

CT Department of Social Services

Behavioral Health Administrative Services Organization HEDIS Measures

2021 Update

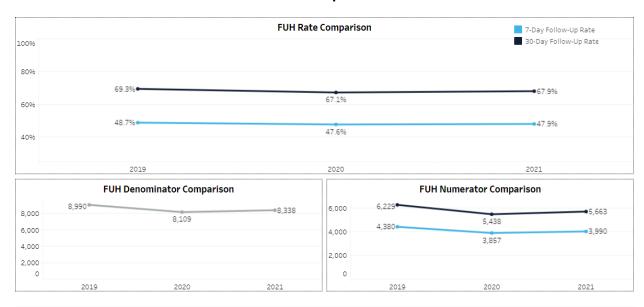


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Measure 1: Follow-up After Hospitalization for Mental Illness

Rate Comparison





Why is this Measure Important?

In 2019, nearly one in five adults aged 18 and older in the U.S. had a diagnosed mental health disorder. Despite this, individuals hospitalized for mental health disorders often do not receive adequate follow-up care. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of rehospitalization and the overall cost of outpatient care.

What Does it Measure?

Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days

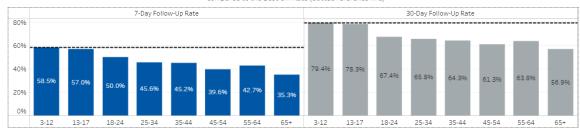
- Rates for both 7-Day and 30-Day follow-up remained constant from 2020 to 201
- Husky Health performance remains consistently higher than the national benchmark
- However, since 2020, Husky Health falls below the regional benchmark, indicating room for improvement on follow-up after hospitalizations for mental illness

Follow-up After Hospitalization for Mental Illness (FUH): Demographic Data

Rates by Age Group

FUH Measurement Year 2021 Demographics

Compared to the Best Off Rate (dotted reference line)



Rates by Sex

FUH Measurement Year 2021 Demographics

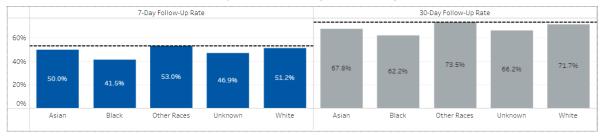
Compared to the Best Off Rate (dotted reference line)



Rates by Race

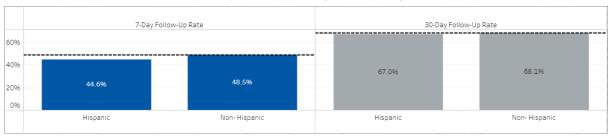
FUH Measurement Year 2021 Demographics

Compared to the Best Off Rate (dotted reference line)



Rates by Ethnicity

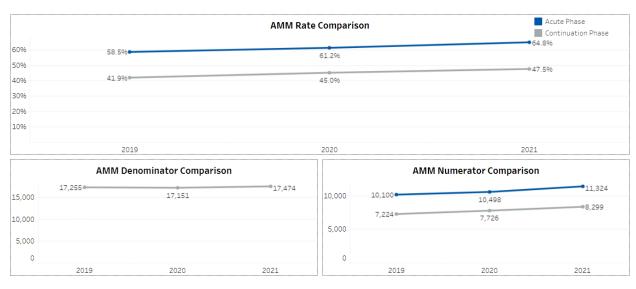
FUH Measurement Year 2021 Demographics



- Follow-up rates are higher for individuals under 18 years of age
- Poorest follow-up performance exists for individuals ages 65+
- Follow-up rates are higher for females than males
- Follow-up rates were highest amongst individuals of Other Races (1% of members in this measure), compared to the White (42% of members in this measure) or Black populations (18% of members in this measure)
- Black Husky Health members had the lowest follow-up rates compared to all other racial groups
- Non-Hispanic individuals have a higher 7-day follow up rate than Hispanics, though the 30-day follow up rate is equal

Measure 2: Antidepressant Medication Management

Rate Comparison





Why is this Measure Important?

Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy, and self-esteem, and can lead to suicide, the $10^{\rm th}$ leading cause of death in the United States each year. Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated.

What Does it Measure?

Assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. Two rates are reported:

- Effective Acute Phase Treatments: Adults who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months).

