



Moving the Needle on Outcomes Measurement

National Dialogues on Behavioral Health
Presentation

November 5, 2019

Agenda

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02 Our Road Trip: Toward Better Data Collection, Analysis and Outcomes Reporting

03 Sampling of Outcomes We are Tracking

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Chapter

01

Beacon Health Options Introduction

Beacon At A Glance

Company Overview

- Beacon ensures access to high quality care and improves health outcomes for ~37M members nationwide
- We serve health plans, employers, and federal, state and local governments
- Four major product offerings:
 - Beacon Behavioral
 - Beacon Total Health
 - Beacon Wellbeing
 - Beacon Care Services

Beacon by the Numbers



~250 clients



Behavioral health specialty network of more than 115,000 providers across 50 states



Nation's largest virtual care network with more than 500 state-licensed, board-certified therapists nationwide



More than 4,500 employees, including ~1,000 licensed clinicians

Beacon's core services and capabilities

Clinical Expertise

- Care management
- Utilization management
- Clinical quality oversight
- HEDIS improvement & interventions
- Peer wellness programming
- Digital member engagement & education
- Specialty programming

Broad Network Access

- Provider contracting and credentialing
- Referral support
- Technical assistance/support
- Directory and search
- GeoAccess reporting and maintenance
- Value-based payments
- Telehealth & digital extenders

Administrative Support

- Eligibility
- Appeals
- Claims processing and reporting
- Member services
- Provider services
- Client reporting
- Regulatory reporting
- Actuarial/pricing

Data-Informed Analytics

- Advanced analytics
- Outcomes reporting
- Precision Case Management and predictive analytics
- RxSolve (machine learning-enabled psychotropic drug intervention program)

