



A Comparative Analysis of National Behavioral Health Standards and Allegheny County's Performance

A fact sheet from Allegheny HealthChoices, Inc.

July 2015

Overview

System stakeholders often ask how Allegheny County compares to national behavioral healthcare standards. National benchmark comparisons have historically been used by systems to provide insight on current trends and to identify areas in need of quality improvement. To this end, Allegheny HealthChoices, Inc. (AHCI) completed a comparative analysis on follow-up care using Allegheny County Medicaid (HealthChoices) data and national standards. Overall, Allegheny County performed well, but the results suggest that ongoing interventions are needed to continue to meet targeted goals.

Background

Originally developed by the National Committee for Quality Assurance (NCQA), the HEDIS (Healthcare Effectiveness Data and Information Set) instrument was designed to allow healthcare consumers to compare health plans against one another. Currently, HEDIS measures are used by over 90% of the health plans in the United States, including Medicaid plans. The data is maintained by the NCQA.¹

This fact sheet highlights two HEDIS measures: Follow-Up After Hospitalization for Mental Illness and Follow-Up Care for Children Prescribed Attention-deficit/hyperactivity disorder (ADHD) Medication. Previous research has found that timely follow-up care after a hospitalization is associated with a decrease in hospital readmissions.² Additionally, for youth with ADHD, studies have shown treatment to be more effective (i.e. improved school performance/attendance) when therapy office visits and medication management are happening at the same time rather than participating in medication management alone.³

Data Analysis and Results: Follow-Up After Hospitalization for Mental Illness

Figure 1 displays the percentage of individuals with HealthChoices benefits in Allegheny County (HealthChoices) who received a follow-up service within seven and 30 days of discharge from inpatient mental health treatment. This includes HealthChoices members who were at least six years old at the date of discharge, who received a qualified HEDIS follow-up service⁴, and were HealthChoices eligible in Allegheny County during calendar years 2012, 2013 or 2014, respectively.

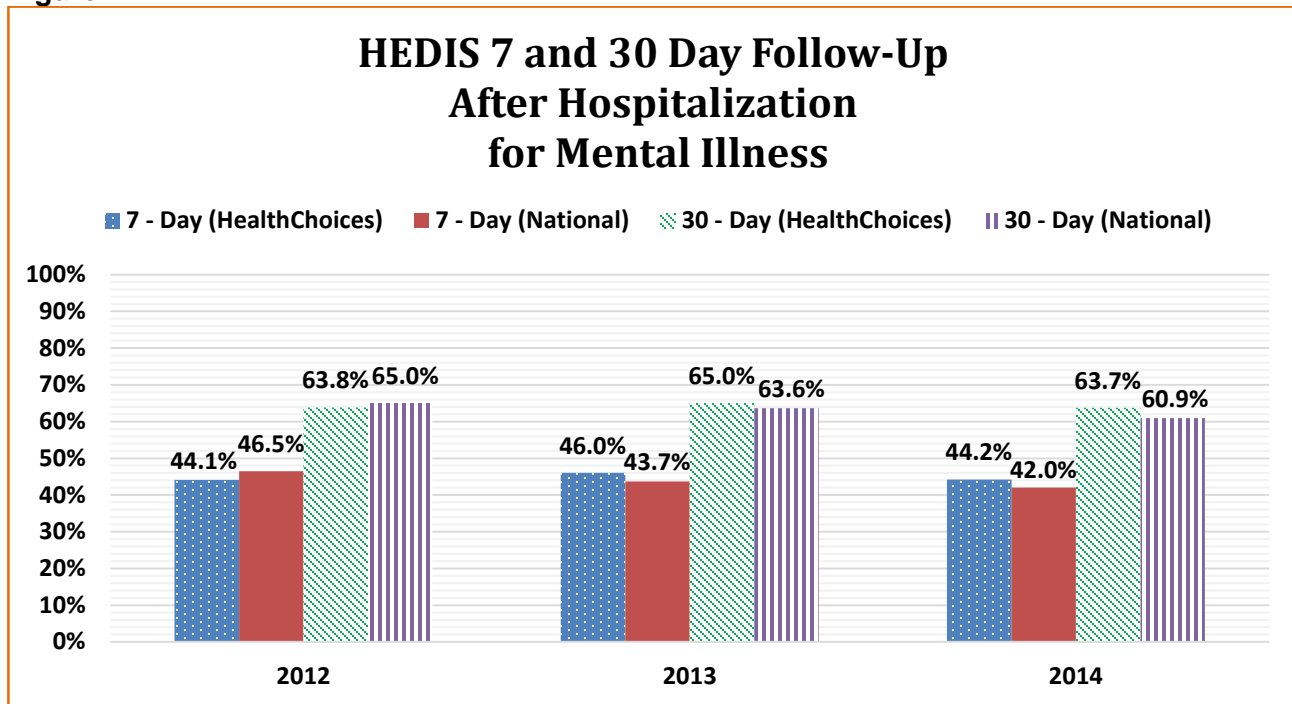
¹ For more information on HEDIS, please visit <http://www.ncqa.org/HEDISQualityMeasurement/WhatIsHEDIS.aspx>.