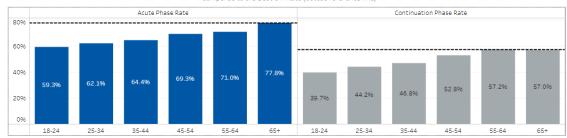
- Since 2019, AMM rates for both Acute and Continuation phase treatment have increased year over year
- While Acute phase treatment continues to surpass national and regional benchmarks, in 2021, Continuation phase treatment dropped below the regional benchmark

Antidepressant Medication Management (AMM): Demographic Data

Rates by Age Group

AMM Measurement Year 2021 Demographics

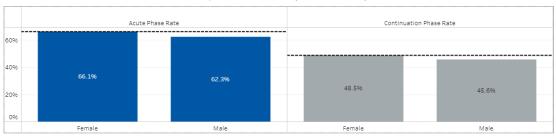
Compared to the Best Off Rate (dotted reference line)



Rates by Sex

AMM Measurement Year 2021 Demographics

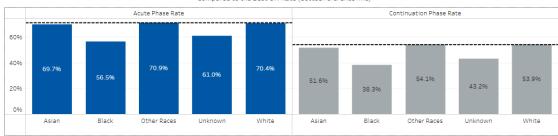
Compared to the Best Off Rate (dotted reference line)



Rates by Race

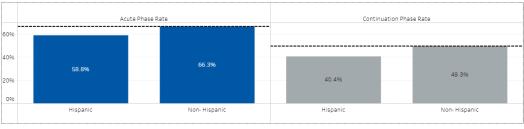
AMM Measurement Year 2021 Demographics

Compared to the Best Off Rate (dotted reference line)



Rates by Ethnicity

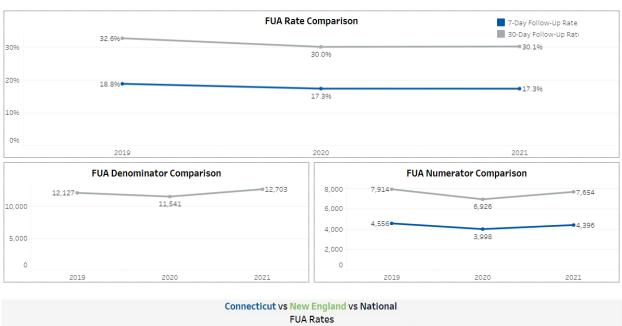
AMM Measurement Year 2021 Demographics



- For both Acute and Continuation phase, AMM rates were highest amongst older members
- Females have higher AMM rates than males
- The highest AMM rates were amongst White (42% of Husky Health) members and members identifying with another race (1% of members in this measure)
- Black Husky Health members experience the worst rates for AMM
- Similarly, Hispanic individuals experience worse AMM rates than non-Hispanics

Measure 3: Follow-up after ED Visit for Alcohol and Other Drug Abuse or Dependence

Rate Comparison





Follow-up after ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA): Demographic Data

Why is this Measure Important?

In 2016, 20.1 million Americans over 12 years of age (about 7.5% of the population) were classified as having a substance use disorder involving AOD. High ED use for individuals with AOD may signal a lack of access to care or issues with continuity of care. Timely follow-up care for individuals with AOD who were seen in the ED is associated with a reduction in substance use, future ED use, hospital admissions, and bed days.

What Does it Measure?

Assesses emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:

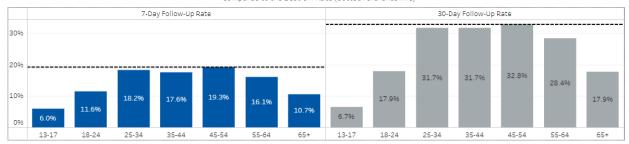
- ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)
- ED visits for which the member received follow-up within 7 days of the ED visit (8 total days)

- Rates for both 7-day and 30-day follow up did not change from 2020 to 2021
- Husky Health rates remain higher than the national benchmark and lower than the regional benchmark

Rates by Age Group

FUA Measurement Year 2021 Demographics

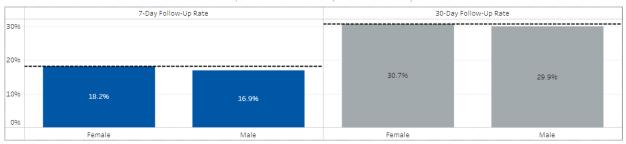
Compared to the Best Off Rate (dotted reference line)



