Improving Access to Substance Use Disorder Treatment

Vermont Department of Health

Vermont Department of Health Access

August 2020

Monitoring Access to SUD Treatment

The <u>I</u>nitiation & <u>E</u>ngagement of Alcohol and Other Drug Abuse or Dependence <u>T</u>reatment, or <u>IET</u>, measure is used widely to monitor treatment for substance use disorders:

- CMS' Core Quality Measure Set for Medicaid Adults
- Vermont Medicaid's Global Commitment Core Measure Set
- VMNG ACO payment measure
- Vermont's Substance Abuse 1115 Waiver
- All Payer Model measure
- Former Medicaid ACO Shared Savings Program measure
- Blueprint annual report measure

# Initiation and Engagement (IET) Measures: The Basics

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

14 days   34 days after initiation

Index
Event   Initiation   Engagement (2 or more services)
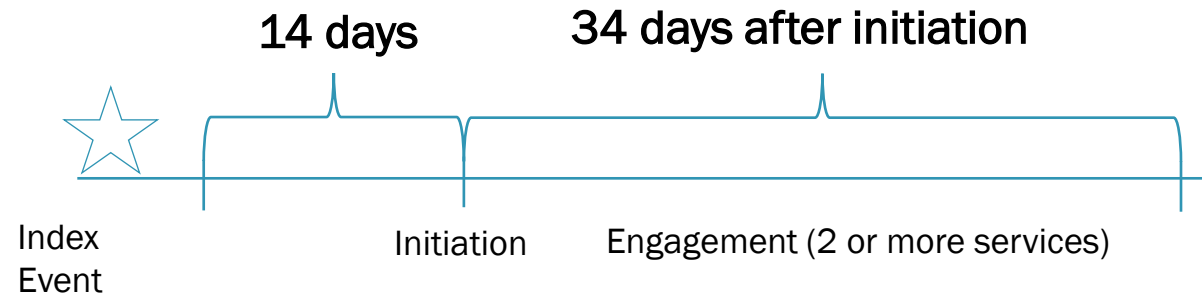
- Many index events occur in the medical system (primary care, hospitals) so regional coordination care between providers and provider types is essential to improving initiation and engagement

The Challenge: Many Vermonters are not starting or staying in treatment for substance use disorders after the initial diagnosis
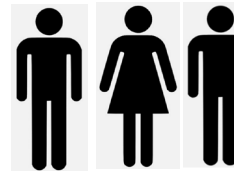
Index Event: A person is diagnosed with a substance use disorder
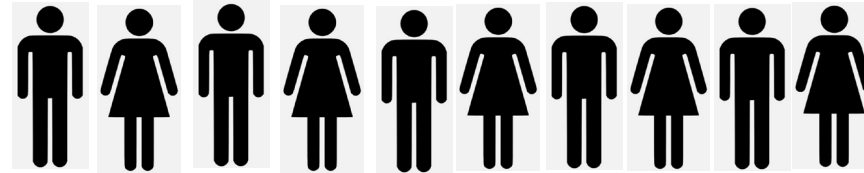
Initiation: Percent who received a treatment service within 14 days of index event (49%)
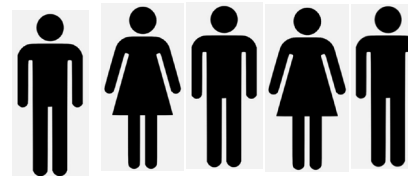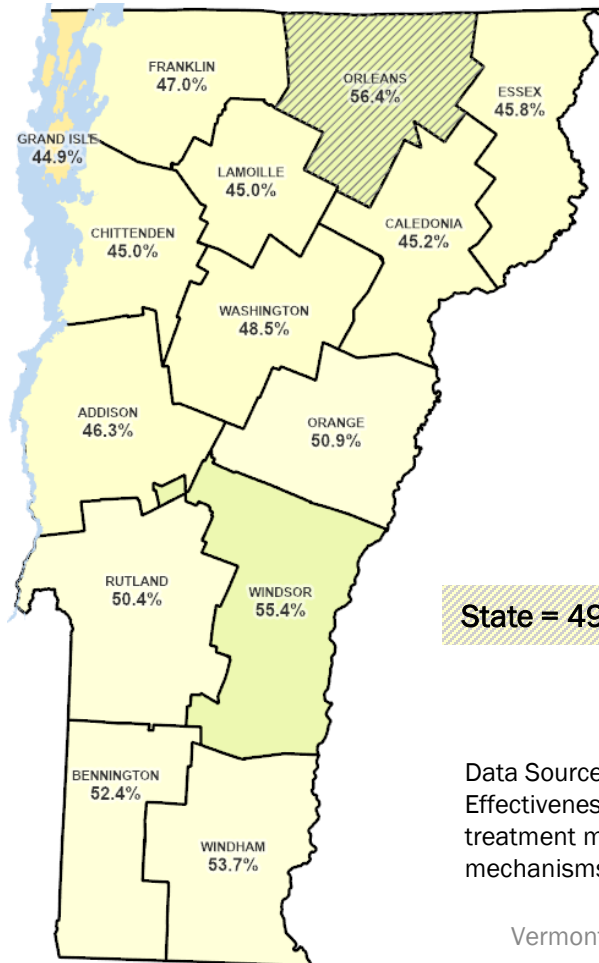
Engagement: Percent getting 2+ treatment services in the 34 days after initiation (28%)

