Medicaid Innovation Accelerator Project 2016-2017

Technical Expert Panel In-Person Meeting
Reducing Substance Use Disorders Breakout Session

April 18-19, 2017

Reducing Substance Use Disorders Breakout Session

Teleconference and Streaming Information

- Teleconference: Dial (877) 224-4655; Conference Code 574 573
- Streaming Day 1: http://nqf.commpartners.com/se/Rd/Mt.aspx?968682

- Streaming Day 2: http://nqf.commpartners.com/se/Rd/Mt.aspx?160727

SUD Breakout Session

- Goals of breakout session:

  - *Develop recommendations for strengthening states' Medicaid delivery system reform efforts through identification of measures related to the SUD program area*
    - » Review measures by measure score
    - » Analyze measures for consideration using a decision logic to recommend a comprehensive measure set to the Coordinating Committee

Michigan, SUD-IAP, & Delivery System Reform

Lynda Zeller
Senior Deputy Director
Behavioral Health and Developmental Disabilities Administration
zellerL2@Michigan.gov

April 18-19, 2017

Michigan Structure, Measurement & Reporting

* **Michigan-Managed Care Medicaid** 20 years
  * **Behavioral Health Carve Out-Public Pre Paid Inpatient Health Plans (PIHP)** -specialty services serious mental illness, substance use disorders, intellectual & developmental disabilities. Sole sourced. Community Mental Health. Medicaid and Non Medicaid (SAMSHA, etc)
  * **Medicaid Health Plans (MHP)** -physical health, mild mental health. Competitive, private health plans.
* **Measurement & Reporting**
  * PIHP and MHP systems individually (20 years)
  * Shared Metrics-Quality Improvement Incentives (Begin 2016)
  * Shared Tools (Begin 2014) Care Connect 260, HIE Use Cases (immediate hospital admit/discharge, etc).

Shared Tools--CC 360-Client summary

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

MDHHS Michigan Department of Health and Human Services

| Michigan.gov | Application Home | Beneficiary Lookup | Features ▶ | Training ▶ | My Profile ▶ | Contact | Exit |

Care Coordination

| Medicaid ID: XXXX | Name: XXXX | Birth Date: XXXX (XX) | Show More Info |

| Client Summary | Chronic Conditions | Client Profile | Claims | Notes | Interactive Care Plan |

Add a new Tile: --None-- ▼ Add .

Chronic Conditions - Top 3

Conditions	Current Count
DIABETES	12
MJR DEPRESSION	8
HYPERTENSION	7

Procedure Codes - Top 3

Procedure Code	Current Count
99283 - Emergency dept visit	101
99284 - Emergency dept visit	65
99282 - Emergency dept visit	36

Recent Providers - Top 3

Most Recent Visit	Provider ID	Provider Name	Total Visits
XX/XX/XXXX	1801827639	XXXXXXXXXX	3
XX/XX/XXXX	1811928641	XXXXXXXXXX	8
XX/XX/XXXX	1487649349	XXXXXXXXXX	14

Pharmacy - Top 3

Generic Drug Name	Number of Fills	Most Recent Fill
HYDROMORPHONE HCL	1	XX/XX/XXXX

Antipsychotics - Top 3

Generic Drug Name	Number Of Fills	Most Recent Fill
No data to display		

I/P Admissions - Most Recent 3

Admit Date	Facility Name
XX/XX/XXXX	1003878539 - UNIVERSITY OF MICHIGAN HOSPITALS
XX/XX/XXXX	1922090554 - SPECTRUM HEALTH HOSPITALS

ED Visits - Most Recent 3

Visit Date	Facility
XX/XX/XXXX	1922090554 - SPECTRUM HEALTH HOSPITAL
XX/XX/XXXX	1922090554 - SPECTRUM HEALTH HOSPITAL
XX/XX/XXXX	1003878539 - UNIVERSITY OF MICHIGAN HOSPITALS

BH I/P Admissions - Top 3

Admit Date	Facility Name
No data to display	

ED Dental Visits - Top 3

Visit Date	Facility
No data to display	

Dental - Top 3

Visit Date	Provider
No data to display	

Psychotropics - Top 3

Generic Drug Name	Number Of Fills	Most Recent Fill
No data to display		

Shared Tools-CC360 Chronic conditions

Michigan Department of Health and Human Services

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

MDHHS

Care Coordination

| Medicaid ID: XXXX | Name: XXXX | Birth Date: XXXX (XX) | Show More Info |

| Client Summary | Chronic Conditions | Client Profile | Claims | Notes |

This is a snapshot of a person's potential conditions as of today, and an indicator of potential issues which may need further follow-up.

