

Medication Assisted Treatment (MAT)

Pilot Report

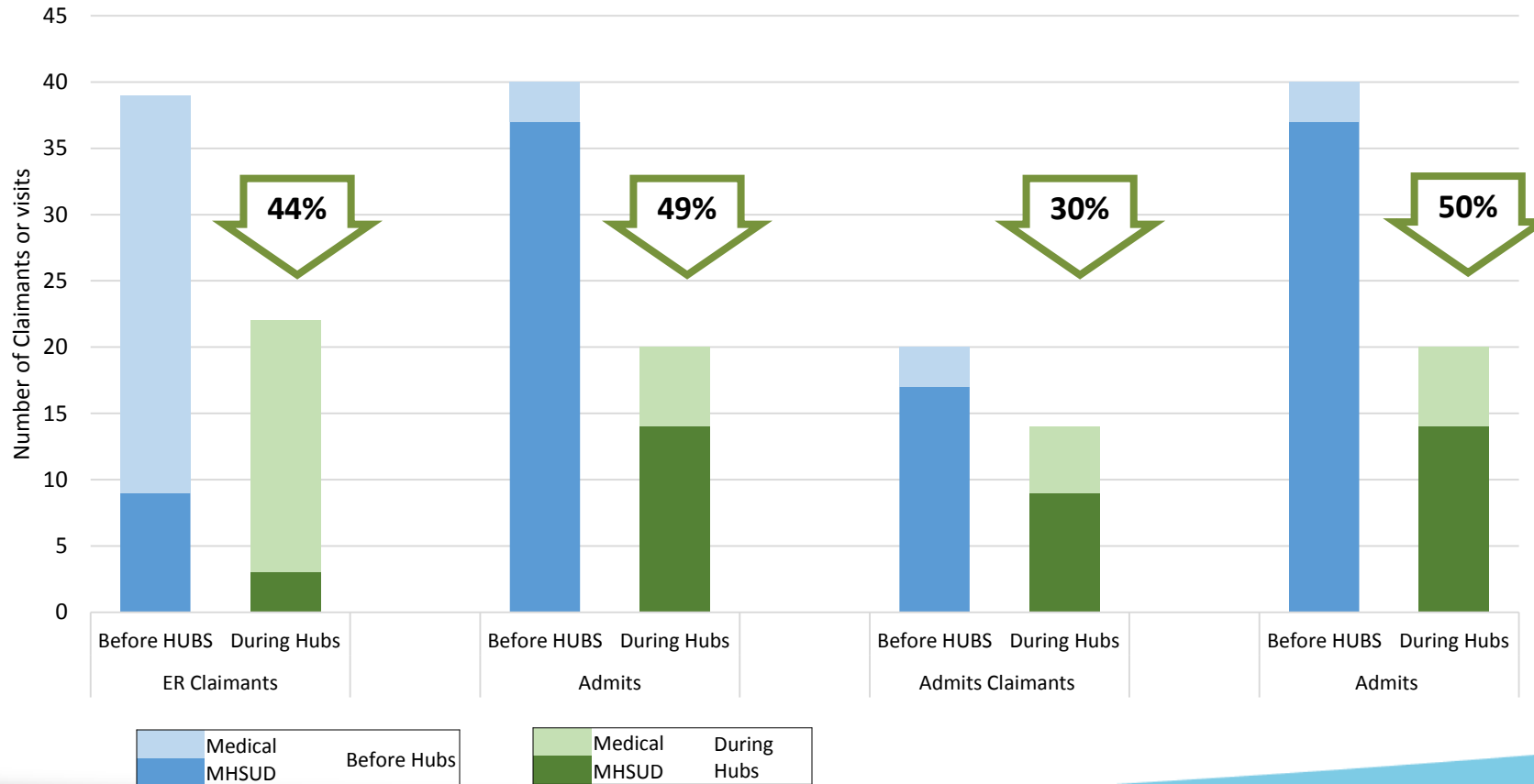
Kelly Lange, Director of Health Care Reform, BCBSVT