Data Source: Medicaid Claims. Measure is based on the 2020 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.

2019 Treatment Initiation and Engagement rates for any substance use disorder

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

N=4,796

FRANKLIN 47.0%
ORLEANS 56.4%
ESSEX 45.8%
GRAND ISLE 44.9%
LAMOILLE 45.0%
CHITTENDEN 45.0%
CALEDONIA 45.2%
WASHINGTON 48.5%
ADDISON 46.3%
ORANGE 50.9%
RUTLAND 50.4%
WINDSOR 55.4%
BENNINGTON 52.4%
WINDHAM 53.7%

State = 49.3%

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%

Data Source: Medicaid Claims. Measure is based on the 2020 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.
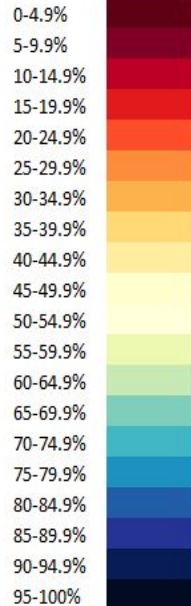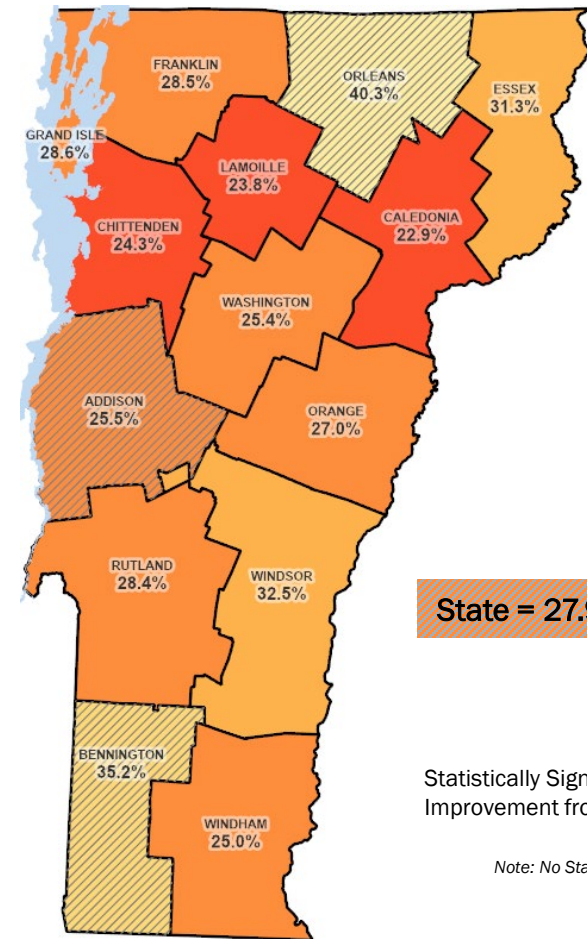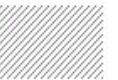
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% with Substance Use Disorder Receiving 2+ Services within 34 Days of Beginning Treatment

