
CCO Disparity Measure – ED utilization of members with mental illness

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HEALTH POLICY & ANALYTICS
Office of Health Analytics

Goal of Presentation

- Why this is a disparity measure
- Why this particular metric focus
- Metric technical specifications
- Very preliminary claims data by CCOs

What is a “disparity” measure?

- A disparity measure examines a difference in service or care that creates an inequality in measured outcomes for two or more groups
- In addition to the inequality, there is a sense of injustice about the gap. A sense of unfairness that the group is experiencing the inequality in outcomes
- Usually, we think of racial, ethnic or income disparities
- In Oregon, we have few minorities across the state so we could not use typical disparity measures because there was a potential for accidental identification of unique individuals in our data reports

Adults living with **serious mental illness**
die 25 years earlier
than other Americans,
largely due to **treatable medical conditions**

Average life expectancy

General population:

78.8 years



People with serious mental illness:

49-60 years

(depending on where they live)



Xu, et al, NCHS Data Brief 2016

Colton and Manderscheid, 2006 Preventing Chronic Disease: Public Health Research, Practice and Policy

Causes of death

People with serious mental illness (compared to general population)

Cardiovascular disease

Higher rates of

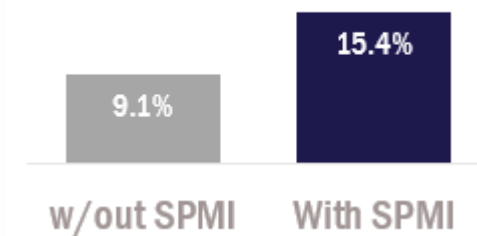
Diabetes:

2-3 time higher Breast cancer 10 percent higher

**Digestive
cancer**

in people with Schizophrenia
(most studied co-morbidity)

Looking at 2016 OHP claims
data, **diabetes is higher
among members with SPMI:**



References: Brown, et al, 2000 BJ of Psychiatry
Osby et al, 2000 Schizophrenia Research
Holt and Peveler, 2005 Diabetic Medicine

No	2018 CCO Incentive Measures
1	Child obesity - BMI, nutrition and activity counseling
2	Diabetes HbA1c control
3	ED utilization - general pop
4	Smoking prevalence
5	Childhood immunizations*
6	Colorectal cancer screening
7	Dental sealants for children
8	Developmental screening*
9	Disparity Measure – ED utilization of members with mental illness
10	Assessments for children in foster care (physical, mental, dental)*
11	CAHPS - access to care (bundled)
12	Controlling high blood pressure
13	Depression screening
14	Effective contraceptive use
15	PCPCH
16	Timely prenatal care*
17	Adolescent well-care visits
	*=challenge pool (Challenge pool focuses on early childhood health; Committee wants to get to a measure of kindergarten readiness in future)

Disparity Measure ED Utilization Among Members with Mental Illness - Specifications

Number of emergency department visits when the member is enrolled with the organization.

= 1,000 member months of the adult members enrolled with the organization, who are identified with mental illness as identified by the principle diagnoses listed in the measure specifications, here:

<http://www.oregon.gov/oha/HPA/ANALYTICS/CCODData/Disparity%20Measure%20-%20Emergency%20Department%20Utilization%20among%20Members%20Experiencing%20Mental%20Illness%20-%20DRAFT%202018.pdf>

- **2018 Benchmark:** 92.9 per 1000 member months (2016 CCO 90th percentile)
- **Improvement Target floor:** 3 percent

Specifications – Of Note

- Denominator (who is included in the measure):
 - Only members age 18+ at the end of the measurement year
 - Only members with the specific mental illness diagnoses listed in the specifications: **OHA uses claims with a 36-month look back period, and the members who had two or more visits with any of the principle diagnoses listed in the specifications are counted in the metric.**
 - Within the 36-month look-back period, the claims used to identify members with mental illness can come from organizations other than the one that member is enrolled with during the measurement period, and **are not limited to ED visits.**