These conditions were selected based their morbidity and/or mortality impact on the State of Michigan https://www.ccwdata.org/web/guest/home and/or through CMS identification and analysis. The process used to define each condition involved identifying nationally recognized definitions, and reporting tools and methods (i.e. HEDIS). ICD 9 codes, NDC coding and other coding **norms** were used to develop algorithms to identify the possibility or likeliness of specified chronic conditions.

The information reflects and is limited to the presence or absence of paid claims submitted using the specified conditions.

This page is not intended to serve as a problem list or replace the electronic health record. As always, the best source of information is from the individual himself or herself however, this tool allows the provider access to information for the beneficiary at a single point in time.

Export to Excel

Condition	Current	Current Count	History	History Count
ASTHMA	✓	1	✓	21
HYPERLIPIDEMIA	✓	8	✓	27
ESSENTIAL HYPERTENSION	✓	10	✓	66
ISCHEMIC HEART DISEASE	✓	12	✓	119
RHEUMATOID ARTHRITIS OSTEOARTHRITIS	✓	1	✓	1
SEIZURE EPILEPSY	✓	4	✓	25
STROKE	✓	2	✓	18
ATRIAL FIBRILLATION		0	✓	1
CONGESTIVE HEART FAILURE		0	✓	6
CHRONIC OBSTRUCTIVE PULMONARY DISORDER		0	✓	15
MAJOR DEPRESSION		0	✓	1
OBESITY		0	✓	8
OSTEOPOROSIS	✓	1		0

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7

Message:

Action: Cancel   Help

Shared tool- Stratified List: CC 360

M‍DHHS Michigan Department of Health and Human Services

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Michigan.gov   Application Home   Beneficiary Lookup   Features ▶   Training ▶   My Profile ▶   Contact   Exit

Risk Stratification for Macomb Co CMH Services

Easy	Filters

EDVisits Easy Content

Export to Excel 📊

Beneficiary Name	Medicaid ID	Total Visits	Total ED Visits	Psych ED Visits	Acute ED Visits	Psych IPH Visits
		10	10	0	10	0
		6	6	1	5	0
		6	6	2	4	0

|◀ ◀ 1 ▶ ▶| Page size: 20 ▼   3 items in 1 pages

Statewide ADT Notification

Animation

Qualified Organization

Qualified Organization

Care Coordinator

Primary Care

Specialist

Active Care Relationship

HPD Delivery Preference Lookup
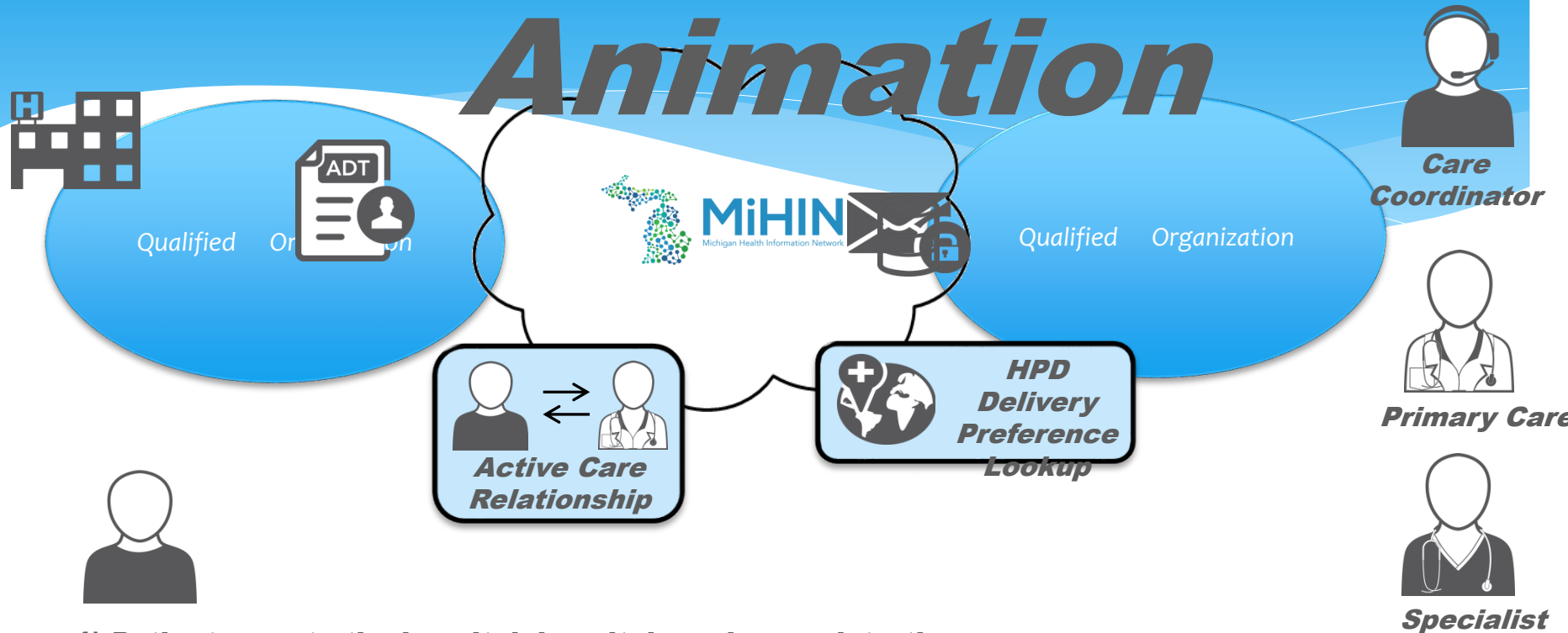
1) Patient goes to the hospital, hospital sends a registration message