FRANKLIN 28.5%
ORLEANS 40.3%
ESSEX 31.3%
GRAND ISLE 28.6%
LAMOILLE 23.8%
CHITTENDEN 24.3%
CALEDONIA 22.9%
WASHINGTON 25.4%
ADDISON 25.5%
ORANGE 27.0%
RUTLAND 28.4%
WINDSOR 32.5%
BENNINGTON 35.2%
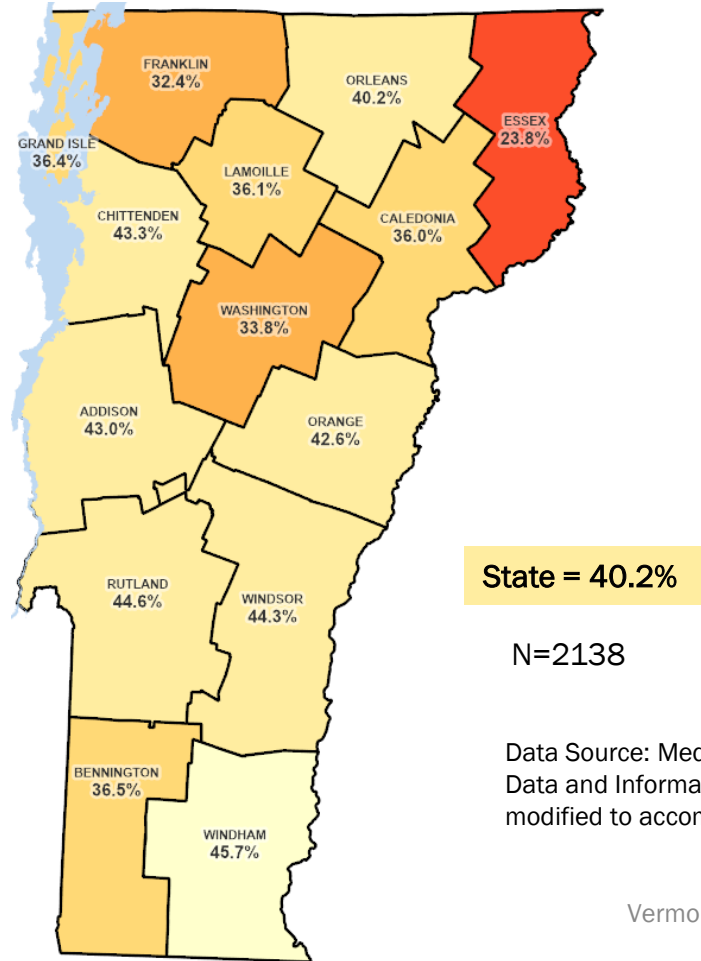WINDHAM 25.0%

State = 27.9%

Statistically Significant Improvement from 2018
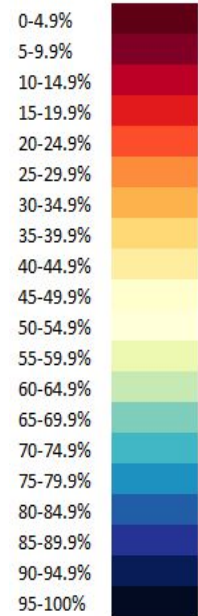
Note: No Statistically Significant Decreases

