

VERMONT ADULT MEDICAID QUALITY GRANT

ADDICTION TREATMENT STUDY

OVERALL GOAL:

To increase the statewide IET* HEDIS rates of Medicaid beneficiaries ages 18+ by December 2015

Initiation: from 42.5% to 50.9%

Engagement: from 17.2% to 18.9%

*Initiation & Engagement of Alcohol & Other Drug Dependence Treatment

Definitions:

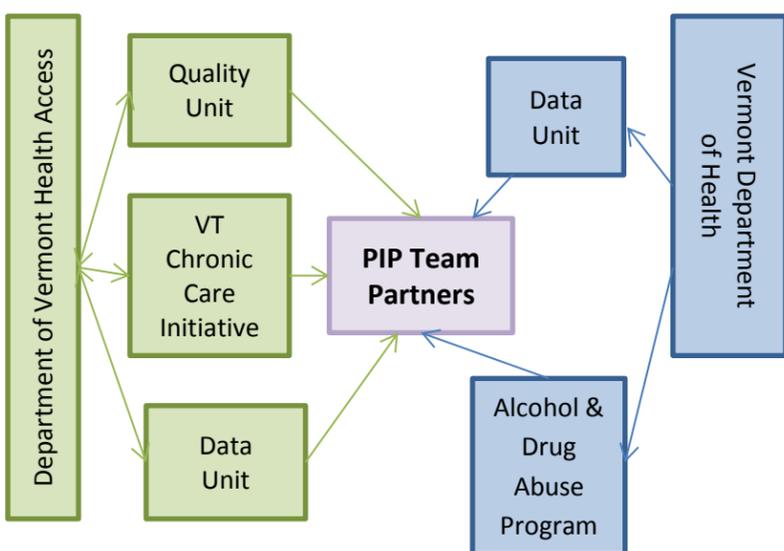
Initiation: The percentage of members who initiate treatment within 14 days of the diagnosis.

Engagement: The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

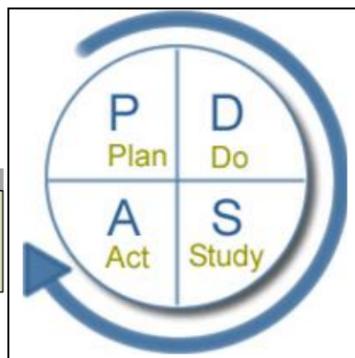
Study Population

Medicaid beneficiaries with a new episode of alcohol abuse or dependence diagnosed by their Primary Care Provider (PCP), ages 18+, living in Addison, Bennington and Rutland Counties.

Building Partnerships



LOOKING TO THE FUTURE



Continuation of Study:

Since the AMQ Grant ends in December 2015, no additional intervention cycles will be implemented.

Evaluation:

In March 2016, the team will meet to compile study results, analyze the data, and evaluate outcomes.

Looking forward:

Expansion of Network:

In October 2015, Vermont changed the law and made it possible for Licensed Alcohol & Drug Counselors (LADCs) to enroll as Medicaid providers & bill for services provided to Medicaid beneficiaries.

Pay for Performance Model:

The learning will be carried forward; this model could influence current systems transformation & payment reform work.

STUDY INTERVENTIONS

Intervention Period 07/01/14-11/30/15

Background:

Historically, Vermont Medicaid has encouraged PCPs to refer beneficiaries with a diagnosis of alcohol abuse or dependence to the preferred provider network (organizations funded through and overseen by the Vermont Department of Health's Alcohol & Drug Abuse Program).



Preparation:

The study had a two prong approach:

1. Expand the provider network beyond the preferred provider network by recruiting & enrolling licensed clinicians in the study
2. Develop a payment reform model that rewards coordination of care and client outcomes

Initiation Intervention:



153 primary care providers (PCPs) in the 3 study counties were sent alcohol treatment referral best practices and the list of licensed clinicians enrolled in the study with the goal of improving the initiation rate of new episodes of alcohol abuse or dependence diagnosed by a PCP.

Engagement Intervention:



Twenty-five (25) licensed clinicians enrolled in the study. The clinicians were provided training on alcohol treatment best practices and given the opportunity to pull down enhanced payments in addition to the base hourly fee-for-service for the duration of the study.

INTERIM RESULTS

Type	Rates	HEDIS 2013		HEDIS 2014		HEDIS 2015	
		#	%	#	%	#	%
Overall IET HEDIS Rate 18+	Initiation	2016 of 4744	42.5%	2567 of 5802	44.2%	Available March 2016	
	Engagement	815 of 4744	17.2%	952 of 5802	16.4%		
*Excludes beneficiaries with Medicare or other third party liability insurance *Rates adjusted for Medication Assisted Therapy and Behavioral Health Residential Treatment							