

DVHA Performance Improvement Project

Initiation and Engagement in Alcohol Treatment

Background

The DVHA project focusing on opening the network to LADCs in private practice is a performance improvement project under the Adult Quality Measures Grant. Under the terms of this grant DVHA is implementing the project based on the CMS Core Set of Adult's Health Care Quality Measures. To pick the project DVHA staff reviewed the performance data for the CMS measures and identified areas where performance was below the 50th percentile nationally, identified connections to current initiatives in the state, and identified where there would be collaboration on a project between departments throughout AHS. One of the performance measures chosen for a project focus was Initiation and Engagement of Alcohol and Other Drug Dependence Treatment. This project aligns with current initiatives of the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs (ADAP), DVHA's Payment Reform Division, the State Innovation Model grant, and the Vermont Blueprint for Health (Blueprint).

Project Structure

- Three Counties: Addison, Rutland & Bennington
- Focus: 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

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 and 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. Data, by county, identifying number of eligible Medicaid recipients, number of primary care providers and current rate of the HEDIS measure was reviewed and three counties were chosen for the pilot: Addison, Rutland and Bennington. Based on information provided by ADAP showing that alcohol continues to be the most prevalent problem in Vermont and in order to be sure our data is not impacted by the Hub system of care, the project will focus on alcohol abuse/dependence for individuals ages 18 and over.

Under this project we will expand the substance abuse provider network to clinicians who are Licensed Drug and Alcohol Counselors (LADC) and licensed mental health clinician's (such as LCMHC, LCSW, Licensed Psychologist – Master, and Licensed Psychologists, etc). 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. 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 and outcome measures.

Interventions

The project includes reimbursing the substance abuse providers through a pay-for-performance 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 have two interventions: one to the primary care physicians (PCP) practicing in the three identified counties and one focusing on the substance abuse/mental health clinicians. 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 and participation is voluntary. Once the new network is established, the first intervention of the project is to provide the PCPs in the three counties with a resource list for substance abuse treatment referrals. The theory is that the PCPs will improve referrals to substance abuse providers. 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.

In the three counties there are currently 27 LADCs who would be eligible to participate in the project. 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 goal of incentivizing providers to utilize more case management type services to engage clients as well as control costs.