2019 <u>Treatment Initiation</u> rates for opioid use disorder are 1.8 times higher than initiation rates for alcohol use disorder
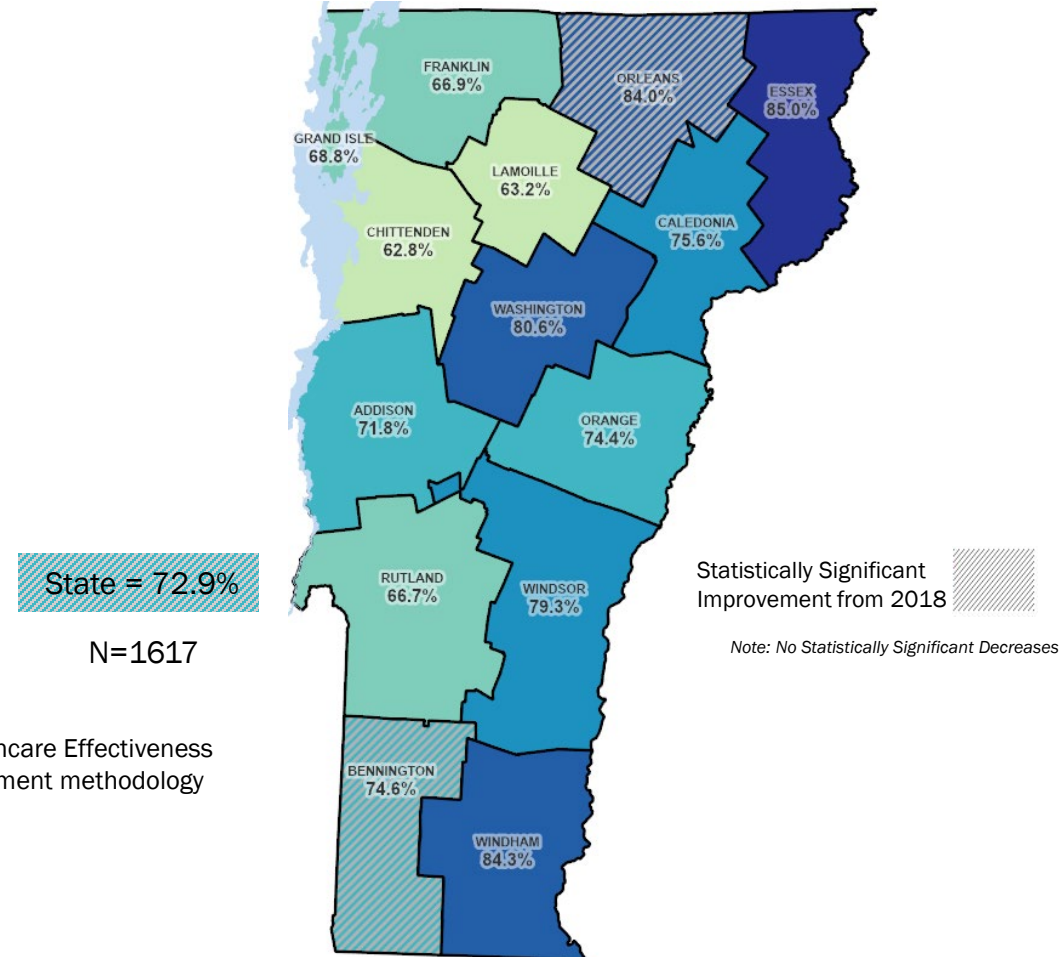
Percent of People Beginning Treatment for **Alcohol** Use Disorder within 14 Days of Initial Diagnosis
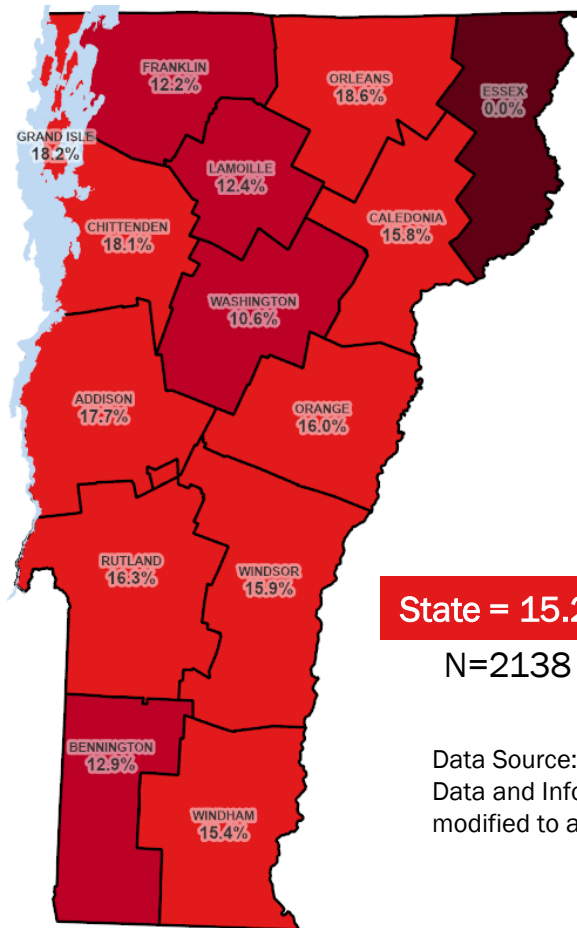
Percent of People Beginning Treatment for **Opioid** Use Disorder within 14 Days of Initial Diagnosis