BCBSVT's role in the Hub and Spoke Initiative

- First health plan to partner with the Health Department to expand its reach
 - bundled rates
 - single co-pay
 - participating in learning collaborative
 - coordinate with community health teams and MAT providers
 - support measurable outcomes
- Further enhanced this work by establishing an early identification and outreach service to members in need to ensure smooth transition through system
 - Address gaps in care
 - Advocate by making connections and staying involved

Preliminary HUB Impact (2016 data)

Members in Hubs use the ER less and are admitted to the hospital fewer times than prior to engagement



BCBSVT's role in the Hub and Spoke Initiative

■ Spokes Pilot Program: Deployed 2018

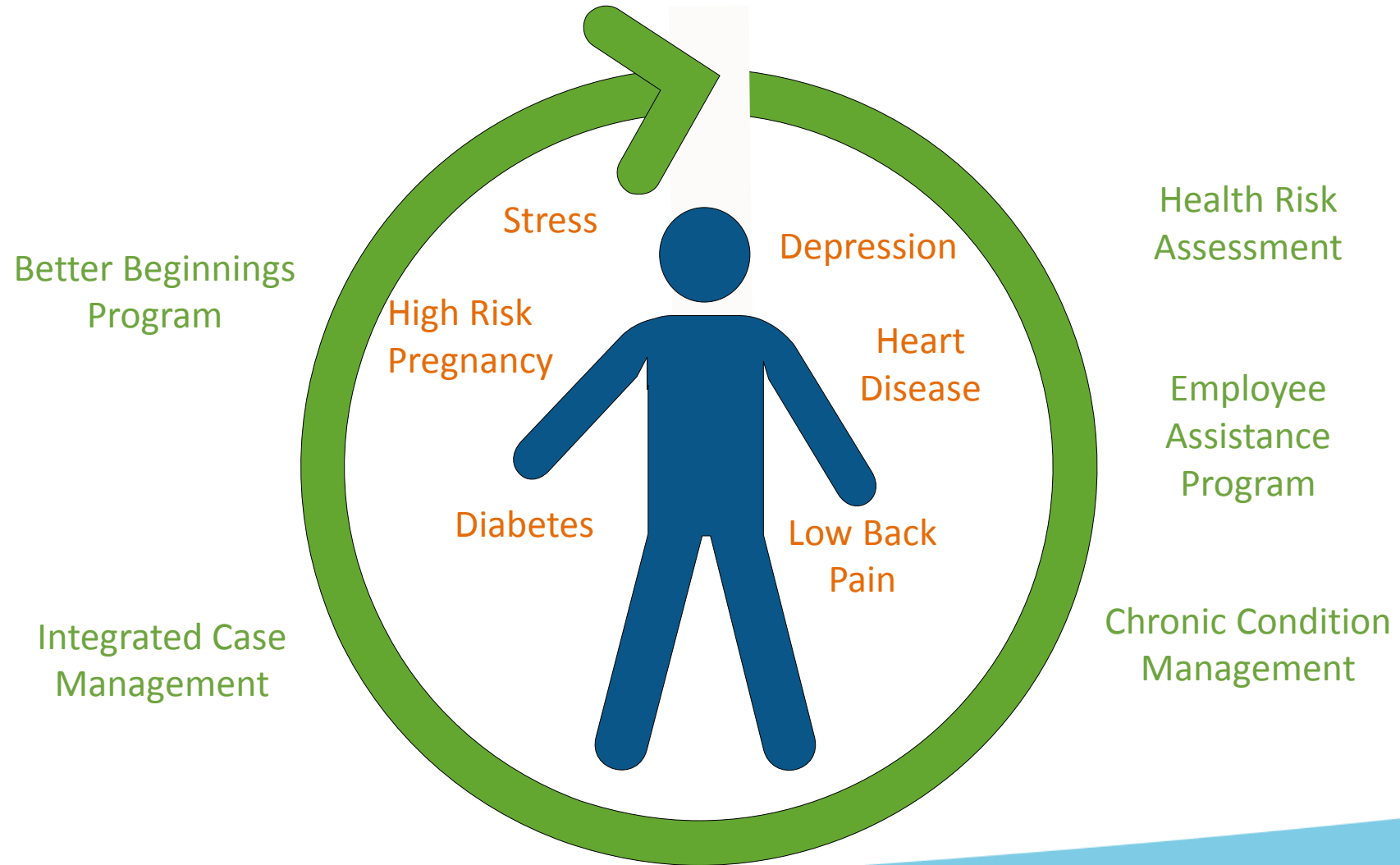
- co-developed with providers, community health team and DVHA
- alignment with DVHA program components
 - *Aligned reporting*
 - *Aligned metrics*
- leveraged success of HUB reimbursement policy
- single co-pay
- support large practice focus and community health team based program