Products

Beacon Behavioral

Beacon Total Health

Beacon Wellbeing

Beacon Care Services

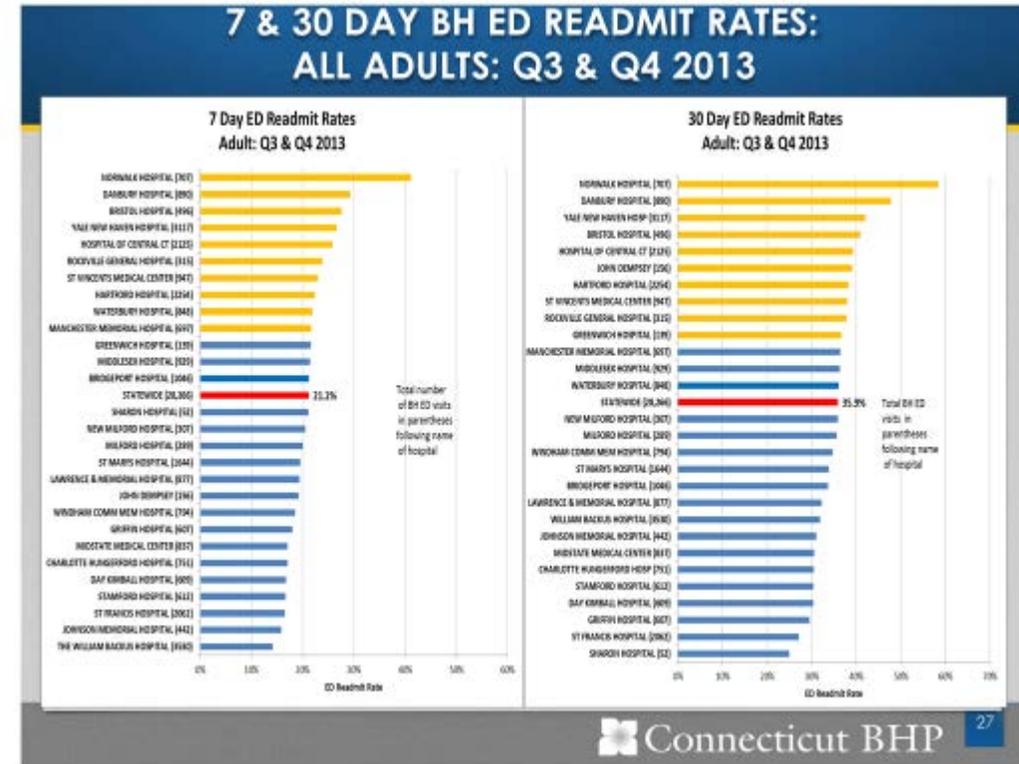
Chapter

02

Our Road Trip: Toward Better Data Collection, Analysis, and Outcomes Reporting

Setting Out on Our Journey: “Come Together” – Beatles, 1969

- Understanding that stakeholders appreciate transparency
- Need to create buy-in at all levels
- A little competition never hurts
- Incentives work too – both reduction in provider burden and \$
- Initial focus on clinically available information – e.g. lengths of stay, admissions/readmissions, discharges, connection to care, etc.

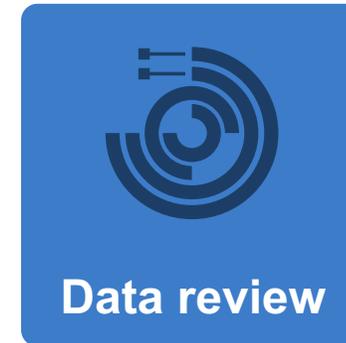
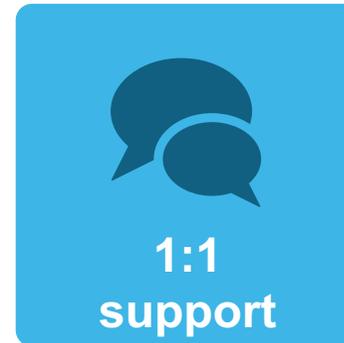


Hitting the Road: “Takin’ it to the Streets” – The Doobie Brothers, 1976

Field-based PQMs provide 1:1 support and consultation

Beacon’s Provider Quality Managers (PQMs) work in the field developing relationships with providers to support our shared clinical and quality goals of improved patient care and sustained long-term recovery

PQM roles



Beacon's provider quality programs transform network relationships to improve patient health outcomes



**Clinical support
and technical
assistance**



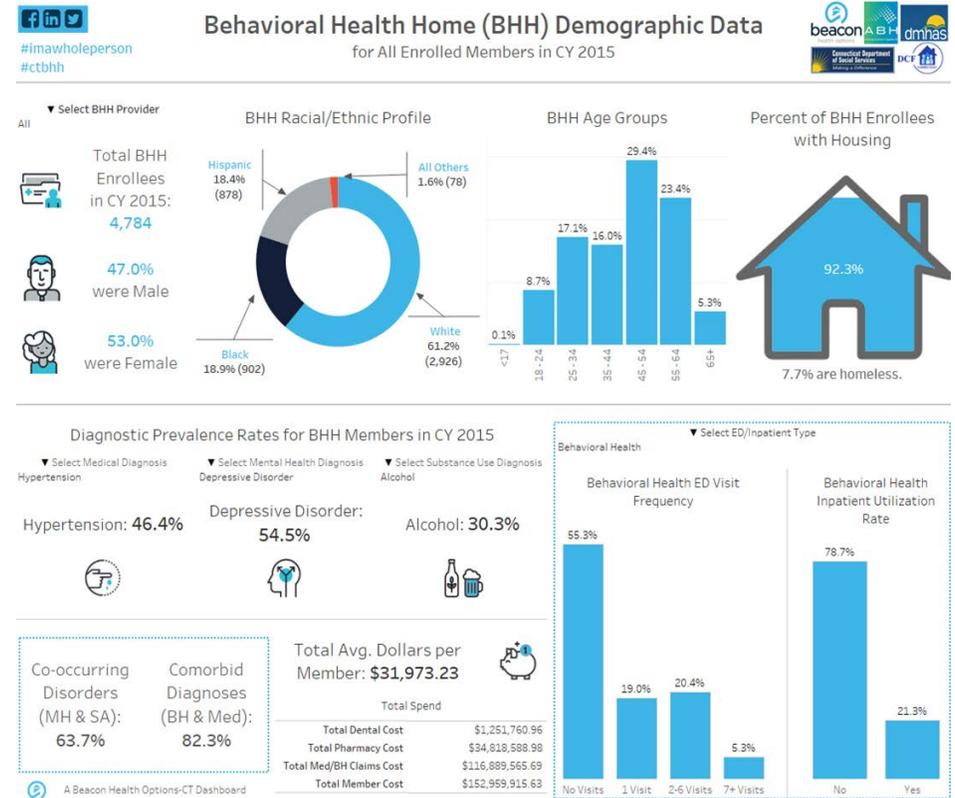
**Data comparisons to
drive clinical and
quality improvements**



