

Vermont County-Level Treatment Initiation and Engagement

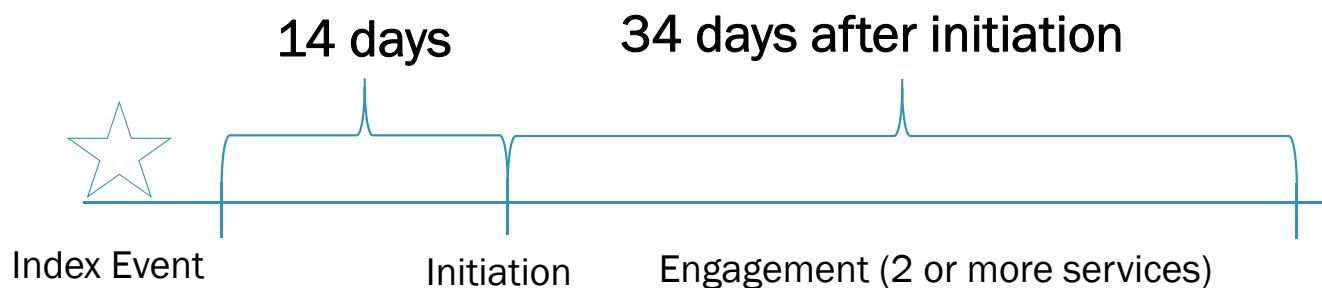
Based on 2018 Medicaid Claims

September 2019



Alcohol and Other Drug Initiation and Engagement in Treatment are standard health system measures to show how successfully people move from diagnosis to treatment for a substance use disorder

- Measure source: Healthcare Effectiveness Data Information Set (HEDIS)
- Based on Vermont Medicaid claims
- The goal is to make it easy for people access treatment quickly and then continue to stay in treatment



- Many index events occur in the medical system (primary care, hospitals) so regional coordination care between providers and provider types is essential to improving initiation and engagement

In 2018, fewer than half of Vermont Medicaid recipients diagnosed with a substance use disorder accessed treatment and approximately half who began treatment received two or more services after initiating care

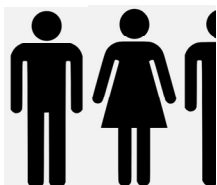
Index Event: A person is diagnosed with a substance use disorder



Initiation: Percent who received a treatment service within 14 days of index event (47%)



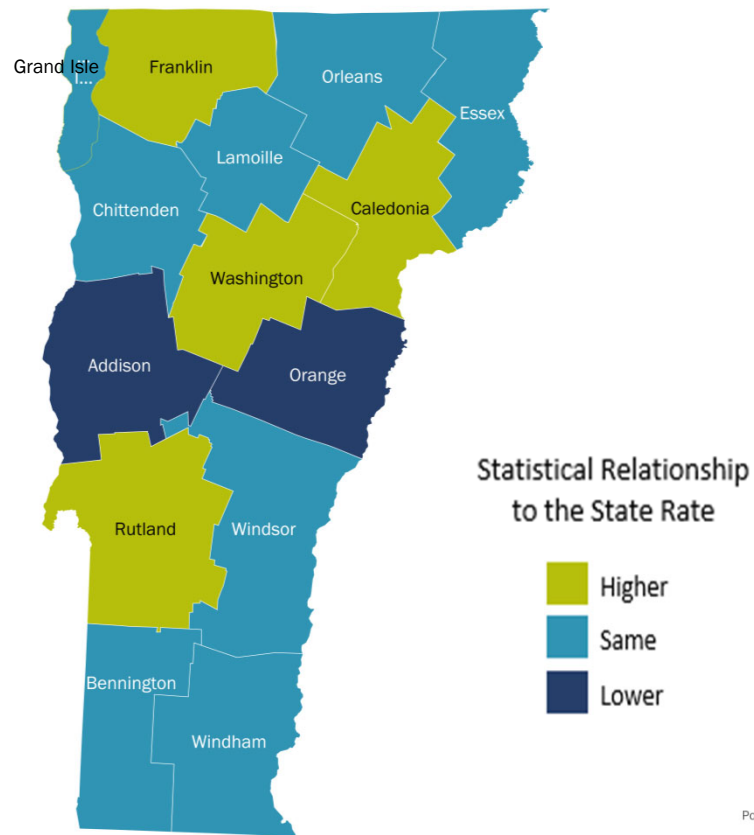
Engagement: Percent getting 2+ treatment services in the 34 days after initiation (25%)



Data Source: Medicaid Claims. Measure is based on the 2019 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.

