

Addressing Measurement Gaps in Continuing Care Management for Substance Use Illness:

The Medicaid Perspective

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November 4, 2009

- Structure of Medicaid in a given state
- Medicaid eligibility categories
- Medicaid eligibility interruptions
- Member choice: of PCP/health plan
- Reliance on claims
- Medical Necessity Criteria
- Acute vs. continuing care
- Population-based focus

- Regulations/contracting
- Coordination of like services across agencies/purchasers
- Provider variation in data management
- Unfunded mandate on providers
- Funding mechanisms: fee for service, capitated payments, global payments

- Ability to address healthcare disparities based on race, ethnicity, language, orientation, physical or intellectual disability
- Capacity to collect data as member crosses boundaries in episode of care
- Capacity to collect data about non-claims based recovery activity
- Capacity to measure clinical health outcomes along with process/utilization

- Further development of HEDIS IAD & IET to include outcomes
- Monitor Buprenorphine practice guideline compliance and outcomes

- Standardized Release of Information
- Data sharing/exchange across purchasers
- Care coordination centralized/medical home
- Retrospective study: research/evaluation

- Enhanced ability to share and exchange medical record information
- Electronic record keeping & sharing
- Virtual gateway across EHS
- Medical home as “data central”
- Retrospective study: research / evaluation

- Funding
- Joint effort
- Consumer/member guidance
- Provider guidance
- Decision-support for providers
- SBIRT implementation