Behavioral Health HEDIS Data

November 2022

Behavioral Health Administrative Services Organization HEDIS Measures

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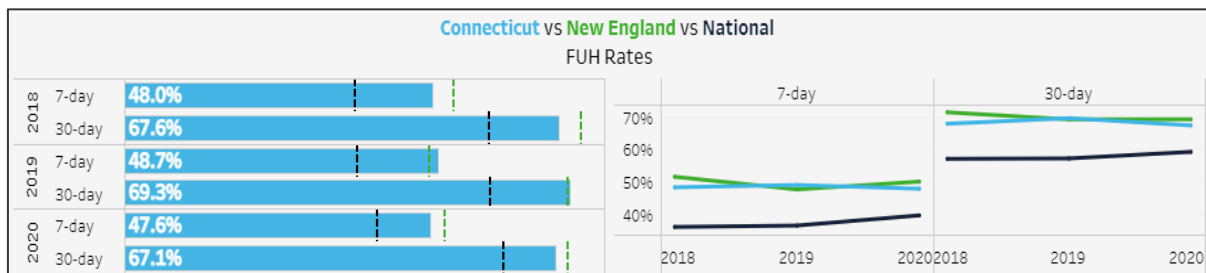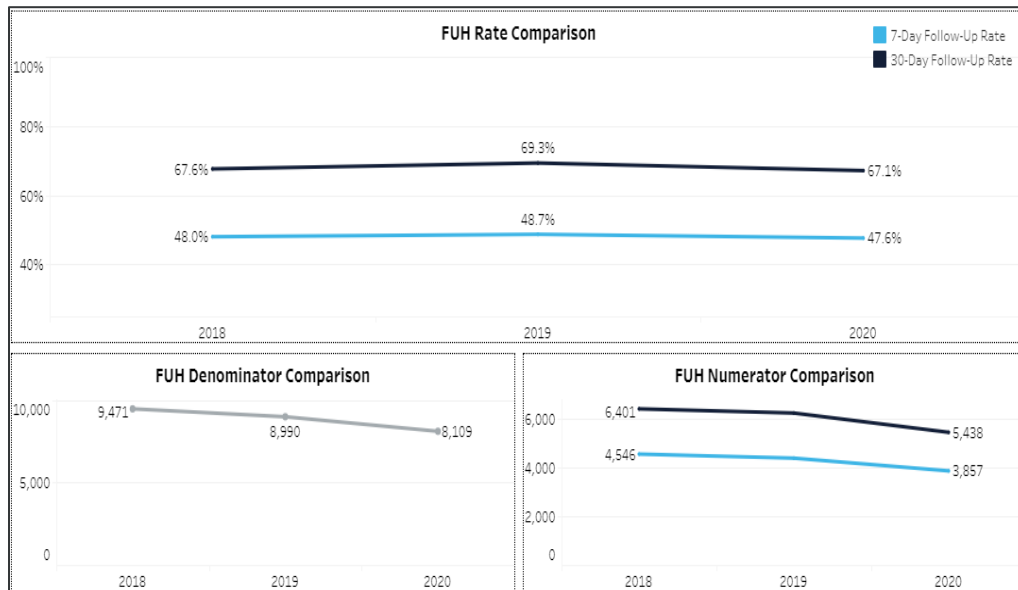# Behavioral Health Administrative Services Organization HEDIS Measures

Measure 1: Follow-up After Hospitalization for Mental Illness

Rate Comparison

Why is this Measure Important?

FUH assesses the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and received a follow-up visit within 7 and/or 30 days of discharge with a mental health provider.

What Does it Measure?

Follow-up care following hospitalization reduces the risk of readmission and emergency department use. Thus, this time period may be an important opportunity for health plans/providers to establish strong relationships between patients and mental health providers and facilitate long-term engagement in treatment
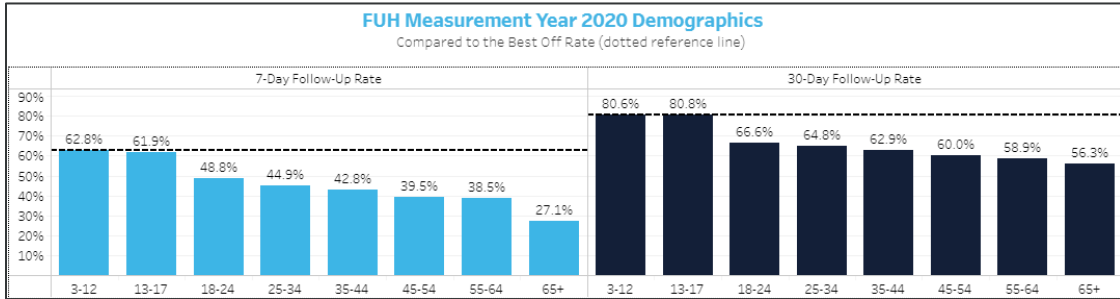
What Does the Data Tell Us?

- In measurement year 2020, there was a small decline in the overall CT Medicaid 7-day and 30-day follow-up rates for the FUH measure compared to 2019.
- The decline in the 7-day follow-up rate was smaller than that in the 30-day follow-up rate.
- It is noteworthy that the total number of hospitalizations eligible for inclusion in FUH denominator have declined since 2018.
- CT Medicaid performance for 7-day and 30-day follow-up rates was consistently better than the national benchmarks.
- However, in measurement year 2020, CT Medicaid 7-day FUH rate was lower than the regional benchmark. This indicates that there is an opportunity to improve early follow-ups after hospitalizations for mental illness.
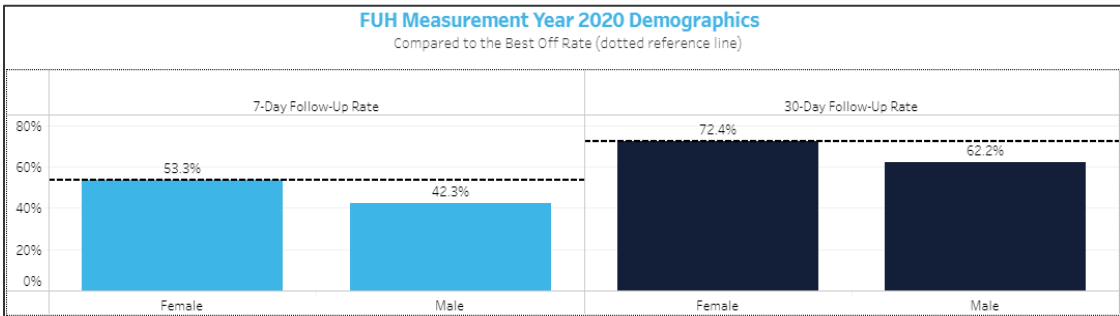
Behavioral Health Administrative Services Organization HEDIS Measures

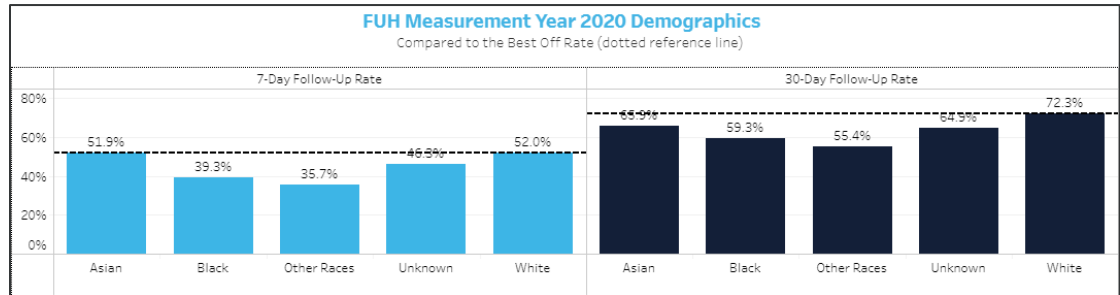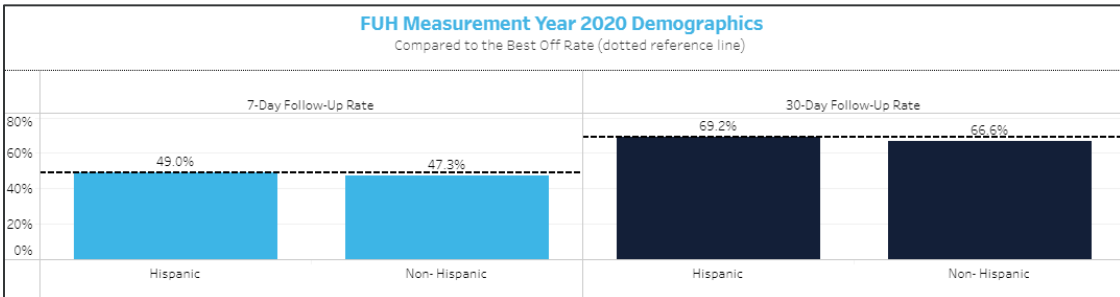## Follow-up After Hospitalization for Mental Illness (FUH): Demographic Data

Rates by Age Group

FUH Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

7-Day Follow-Up Rate: 3-12: 62.8%, 13-17: 61.9%, 18-24: 48.8%, 25-34: 44.9%, 35-44: 42.8%, 45-54: 39.5%, 55-64: 38.5%, 65+: 27.1%

30-Day Follow-Up Rate: 3-12: 80.6%, 13-17: 80.8%, 18-24: 66.6%, 25-34: 64.8%, 35-44: 62.9%, 45-54: 60.0%, 55-64: 58.9%, 65+: 56.3%