Addison and Orange counties initial substance use disorder diagnosis (index event) rates are lower than the state rate while Franklin, Rutland, Caledonia and Washington counties are higher than the state rate

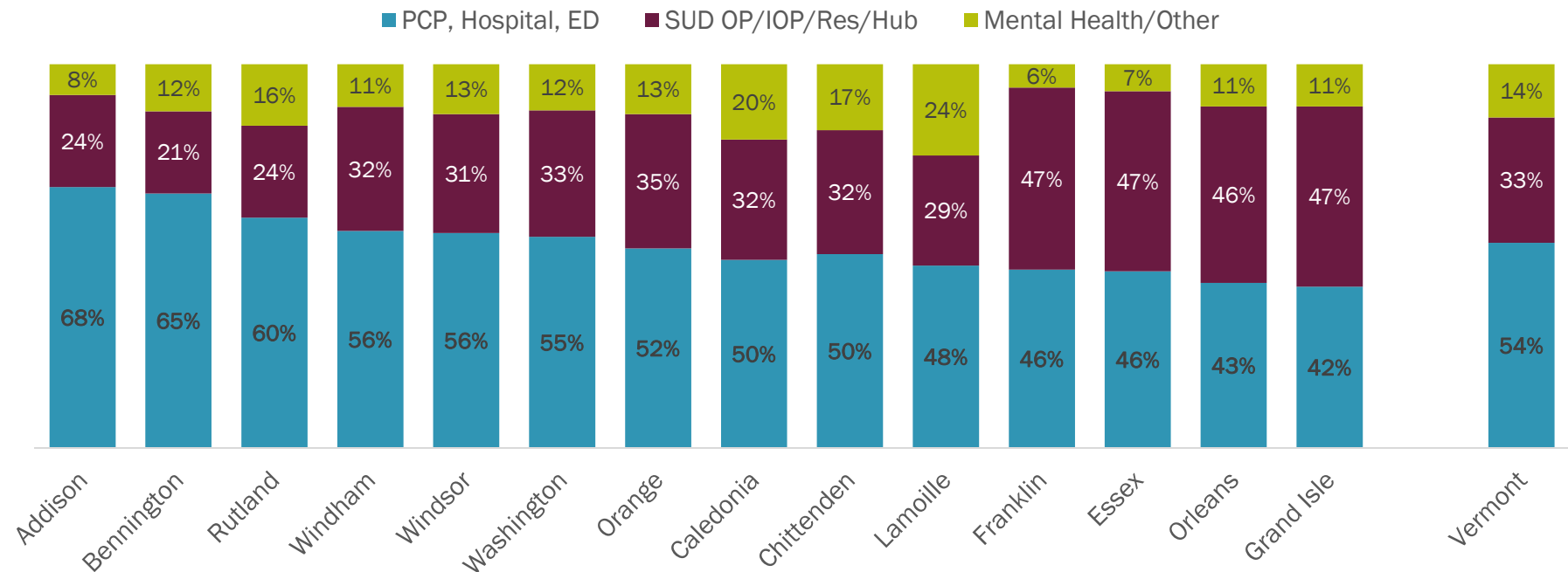
Rate per 1000 Medicaid Recipients
Receiving an Initial Substance Use
Disorder Diagnosis (any substance)
- 2018



Data Source: Medicaid Claims. Measure is based on the 2019 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.

SUD is most likely to be diagnosed in the medical community in Addison and Bennington Counties and at specialty substance abuse treatment providers in Essex, Franklin, Grand Isle and Orleans Counties