**Identification and
replication of best
practices and
program innovations**

Getting into Our Groove: “Truckin” – Greatful Dead, 1970

- Movement to self-service dashboard reporting – better visualization of individual and aggregate data to engage providers in analytically driven interactions versus transactional reviews
- Develop measureable goals and interventions that support HEDIS® and other quality outcomes
- Leverage value-based contract arrangements to enhance clinical programming and reduce medical loss
- Integration of multiple data sets – behavioral, medical, pharmacy
- Beginning to look at Social Determinants of Health (SDoH)



Our model provides meaningful improvements across three of our key stakeholder groups



Members

Integration across the entire spectrum of care with increased reliance on field based care management and peers



Providers

Enhanced analytics and collaboration to implement and facilitate value-based payments



Health Plans

Better cost of care management through outlier targeting, and population health focused interventions

Goals and benefits of Value-Based Payment programs

Member Focus

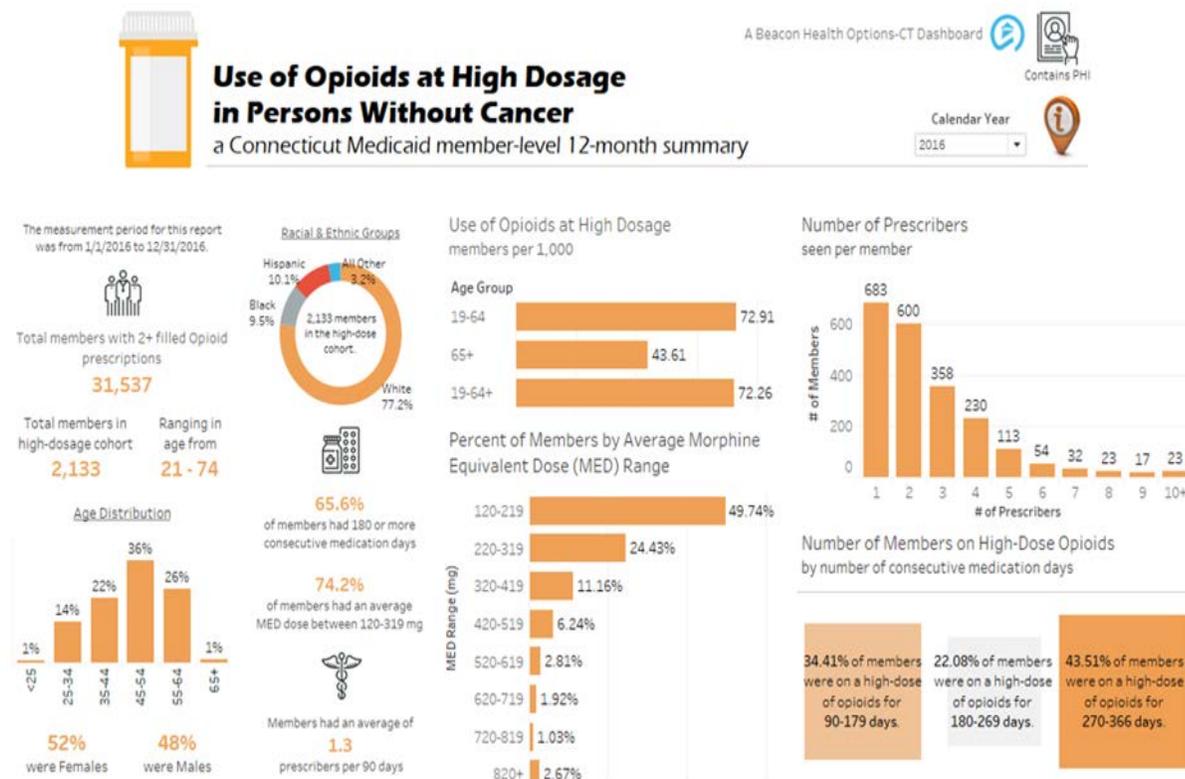
- Enables providers to treat patients holistically and encourage care coordination
- Enhanced person-centered care
- Better care specific to individual needs (less need to abide by prescriptive care guidelines)