2) Check Active Care Relationships and identify three providers

3) Using the HPD, identify delivery preference for each provider

4) Notification is routed to providers based on preferences

The IAP and Michigan's Delivery System Reform

- **Michigan's IAP Measures**
  - <u>NQF Measure 0004</u>: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)
  - <u>NQF Measure 2605</u>: Follow-Up after Discharge from the ED for Mental Health or Alcohol or Other Drug Dependence
  - Promoted new shared-metrics process for Michigan's MHPs and PIHPs

- **IAP = Catalyst for Integration Improvements**
  - Section 1115 "Pathway to Integration Waiver" request
  - Connection to "298 Process"-Legislatively Required Integration Planning
  - Connection to Super & High Utilizer Projects (NGA)

MDHHS
Michigan Department of Health & Human Services

Continuing Metrics to Drive System Reform

- **Health Outcomes**
    - Ambulatory Care Sensitive ED Visits
    - IAP Measures
    - Inpatient Utilization
    - Epidemiological Data
        - Mortality Rates
        - Communicable Disease Prevalence and Incidence Rates (e.g., Needle-sharing and HIV/AIDS)
- **Quality of Life**
    - BH-TEDS
- **Access to Care**
    - SBIRT/Screening Rates
    - MAT Utilization (e.g., Number of Prescribers and Patients)
- **Proposed New NQF Measures**
    - Substance Use Disorder Treatment Penetration (SUPPL-AOD)
    - Medication-Assisted Treatment (ASAM #2)

MDHHS
Michigan Department of Health & Human Services

Challenges: Delivery System Reform

- **Structural**
  - Gaps inherent in Medicaid Carve-out (PIHP-MHP)
  - Gaps in non-Medicaid & Medicaid systems (include social supports, prevention)
  - Reimbursement and Incentive separation and alignment
  - Resource limitations (e.g., oversight and monitoring)
  - 42CFR Part 2 and Health Information Exchange
- **Philosophical**
  - Provider willingness & risk aversion
  - Stigma
  - Distrust of private MHPs by MH/I-DD population and advocates
- **Environmental**
  - State, federal, local separation of MH and SUD systems (care, oversight)
  - Separation of systems (social determinants, prevention, treatment)
  - Treatment access capacity challenges (MAT, psychiatric)
  - Outreach challenges

MDHHS
Michigan Department of Health & Human Services

What Impacts Michigan Health?

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Most Individual Effort Needed