Rates by Sex

FUH Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

7-Day Follow-Up Rate: Female: 53.3%, Male: 42.3%

30-Day Follow-Up Rate: Female: 72.4%, Male: 62.2%

Rates by Race

FUH Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

7-Day Follow-Up Rate: Asian: 51.9%, Black: 39.3%, Other Races: 35.7%, Unknown: 46.3%, White: 52.0%

30-Day Follow-Up Rate: Asian: 65.5%, Black: 59.3%, Other Races: 55.4%, Unknown: 64.5%, White: 72.3%

Rates by Ethnicity

FUH Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

7-Day Follow-Up Rate: Hispanic: 49.0%, Non-Hispanic: 47.3%

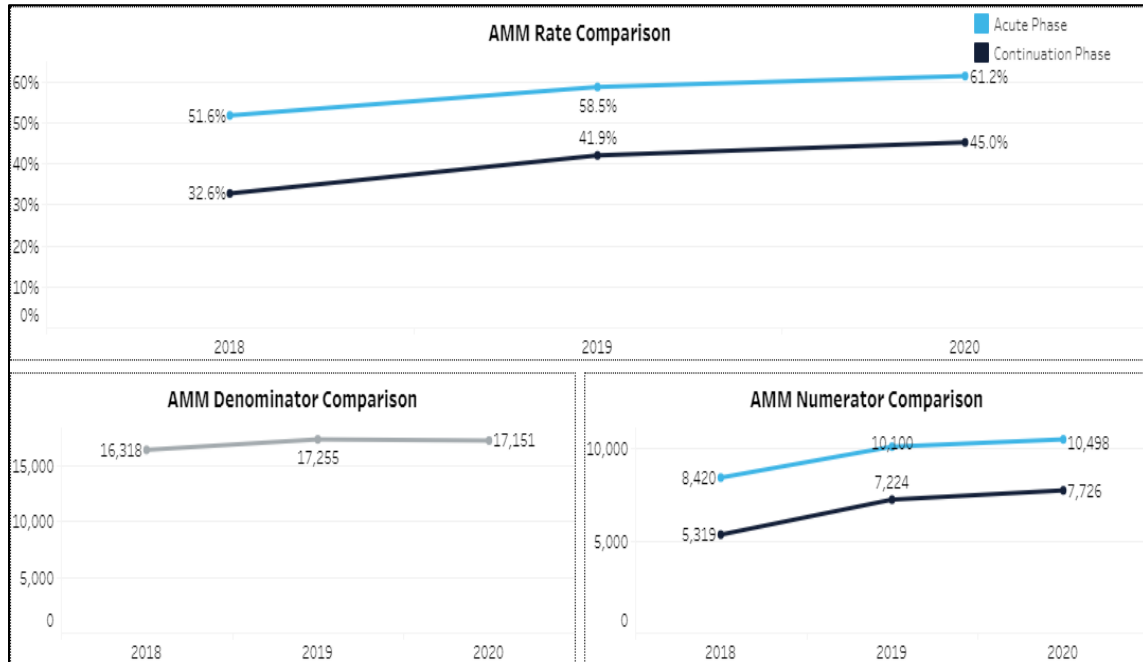30-Day Follow-Up Rate: Hispanic: 69.2%, Non-Hispanic: 66.6%

Behavioral Health Administrative Services Organization HEDIS Measures

What Does This Data Tell Us?

- Both 7 and 30-day follow-up rates were higher among members less than 18 years compared to those older.
- Among adult members, follow-up rates were lower among older members, resulting in poorest performance among adults ages 65 and older.
- CT Medicaid performance on both the 7-day and 30-day FUH rates was poorer among males compared to females.
- A similar pattern with poorer rates among males was observed in previous years.
- Upon comparison of FUH rates among various racial subgroups, 7-day and 30-day FUH rates were highest among White population and lowest among Black population.
- Black CT Medicaid population had lowest 7-day and 30-day FUH rates compared to other racial subgroups in previous years.
- Hispanic CT Medicaid population have a slightly better 7-day and 30-day FUH rates compared to those of non-Hispanic origin.

Behavioral Health Administrative Services Organization HEDIS Measures

Measure 2: Antidepressant Medication Management

Rate Comparison

Why is this Measure Important?

Effective medication management is paramount to achieving optimum daily functioning and well-being as well as reducing the risk of suicide among members with major depressive disorders.

What Does it Measure?

AMM 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 Treatment: 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)."

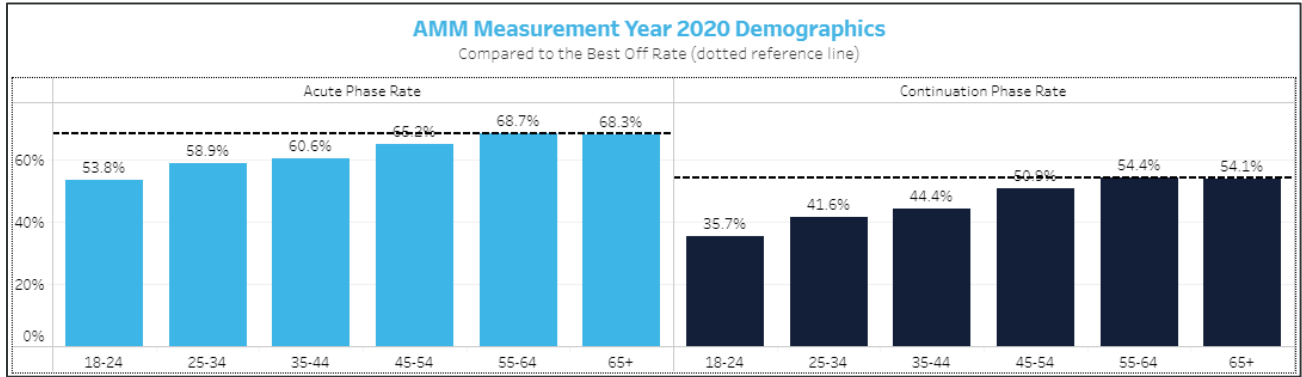For this measure, a higher rate indicates better performance.

What Does the Data Tell Us?

• In 2020, AMM rates for acute and continuation phase were greater compared to previous years.
• The AMM rate for continuation phase showed a greater improvement compared to acute phase rate.
• While the number of members eligible for inclusion in AMM denominator increased from 2018 to 2019, it remained fairly stable in 2020.
• Since 2019, CT Medicaid AMM rates for acute and continuation phase have been above the regional and national benchmarks.
• However, the gap between CT Medicaid AMM rate for continuation phase and the corresponding regional benchmark decreased in 2020 despite an improvement compared to 2019 rate.
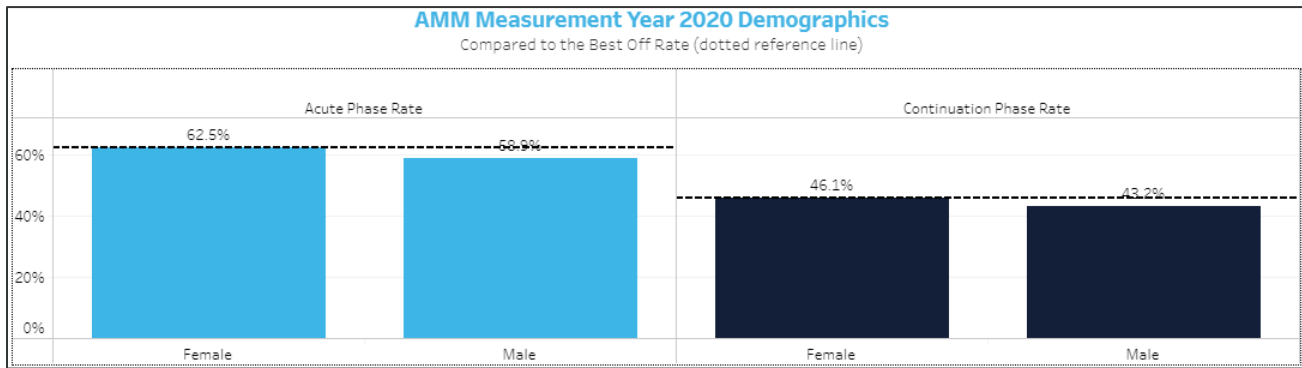
Behavioral Health Administrative Services Organization HEDIS Measures