Operational Benefits

- Access to innovative programs
- Flexibility to invest in areas with greater return
- Provider compensation aligned with quality of care
- Reduced role of utilization management

Where to Next: “Life in the Fast Lane” – Eagles, 1976

- ? Digging in deeper to the data – what questions do we want to answer
- ? How can we use data to solve specific “problems”
- ? How do we use the data to better inform the system
- ? How do we understand if individuals are getting better – what does that mean to them
- ? How do we measure SDoH in real time



How Do We Use Data to Drive Decisions for Other Specialty Services?

Crisis Response



Individuals with Complex Needs



Developmental Disabilities



Substance Use Disorder



Children's Services



Cross-Systems Involvement – Justice, Child Welfare, etc.



Chapter

03

Sampling of Outcomes We are Tracking

Recent Outcomes in CT: Opioid Use Disorder and Medication Assisted Treatment (MAT)

Opioid Prescribing

- The rate of Medicaid members without cancer prescribed opioids at high doses (HEDIS OUD Measure) was reduced 15% from 2017 to 2018 (74.3 to 63 .0 members per 1,000).

MAT Prescribers

- Between 2016 and 2018, increased the number of unique CT Medicaid prescribers of Buprenorphine by 43.8% and of Naltrexone by 110.4%

Recent Outcomes in CT: Programs Impacting Children and Families

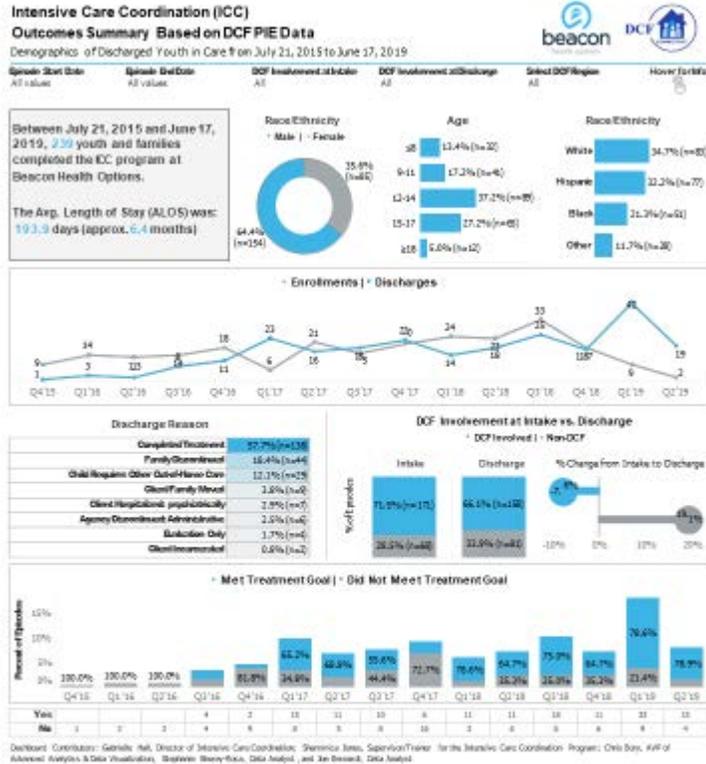
Youth Delayed in Discharging from Inpatient Care