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%

Alcohol map

- FRANKLIN 32.4%
- ORLEANS 40.2%
- ESSEX 23.8%
- GRAND ISLE 36.4%
- LAMOILLE 36.1%
- CHITTENDEN 43.3%
- CALEDONIA 36.0%
- WASHINGTON 33.8%
- ADDISON 43.0%
- ORANGE 42.6%
- RUTLAND 44.6%
- WINDSOR 44.3%
- BENNINGTON 36.5%
- WINDHAM 45.7%

State = 40.2%

N=2138

Opioid map

- FRANKLIN 66.9%
- ORLEANS 84.0%
- ESSEX 85.0%
- GRAND ISLE 68.8%
- LAMOILLE 63.2%
- CHITTENDEN 62.8%
- CALEDONIA 75.6%
- WASHINGTON 80.6%
- ADDISON 71.8%
- ORANGE 74.4%
- RUTLAND 66.7%
- WINDSOR 79.3%
- BENNINGTON 74.6%
- WINDHAM 84.3%

State = 72.9%

N=1617

Statistically Significant Improvement from 2018

Note: No Statistically Significant Decreases

Data Source: Medicaid Claims. Measure is based on the 2020 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.
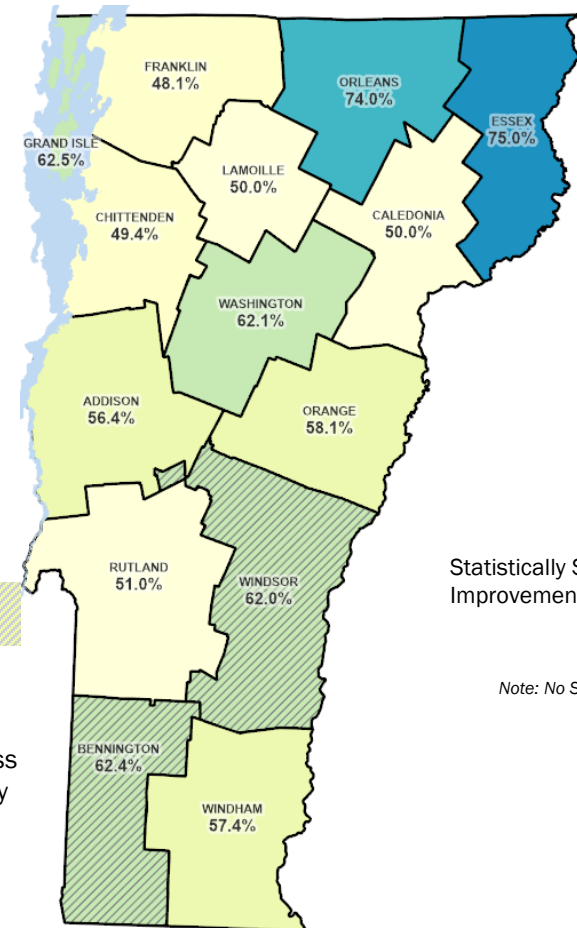
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2019 Treatment Engagement rates for opioid use disorder are more than 3.7 times higher than engagement rates for alcohol use disorder

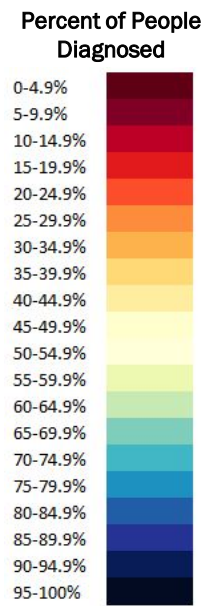## % with **Alcohol** Use Disorder Receiving 2+ Services within 34 Days of Beginning Treatment

GRAND ISLE 18.2%
FRANKLIN 12.2%
ORLEANS 18.6%
ESSEX 0.0%
LAMOILLE 12.4%
CALEDONIA 15.8%
CHITTENDEN 18.1%
WASHINGTON 10.6%
ADDISON 17.7%
ORANGE 16.0%
RUTLAND 16.3%
WINDSOR 15.9%
BENNINGTON 12.9%
WINDHAM 15.4%

State = 15.2%
N=2138

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

GRAND ISLE 62.5%
FRANKLIN 48.1%
ORLEANS 74.0%
ESSEX 75.0%
LAMOILLE 50.0%
CALEDONIA 50.0%
CHITTENDEN 49.4%
WASHINGTON 62.1%
ADDISON 56.4%
ORANGE 58.1%
RUTLAND 51.0%
WINDSOR 62.0%
BENNINGTON 62.4%
WINDHAM 57.4%