Counseling and Awareness
Warning Labels, Promoting Health

Medical Care
Treating Physical and Mental Disease

Preventive Care
Vaccines, Regular Screenings

Making Healthy Decisions Easy
Health Laws, Policy Changes

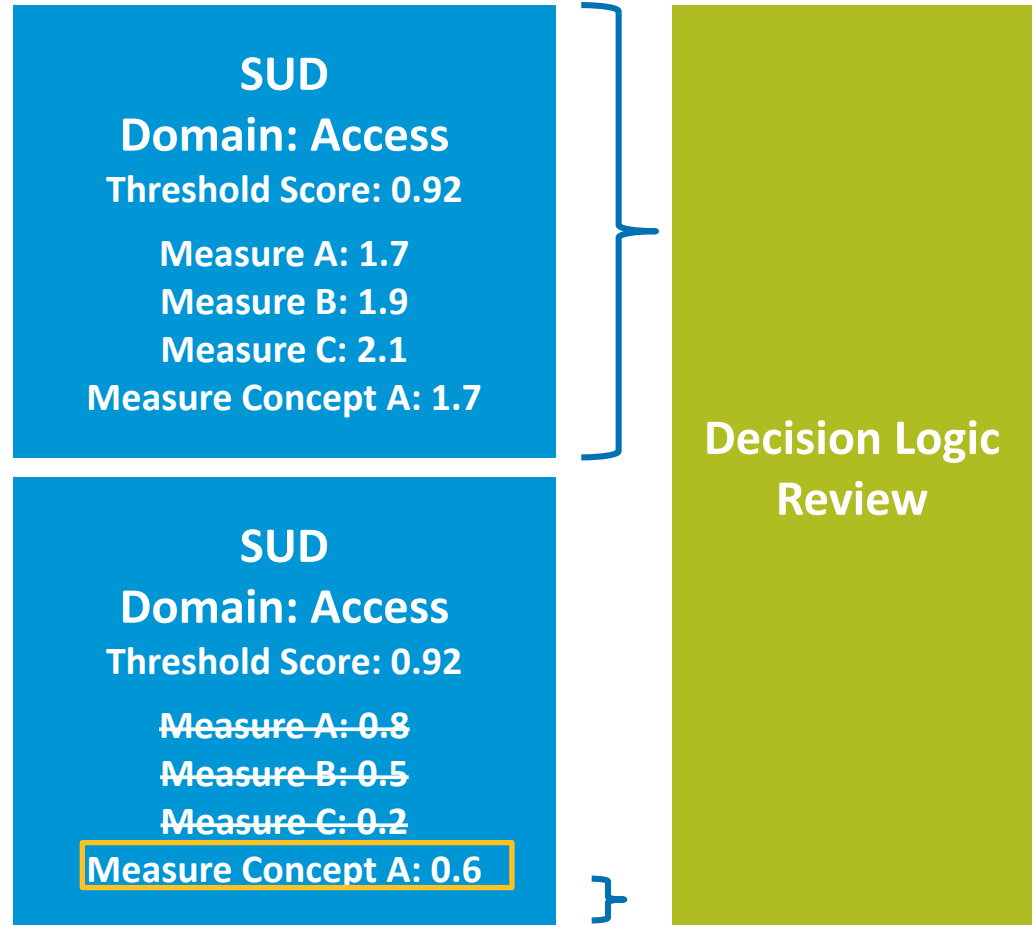**Environment and Social Factors**
Education, Housing, Income, Food, Transportation, Community Safety