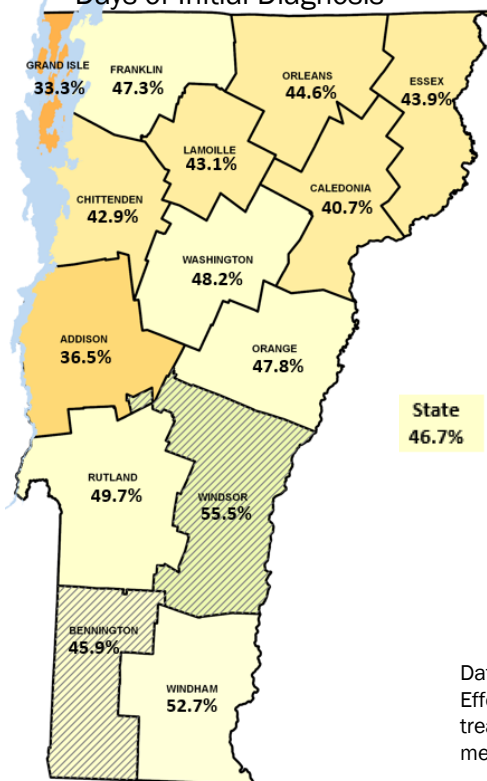
2018 Medicaid Index Events by Location Initial Diagnosis Occurred



Includes all substances. Numbers may not add to 100% due to rounding

2018 Treatment Initiation and Engagement rates for all substance use disorders vary by county. The only statistically significant changes between 2017 and 2018 were significant increases in treatment initiation in Bennington and Windsor Counties.

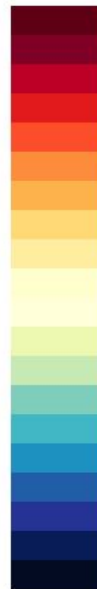
Treatment Initiation: Percent of People Beginning Treatment for Substance Use Disorder within 14 Days of Initial Diagnosis



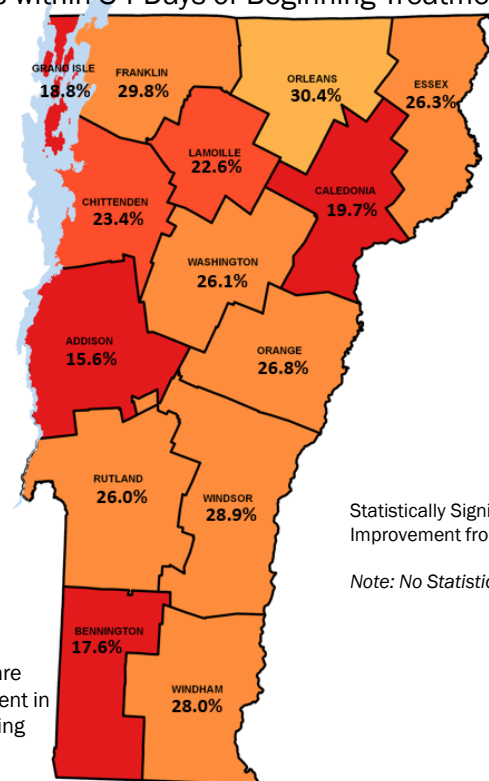
N=5213

Percent of People Diagnosed

0-4.9%
5-9.9%
10-14.9%
15-19.9%
20-24.9%
25-29.9%
30-34.9%
35-39.9%
40-44.9%
45-49.9%
50-54.9%
55-59.9%
60-64.9%
65-69.9%
70-74.9%
75-79.9%
80-84.9%
85-89.9%
90-94.9%
95-100%



Treatment Engagement: Percent of People Diagnosed with Substance Use Disorder Receiving Two or More Treatment Services within 34 Days of Beginning Treatment



Statistically Significant Improvement from 2017

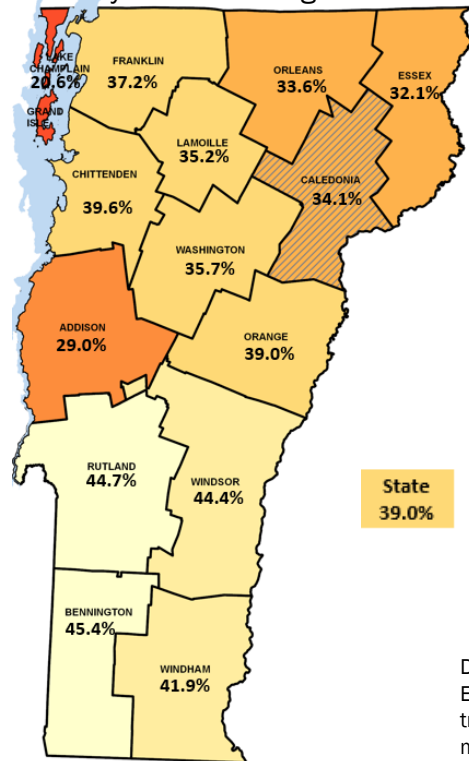
Note: No Statistically Significant Decreases

Data Source: Medicaid Claims. Measure is based on the 2019 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.