Rates by Sex

FUA Measurement Year 2021 Demographics

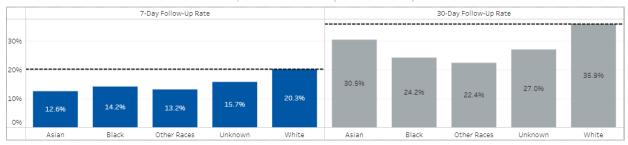
Compared to the Best Off Rate (dotted reference line)



Rates by Race

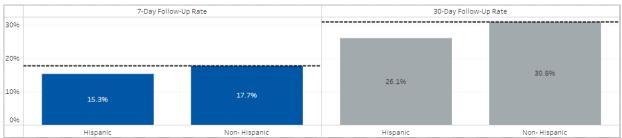
FUA Measurement Year 2021 Demographics

Compared to the Best Off Rate (dotted reference line)



Rates by Ethnicity

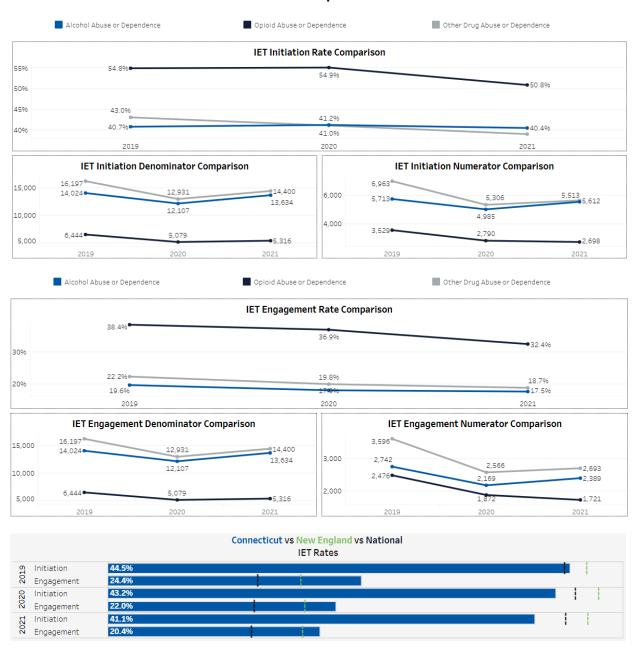
FUA Measurement Year 2021 Demographics



- Husky Health performance for 7-day and 30-day FUA rates were highest amongst members between 25-54 years of age
- FUA rates were highest amongst the White racial subgroup
- Asian members (1% of those in this measure) exhibit a high 30-day FUA rate, compared to those for whom race is Unknown (33% of those in this measure)
- Hispanic individuals experience a lower rate of 7-day and 30-day follow up compared to non-Hispanic individuals

Measure 4: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

Rate Comparison



Why is this Measure Important?

In 2016, 20.1 million Americans over 12 years of age (about 7.5% of the population) were classified as having a substance use disorder involving AOD. Treatment, including MAT, in conjunction with counseling or other behavioral therapies, has been shown to reduce AOD-associated morbidity and mortality, improve health, productivity and social outcomes and reduce health care spending. Despite strong evidence, less than 20% of individuals with substance use disorders receive treatment.

What Does it Measure?

Assesses adults and adolescents 13 years of age and older with a new episode of alcohol or other drug (AOD) dependence who received the following:

- Initiation of Treatment: Adolescents and adults who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis
- Engagement of Treatment: Adolescents and adults who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit

- IET rates for Opioid Abuse or Dependence decreased in 2021
- IET rates for Alcohol or Other Drug abuse remained consistent from 2020 to 2021
- While Husky Health exceeds both national and regional benchmarks for Engagement of IET, Husky Health falls short of both national and regional benchmarks for Initiation

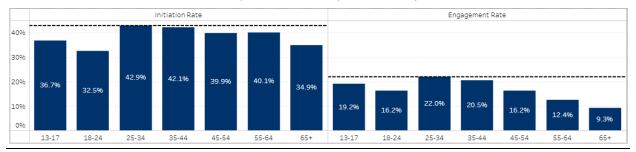
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET): Demographic Data