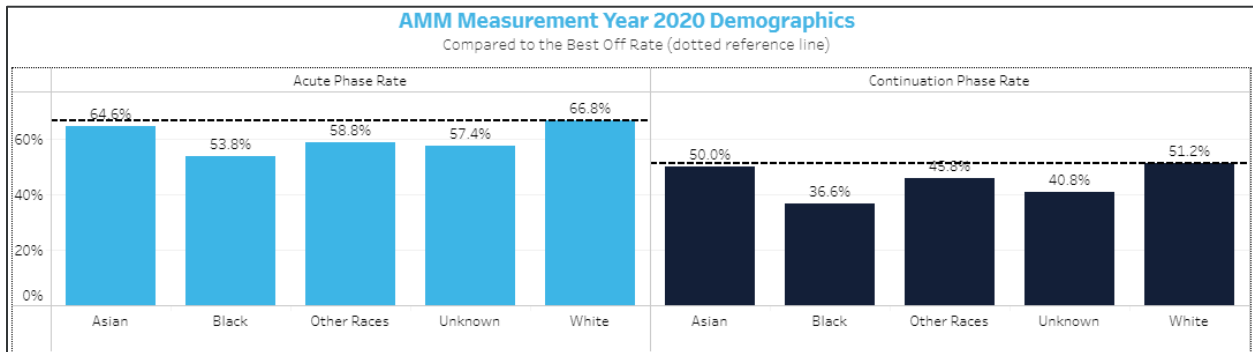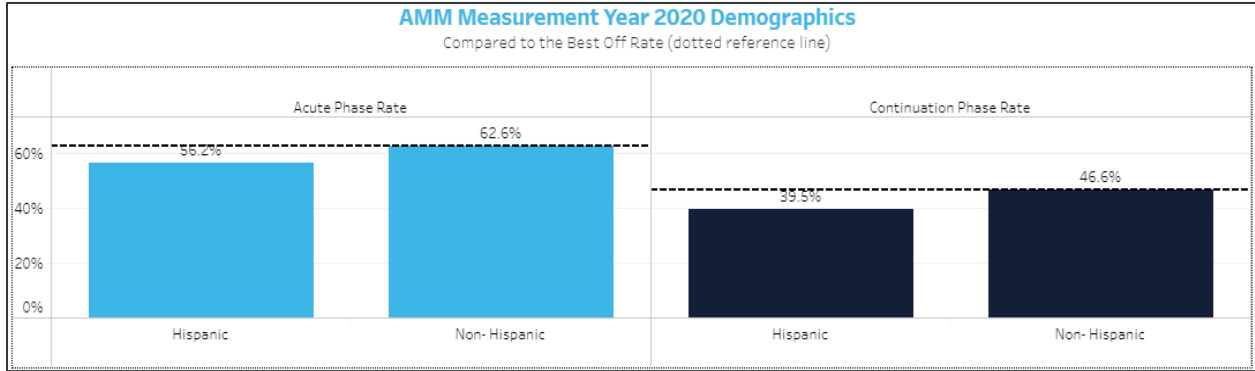**Antidepressant Medication Management (AMM): Demographic Data**

Rates by Age Group

AMM Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

| | Acute Phase Rate | Continuation Phase Rate |
Acute: 18-24 53.8%, 25-34 58.9%, 35-44 60.6%, 45-54 65.2%, 55-64 68.7%, 65+ 68.3%
Continuation: 18-24 35.7%, 25-34 41.6%, 35-44 44.4%, 45-54 50.9%, 55-64 54.4%, 65+ 54.1%

Rates by Sex

AMM Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

Acute: Female 62.5%, Male 58.9%
Continuation: Female 46.1%, Male 43.2%

Rates by Race

AMM Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

Acute: Asian 64.6%, Black 53.8%, Other Races 58.8%, Unknown 57.4%, White 66.8%
Continuation: Asian 50.0%, Black 36.6%, Other Races 45.8%, Unknown 40.8%, White 51.2%

Behavioral Health Administrative Services Organization HEDIS Measures

Rates by Ethnicity

AMM Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

|	Acute Phase Rate		Continuation Phase Rate	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
	56.2%	62.6%	39.5%	46.6%

What Does This Data Tell Us?

- For acute and continuation phase, AMM rates were higher among older members. However, there was a slight drop in both rates among members 65 years and older.
- Men had lower AMM rates for acute and continuous phases compared to women.
- CT Medicaid members belonging to the White population subgroup had the highest AMM rates for acute and continuation phases.
- On the contrary, Black population had the poorest AMM rates for both phases.
- The difference in AMM rates by race indicates that there may be an opportunity for interventions to improve care management and outcomes in those on antidepressant medications.
- CT Medicaid members of Hispanic origin had lower AMM rates for acute and continuation phases.
- The difference in Hispanic-non-Hispanic AMM rates was larger for continuation phase.

Behavioral Health Administrative Services Organization HEDIS Measures

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

Rate Comparison
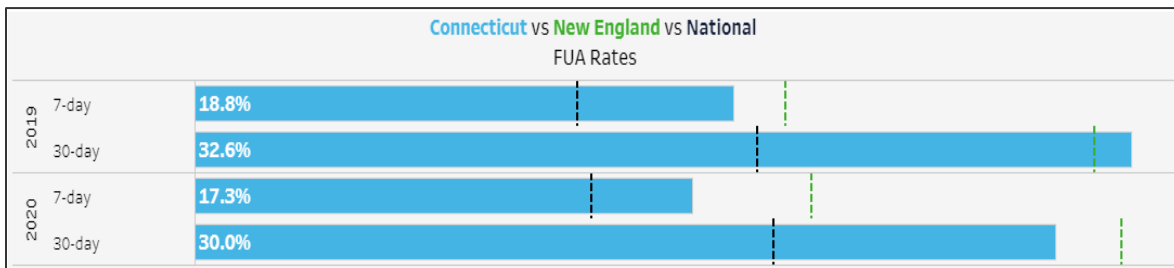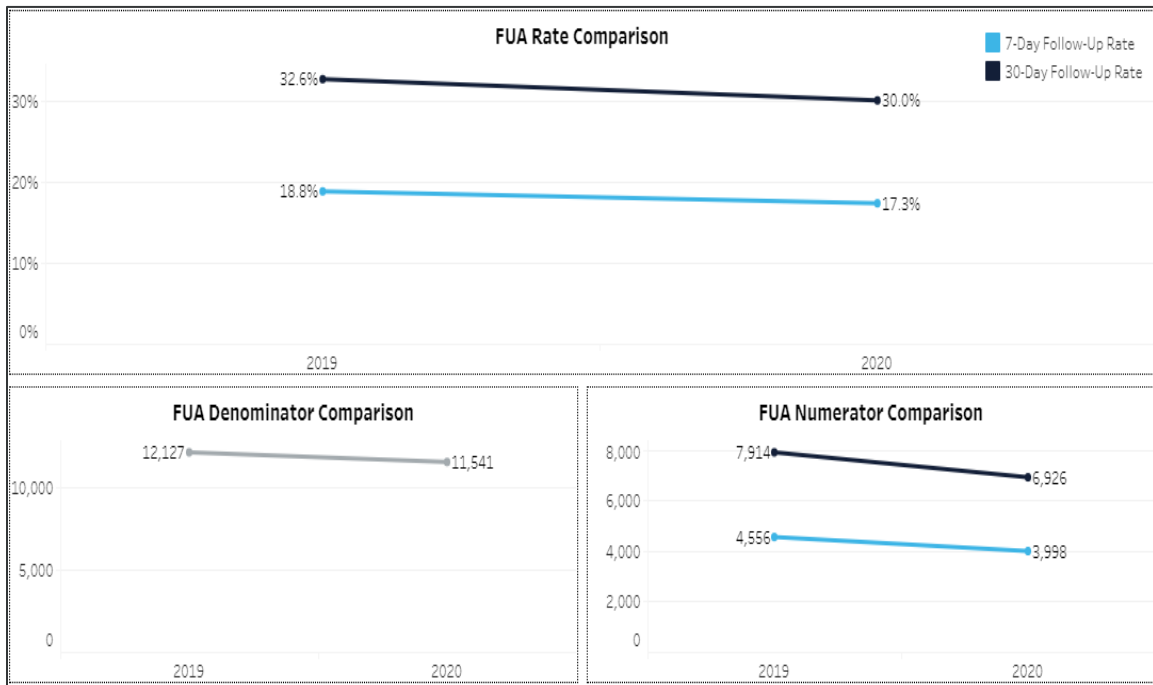
Why is this Measure Important?

According to a recent Substance Abuse and Mental Health Services Administration (SAMHSA) report, one in 12 Americans had a substance use disorder. Frequent ED use is generally considered an indicator of lack of access to outpatient care. Follow-up after ED visits for members with AOD is critical to establish connection to care and prevent future ED visits and hospitalizations.

What Does it Measure?

FUA 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)
For this measure, a higher rate indicates better performance.

What Does the Data Tell Us?

- In measurement year 2020, there was a small decline in the overall CT Medicaid 7-day and 30-day follow-up rates for the FUH measure compared to 2019.
- CT Medicaid 7 and 30-day FUA rates decreased from 2019 to 2020.
- While there was an overall decrease in the number of ED visits eligible for inclusion in FUA denominator, there was a sharp decline in the number of events with follow-up care.
- In 2019 and 2020, the 7 and 30-day FUA performance for CT Medicaid population was better than national benchmarks.
- The 7-day FUA rate was below the regional benchmark since 2019. In 2020, the 30-day FUA rate also dropped below the regional benchmarks.
- FUA was programmed for CT Medicaid population starting 2019. Hence, trends are not available for this measure prior to 2019.
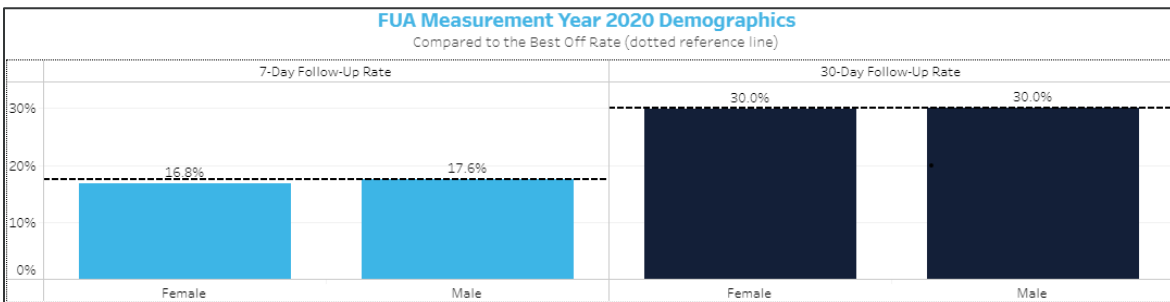
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Behavioral Health Administrative Services Organization HEDIS Measures