Vermont Department of Health

2018 Treatment Initiation and Engagement rates for alcohol use disorder vary by county. The only statistically significant change between 2017 and 2018 was a significant increase in treatment initiation in Caledonia County.

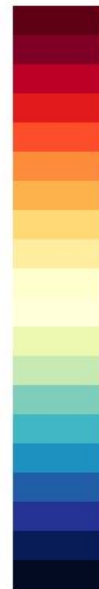
Treatment Initiation: Percent of People Beginning Treatment for Alcohol Use Disorder within 14 Days of Initial Diagnosis



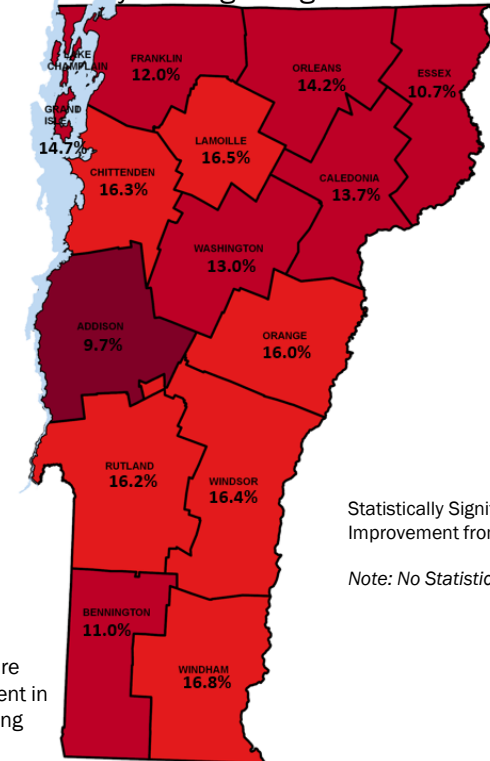
N=2417

Percent of People Diagnosed

0-4.9%
5-9.9%
10-14.9%
15-19.9%
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30-34.9%
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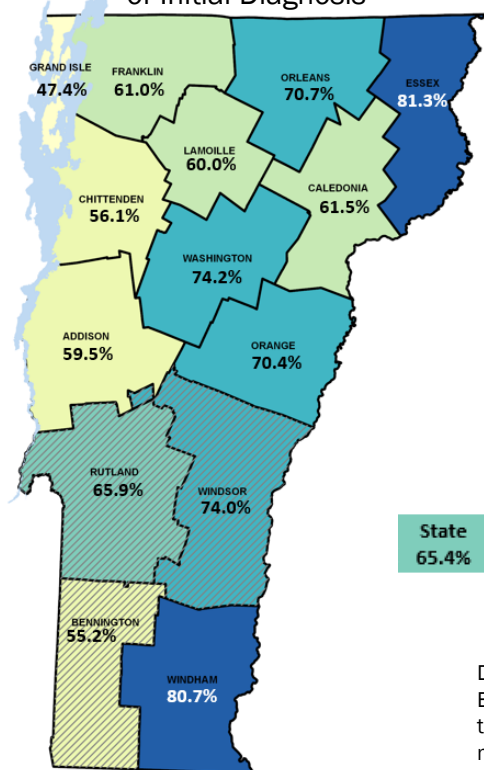
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Data Source: Medicaid Claims. Measure is based on the 2019 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.

Vermont Department of Health

2018 Treatment Initiation and Engagement rates for opioid use disorder vary by county. Statistically significant changes between 2017 and 2018 include increases in initiation in Bennington, Rutland, and Windsor Counties and increases in engagement in Rutland, Windham, and Windsor Counties.