Rates by Age Group

<u>Difference in IET Rates for Alcohol Dependence</u>

IET Measurement Year 2021 Demographics

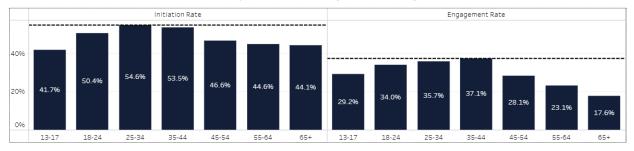
Compared to the Best Off Rate (dotted reference line)



<u>Difference in IET Rates for Opioid Dependence</u>

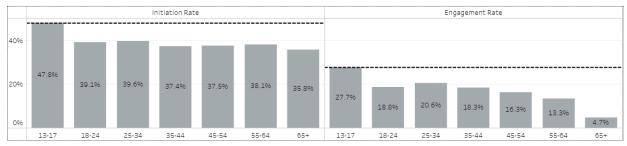
IET Measurement Year 2021 Demographics

Compared to the Best Off Rate (dotted reference line)



Difference in IET Rates for Other Drug Dependence

IET Measurement Year 2021 Demographics

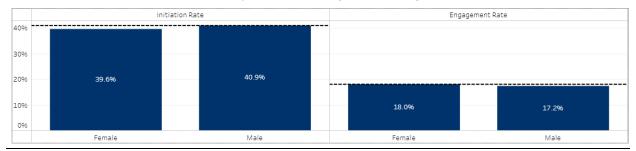


Rates by Sex

<u>Difference in IET Rates for Alcohol Dependence</u>

IET Measurement Year 2021 Demographics

Compared to the Best Off Rate (dotted reference line)



<u>Difference in IET Rates for Opioid Dependence</u>

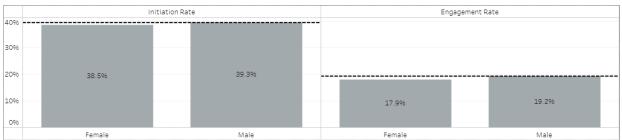
IET Measurement Year 2021 Demographics

Compared to the Best Off Rate (dotted reference line)



Difference in IET Rates for Other Drug Dependence

IET Measurement Year 2021 Demographics



Rates by Race

<u>Difference in IET Rates for Alcohol Dependence</u>

IET Measurement Year 2021 Demographics

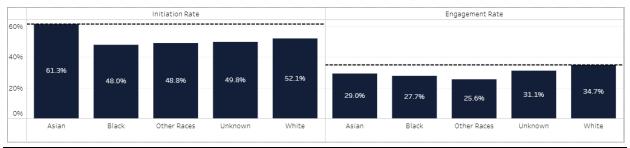
Compared to the Best Off Rate (dotted reference line)



<u>Difference in IET Rates for Opioid Dependence</u>

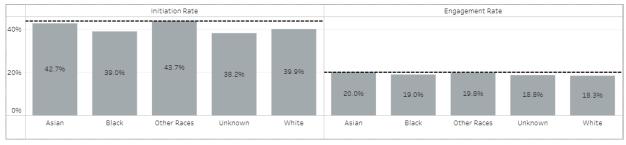
IET Measurement Year 2021 Demographics

Compared to the Best Off Rate (dotted reference line)



Difference in IET Rates for Other Drug Dependence

IET Measurement Year 2021 Demographics

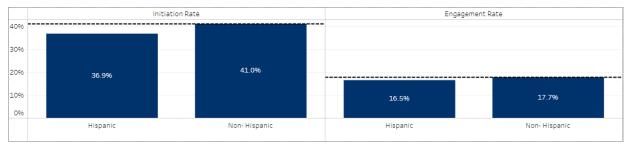


Rates by Ethnicity

<u>Difference in IET Rates for Alcohol Dependence</u>

IET Measurement Year 2021 Demographics

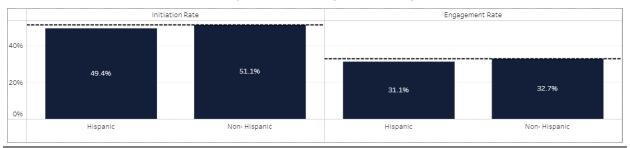
Compared to the Best Off Rate (dotted reference line)



<u>Difference in IET Rates for Opioid Dependence</u>

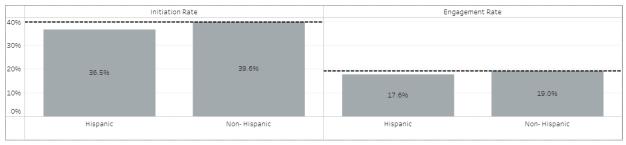
IET Measurement Year 2021 Demographics

Compared to the Best Off Rate (dotted reference line)



<u>Difference in IET Rates for Other Drug Dependence</u>

IET Measurement Year 2021 Demographics



What Does This Data Tell Us?