- As of Q3 2019, the rate of discharge delay days is 6.79% of total inpatient psychiatric days, one of the lowest rates ever recorded and significantly below the 35% to 40% recorded at the initiation of the Behavioral Health Partnership.

ED and Inpatient Avoidance

- In collaboration with DCF, Beacon Connecticut's Intensive Care Coordination (ICC) model, produced a 20% reduction in the rate of inpatient psychiatric hospitalization and a 24% reduction in the number of youth with a BH ED visit.

Spotlight on CT's ICC Program



The Ohio Youth Problems, Functioning, and Satisfaction Scales

Average Scores at Intake vs. Discharge
Discharged Youth in Care from July 21, 2015 to June 17, 2019



The Ohio Youth Problems, Functioning, and Satisfaction Scales (Ohio Scales) were developed by Ogles, Lunna, Gillespie, and Trout in 1996. Because children's outcome assessment requires data from multiple sources, three parallel forms for the Ohio Scales were developed for completion by the youth's Parent (or primary caretaker), the Youth (self-report for ages 12+), and the youth's agency Worker. The Ohio Scales consist of four primary areas: Problem Severity, Functioning, Hopefulness, and Satisfaction with behavioral health services. Problem Severity is comprised of 28 items covering common problems reported by youth receiving behavioral health services and each item is rated for severity/frequency on a six-point scale (0 "Not at all" to 5 "All the time"). The Functioning scale is comprised of 10 items designed to rate the youth's level of functioning in a variety of daily activities and is rated on a six-point scale (0 "Extreme trouble" to 4 "Doing very well"). In addition to problem severity and functioning scales, two brief, four-item scales on the parent and youth forms assess satisfaction and hopefulness (parent) or overall well-being (youth). For each item, responses are rated on a five-point scale with "5" being most hopeful/well/satisfied and "1" being the least. The responses are totaled for a satisfaction score and a hopefulness/well-being score. On these scales, a higher total means more satisfaction with services and more hope or well-being.

To be included on this dashboard, members must have a discharge date entered in DCF's Provider Information Exchange (PIE).

Ohio Domains and Domain Items	Parent	Youth	Worker	Percent Change from Intake to Discharge	Avg. Intake Score	Avg. Discharge Score
				■ Favorable Outcome ■ Unfavorable Outcome		
Functioning	Parent			+14.2%	41.0 (n=206)	46.8 (n=150)
	Youth			-8.6%	51.5 (n=120)	54.5 (n=60)
	Worker			-9.3%	41.1 (n=210)	44.9 (n=206)
Problem Behavior	Parent	-27.9%			31.4 (n=206)	22.6 (n=149)
	Youth		-65.7%		25.9 (n=121)	19.2 (n=64)
	Worker			-27.7%	28.2 (n=206)	22.1 (n=204)
Hopefulness	Parent			+8.6%	15.2 (n=157)	16.7 (n=120)
	Youth			+6.8%	17.3 (n=82)	18.4 (n=42)
Satisfied with Services	Parent			+12.8%	19.2 (n=157)	21.8 (n=120)
	Youth			+12.2%	17.3 (n=82)	19.5 (n=42)

Please note: Relative percent change is calculated by finding the difference between the average scores at intake and discharge and then dividing it by the average score at intake ((Discharge Avg - Intake Avg) / Intake Avg) x 100. Tables's calculations are highly accurate, and the percent change values are done on the exact numbers, not the rounded numbers. At times, the difference from the value shown may be slightly different than what one may calculate using the rounded numbers.