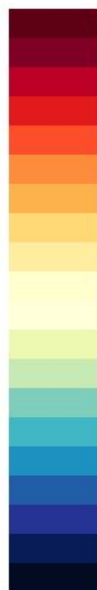
Treatment Initiation: Percent of People Beginning Treatment for Opioid Use Disorder within 14 Days of Initial Diagnosis



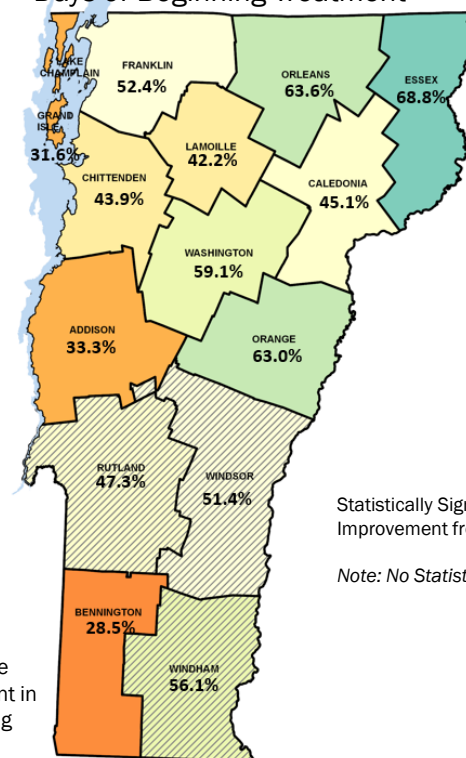
N=1686

Percent of People Diagnosed

0-4.9%
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Treatment Engagement: Percent of People Diagnosed with Opioid Use Disorder Receiving Two or More Treatment Services within 34 Days of Beginning Treatment



Statistically Significant Improvement from 2017

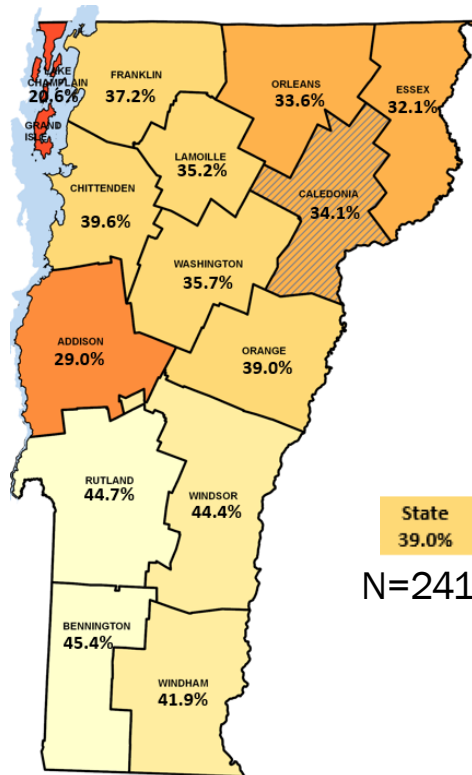
Note: No Statistically Significant Decreases

Data Source: Medicaid Claims. Measure is based on the 2019 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.

Vermont Department of Health

2018 Treatment Initiation rates for alcohol use disorder are significantly lower than initiation rates for opioid use disorder

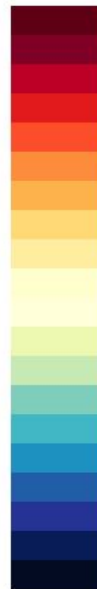
Percent of People Beginning Treatment for Alcohol Use Disorder within 14 Days of Initial Diagnosis



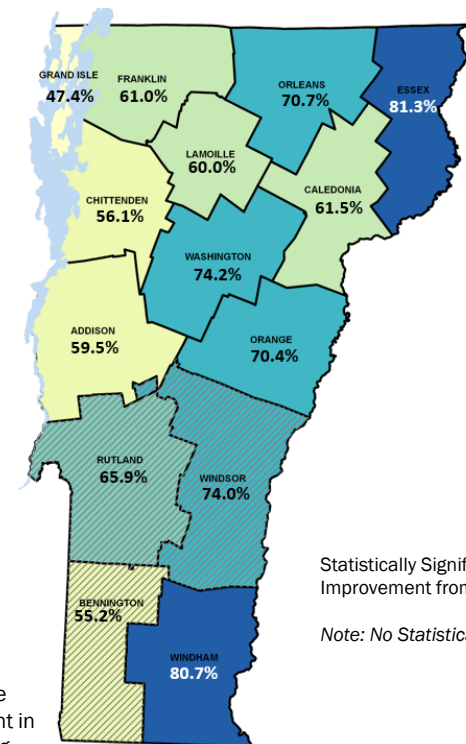
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Percent of People Beginning Treatment for Opioid Use Disorder within 14 Days of Initial Diagnosis