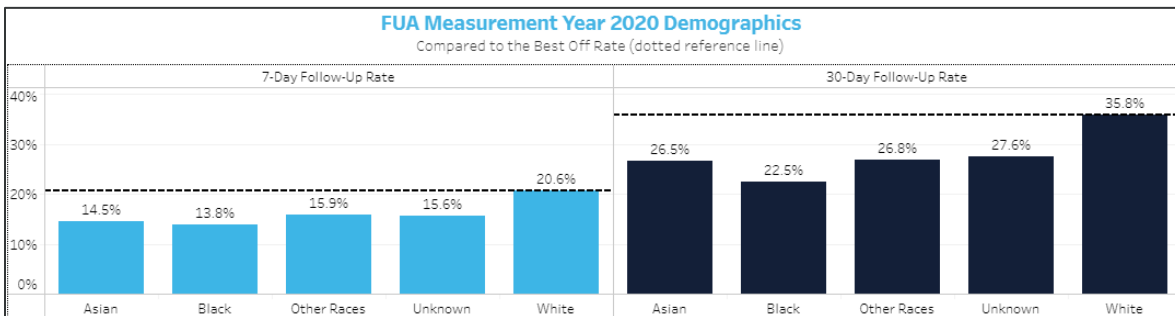**Follow-up after ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA): Demographic Data**
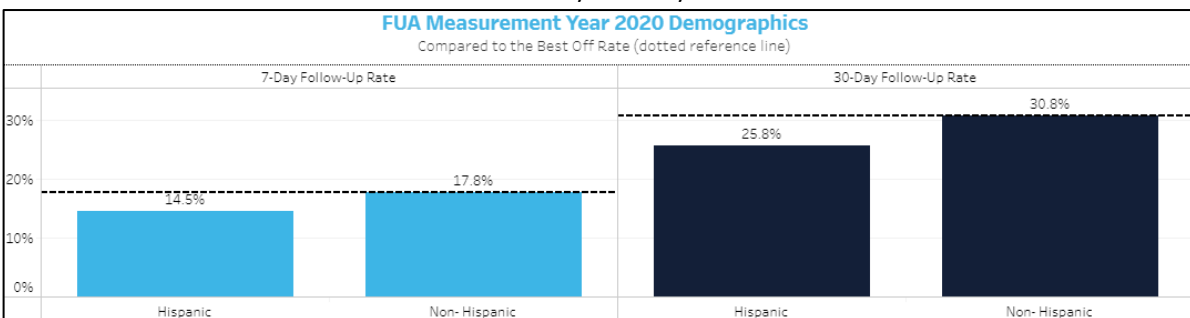
Rates by Age Group
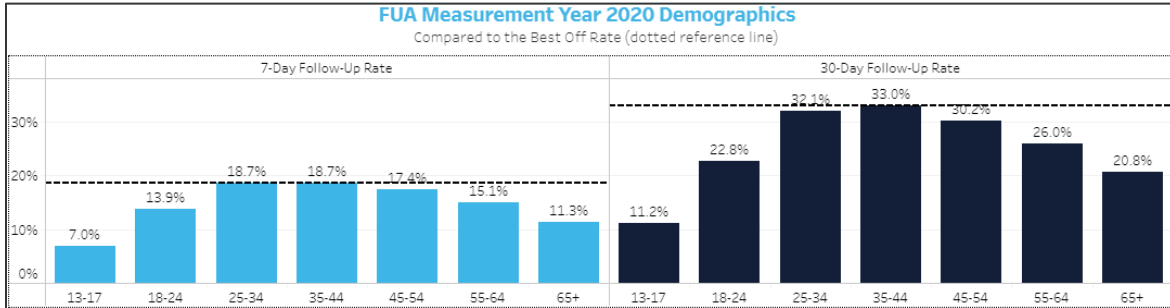
Rates by Sex

Rates by Race

Rates by Ethnicity

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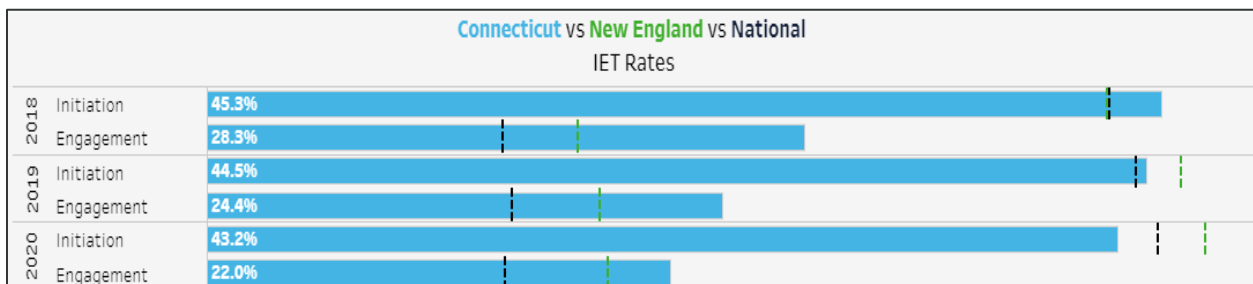# Behavioral Health Administrative Services Organization HEDIS Measures

What Does This Data Tell Us?

- CT Medicaid performance for 7 and 30-day FUA rates in 2020 were lowest among members less than 18 years of age.
- The performance for these two rates was best among 25-34- and 35-44-years age groups for 7-day follow-up and 35-44 years age group for 30-day rates. FUA rates were lower for members older than these age groups with lowest rates among adult members reported in those 65 years and older.
- Overall, there were no differences observed between men and women for 30-day follow-up rate for FUA measure.
- Males had a slightly better 7-day follow-up rate for FUA compared to females.
- Member population belonging to White/Caucasian race had the highest 7 and 30-day follow-up rates for the FUA measure.
- On the contrary, those belonging to Black race had the poorest 7 and 30-day follow-up rates for FUA measure. While those belonging to Asian and other race groups had reasonably high rates, the rates should be interpreted with caution due to the low denominators reported for these two populations.
- Among members of Hispanic origin, the 7 and 30-day follow-up rates for FUA measure were lower compared to the rates among members of non-Hispanic origin.

Behavioral Health Administrative Services Organization HEDIS Measures

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

Rate Comparison
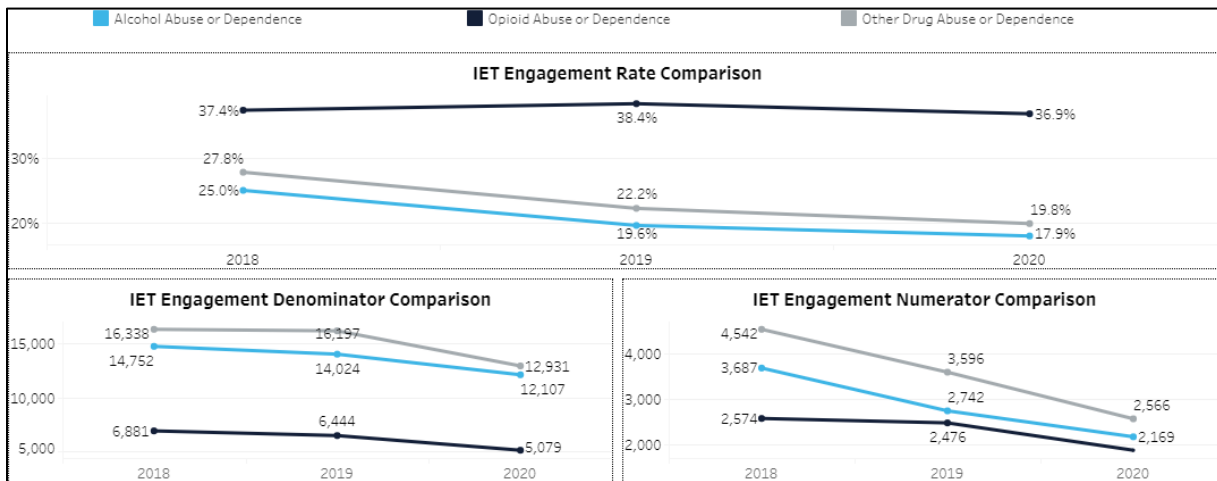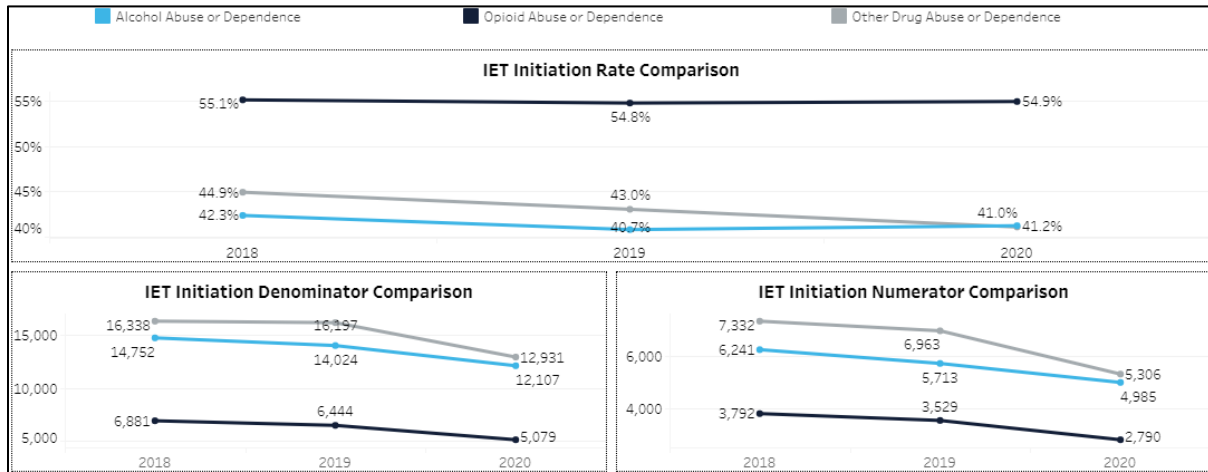
Behavioral Health Administrative Services Organization HEDIS Measures

Why is this Measure Important?