■ Program Summary

- Claims based reimbursement
 - *Supports linkage to member encounter and health plan benefits*
 - *Supports reporting*
 - *Supports care collaboration*
- PMPM payment to provider or community health team supporting staffing
- Expect to extend to additional providers throughout 2019

Whole Person Approach

- Medical and mental health substance use disorder (MHSUD) co-occurring conditions cost **40%** more and are largely driven by medical expense
- **25%** of BCBSVT members have co-occurring medical and MHSUD conditions



BCBSVT Whole Person Approach

Opioid Addiction Outreach (OAO) Program – Initial Data

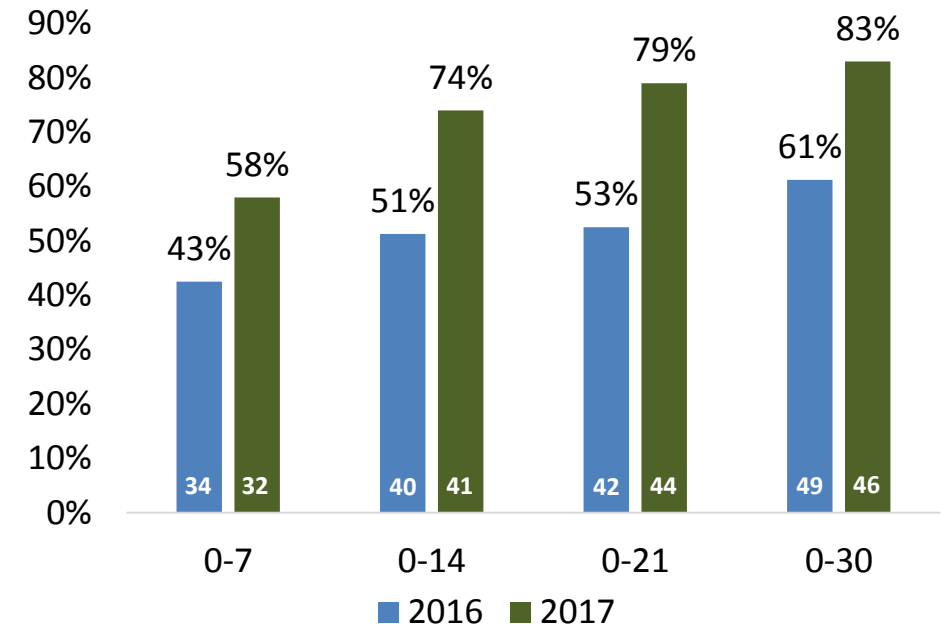
Program Description

- Identify members on buprenorphine (Suboxone) and have an ED visit
 - 142 members in 2016**
- Care coordinators help the member overcome barriers to care and work with them to engage with their treatment team

2017 Workgroup

- 39%** of members did not have any follow-up within 30 days of their ER visit
- 89%** of members in program were identified 30+ days after their ER visit
- Process Improvements:
 - Increased frequency of the identification report from monthly to weekly
 - Streamlined report to improve efficiency of member identification

Day from ER to First Follow-Up



* White text = number of compliant members in Q3/Q4

Member Story: Opiate Addition Outreach Program

Benefits of integrated medical and MHSUD care management

“No one has ever cared to help me like this. I will have my life back, and I can smile again. Thank you!”

