

Hospital Quality Improvement Program
Follow-up treatment after ED visit for Opioid Use Disorder (OUD)

Final
January 17, 2019

A new hospital quality incentive program will be established based on a modified HEDIS® specification of follow up within 7 days for opioid treatment after a visit to the emergency department (ED) for opioid use disorder (OUD). Trended performance for this metric would be established for each ED using Calendar Year (CY) 2016 and CY 2017 claims data.

The event denominator will be any HealthChoices member seen in the ED for OUD.

The event numerator will be anyone in the denominator seen for OUD treatment within 7 days of discharge from the ED.

Each ED will have the opportunity to earn benchmark and incremental improvement incentives using CY 2018 as a base year and CY 2019 as the first year to earn a performance incentive. The payout structure will be similar to our preventable admissions QIP. Incentive payments will be made in 2020. The amount allocated for benchmark and incremental improvement payments will be \$35 million.

This activity will align with other OUD warm hand off initiatives and OMAP's focus on pregnant women with OUD. The first performance incentives (benchmark and incremental improvement) would be paid in October 2020.

Also during 2019, health systems will have the opportunity to earn "process" incentives by implementing defined clinical pathways. These pathways will help the health systems get more individuals with OUD into treatment and improve the 7 day follow up performance in 2019. Health systems may implement all or any of the following four clinical pathways:

1. ED initiation of buprenorphine with warm hand off to the community;
2. Direct warm hand off to the community for MAT or abstinence based treatment;
3. Specialized protocol to address pregnant women with OUD; and
4. Direct inpatient admission pathway for methadone or observation for buprenorphine induction.

The emergency departments of health systems will be awarded a base payment of \$25,000 for the initial pathway implemented and additional payments for the 2nd, 3rd, and 4th pathways implemented as follows: 2nd Pathway - \$37,000, 3rd Pathway - \$56,000, 4th Pathway - \$75,000. This would allow a hospital that implements all 4 pathways to receive a payment totaling \$193,000. Any remaining funds available after the pathway payments are completed will be distributed to eligible hospitals based on the proportion of each eligible hospital's CY2016 OUD related ED visits divided by the total CY2016 OUD related ED visits for all eligible hospitals. A hospital is eligible to receive a remaining funds payment by attesting to and implemented at least one pathway.

The amount allocated for clinical pathway payments will be \$30 million. Payment will be made by July 31, 2019.

Pathways Requirements

1. Each of the pathways will need to be clearly defined in writing by 9/28/18 and verified as operational with a minimum number of HealthChoices recipients by 1/17/19. The minimum number of HealthChoices recipients is determined by the volume of OUD related ED visits that occurred in CY2016:
 - a. Tier 1: Low-volume EDs – Hospitals that had less than 20 OUD ED visits must have a minimum of 1 HealthChoices recipients.
 - b. Tier 2: Standard EDs – Hospitals that had between 20 and 200 OUD ED visits must have a minimum of 10 HealthChoices recipients.
 - c. Tier 3: High Volume EDs – Hospitals that had more than 200 OUD ED visits must have a minimum of 20 HealthChoices recipients.
2. These care management teams will be focused on warm hand-offs from the ED to inpatient admission, observation status, external drug and alcohol providers for all ASAM levels of care, and local Centers of Excellence or PACMAT programs.
 - a. The care management team is expected to have on-call care management 24-hour coverage.
 - b. Health systems are expected to train existing ED care management personnel and ED providers on appropriate OUD guidelines of care, stigma prevention, SBIRT, and MAT waiver prescriber training (physicians, CRNPs, PAs if initiating buprenorphine pathway #1).
3. Health systems will attest in writing to these requirements no later than 11/30/18.
4. Health systems be actively working towards submitting electronic continuity of care documents (CCDs) to the Department for Medicaid recipients seen in the ED with a diagnosis of OUD by 7/1/2019.

Historic Data Analysis

Below is an example of trended ED data from 2014 to 2017 for individuals with a diagnosis of OUD either within the top 3 or top 9 diagnosis positions on the HealthChoices encounters. The table also lists 7 day or 30-day follow-up rates for at least one OUD treatment.

	2014			2015			2016			2017*		
	Recipient/Visit	Received a 7 or 30 Day Follow-up	Rate	Recipient/Visit	Received a 7 or 30 Day Follow-up	Rate	Recipient/Visit	Received a 7 or 30 Day Follow-up	Rate	Recipient/Visit	Received a 7 or 30 Day Follow-up	Rate
9Dx_30d	12,662	6,649	52.5%	20,838	9,880	47.4%	33,531	14,774	44.1%	33,111	14,641	44.2%
3Dx_30d	7,542	4,145	55.0%	13,500	6,644	49.2%	24,528	10,971	44.7%	24,354	10,813	44.4%
9Dx_7d	12,662	4,525	35.7%	20,838	6,483	31.1%	33,531	9,367	27.9%	33,111	9,290	28.1%
3Dx_7d	7,542	2,878	38.2%	13,500	4,344	32.2%	24,528	6,901	28.1%	24,354	6,874	28.2%

Below is a summary of the results of CY 2015 to 2016 modeling for benchmark and incremental improvement using the 9 diagnoses and 7day follow-up data.

Hospitals/ED no payment		22%
Hospitals/ED both		22%
Hospitals/ED bench only		28%
Hospitals/ED incremental only		28%
Hospitals/ED <20 visits 2016 Or 17		15%
median =>25.0%		