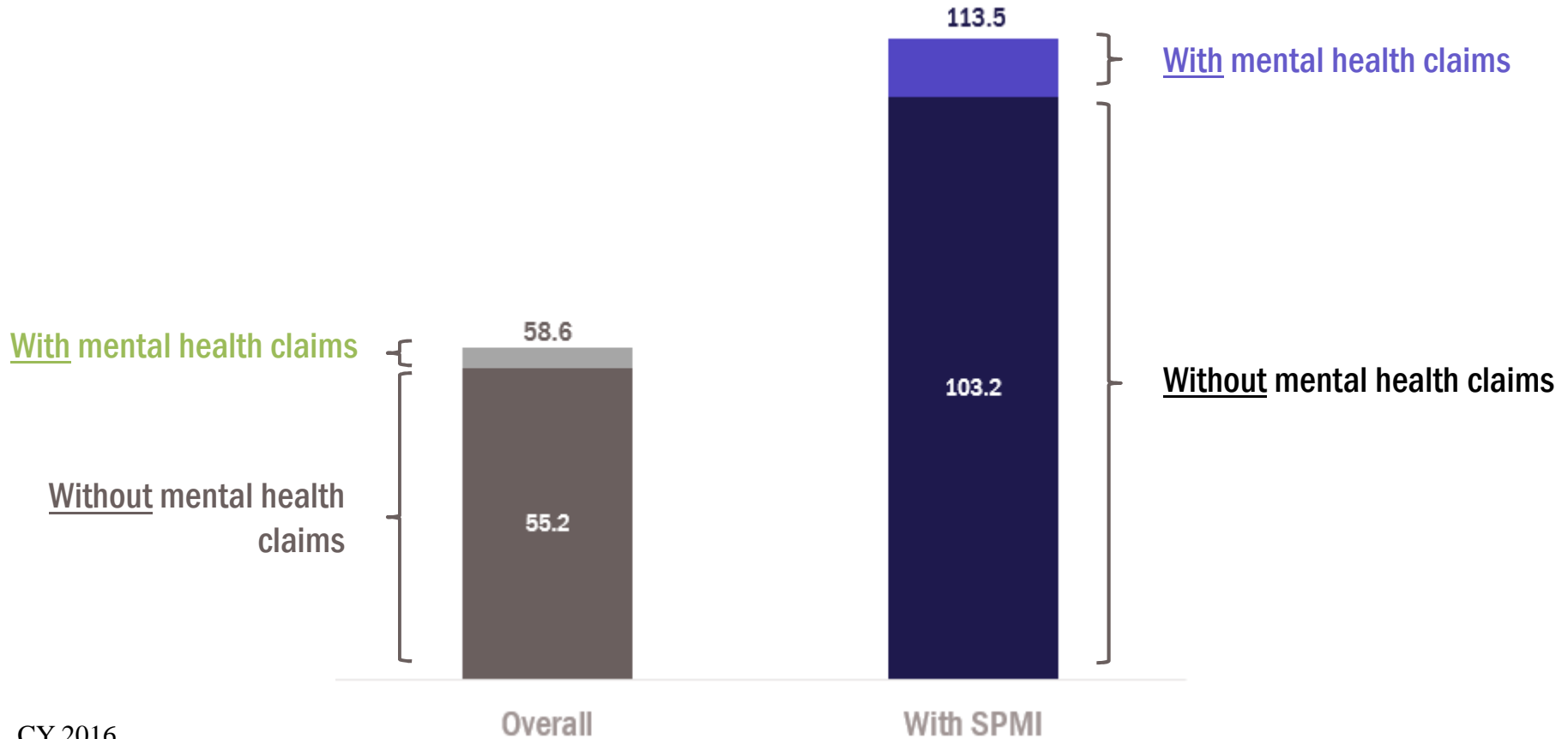
Specifications – Of Note

- Numerator (what counts as an ED visit):
 - As in population based measure, only include visits for physical health (*mental health and chemical dependency services are excluded*).
 - ED visits that result in an inpatient stay (Inpatient Stay Value Set in specifications) are *excluded*
 - i.e., ED date of service and admission date for inpatient stay are one calendar day apart or less
 - Multiple ED visits on the same date of service are counted as one visit.

Caveats about these data reports

- These numbers were quickly computed to get them out
- Our analytics team normally validates all our data reports with an external vendor
- This material is not validated and should be used as a “general” indication of what is occurring for people with mental illness
- Absolute counts may be off and will differ from your counts or even our own future counts
- Relative information should be used such as this is “high” in relation to this other category or this is “low” in relation to another category

ED Visits and Mental illness—adults



CY 2016

Adults Continuously Enrolled in 2016 per 1,000 member months (Continuously enrolled = enrolled >320 days with no more than 1 gap)

Adult 18 years and older SPMI = members with mental health Dx on a claim in any position on two or more separate dates during 36 months prior to Dec 31, 2016

ED visits

	SPMI members	Non-SPMI members
Member Months	1,148,569	3,105,519
ED Visits	14,698	3,636
Per 1,000 member months	12.8	1.2