Recent Outcomes in CT: High Cost/High Needs Members

Housing

- Within the high need initiative, 62% of intervention episodes were identified as having been homeless in the year prior and approximately 32% (134 of 575) showed improvement in their housing security over the course of the intervention episode.

Peer Services

- Members who improved on at least 3 of the 6 outcome variables had significantly more live (face to face or telephonic) interaction with a Peer during the intervention.

Recent Outcomes in Washington State: Crisis Response Systems

- Across 8 counties, 82% of calls to the crisis line are stabilized and require no further follow up/intervention (about 5,000 calls/month)
- In Clark County, adult mobile crisis:
 - average response time is 27 minutes
 - 99% of services provided in the community or home (non-hospital or jail setting)
 - 95% of individuals seen diverted from higher level of care
- In Clark County, youth mobile crisis
 - average response time is 41 minutes
 - 100% of youth/families seen diverted from higher level of care
 - 92% were seen by a PCP or outpatient provider within 7 days of contact with mobile crisis team

Washington State: Monthly Crisis Collaboratives

Purpose

- Define the crisis system and identify gaps and solutions
- Promote principles of recovery and resiliency
- Develop and distribute Crisis System of Care protocols
- Identify responsibilities and expected competencies in performance standards
- Review medical clearance practices and make recommendations for improvements in user experience
- Decide critical data to track and assess crisis system performance routinely

Membership

- Mobile Crisis team
- Crisis Responder team
- Managed Care Organizations
- Law Enforcement
- Hospitals
- Behavioral Health Providers
- Peers/Ombuds
- Suicide Coalition
- Housing Providers
- Regional Crisis Line
- Regional Emergency Services Agency (911 dispatch)
- School Districts
- Emergency Medical Services
- Public Health

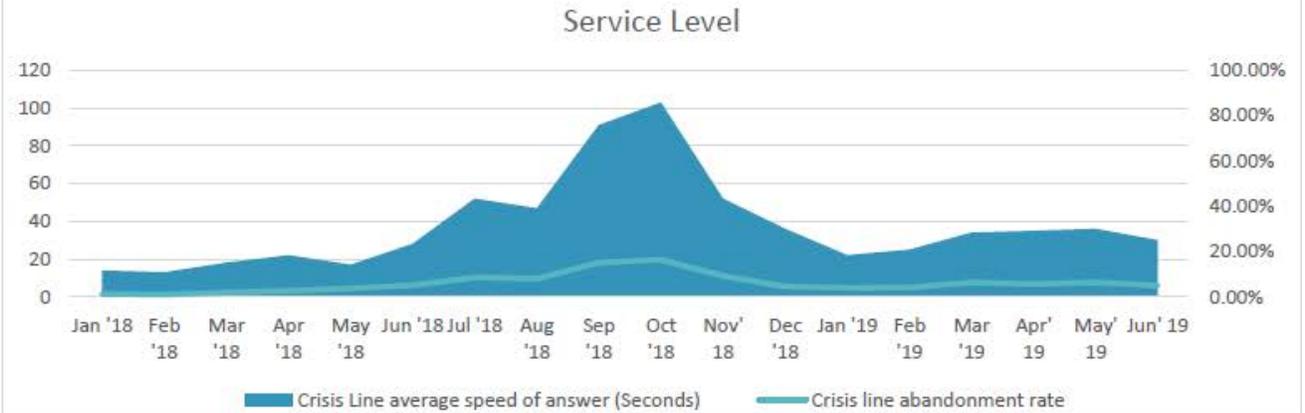
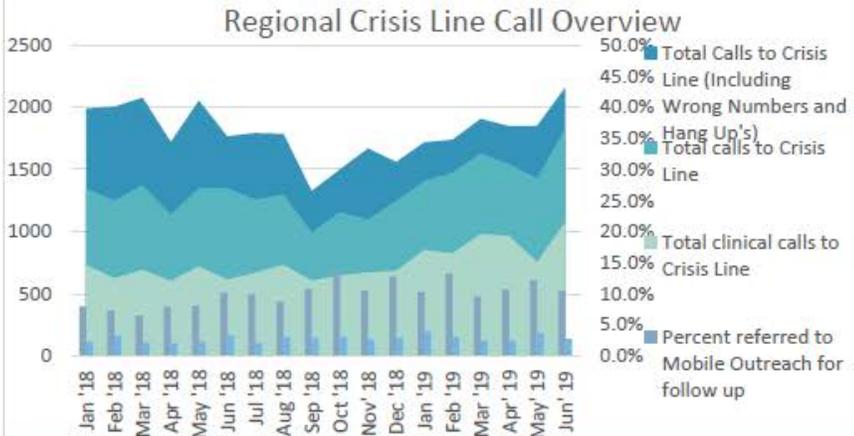
Beacon's role