A large number of Americans ages ≥ 12 years have a diagnosis of alcohol and other drug use (AOD) disorders. Medication assisted treatment (MAT) along with other behavioral therapies is effective in reducing morbidity and mortality among those with AOD. However, current research literature suggests that less than one in five individuals with AOD receive MAT.

What Does it Measure?

IET 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 AOD 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 AOD Treatment: Adolescents and adults who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit."

For this measure a higher rate indicates better performance.

What Does the Data Tell Us?

- In 2020, the IET initiation rate for other drug abuse/dependence decreased whereas the IET initiation rate for alcohol abuse/dependence increased. The IET rate for opioid abuse/dependence remained fairly constant.
- It should be noted that the denominators for all three IET metrics decreased from 2019 to 2020.
- In 2020, the IET engagement rates for other drug abuse/dependence, opioid abuse/dependence and alcohol abuse/dependence decreased.
- Since 2018, CT Medicaid population had a higher IET engagement rate compared to national benchmark.
- However, in 2020, the CT Medicaid IET initiation rate dropped below the corresponding national and regional benchmarks.
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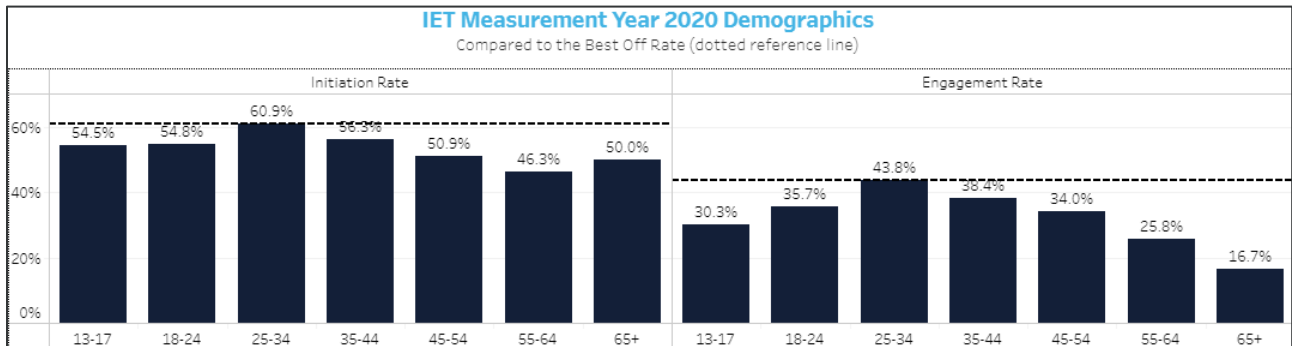# Behavioral Health Administrative Services Organization HEDIS Measures

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

Rates by Age Group

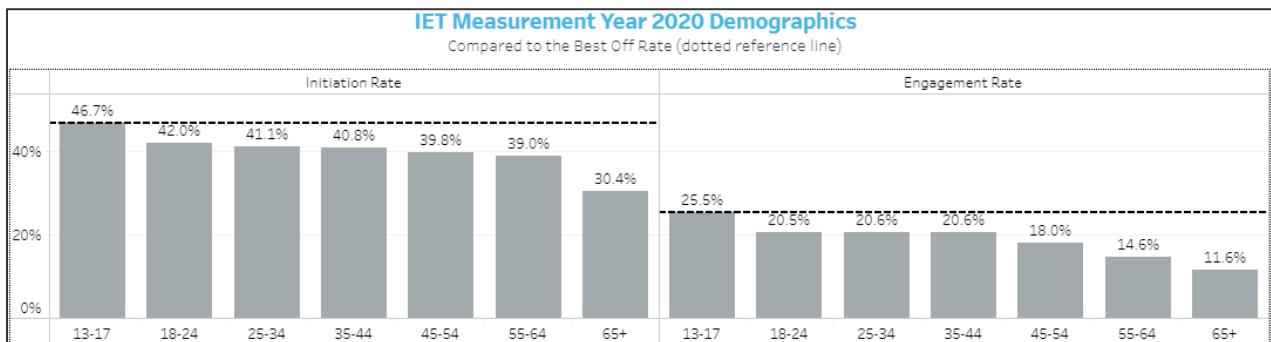<u>Difference in IET Rates for Alcohol Dependence</u>
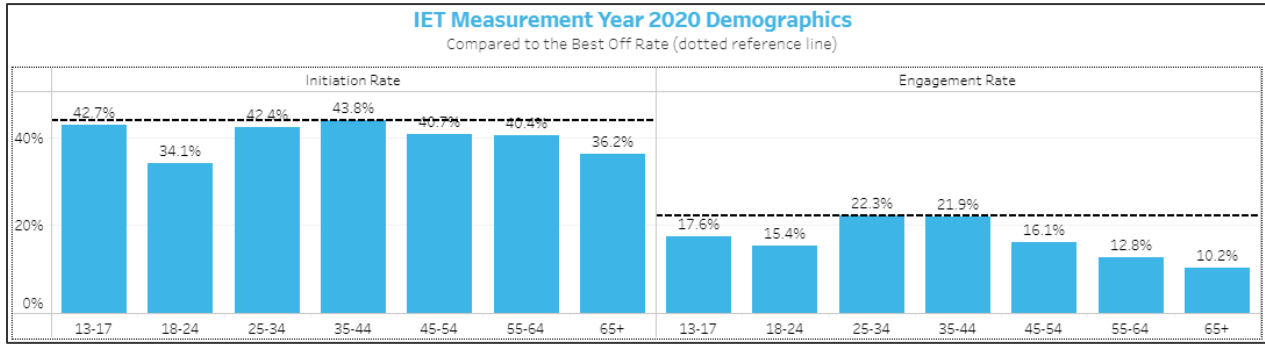
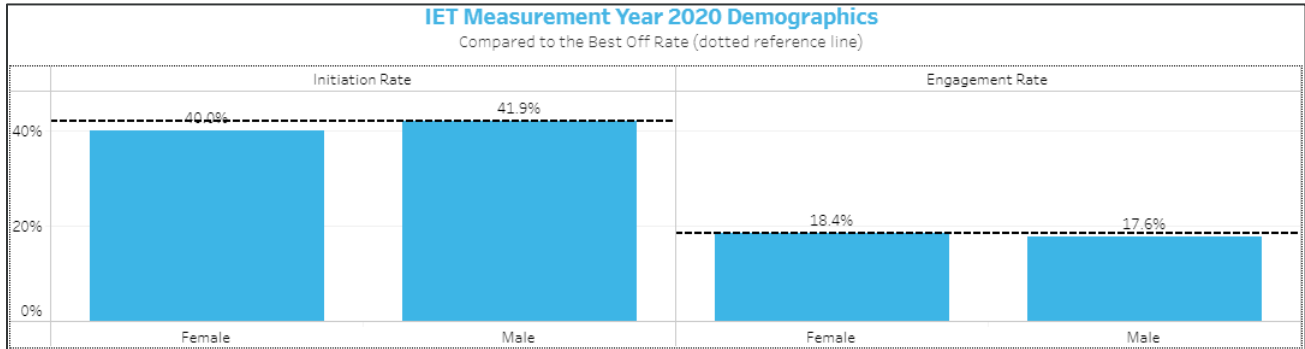<u>Difference in IET Rates for Opioid Dependence</u>

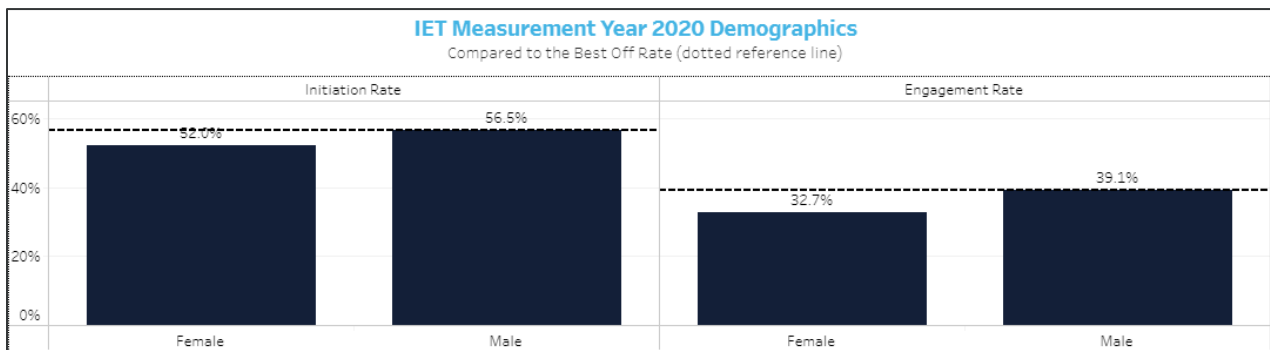<u>Difference in IET Rates for Other Drug Dependence</u>

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Behavioral Health Administrative Services Organization HEDIS Measures