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Statistically Significant Improvement from 2017



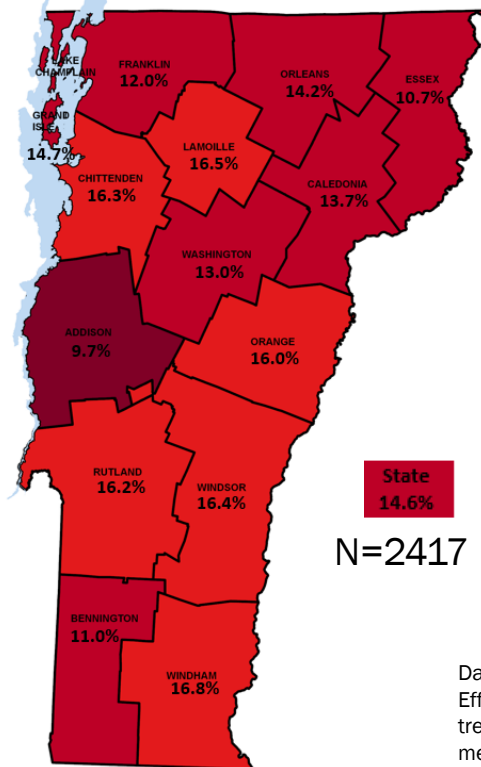
Note: No Statistically Significant Decreases

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Vermont Department of Health

2018 Treatment engagement rates for alcohol use disorder are significantly lower than initiation rates for opioid use disorder

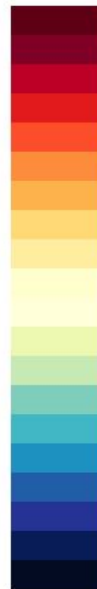
% with Alcohol Use Disorder Receiving 2+ Services within 34 Days of Beginning Treatment



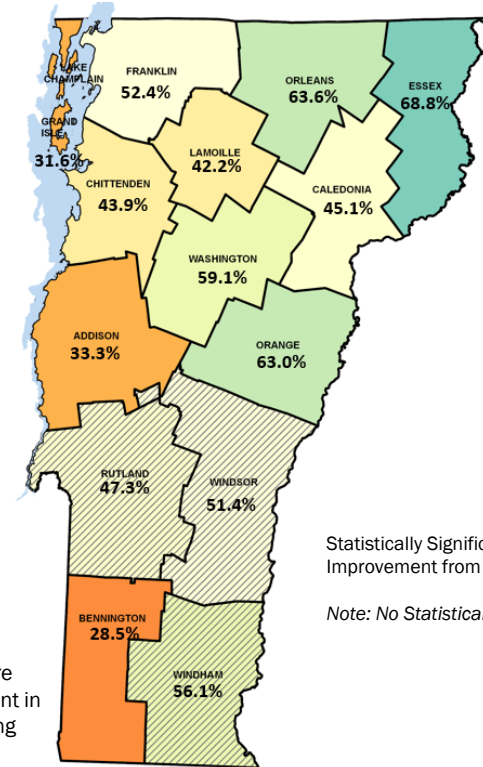
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% with Opioid Use Disorder Receiving 2+ Services within 34 Days of Beginning Treatment



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Statistically Significant Improvement from 2017



Note: No Statistically Significant Decreases

Data Source: Medicaid Claims. Measure is based on the 2019 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.