System organizer and entity responsible to ensure that work is completed to make forward progress, ensure people feel invested in the forum, and the time is well spent. Data collection and analysis to drive understanding and decision making

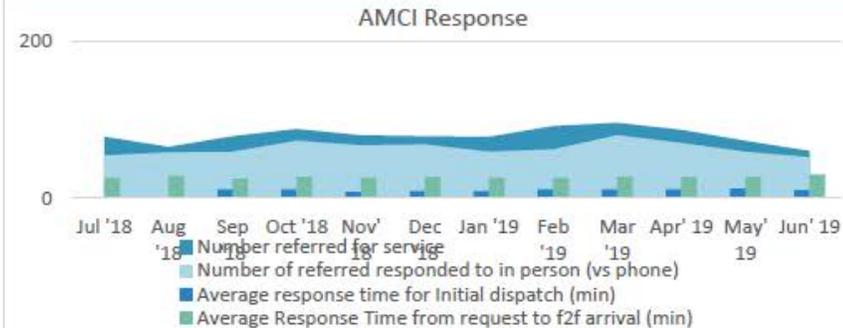
Washington State: Crisis System Report Card – Data

Clark County Crisis System Metrics 2018-2019 (Rolling 13-months)

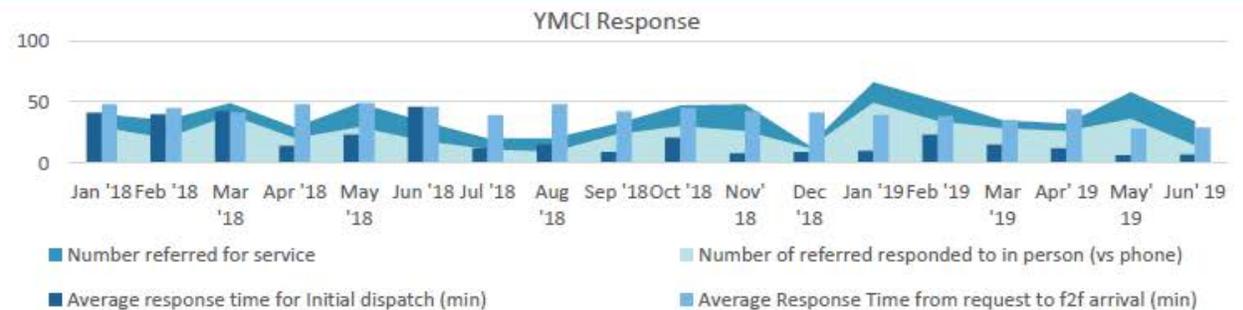
Protocall



AMCI



YMCI



DCR



Chapter

04

In Closing

Remember That This Trip is a Journey – “ Don’t Stop Believin’ ”, 1981

- Be Inquisitive
 - What questions can data help you answer?
 - What problems are you trying to solve?
- Collaborate with Others
- Be Creative – Map a Strategy
- Be Bold – Don’t be Afraid to Fail
- Don’t Let the Perfect Be the Enemy of the Good

Thank You

Contact Us



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