Biggest Health Impact

Adapted from the Centers for Disease Control and Prevention's
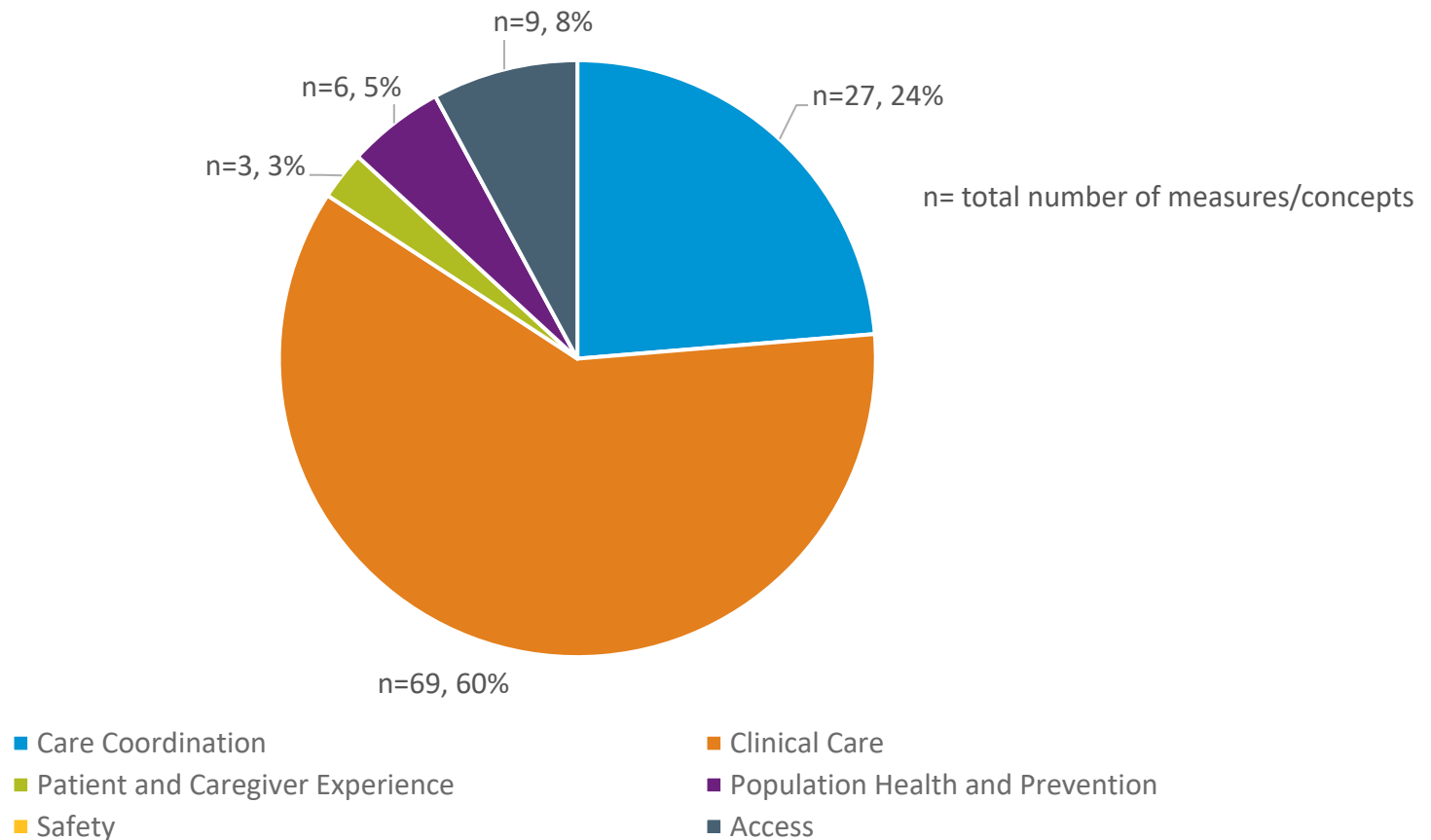A Framework for Public Health Action: The Health Impact Pyramid

TEP Decision Process

- ✓ **Measures/Concepts that meet or exceed the threshold score (total program area-specific mean) automatically continue to the decision logic review**

- ✓ **Only Measures/Concepts with scores that fall below the mean that TEP members choose to retain in advance of the meeting will move on to the decision logic review**

- ✓ **Note: TEP members may only select up to 3 measures to retain**

SUD
Domain: Access
Threshold Score: 0.92

Measure A: 1.7
Measure B: 1.9
Measure C: 2.1
Measure Concept A: 1.7

SUD
Domain: Access
Threshold Score: 0.92

~~**Measure A: 0.8**~~
~~**Measure B: 0.5**~~
~~**Measure C: 0.2**~~
Measure Concept A: 0.6

Decision Logic Review

Reducing Substance Use Disorders – Measure Landscape

Measures and Measure Concepts, by Domain

n=9, 8%

n=6, 5%

n=3, 3%

n=27, 24%

n= total number of measures/concepts

n=69, 60%

- Care Coordination
- Clinical Care
- Patient and Caregiver Experience
- Population Health and Prevention
- Safety
- Access

Reducing Substance Use Disorders – Measure Landscape

	Total	Measure	Measure Concepts
Total	114	49	65
Mean	**0.92**	1.41	0.56
Maximum score	2.7	2.7	1.5
Minimum score	0	0.15	0
>= Threshold Score	43	36	7

*Note: Total mean (0.92) is used to denote cut-off for measure/concepts to be analyzed by decision logic.

SUD Overall Measure Score Mean

- SUD Measure Overall Measure Score Mean: 0.92

- Measures/Concepts with scores at or above program area mean and measures/concepts retained:
  - *Access: 0*
  - *Care Coordination: 11*
  - *Clinical Care: 33*
  - *Patient and caregiver experience: 1*
  - *Population health and prevention: 0*
  - *Safety: 0*
  - ***Total: 45***

Decision Logic

Exclude

Low   **Low**   **Low**   **Low**

To what extent does this measure address the CMS quality measurement domains and/or program area key concepts?

High/ Medium →

To what extent will this measure address an opportunity for improvement and/or significant variation in care?

High/ Medium →

To what extent does this measure demonstrate efficient use of resources and/or contribute to alignment?