Vermont Department of Health

Improving initiation and engagement is a regional effort because it requires coordination between medical, behavioral health, and other community service providers. Strategies:

Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Strategies
Patient education & tools <ul style="list-style-type: none"> • Adopt education handouts about substance abuse conditions • Educate families on signs for potential alcohol and other drugs (AOD) issues • Establish a multidisciplinary team within your practice to implement universal AOD screening Validated screening tool and protocol <ul style="list-style-type: none"> • Review and identify a primary structured, validated AOD screening tool • Implement structured AOD screening • Implement SBIRT¹ or SBINS⁷ model Training <ul style="list-style-type: none"> • Ensure PCPs and staff are trained on accurate administration of an AOD screening tool • Provide therapeutic techniques to both medical and behavioral health providers (e.g. motivational interviewing, contingency management)^{3,4,5} 	Parent/Family resources <ul style="list-style-type: none"> • Increase family-based treatment² • Provide parents/caregivers with 2-1-1- phone number and encourage outreach to private LADCs and ADAP preferred providers • Provide information on community- based resources (e.g. recovery centers) Partnership building/referral resources <ul style="list-style-type: none"> • Promote educational resources and materials with providers and partners (e.g. list of practicing LADCs) • Outreach to community stakeholders (e.g. PCPs, private clinicians, ADAP preferred providers) • Identify appropriate referral resources and capacity • Maintain an up-to-date list of referral resources • Track referrals, timeliness, and outcomes • For DCF involved clients, engage in intensive case management • Co-locating behavioral health and medical services 	Quality improvement (QI) <ul style="list-style-type: none"> • Integrate QI activities in support of universal substance abuse screening (i.e. medical home) • Connect providers (medical home) to ADAP preferred provider quality improvement activities Improvements to the system of care <ul style="list-style-type: none"> • Strengthen referral and evaluation systems at the community-level • Build relationships to improve communication and collaboration around referrals • Build connections to peer support services • Conduct a community-level gap analysis and needs assessment to identify levers to enhance the system of care • Provide clarity around billing structure and codes to medical providers • Development of workforce with training in AOD through partnerships with local colleges and universities

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Clinical Approaches	Innovative Patient-Centered Care and/or Community Linkages	Community Wide Strategies
Documentation and tracking <ul style="list-style-type: none"> Determine where screening results will be documented Use a tool (e.g. EHR report, paper log) to track people in need of AOD screening Referrals <ul style="list-style-type: none"> Identify people in need of AOD evaluation and/or referral Initiate referrals and track progress until completion Ensure receipt of evaluation/referral reports Quality improvement <ul style="list-style-type: none"> Create a process flow map to identify barriers to referral 	Care planning <ul style="list-style-type: none"> Approach the individual care plan as a joint venture and a breathing document that the client signs-off on Ensure individual care plans are routinely implemented and updated Discuss of relapse in individual care plans Development and use of counselor-friendly manuals to help guide sessions on special topics⁵ 	<ul style="list-style-type: none"> Convene stakeholders as needed to ensure consistency of services and plan for future innovations Provider education and training <ul style="list-style-type: none"> Continue collaboration among AHS (VDH, DVHA, SBIRT, SBINS), preferred providers, and private providers to support provider education and training Health reform <ul style="list-style-type: none"> Coordinate screening and referral activities with Vermont's ACOs and the Blueprint to leverage health reform and enhanced payment opportunities Provide more intensive case management services⁶

References for strategies

Resources

1. SBIRT: Screening, Brief Intervention, and Referral to Treatment
<http://www.integration.samhsa.gov/clinical-practice/SBIRT>
2. Community Reinforcement and Family Training (CRAFT)
<http://legacy.nreppadmin.net/ViewIntervention.aspx?id=378>
3. Motivational Interviewing (MI) To Improve Treatment Engagement and Outcome in Subjects Seeking Treatment for Substance Abuse
<https://www.drugabuse.gov/about-nida/organization/cctn/ctn/research-studies/motivational-interviewing-mi-to-improve-treatment-engagement-outcome-in-sub>
4. Motivational Interviewing to enhance treatment engagement
<http://www.wsipp.wa.gov/BenefitCost/ProgramPdf/497/Motivational-Interviewing-to-enhance-treatment-engagement>
5. Patient Engagement and Duration of Treatment
<http://www.ncjrs.gov/ondcppubs/treat/consensus/simpson.pdf>
6. Intensive Case Management Improves Welfare Clients Rates of Entry and Retention in Substance Abuse Treatment
<https://aspe.hhs.gov/basic-report/intensive-case-management-improves-welfare-clients-rates-entry-and-retention-substance-abuse-treatment>
7. SBINS: Screening, Brief Intervention and Navigation to Services
<https://blueprintforhealth.vermont.gov/sites/bfh/files/SBINS-FAQ.pdf>



Thank you!

Let's stay in touch.

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