



How Partners Behavioral Health Management Improved Prescriber Performance and Emerging Substance Use Disorders in Consumers

TOP BENEFITS

1. Identify complex-needs members
2. Pinpoint “hotspots” for nonstandard opioid prescribing practices
3. Use insights on metrics to drive improved care and costs

RESULTS

↓ 87% reduction
in clinically nonstandard opioid prescribing practices

↓ 19% reduction
in number of consumers with identified emerging substance use disorder concerns

The Situation

Partners Behavioral Health Management (Partners) is a Local Management Entity-Managed Care Organization (LME-MCO) that contracts with the North Carolina Department of Health and Human Services to manage behavioral health care services paid with federal, state and local taxes, including Medicaid.

With a desire to improve Medicaid care and cost outcomes for complex-needs consumers and renew the focus on delivering effective behavioral health supports to those at risk of opioid dependency, Partners took the initiative to find a solution to address the needs of this population. Partners partnered with Relias to conduct two pilot studies.

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PILOT STUDY ONE

Addressing Clinically Nonstandard Opioid Prescribing

The first pilot study was to determine the effectiveness of Relias Population Health (formerly CMT) in identifying and addressing clinically nonstandard opioid prescribing practices and reducing

the number of consumers flagged for substance use disorder (SUD) concerns. The first steps they took were to identify where the problems were and where the maximum impact could be made, using the following quality indicators (QI):

- Opioid prescription for 60 days or more
- Suspected SUD in the past year

The search included “all” age groups, “prescribers” and “flagged against clinical best practices.” Relias exported data for a period of one quarter. They analyzed the data and located the mailing addresses of the prescribers, drafted and sent a letter concerning the SUD risk quality indicator concerns from the medical director and waited. Then, for a different quarter, they pulled data using the same quality indicators and compared it with the baseline data.

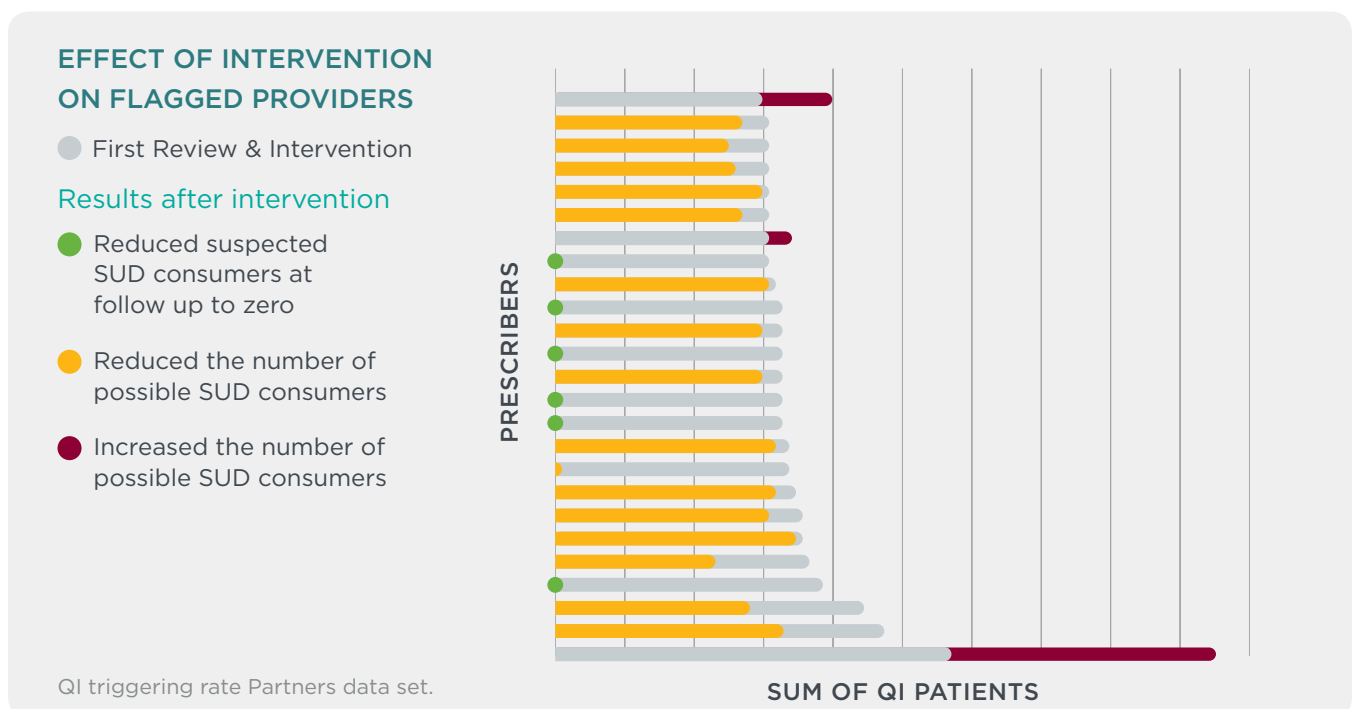
The data shows only three of 25 providers grew worse (12 percent). The other 82 percent showed change in prescribing practices following the simple letter to them. The six marked in green had no suspected SUD consumers at the time of