High/ Medium →

To what extent is this measure ready for immediate use?

High →

To what extent do you think this measure is important to state Medicaid agencies and other key stakeholders?

High/ Medium →

Recommend measure for inclusion in program area measure set

Medium/Low

To what extent do you think this measure is important to state Medicaid agencies and other key stakeholders?

High/ Medium →

Recommend measure concept for inclusion in program area measure set
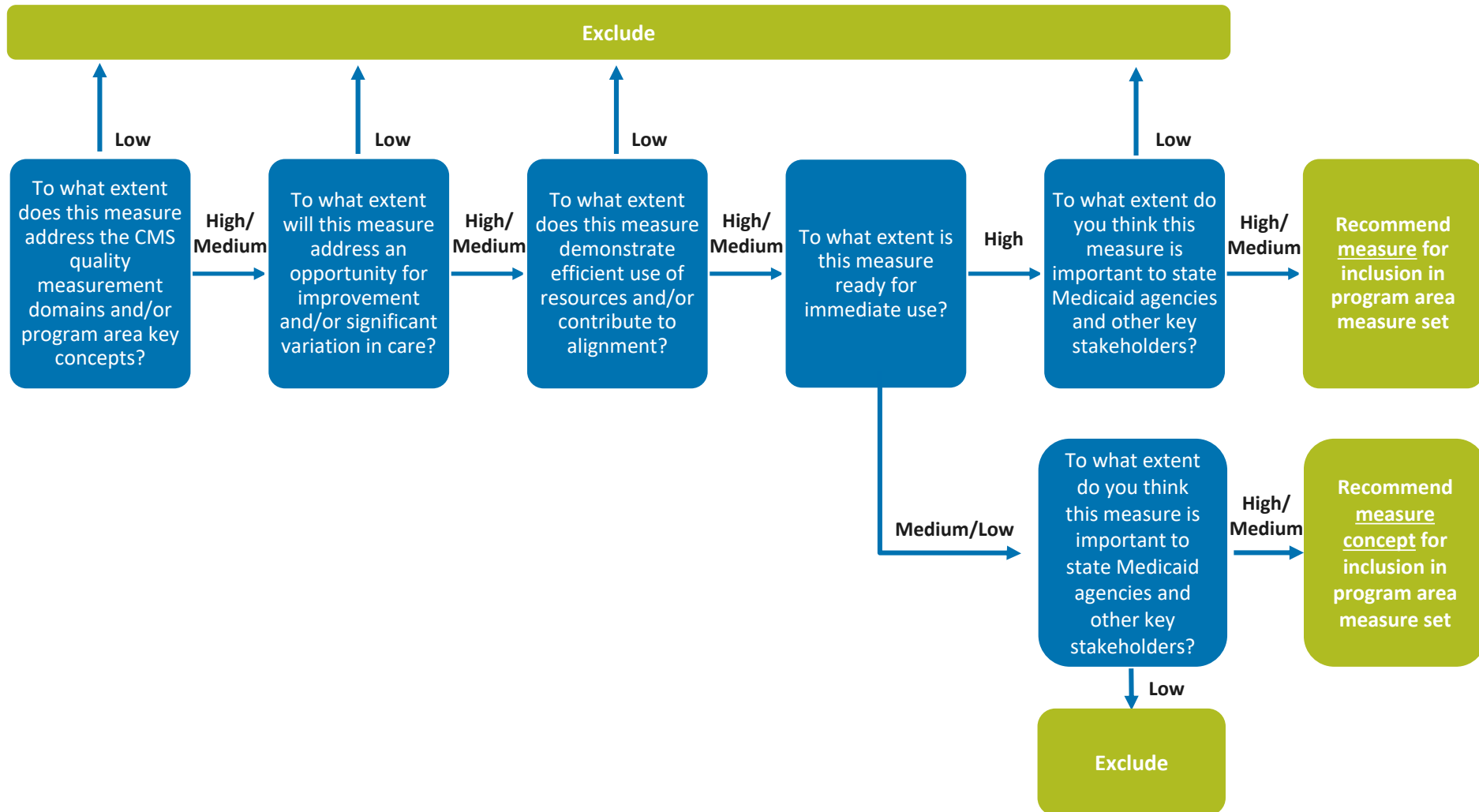
Low

Exclude

Review of TEP Voting

- TEP members will utilize a hand vote
  - *State panelists will not vote*

- A vote requires 60% agreement to move forward
  - *Each decision to support or not support will be accompanied by one or more statements of rationale as to how and why each decision was reached.*

- TEPs will review potential measures/measure concepts by CMS quality measurement domain

- The measure sets will be recommended to the Coordinating Committee for consideration

CMS Quality Measurement Domains

Decision Logic

Exclude

Low — To what extent does this measure address the CMS quality measurement domains and/or program area key concepts?

