in identifying and addressing operational and administrative barriers to timely sharing of data.
- Standardization of data gathering and information sharing by all MCOs would assist providers in streamlining processes.

Access to Services

- Address workforce issues as outlined above.
- Continue to provide telehealth services when appropriate and desired.
- Extra attention should be paid to additional issues affecting access, including social determinants of health, such as transportation, housing and economic stability. The state should explore options to help ensure members have resources to access transportation for Medicaid covered services.

Challenges for Children and Youth in Behavioral Health Treatment

In addition to the workforce issues identified for children and youth, recommendations include:

- Providing choices regarding virtual vs. in-person treatment may help youth engage in treatment in a manner that works best for them.

- Schools are the primary referral source for behavioral health services for children and youth. While schools were closed to in-person learning during the pandemic, referrals suffered.

  When schools are not open, ACHs and MCOs should increase regular well-child check-ups, screenings and connections with pediatricians and primary care providers. Further outreach may include identifying culturally effective solutions and reaching out to community-based organizations or partners who may serve as a support for families in need of resources.

- Changes in school discipline policy implemented by the State Office of Superintendent of Public Instruction has impacted the ability of schools to mandate substance use screenings and assessments to avoid suspension/expulsion.

Areas for Future Study

Based on project findings, Comagine Health suggested the following areas for future study:

- How are regions successfully addressing homelessness and employment.
- How providers, ACHs and MCOs are working together to maximize the use of HIT.
- Identification of which regions, providers and MCOs can be targeted for improvements, including operational support and administrative simplification.
- What providers are doing to address these metrics.
- Collect and compile innovations and best practices that are leading to improved outcomes with these measures.
- Regional MCO cooperation to align processes, contracting and incentives to help minimize administrative burden on providers and also ensure equity of services provided to members across MCOs.

Discussion & Next Steps

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Leveraging Existing Workstreams - Examples

- HCA Components/Sections Involved:

DBHR	CQCT	Medicaid Program Division
Policy Division	HIT Section	QMMI
Privacy Office	ARM Data Team	

Leverage work is underway within HCA to identify next steps:

Topic	Existing Workstream	Examples of Some Possible Actions
Address workforce shortages.	Workforce Sprint Team (DBHR (Steve Perry), Policy (Suzanne Swadener), Medicaid Programs (Johnny Schultz)), Special Assistant- Teresa Claycamp	
Enable needed information exchange, including use of Collective Medical (CM) and best practices regarding follow-up after ED discharge.	HIT Section (Jennie Harvell), DBHR (David Johnson), Policy Division (Chase Napier)	Support dissemination and awareness of ACH/MCO/HCA/CM – CM Implementation Guide (IG) Support development of CM IG for Community Based Psyc hospitals/units
Support appropriate use of telehealth.	CQCT (Chris Chen/Jodi Kunkel), HIT (Jennie Harvell)	
Encourage understanding of/compliance with privacy requirements.	Privacy Office (Sam Mendez)	Disseminate information on: (i) 42CFR Part 2 Updated Guidance; and (ii) develop/disseminate telehealth privacy guidance
Promote care coordination and integrated care on behalf of persons with SUD.	Medicaid Program (Colette Rush), Policy (Chase Napier), HIT Section (Jennie Harvell)	Increase awareness and future use of Clinical Integration Assessment Tool
Enable access to timely and standardized performance measure data.	Medicaid Program (Carey Wallace), Special Assistant- Teresa Claycamp, ARM Data Team (Shalini Prakash)	Increase awareness and use of HW Dashboard
Address SDOH, including transportation to access services.	CQCT (Chris Chen), DBHR (TBD), HIT (Jennie Harvell), Medicaid Program (Jodi Kunkel)	Disseminate information re: SDOH billing guidance DP on SDOH billing

Discussion & Next Steps

1. Recommendations in the Report – Next Steps
   - Leveraging Existing Workstreams
   - Communication Plan

2. Future Behavioral Health Performance Measures Monitoring
   - How do we ensure **active** monitoring of Behavioral Health Measures?

Thank you

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