IET Rates for Alcohol Dependence

- Rates for both Initiation and Engagement were highest amongst members ages 25-34, followed by members ages 35-44
- Rates were nearly equal for male and females on Initiation and Engagement
- Black members experienced the lowest rates of Initiation and Engagement amongst all racial subgroups
- Hispanic individuals experience lower rates of Initiation than non-Hispanic, though rates for Engagement are equal

IET Rates for Opioid Dependence

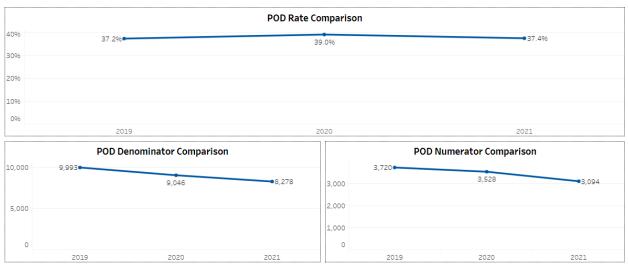
- Individuals ages 18-44 experience the highest rates for both Initiation and Engagement
- Female members experience lower IET rates compared to males
- Asian members (1% of members in this measure) experience the highest rate of Initiation, followed by White members (49% of members in this measure)
- · Rates for Initiation and Engagement are equal between Hispanic and non-Hispanic members

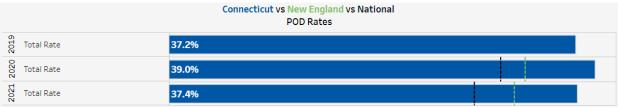
IET Rates for Other Drugs

- Members age 13-17 have much higher rates of Initiation and Engagement compared to all other age groups
- IET rates remain equal between males and females
- Asian members (1% of members in this measure) and members of Other Races (1% of members in this measure) experience the highest rates of Initiation
- Rates of Engagement are equal across races
- Hispanic members have lower rates of Initiation than non-Hispanics, however rates for Engagement are equal

Measure 5: Pharmacotherapy for Opioid Use Disorder

Rate Comparison





Why is this Measure Important?

In 2020, over 2.7 million U.S. residents 12 years of age and older had an OUD. The same year, more than 93,300 deaths were due to drug overdose; of those, 74% involved an opioid. Pharmacotherapy has been identified as a critical part of treatment for individuals with OUD. A gap in treatment currently exists: Estimates suggest that less than 40% of U.S. residents over 12 with an OUD diagnosis receive pharmacotherapy. Encouraging pharmacotherapy is critical because individuals with OUD who engage in treatment with pharmacotherapy are less likely to exhibit withdrawal or craving symptoms and use illicit opioids, and are more likely to remain in treatment and engage in mental health therapy.

What Does it Measure?

Assesses the percentage of opioid use disorder (OUD) pharmacotherapy treatment events among members age 16 and older that continue for at least 180 days (6 months).

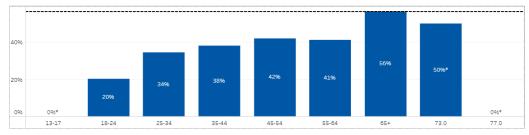
- In 2021, POD returned to pre-pandemic levels after experience a slight rise in 2020
- Husky Health members experience POD at rates far exceeding national and regional benchmarks

Pharmacotherapy for Opioid Use Disorder (POD): Demographic Data

Rates by Age Group

POD Measurement Year 2021 Demographics

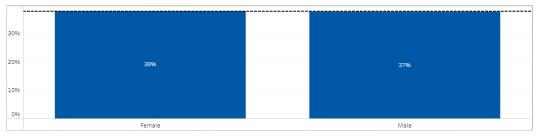
Compared to the Best Off Rate (dotted reference line



