

DVHA Performance Improvement Project

Initiation and Engagement in Alcohol Treatment

Description

Under this project we will expand the substance abuse provider network to clinicians who are:

- Licensed Drug and Alcohol Counselors (LADC)
- Licensed mental health clinician's (such as LCMHC, LCSW, Licensed Psychologist – Master, and Licensed Psychologists)

The Project Team and the sub-committees include staff from ADAP and DVHA and will include community providers and stakeholders.

The project will include a:

- Data management plan
- Control group
- Outcome measures

Eligibility: A team of state and provider representatives will establish eligibility requirements for licensed mental health clinicians to enroll as substance abuse providers in the project (such as, requiring a certain number of CME's per year focusing on substance abuse treatment).

- By including the mental health clinicians in the project we will be able to capture all substance abuse services that are being provided.
- Both mental health and substance abuse clinicians who have practices within the DVHA access standards of the three counties will be included in the project.
- Participation is voluntary.

In the three counties, there are currently 27 LADCs who would be eligible to participate in the project.

Payment: P4P

The project includes reimbursing the substance abuse providers through a pay-for-performance (P4P) model rather than the current fee-for-service model. A per member per month model (PMPM) has been chosen which aligns with one of the payment reforms being implemented through the State Innovation Model (SIM) grant. The goals of the PMPM model are to control costs while improving quality of care.

The project will focus on two interventions:

- One to the primary care physicians (PCP) practicing in the three identified counties
- One focusing on the substance abuse/mental health (SA/MH) clinicians.

PCP intervention: Once the new network is established PCPs in the three counties will be provided with a resource list for substance abuse treatment referrals. The theory is that the PCPs will improve referrals to substance abuse providers.

SA/MH clinician intervention: The second intervention is the PMPM payment model with the theory that with financial incentive and training, substance abuse providers will improve their engagement rates.

It is anticipated that there will be some cost shift from the mental health clinicians to the LADCs in the project as well as increased utilization due to improved access to care. The PMPM payment rate will be calculated by historical utilization/cost data with the goals of incentivizing providers to utilize more case management type services to engage clients and to control costs.

Structure

- Three Counties: Addison, Rutland & Bennington
- Population: Medicaid beneficiaries with a diagnosis of alcohol abuse/dependence ages 18 and over
- Providers: PCPs practicing in the three counties
Licensed mental health professionals and LADCs in the three counties

Evaluation: HEDIS

In order to measure the effectiveness of the project the Healthcare Effectiveness Data and Information Set (HEDIS) Measure will be utilized. The measure identifies:

- The percentage of Medicaid beneficiaries who initiate treatment within 14 days of the initial diagnosis
- The percentage of Medicaid beneficiaries who initiated treatment and had two or more additional services within 30 days of the initiation visit.

In order to complete the project following the CMS Performance Improvement Project Guidelines, DVHA chose a project size that would be manageable within the current resources, be able to be completed within the timeline of the grant, and have the numbers to be statistically significant.

The three counties chosen for the pilot were identified by: number of eligible Medicaid recipients, number of primary care providers and current rate of the HEDIS measure.

Timeline

A work plan has been developed for the project with a projected start date of September 2014. Below are some key steps to be completed.

First and second quarters CY 2014

- Identify PCPs and Clinician's
- Develop a data management plan
- Develop performance standards for payment reform
- Develop payment reform structure (including payment mechanism, enrollment, etc)
- Outreach to clinicians for participation in the project
- Provide training to clinicians around payment reform and best practices

Third quarter CY 2014

- Enroll LADCs
- Develop resource list for PCPs
- Ensure MMIS is ready for billing