



CalAIM Milestone 3d PIPs

SANTA CRUZ COUNTY MENTAL HEALTH ADVISORY BOARD

PRESENTED BY JENNIFER D SUSSKIND, MCP

How is performance improvement fit into CalAIM?

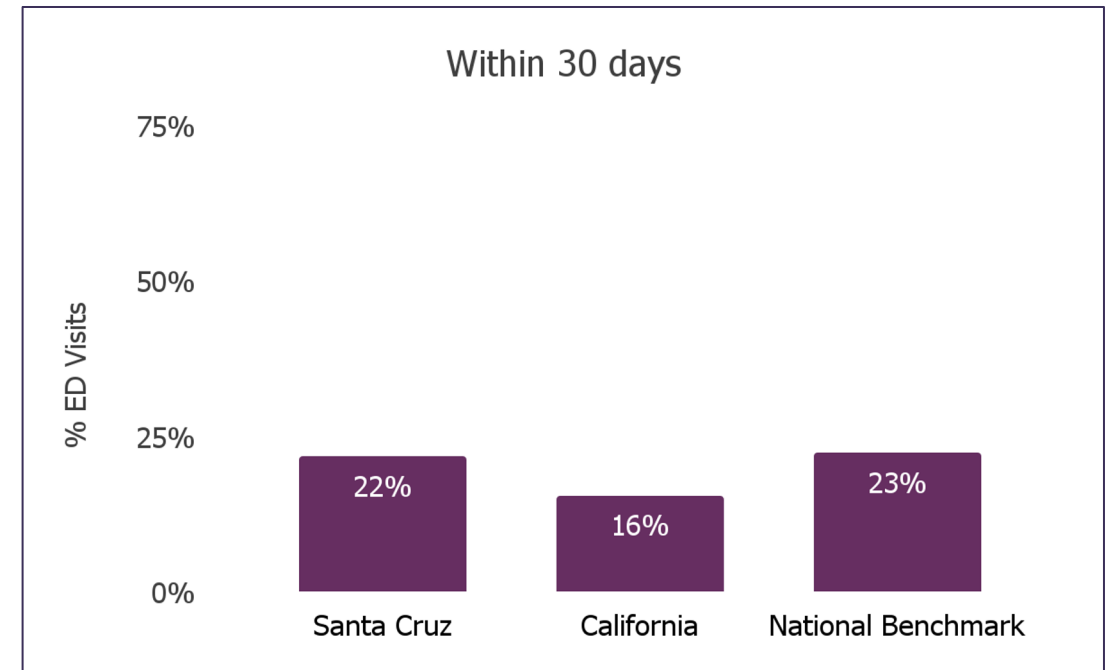
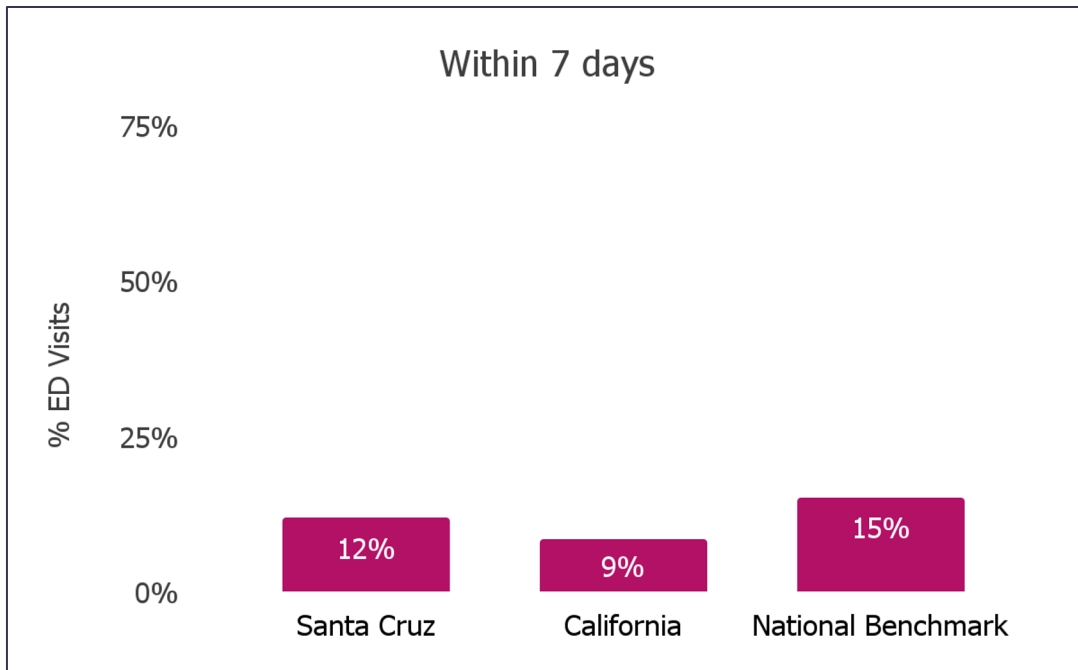
- ▶ CalAIM: payment reform, BH policy change, and data exchange to improve quality of care, outcomes and care coordination for Medi-Cal beneficiaries
 - ▶ BHQIP: incentive payment program to support participating entities as they prepare for CalAIM
 - ▶ Milestone 3: promotes bi-directional data exchange between MHPs, DMC, DMC-ODS, and MCPs.
 - ▶ Milestone 3d: leveraging data exchange to improve outcomes for three performance measures
 - ▶ PIPs: Performance Improvement Project: a standardized practice to achieve Milestone 3d