² For more literature on follow-up outcomes, please visit <http://www.ncbi.nlm.nih.gov/pubmed/22572089>.

³ For more information on ADHD treatment outcomes, please visit <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2998237/>.

⁴ A qualified follow-up service can be an outpatient, intensive outpatient and/or partial hospitalization visit as designated by the HEDIS parameters.

Figure 1



Historically, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) has utilized a gold standard of 90% or higher as a goal for follow-up services after an inpatient mental health discharge. Although Allegheny County did not meet the 90% gold standard benchmark during the time periods shown above, it exceeded the national percentages in 2013 and 2014, but did not in 2012. In 2012, OMHSAS decided to change their benchmark from the 90% gold standard to performance at or above the published 75th percentile HEDIS metrics. The 75th percentile HEDIS benchmarks for seven and 30 day follow-up were 54.8% and 75.7% in 2012, and 48.4% and 70.1% in 2013, respectively.⁵ Allegheny County did not meet these benchmarks for either year.

Allegheny County is currently participating in a mandated statewide OMHSAS performance improvement project. Part of this project includes implementing interventions that will encourage people to keep timely follow-up appointments after discharge from inpatient mental health treatment. Allegheny County Office of Behavioral Health (OBH), Community Care Behavioral Health (Community Care), and AHCI are exploring specific interventions for this project. For example, one intervention that is currently being implemented is the utilization of the brief critical time intervention (B-CTI) model. B-CTI is designed to engage and connect people quickly with community-based services following a hospital discharge. Prior to someone being discharged from the hospital, the B-CTI clinician, in Allegheny County's case an acute service coordinator/case manager, works on building a relationship with the person and performs an assessment of the person's community and treatment needs.⁶ Acute Service Coordination (ASC) is a short-term 90 day service and is designed to serve HealthChoices individuals who have frequent inpatient mental health stays and may not be connected with any behavioral health services. In comparison to other

⁵ To learn more about the OMHSAS follow-up after hospitalization goal change, please visit http://www.dhs.state.pa.us/cs/groups/webcontent/documents/report/c_078269.pdf. The 75th percentile HEDIS benchmark for 2014 has not yet been made available.

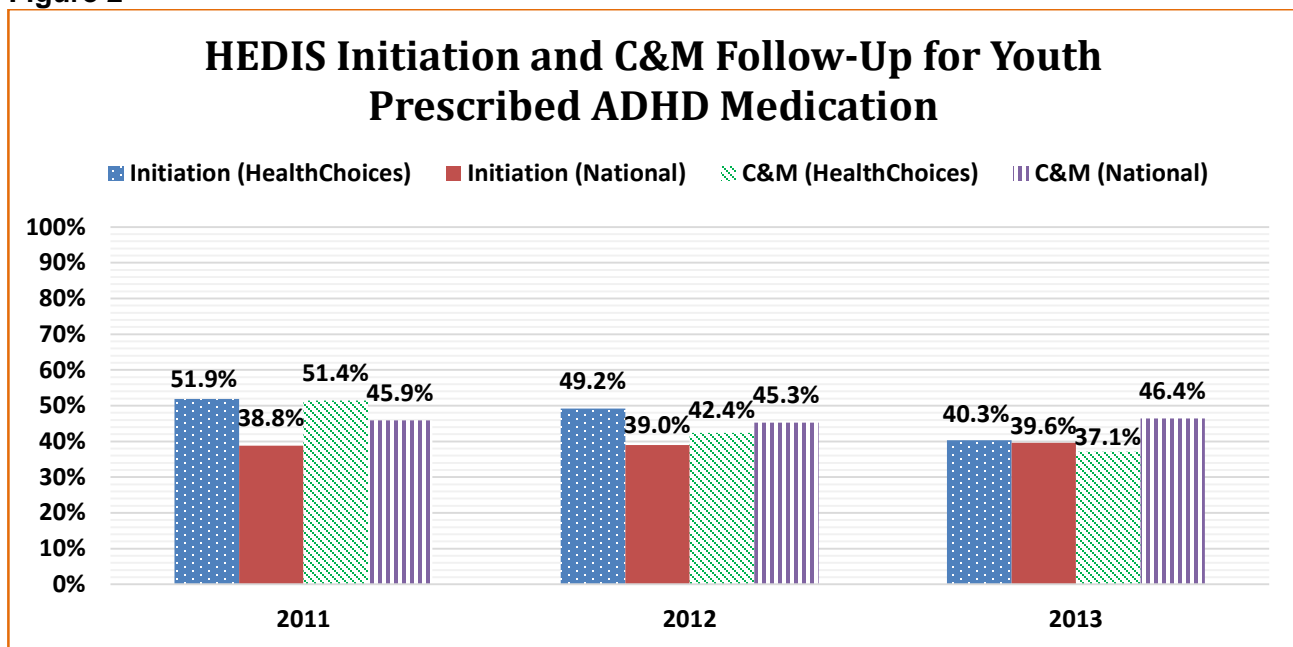
⁶ For more information on B-CTI, please check out <http://www.ncbi.nlm.nih.gov/pubmed/19339319>.