Rates by Sex

Difference in IET Rates for Alcohol Dependence

Difference in IET Rates for Opioid Dependence

Difference in IET Rates for Other Drug Dependence

Behavioral Health Administrative Services Organization HEDIS Measures
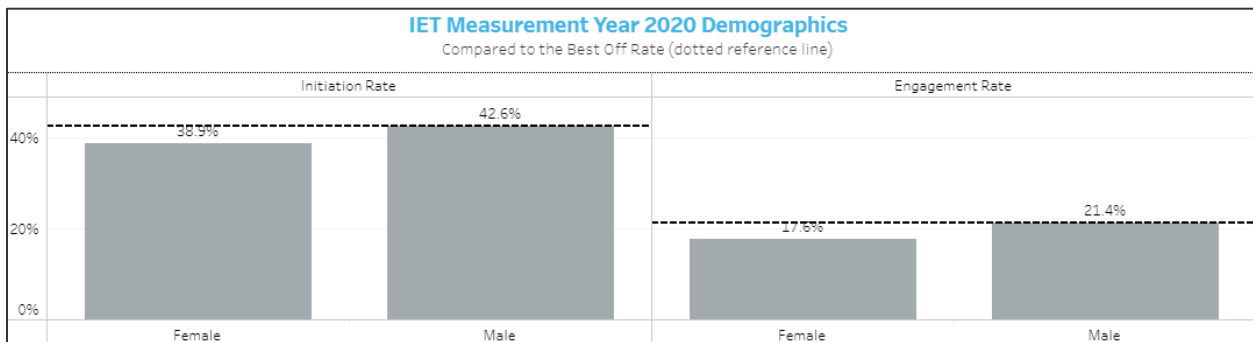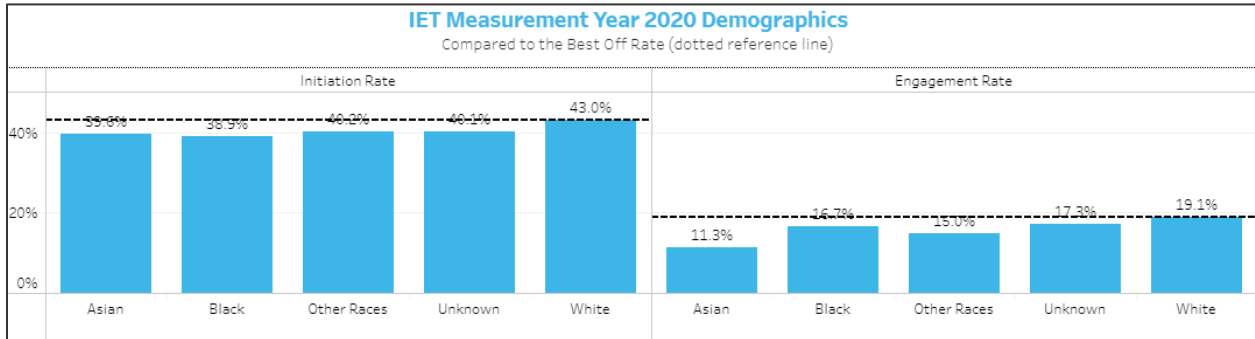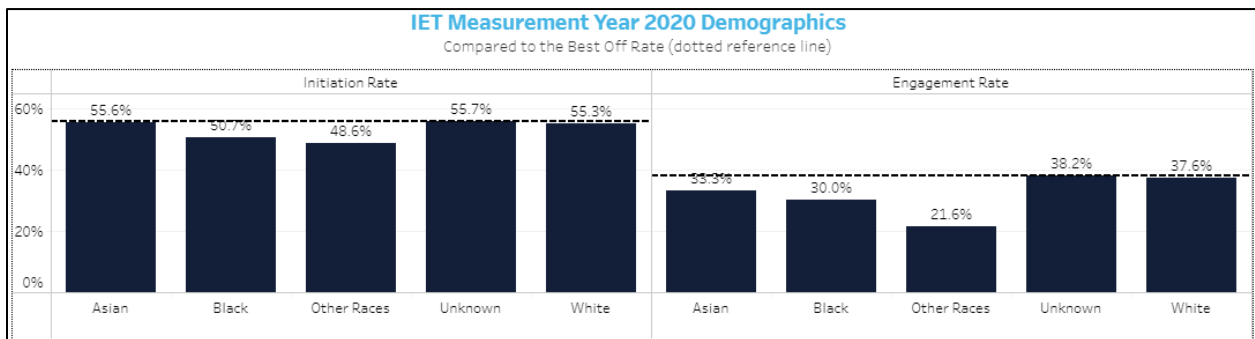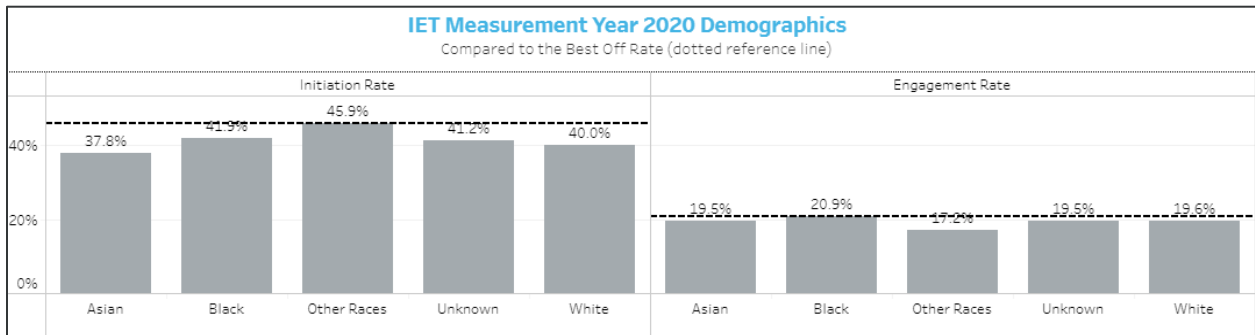
Rates by Race

Difference in IET Rates for Alcohol Dependence

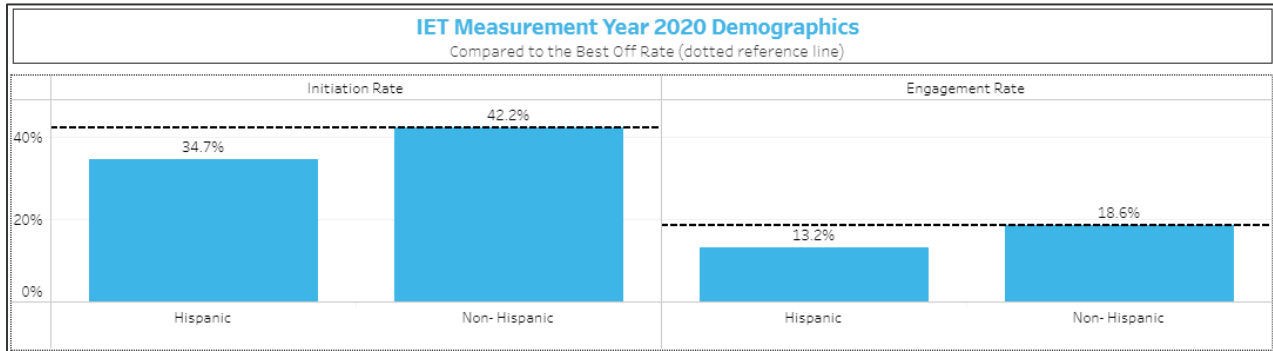Difference in IET Rates for Opioid Dependence

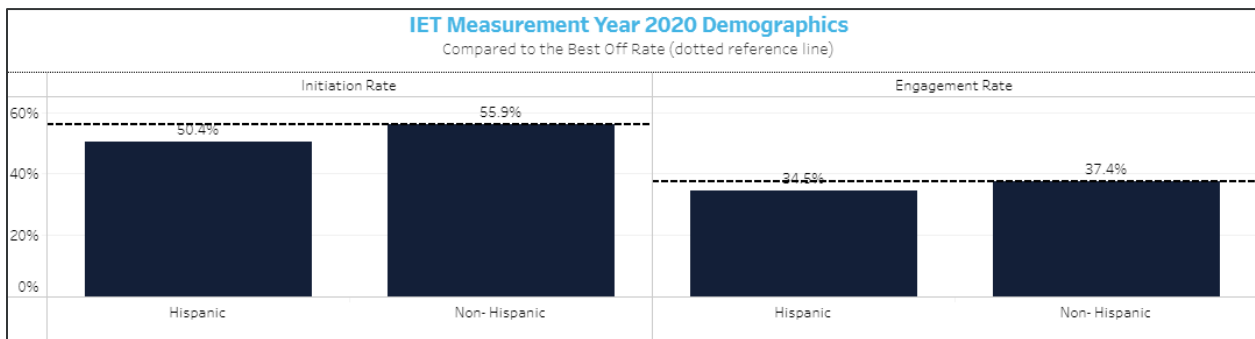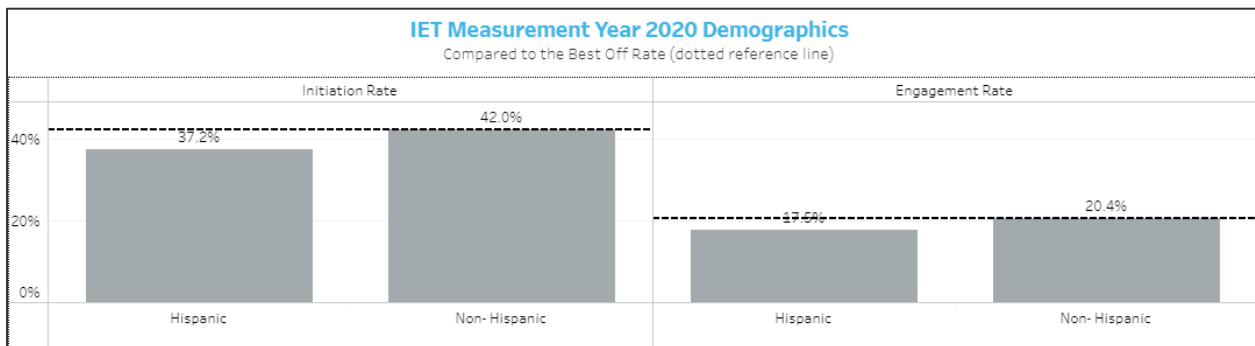Difference in IET Rates for Other Drug Dependence

Behavioral Health Administrative Services Organization HEDIS Measures

Rates by Ethnicity

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

IET Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

Initiation Rate		Engagement Rate	
34.7%	42.2%	13.2%	18.6%
Hispanic	Non-Hispanic	Hispanic	Non-Hispanic

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

IET Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

Initiation Rate		Engagement Rate	
50.4%	55.9%	34.5%	37.4%
Hispanic	Non-Hispanic	Hispanic	Non-Hispanic

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

IET Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

Initiation Rate		Engagement Rate	
37.2%	42.0%	17.5%	20.4%
Hispanic	Non-Hispanic	Hispanic	Non-Hispanic

Behavioral Health Administrative Services Organization HEDIS Measures

What Does This Data Tell Us?