Three HEDIS Performance Measures

- ▶ **Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)**
 - ▶ Percentage of ED visits for AOD diagnoses that receive a follow-up within 7 and 30 days
- ▶ **Follow-Up After Emergency Department Visit for Mental Illness (FUM)**
 - ▶ Percentage of ED visits for mental illness diagnosis or self harm that receive a follow-up within 7 and 30 days
- ▶ **Pharmacotherapy for Opioid Use Disorder (POD)**
 - ▶ Percentage of opioid use disorder (OUD) pharmacotherapy treatment events among members ages 16 and older that continue for at least 180 days

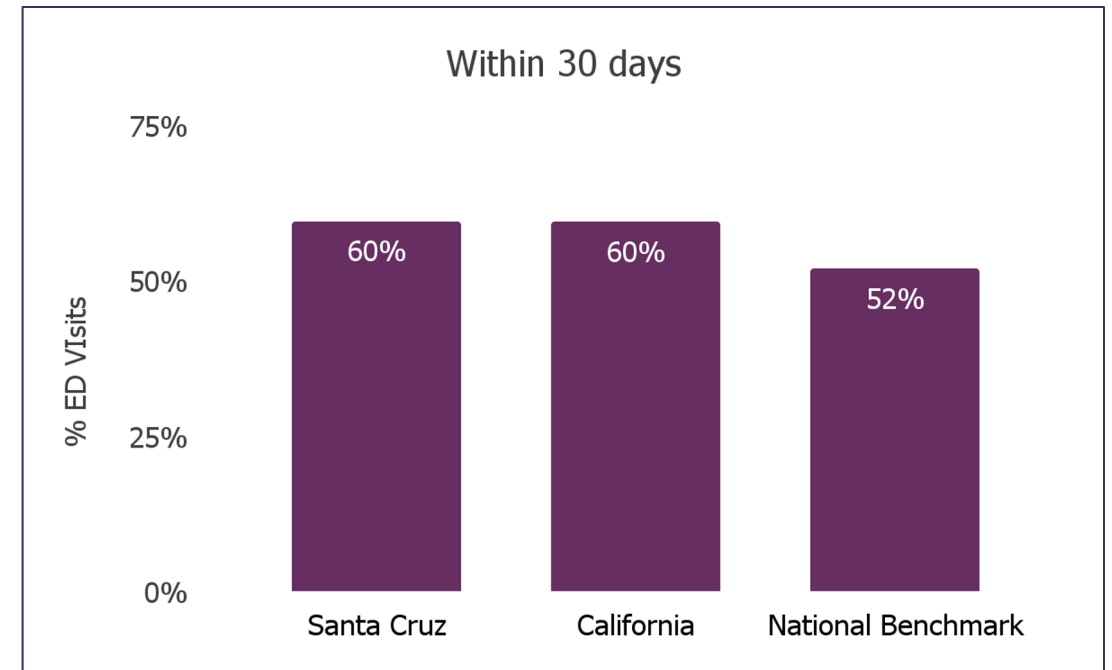
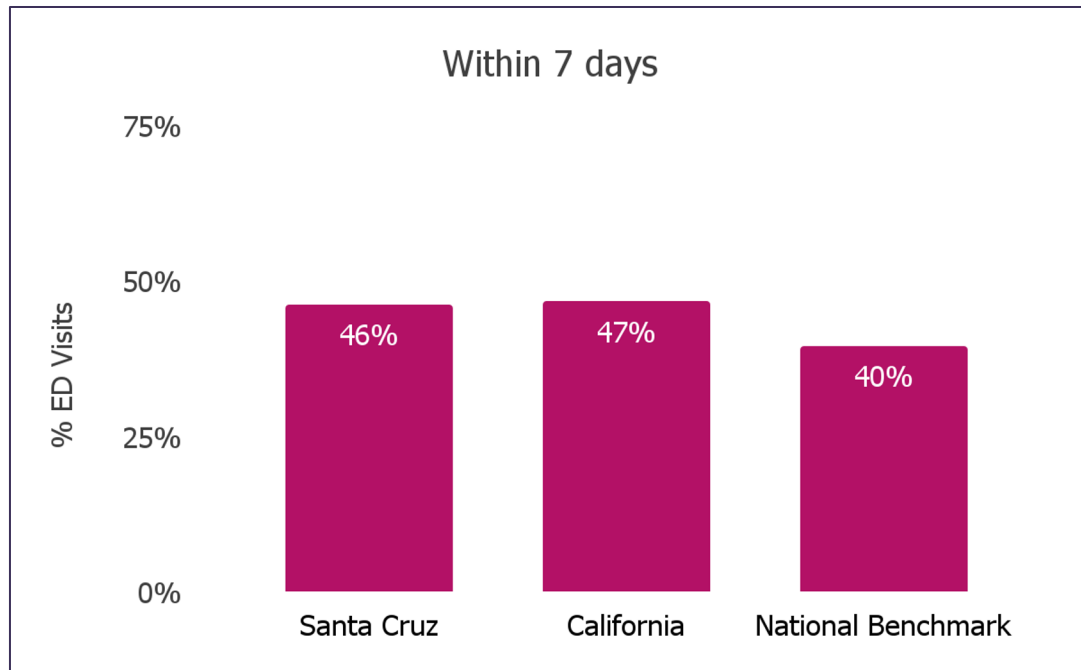
Goal: Increase Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Percentage of ED visits for AOD diagnoses that receive a follow-up, ages 18-64



► Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Percentage of ED visits for mental illness diagnoses that receive a follow-up, ages 18-64



▶ Pharmacotherapy for Opioid Use Disorder (POD)

Percentage of new MAT episodes for beneficiaries with opioid that last at least 180 days, all ages, 2021 data:

- ▶ No national benchmark
- ▶ California average: 9.8%
- ▶ Santa Cruz: 9.6%

About 10% of people continue medication assisted treatment for 6 months or longer

Questions we need to answer about the data:

Why prevents some beneficiaries from receiving follow-up care after an ED visit, and what can be done to improve follow-up?

Why do beneficiaries with opioid use disorders stop taking their medication, and what can be done to improve medication adherence?

Questions we need to answer through this process

1. What is the problem we are trying to solve?
2. Why is the problem occurring in our systems of care?
3. What are we going to do to fix the problems and improve performance?
4. How will improving data exchange help us achieve our goals?



Thank you!

If you would like to participate in any of the BHQIP workgroups or if you have any questions or feedback, please contact:

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