Rates by Sex

POD Measurement Year 2021 Demographics

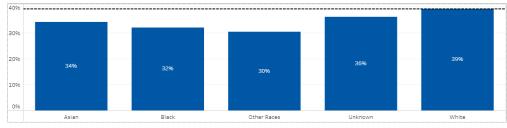
Compared to the Best Off Rate (dotted reference line)



Rates by Race

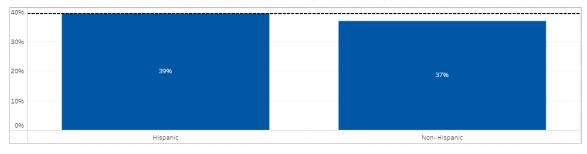
POD Measurement Year 2021 Demographics

Compared to the Best Off Rate (dotted reference line)



Rates by Ethnicity

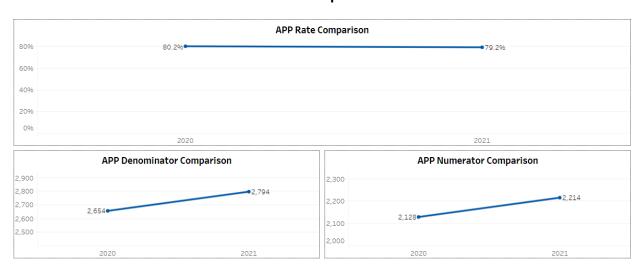
POD Measurement Year 2021 Demographics



- Members age 65+ experience the highest rates of POD, while those ages 18-24 experience the lowest rates of qualifying members
- POD rates are near equal for male and female members
- White members have the highest rate of any racial subgroup
- Hispanic members have a slightly higher rate than non-Hispanics

Measure 6: First-Line Psychosocial Care for Children & Adolescents on Antipsychotics

Rate Comparison





Why is this Measure Important?

Although antipsychotic medications may serve as effective treatment for a narrowly defined set of psychiatric disorders in children and adolescents, they are often prescribed for nonpsychotic conditions for which psychosocial interventions are considered first-line treatment. Safer, first-line psychosocial interventions may be underutilized, and children and adolescents may unnecessarily incur the risks associated with antipsychotic medications.

What Does it Measure?

Assesses the percentage of children and adolescents newly started on antipsychotic medications without a clinical indication who had documentation of psychosocial care as first-line treatment.

- APP rates remained consistent between 2020 and 2021, despite an increase in membership inclusion towards this rate
- Husky Health APP rates continue to greatly exceed national and regional benchmarks

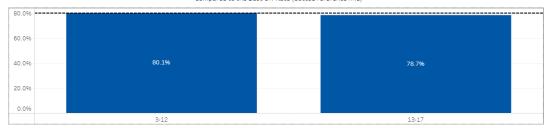
First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP):

Demographic Data

Rates by Age Group

APP Measurement Year 2021 Demographics

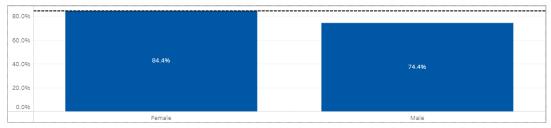
Compared to the Best Off Rate (dotted reference line)



Rates by Sex

APP Measurement Year 2021 Demographics

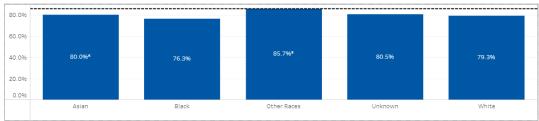
Compared to the Best Off Rate (dotted reference line)



Rates by Race

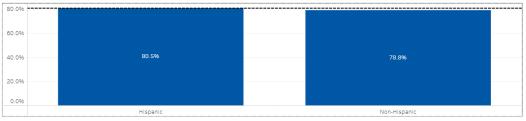
APP Measurement Year 2021 Demographics

Compared to the Best Off Rate (dotted reference line)



Rates by Ethnicity

APP Measurement Year 2021 Demographics



- Rates are nearly equal between members ages 3-12 and those ages 13-17
- Female members experience a substantially higher rate of APP than male members
- Members of Other Races (1% of members in this measure) have the highest rate of APP
- Rates are equally high amongst Hispanic and non-Hispanic Husky Health members