High/Medium →

To what extent will this measure address an opportunity for improvement and/or significant variation in care?

High/Medium →

To what extent does this measure demonstrate efficient use of resources and/or contribute to alignment?

High/Medium →

To what extent is this measure ready for immediate use?

High →

To what extent do you think this measure is important to state Medicaid agencies and other key stakeholders?

High/Medium →

Recommend <u>measure</u> for inclusion in program area measure set

Medium/Low →

To what extent do you think this measure is important to state Medicaid agencies and other key stakeholders?

High/Medium →

Recommend <u>measure concept</u> for inclusion in program area measure set

Low →

Exclude

Measures/Concepts for Consideration

- To what extent does this measure address critical quality objectives of the CMS quality measurement domains and/or identified program area key concepts?
  - *High: Measure addresses a CMS quality measurement domain(s) and program area key concepts*
  - *Medium: Measure addresses CMS quality measurement domains but does not address program area key concepts*
  - *Low: Measure does not clearly address CMS quality measurement domains or program area key concepts*

- TEP Vote

Measures/Concepts for Consideration

- To what extent will this measure address an opportunity for improvement and/or significant variation in care evidenced by quality challenges (e.g. readmissions, access to care) for each program area?
    - *High: Addresses multiple quality challenges and opportunities for improvement within a program area*
    - *Medium: Measure has the potential to address variation in care and quality challenges*
    - *Low: Measure does not address quality challenges or opportunities for improvement within a program area*

- TEP Vote

Measures/Concepts for Consideration

- To what extent does this measure demonstrate efficient use of measurement resources (data collection processes, performance improvement activities, etc.) and/or contribute to alignment of measures across programs, health plans, and/or states? The measure is not duplicative of existing measures within the measure set, captures a broad population (encompasses population of different ages, multiple conditions, etc.).

    - *High: Measure demonstrates efficient use of measurement resources, addresses broad populations, is not duplicative of existing measures and contributes to alignment across states/programs and health plans*

    - *Medium: Measure is not duplicative of other measures and does address some areas of alignment but does not encompass broad populations*

    - *Low: No evidence that the measure demonstrates/addresses any of the above criteria (e.g., does not demonstrate efficient use of measurement resources, address a broad population, nor contribute to alignment. There are other measures similar to this one already in use*

- TEP Vote

Measures/Concepts for Consideration

- To what extent is this measure ready for immediate use?
  - *High: Already in use in the Medicaid populations*
  - *Medium: Measure has a specified numerator and denominator and has reported testing*
  - *Low: Measure has a numerator and denominator but there is no evidence of testing*

- TEP Vote

Measures/Concepts for Consideration

- To what extent do you think this measure is important to state Medicaid agencies and other key stakeholders (consumers/families, Medicaid managed care organizations, and providers)?
  - *High: Important to state Medicaid agencies and consumers/families*
  - *Medium: Important to two stakeholders including state Medicaid agencies*
  - *Low: Important to one stakeholder*

- TEP Vote

Opportunity for Public Comment

CMS Quality Measurement Domain: Care Coordination

Care Coordination Domain: Measures/Concepts Analyzed Using Decision logic

- There are 11 measures/concepts in the SUD care coordination domain that that will be analyzed using the decision logic
  - *NQF 0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)*
  - *NQF 2152: Preventive Care and Screening: Unhealthy Alcohol Use*
  - *NQF 0560: HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification*
  - *NQF 0558: HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge*
  - *NQF 2605: Follow-up after discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence*

Care Coordination Domain: Measures/Concepts Analyzed Using Decision logic

- Care coordination measures continued
  - *NQF 0557: HBIPS-6 Post discharge continuing care plan created*
  - *Opioid Therapy Follow-up Evaluation*
  - *Outpatient Visit within 3 Days of Discharge (Substance Abuse)*
  - *Referral to Post-Detoxification Services*
  - *Referral to Post-Detoxification Services (Child/Adolescents)*
  - *Primary Care Visit Follow-Up ***

NATIONAL QUALITY FORUM   *Measure fell below the cutoff score but was retained by at least one TEP member   30