follow up (24 percent of the total prescribers), which reduced their clinically concerning consumers (87). That represented 19 percent of the cases of concern. We did check and none of those prescribers just stopped practicing, nor did they move out of the area. They were still doing business, but doing it differently! The yellow shows that the other 16 providers reduced the number of possible SUD consumers.

PILOT STUDY TWO

Beta Testing Relias Opioid Risk Solution

The second pilot included Partners beta testing Relias’ new Opioid Risk Tool to study interventions directed at high-risk members and their impact on opiate prescribing, as well as determine changes in outcome measures as a result of the interventions. The “post” period is 9 to 12 months. Members identified as “high-risk” will be studied as well as the overall population. The intervention includes providing guidelines and recent medical literature to prescribers via lettering, and prescribers will directly outreach to consumers with guidelines and literature.



The intervention will focus on the following objectives:

- Determine impact of interventions on “prescription-based” outcome measures
- Determine impact of interventions on service utilization
- Determine impact of interventions on overall population in terms of all-cause mortality
- Characterize the “high risk” member in terms of demographics, QI triggering pattern and service utilization

A high-risk subgroup will be defined based on data from preceding three months prior to day one; this group will be characterized in terms of demographics, service utilization and quality metrics triggering rates. A period of 12 months preceding the intervention will be separated into four quarters for which all measures will be calculated; trends will be quantified to estimate patterns that could account for changes seen during the intervention period.

One or two of the following prescription-based primary outcome measures will be assessed at baseline and every three months for the high-risk group:

- Morphine milligram equivalents (MME) for those members prescribed opiates
- Number of members with multiple prescriptions
- Number of members showing reduction in MME
- Number of members with multiple prescribers
- Number of members with combined opiates, with either benzodiazepines or muscle relaxants
- Number of members showing discontinuation of opioids
- Days supplied in opiate prescriptions
- Number of members referred to pain treatment program

Non-prescription-based variables to be observed in the high-risk group will include:

- Number of high-risk members entering medication-assisted treatment or other SUD treatment
- Number of overall hospitalizations in high-risk member group
- Number of overall ED visits in high-risk member group
- Number of opiate-related overdoses in high-risk member group

Population measures will be studies to track overall changes in prescribing characteristics:

- Overall opioid prescribing rate per 100 members
- Overall days supplied in opioid prescriptions
- Overall number of members referred to pain treatment program
- Overall number of members entering medication-assisted treatment or other SUD treatment
- Average MME per capita
- Number of high dose MME per capita
- All-cause mortality
- Triggering rates of Relias OPI quality metrics
- Number of opioid-related overdoses
- Shift in membership to high-risk group; what proportion of high-risk members are new to or no longer part of this group throughout the intervention period

The Initiative

Partners adopted Relias Population Health solution, including Relias’ new Opioid Risk Solution, to identify and address clinically nonstandard opioid prescribing practices, to reduce the number of consumers flagged for substance use disorder concerns, and to study interventions directed at high-risk members, their impact on opiate prescribing and determining changes in outcome measures based on the results of the interventions.



The Results

Using Relias Population Health, Partners demonstrated an 87 percent reduction in clinically nonstandard opioid prescribing practices. Simultaneously, the number of consumers with identified emerging substance use disorder concerns reduced by 19 percent in these practice groups.

The Solution

Relias Population Health allowed Partners to:

- Identify complex-needs members within their population
- Identify and decrease clinically nonstandard opioid prescribing practices by 87 percent
- Decrease number of consumers with identified emerging substance use disorder concerns by 19 percent

Learn More

Relias Population Health is a value-based population performance management solution that goes beyond simply identifying high-risk, high-cost patients to identifying the best path forward using built-in evidence-based decision support tools. The result is improved care at lowered costs, reduced hospital readmission rates and reduced instances of opioid misuse.

To learn more about the Relias Population Health solution contact us today at analyticssolutions@relias.com or visit our website.

GET STARTED

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