State = 56.3%
N=1617

Statistically Significant Improvement from 2018

Note: No Statistically Significant Decreases

Percent of People Diagnosed

0-4.9%
5-9.9%
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Performance Improvement Project Team

Goal is to improve access to treatment – we use the IET HEDIS measure as our study indicator

Multi-stakeholder Implementation Team: DVHA (Quality and Provider & Member Relations), VDH ADAP, OneCare, Blueprint

Approach:
- Data analysis so we can make data-driven decisions
- Standard QI tools and evidence-based research for choosing change strategies/interventions

Telemedicine Intervention – Why?

Root cause analysis revealed issues with access to treatment within our system of care

Telemedicine as a place of service is now included in many HEDIS behavioral health measures – recognized as an avenue for accessing treatment

SUD treatment provider survey – anecdotal feedback about telemedicine surfaced

Currently low utilization, especially amongst substance use disorder treatment providers – area of opportunity

Benefits for both providers and members

Telehealth/Telemedicine – What is It?

What is Telehealth?

Telehealth is a term that encompasses multiple methods for healthcare service delivery using telecommunications technologies. Telehealth methods include: telemedicine, "store and forward", and telemonitoring. This pamphlet will explore telemedicine specifically.

What is Telemedicine?

Telemedicine is health care delivered by a provider who is located at a distant site to a beneficiary at an originating site for purposes of evaluation, diagnosis, consultation, or treatment using tele-communications technology via two-way, real-time, audio and video interactive communication, through a secure connection that complies with HIPAA.

The term "telemedicine" is sometimes used interchangeably with "telehealth." Telemedicine encompasses the following:

- Real-time, audio-video communication tools that connect providers and patients in different locations. Tools can include interactive videoconferencing or videoconferencing using mobile health (mHealth) applications (apps) that are used on a computer or hand-held mobile device.

Telemedicine - Benefits

What are the benefits of telemedicine?

Diversifying treatment options with telemedicine is something you may want to consider as a supplemental way to ensure client recovery and well-being.

- Telemedicine can not only increase client access to treatment options, but also improve the quality and frequency of care.
- Telemedicine can redistribute the knowledge of specialists over a larger geographic area and improve access no matter the location.

Increased flexibility

Reimbursable

Convenient

Can improve continuity of care
- Removes barriers to care for some members (childcare, location, transportation)

Telemedicine Intervention: Educational & Promotional Activities

Banners: Targeted communications about telehealth are periodically dispersed via banners. Banner main page link: Vermont Medicaid Portal - Banner Main Page

Medicaid Provider Newsletter: included an Advisory article on telemedicine for November 2018 newsletter: Advisory Article: May 2019

Telemedicine Brochure: a telemedicine handout has been developed for use during provider/association outreach visits

Provider Outreach Visits - DXC

Presentations: presentations to local stakeholder groups

Web page: the Quality Unit built out of a section on the DVHA website to hold these telemedicine resources and links: Telehealth — Department of Vermont Health Access

Provider Testimonials

"There are many good reasons to offer telehealth to patients as an option. It's accessible and reimbursable. Sometimes it just takes one patient to want to try it and that starts the ball rolling. Many will always prefer in-person services. The more options the better."

Dr. Rick Barnett,
Licensed Psychologist-Doctorate, Licensed Alcohol/Drug Counselor
Stowe, VT

Provider Testimonials cont.

"Clients love the <u>flexibility</u> that telemedicine services provide. Telemedicine allows for <u>continuity of care</u> during times that would otherwise preclude face-to-face visits, such as illness or when a client lacks a driver's license. HIPAA-compliant systems exist that allow providers to connect to clients through a secure portal, and even pass documents back and forth electronically. I've received <u>positive feedback</u> about the telemedicine services I provide for many of my clients, who range from CEO's with busy schedules to construction workers on jobs in rural areas. Through the use of telemedicine, I can have extremely <u>powerful and effective conversations and experiences</u> with my clients. I can only see the use of telemedicine services growing. It's part of our <u>culture's comfort zone</u> now. If you plan to stay in this profession, you shouldn't be asking yourself if you'll move in this direction, but when."

Questions or Technical Assistance?

Infographics and Maps:

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