Opportunity for Public Comment

CMS Quality Measurement Domain: Clinical Care

Clinical Care Domain: Measures/Concepts Analyzed Using Decision logic

- There are **33** measures/concepts in the SUD clinical care domain that that will be analyzed using the decision logic
  - *NQF 0028 (3225): Preventative Care and Screening: Tobacco Use: Screening and Cessation*
  - *NQF 1654: TOB - 2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment*
  - *NQF 1656: TOB - 3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge*
  - *NQF 1651: TOB-1 Tobacco Use Screening*
  - *NQF 2599: Alcohol Screening and Follow-up for People with Serious Mental Illness*

Clinical Care Domain: Measures/Concepts Analyzed Using Decision logic

- Clinical care measures continued
  - *NQF 0027: Medical Assistance With Smoking and Tobacco Use Cessation (MSC)*
  - *NQF 2806: Pediatric Psychosis: Screening for Drugs of Abuse in the Emergency Department*
  - *NQF 2597: Substance Use Screening and Intervention Composite (Composite Measure)*
  - *NQF 2600: Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence*
  - *NQF 2020: Adult Local Current Smoking Prevalence*
  - *Mental health/substance abuse: mean of patients' change scores on the "Substance Abuse" subscale of BASIS-24 survey*
  - *Mental health/substance abuse: mean of patients' overall change on the BASIS-24 survey*

Clinical Care Domain: Measures/Concepts Analyzed Using Decision logic

- Clinical care measures continued
  - *Alcohol and Drug Misuse: Screening, Brief Intervention and Referral for Treatment (SBIRT) (OHA 001)*
  - *Alcohol and other Drug Use Disorder Treatment Provided or Offered at Discharge*
  - *Documentation of Signed Opioid Treatment Agreement*
  - *Evaluation or Interview for Risk of Opioid Misuse*
  - *NQF 1922: HBIPS-1 Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed*
  - *Substance Use Disorder Treatment Penetration (AOD)*

Clinical Care Domain: Measures/Concepts Analyzed Using Decision logic

- Clinical care measures continued
  - *Screening for Patients who are Active Injection Drug Users*
  - *NQF 1661: SUB-1 Alcohol Use Screening*
  - *NQF 1663: SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention*
  - *Substance Use Disorder Treatment Penetration*
  - *The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user*
  - *NQF 2951: Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer*
  - *NQF 2940: Use of Opioids at High Dosage in Persons Without Cancer*

Clinical Care Domain: Measures/Concepts Analyzed Using Decision logic

- Clinical care measures continued
  - *NQF 2950: Use of Opioids from Multiple Providers in Persons Without Cancer*
  - *NQF 2597: Substance Use Screening and Intervention Composite*
  - *Substance Abuse Education in Primary Care*
  - *Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period.*
  - *Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12 month reporting period.*

Clinical Care Domain: Measures/Concepts Analyzed Using Decision logic

- Clinical care measures continued
  - *Percent of patients prescribed a medication for opioid use disorders (OUD)**
  - *Presence of Screening for Psychiatric Disorder**
  - *Percent of patients prescribed a medication for alcohol use disorder**

Opportunity for Public Comment

CMS Quality Measurement Domain: Patient and Caregiver Experience

Patient and Caregiver Experience Domain: Measures/Concepts Analyzed Using Decision logic

- There is **1** measure/concept in the SUD patient and caregiver experience domain that that will be analyzed using the decision logic
  - *NQF 2605: Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence*

Opportunity for Public Comment

Summary of the Day 1 (Breakout Session)

Adjourn for Day 1

Day 2 Agenda

- Continue Review Medicaid IAP Program Area Measures (Breakout Session)
- Reconvene in 9th Floor Conference Room for LUNCH
- Finalized Review Medicaid IAP Program Area Measures (Breakout Session)
- Reconvene in 9th Floor Conference Room to Review TEP
- Recommendations to Coordinating Committee
- Opportunity for Public Comment
- Next Steps
- Closing Remarks
- Adjourn

Summary of the Day 2 (Breakout Session)

Reconvene in 9th Floor Conference Room to Review TEP Recommendations to Coordinating Committee

9th Floor Conference Room Streaming and Teleconference Information

- *Streaming Audio Online*
  - *Direct your web browser to: http://nqf.commpartners.com/se/NQFLogin/*
  - *Under "Enter a Meeting" type in the meeting number: **103219** for Day 1 and **219880** for Day 2.*
  - *In the "Display Name" field, type in your first and last names and click "Enter Meeting."*

- *Teleconference*
  - *Dial (888) 802-7237 for Committee members or (877) 303-9138 for public participants.*