IET Rates for Alcohol Dependence

- IET initiation rates for alcohol dependence/abuse were best among adults 35-44 years whereas engagement rates were best among members aged 25-34 years. IET initiation and engagement rates were comparatively lower among CT Medicaid members who were aged 18-24 years and 65 years and older.
- While the IET initiation rates for alcohol dependence/abuse were slightly higher among males, the engagement rates were slightly higher among females.
- Among CT Medicaid members, White population had the highest IET initiation and engagement rates.
- The IET initiation and engagement rates for Asians and Other Race should be interpreted with caution due to the small denominator.
- IET initiation and engagement rates for alcohol dependence/abuse were higher among CT Medicaid members of non-Hispanic origin.

IET Rates for Opioid Dependence

- IET initiation and engagement rates for members with opioid dependence/abuse were highest among adults 25-34 years. The rates decreased as age increased among members greater than or equal to 35 years of age.
- In 2020, IET initiation and engagement rates for opioid dependence/abuse were lower among women.
- Among racial subgroups with a denominator >40, those with unknown race had the highest rates for IET initiation and engagement for opioid dependence/abuse.
- The IET initiation and engagement rates for opioid dependence/abuse among Asians and 'other race' groups should be interpreted with caution due to the small denominator.
- IET initiation and engagement rates for opioid dependence/abuse were higher among CT Medicaid members of non-Hispanic origin.

IET Rates for Other Drugs

- IET initiation and engagement rates for other drug dependence/abuse were highest among adolescents 13-17 years of age. For all age groups >=18 years of age, IET initiation and engagement rates were lower.
- In 2020, IET initiation and engagement rates for other drug dependence/ abuse were lower among women.
- For IET initiation rate for other drug dependence/abuse, 'other races' had the highest rate followed by Black population.
- Black CT Medicaid members had the highest IET engagement rate for other drug dependence/abuse followed by White members.
- IET initiation and engagement rates for other drug dependence/abuse were higher among CT Medicaid members of non-Hispanic origin.

Behavioral Health Administrative Services Organization HEDIS Measures

Measure 5: Pharmacotherapy for Opioid Use Disorder

Rate Comparison
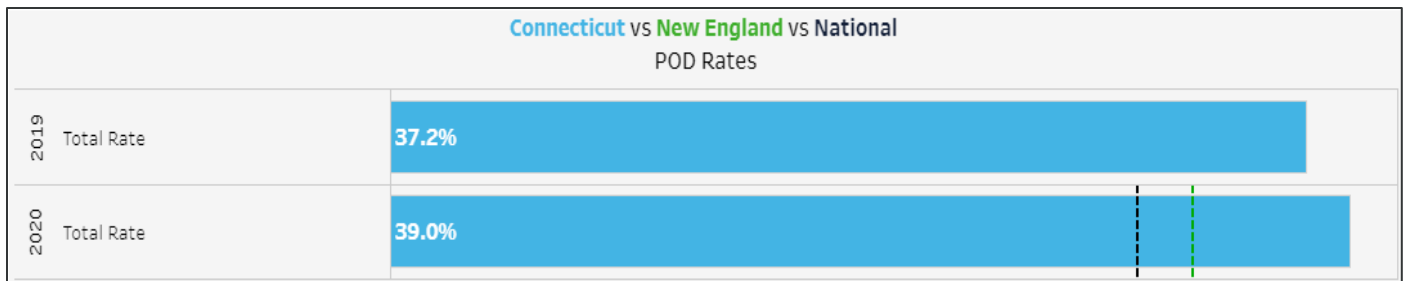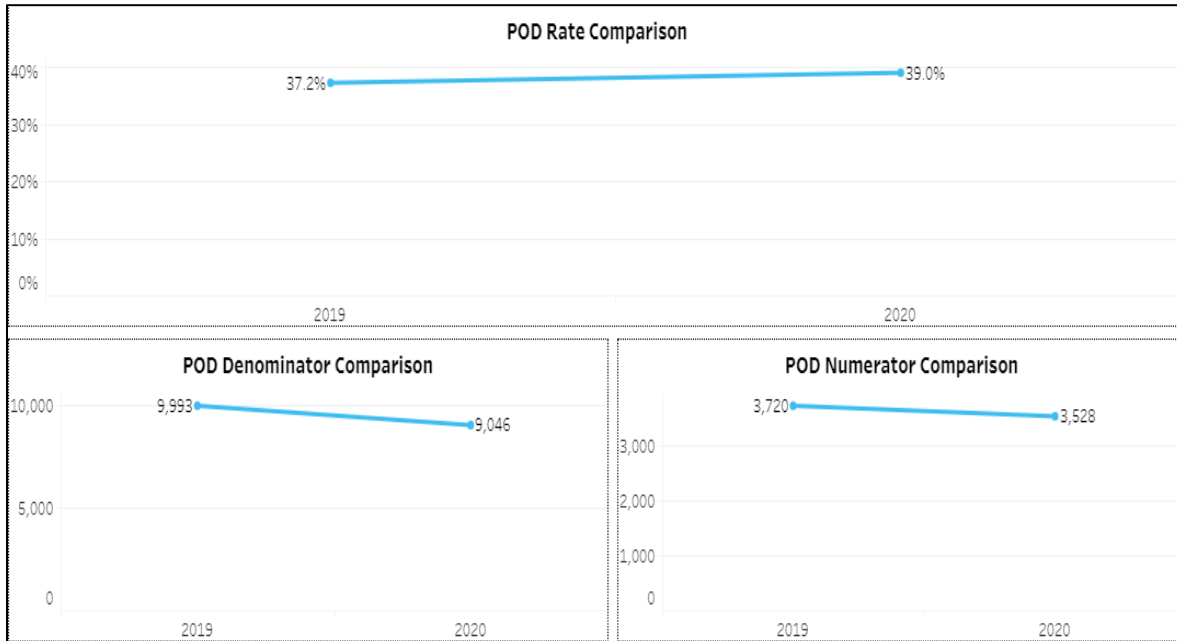
Why is this Measure Important?

Literature suggests that pharmacotherapy can improve outcomes for individuals with OUD and that continuity of pharmacotherapy is critical to prevent relapse and overdose. However, despite the evidence and recommendations of clinical practice guidelines, pharmacotherapy is an underutilized treatment option for individuals with OUD

What Does it Measure?

POD assesses the percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members aged 16 and older with a diagnosis of OUD.

For this measure, a higher rate indicates better performance.
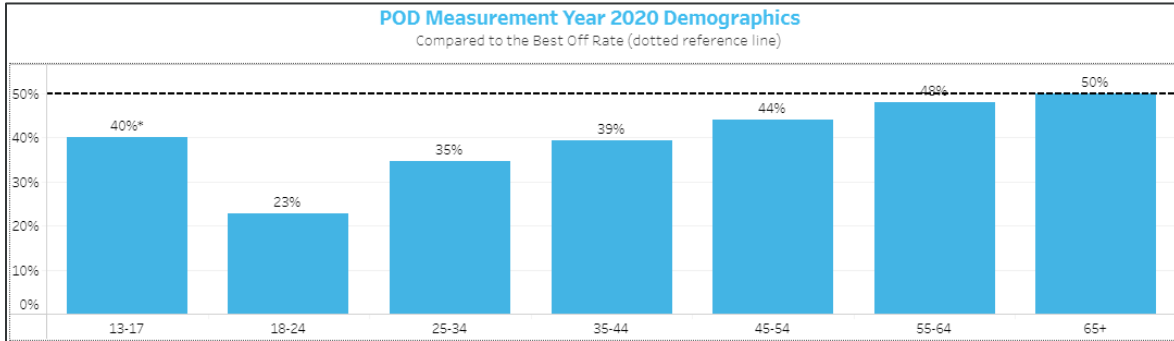
What Does the Data Tell Us?