service coordination services, ASC utilizes an assertive engagement and intervention approach to assist individuals transitioning to community-based behavioral health services .

Data Analysis and Results: Follow-Up Care for Children Prescribed ADHD Medication

Figure 2 displays the percentage of HealthChoices youth diagnosed with ADHD who began treatment within 30 days of their first filled ADHD medication prescription. This is defined as the Initiation phase. Figure 2 also shows the percentage of those who had at least two additional follow-up visits while on ADHD medication for at least 210 days, as defined by the HEDIS specifications.⁷ These are the Continuation and Maintenance (C&M) phases. This includes HealthChoices youth who were between the ages of six and 12, prescribed a qualified HEDIS ADHD medication⁸, and were HealthChoices eligible in Allegheny County during the prescribed date range in 2011, 2012 or 2013, respectively.

Figure 2



While there is not an established OMHSAS benchmark for this HEDIS measure, AHCI evaluated this measure because preliminary, local data analysis showed that ADHD has consistently been the top diagnosis and second largest cost driver for youth in Allegheny County.⁹ Additionally, previous research has shown youth with ADHD have an increased risk for co-occurring substance use disorders.¹⁰ In order to improve services for this population, reviewing local data on youth Initiation, Continuation, and Maintenance in ADHD treatment was a critical first step.

⁷ All HEDIS specifications are defined by clinical/peer-reviewed guidelines and/or by a formal consensus of subject matter experts.

⁸ Most qualified HEDIS medications are central nervous system stimulants. More information on the specific medications included can be found at <http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDISArchives.aspx>.

⁹ Allegheny HealthChoices, Inc. runs HealthChoices quarterly and annual summary reports monitoring trends and patterns in Allegheny County. To view these reports, please go to www.ahci.org and click on the reports and projects tab.

¹⁰ For more information on ADHD and co-occurring substance use disorders, please visit <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2676785/>.

For the Initiation phase, Allegheny County consistently exceeded the national percentages, however, performance declined by 12% from 2011 to 2013. For the C&M phases, Allegheny exceeded the national percentage in 2011, but not for the subsequent reporting years. Additionally, the gap between the national percentages and Allegheny County grew by 6% between 2012 and 2013.

The causes for the decrease are unknown at this point. One possible explanation for the decrease is that youth may be being monitored by their primary care physicians (PCPs) and not receiving or following up on referrals to treatment once they receive their medication prescription. While this HEDIS specification does not include PCP visits or other physical health follow-up service in the calculation, further investigation regarding the influence of physical health on this measure, as well as other possible explanations may be helpful.

Conclusion and Next Steps

HEDIS benchmarks have been helpful in identifying where Allegheny County's performance stands in comparison to national data. While Allegheny County has performed well, the data suggests ongoing monitoring and review of current interventions are needed in order to meet targeted goals.

AHCI intends to review the findings of this report with OBH and Community Care and to work collaboratively to improve care for both of these target populations. Next steps to explore and support timely follow-up after care include the following:

Follow-Up After Hospitalization for Mental Illness

- Share findings at upcoming Community Care inpatient and outpatient provider meetings and engage providers in a discussion about this topic.
- Utilize the OMHSAS statewide performance improvement project as an additional way to monitor progress.
- Continue to monitor current interventions and explore other options.

Follow-Up Care for Children Prescribed ADHD Medication

- Share findings at upcoming Community Care youth service provider meetings and engage providers in a discussion about this topic.
- Propose the addition of the ADHD follow-up measure to Allegheny County's 2016 HealthChoices Quality Management Work Plan.¹¹
- Discuss and explore new interventions.

In addition to the items mentioned above, AHCI will continue to monitor both measures on an ad-hoc basis.

¹¹ HEDIS 7 and 30 day follow-up after hospitalization for mental illness is currently part of the HealthChoices Quality Management Work Plan for Allegheny County.