- Overall, the POD rate increased from 37.2% in 2019 to 39% in 2020.
- Both the numerator and denominator for POD decreased from 2019
- In 2020, CT Medicaid performance for POD was better than regional and national benchmarks.
- POD was a new measure in 2019 and hence benchmarks were not available for that measurement period.
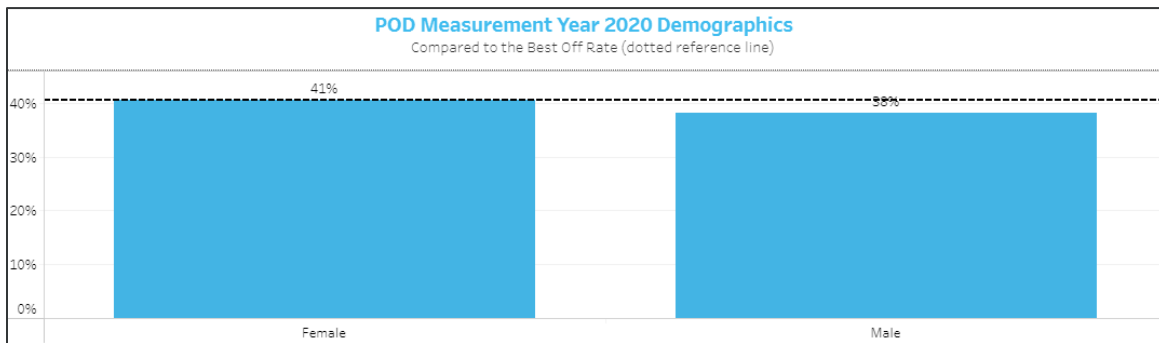
Pharmacotherapy for Opioid Use Disorder (POD): Demographic Data

Rates by Age Group

POD Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

Rates by Sex

POD Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

Rates by Race

POD Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

Behavioral Health Administrative Services Organization HEDIS Measures

Rates by Ethnicity

POD Measurement Year 2020 Demographics
Compared to the Best Off Rate (dotted reference line)

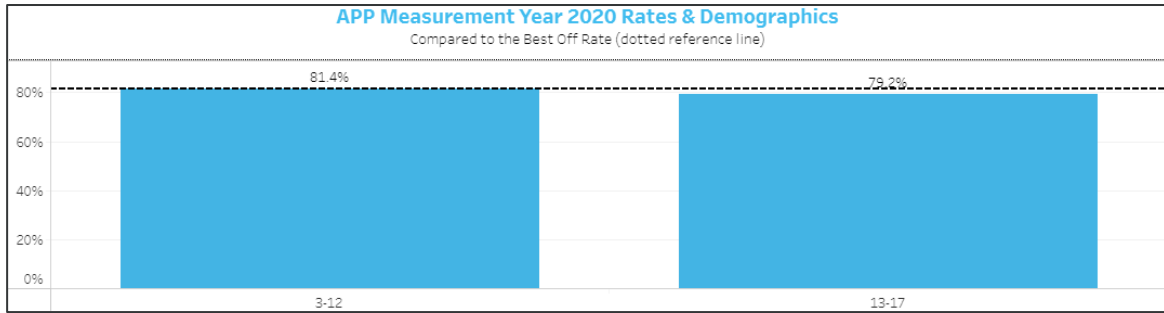|	Hispanic	Non- Hispanic
	38%	39%
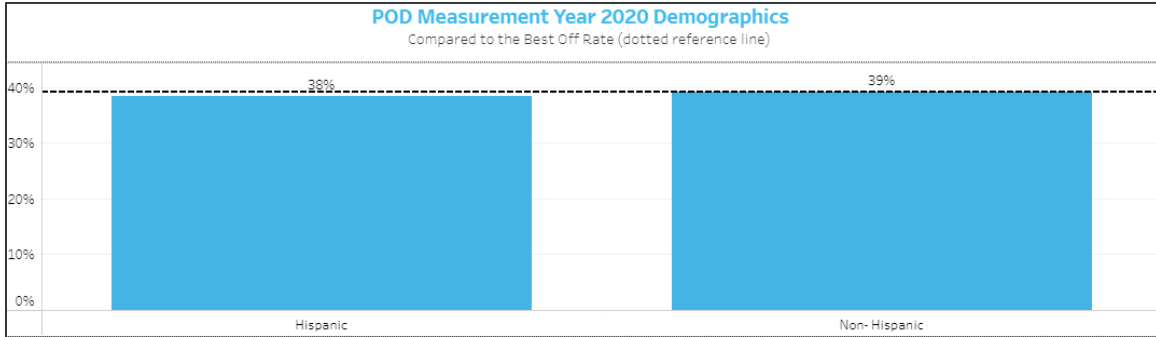
What Does This Data Tell Us?

- POD rate was lowest among members 18-24 years of age and highest among 65+ year old members.
- For measurement year 2020, POD rate was lower among males compared to females.
- In 2020, the highest POD rate was observed among White Medicaid members.
- It should be noted that the POD denominator for Asians was less than 40. Hence, the rate for this population subgroup should be interpreted with caution.
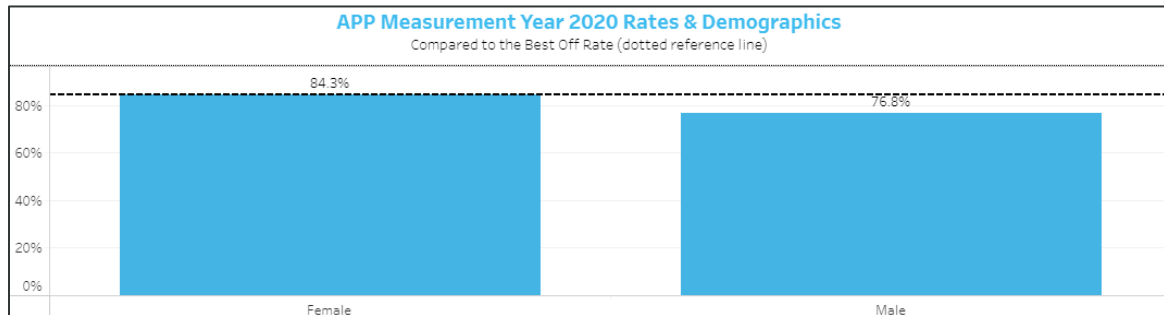- In 2020, POD rates are comparable among members of Hispanic and non-Hispanic origin.

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

Demographic Data
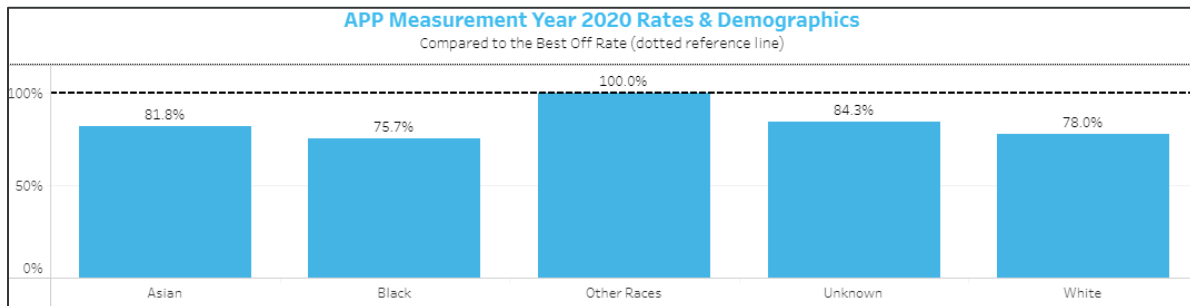
Rates by Age Group

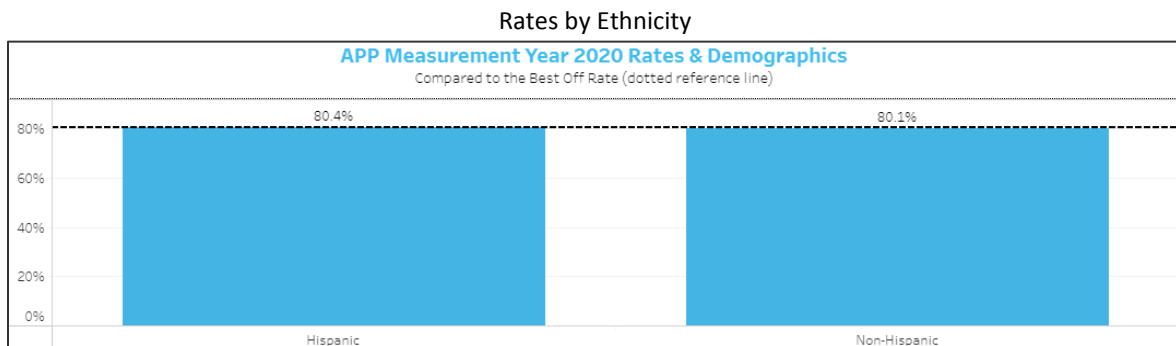**APP Measurement Year 2020 Rates & Demographics**
Compared to the Best Off Rate (dotted reference line)

81.4% (3-12), 79.2% (13-17)

Rates by Sex

APP Measurement Year 2020 Rates & Demographics
Compared to the Best Off Rate (dotted reference line)

84.3% (Female), 76.8% (Male)

Rates by Race

APP Measurement Year 2020 Rates & Demographics
Compared to the Best Off Rate (dotted reference line)

81.8% (Asian), 75.7% (Black), 100.0% (Other Races), 84.3% (Unknown), 78.0% (White)

Behavioral Health Administrative Services Organization HEDIS Measures

Rates by Ethnicity

What Does This Data Tell Us?

- For measurement year 2020, APP rate was higher among younger members 3-12 years old.
- In measurement year 2020, females had a higher APP rate compared to males.
- Denominators for APP for members from Asian and Other race subgroups were less than 20 and hence these rates should be considered with caution.
- APP rates in 2020 were comparable for members of Hispanic and non-Hispanic origin.