Top 15 Primary Dx for ED visits 2016

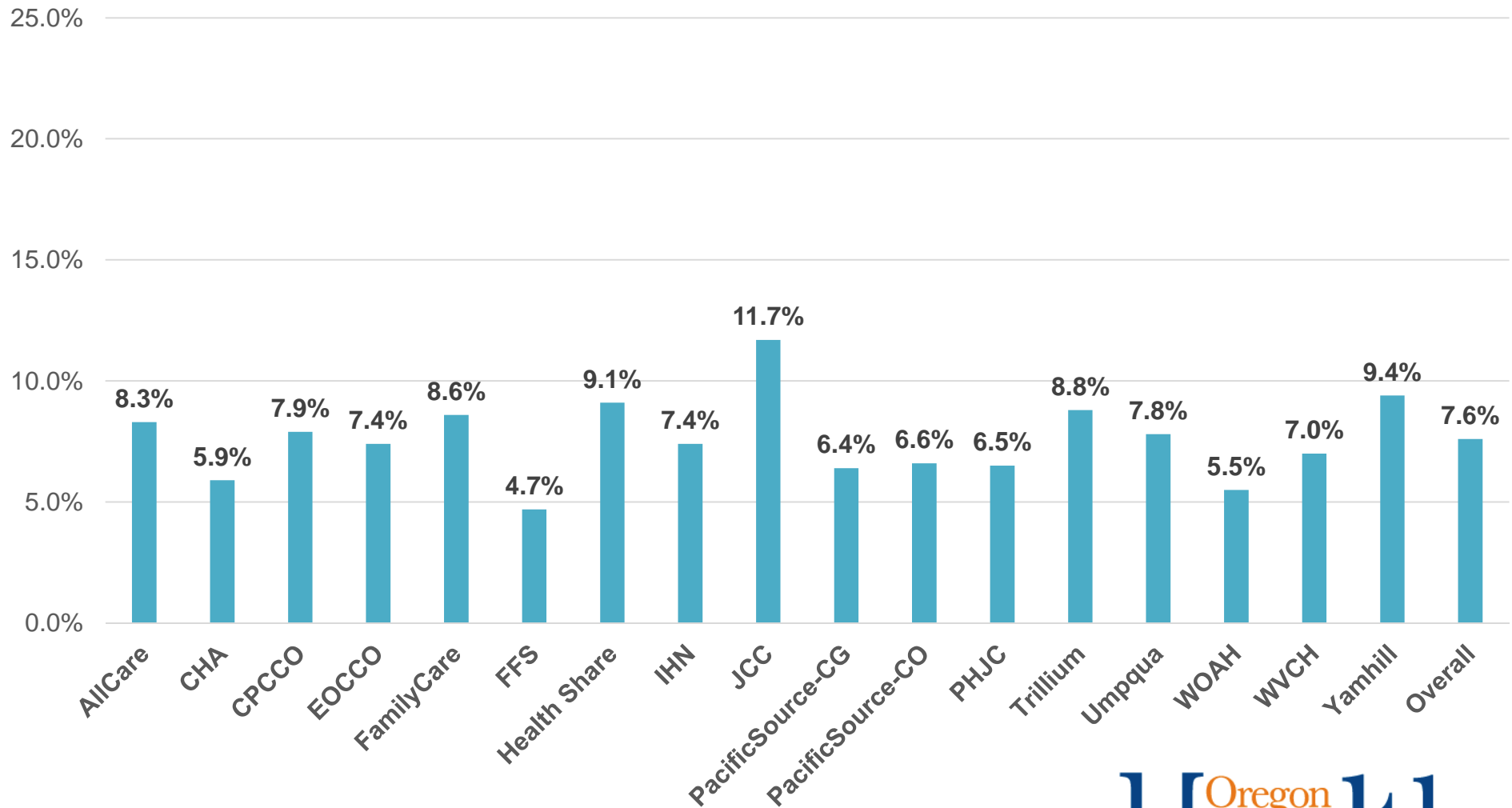
Members SPMI (9 pain related)

#	Description of Dx
6,739	Other chest pain
6,252	Chest pain , unspecified
5,782	Headache
5,549	Unspecified abdominal pain
4,249	Urinary tract infection, site not specified
4,232	Low back pain
3,810	Nausea with vomiting, unspecified
3,099	Migraine , unsp, not intractable
2,888	Epigastric pain
2,642	Acute upper respiratory infection, unspecified
2,464	Generalized abdominal pain
2,395	COPD w (acute) exacerbation
2,253	Syncope and collapse
2,065	Dizziness and giddiness
2,051	Right lower quadrant pain

non-SPMI (5 pain related)

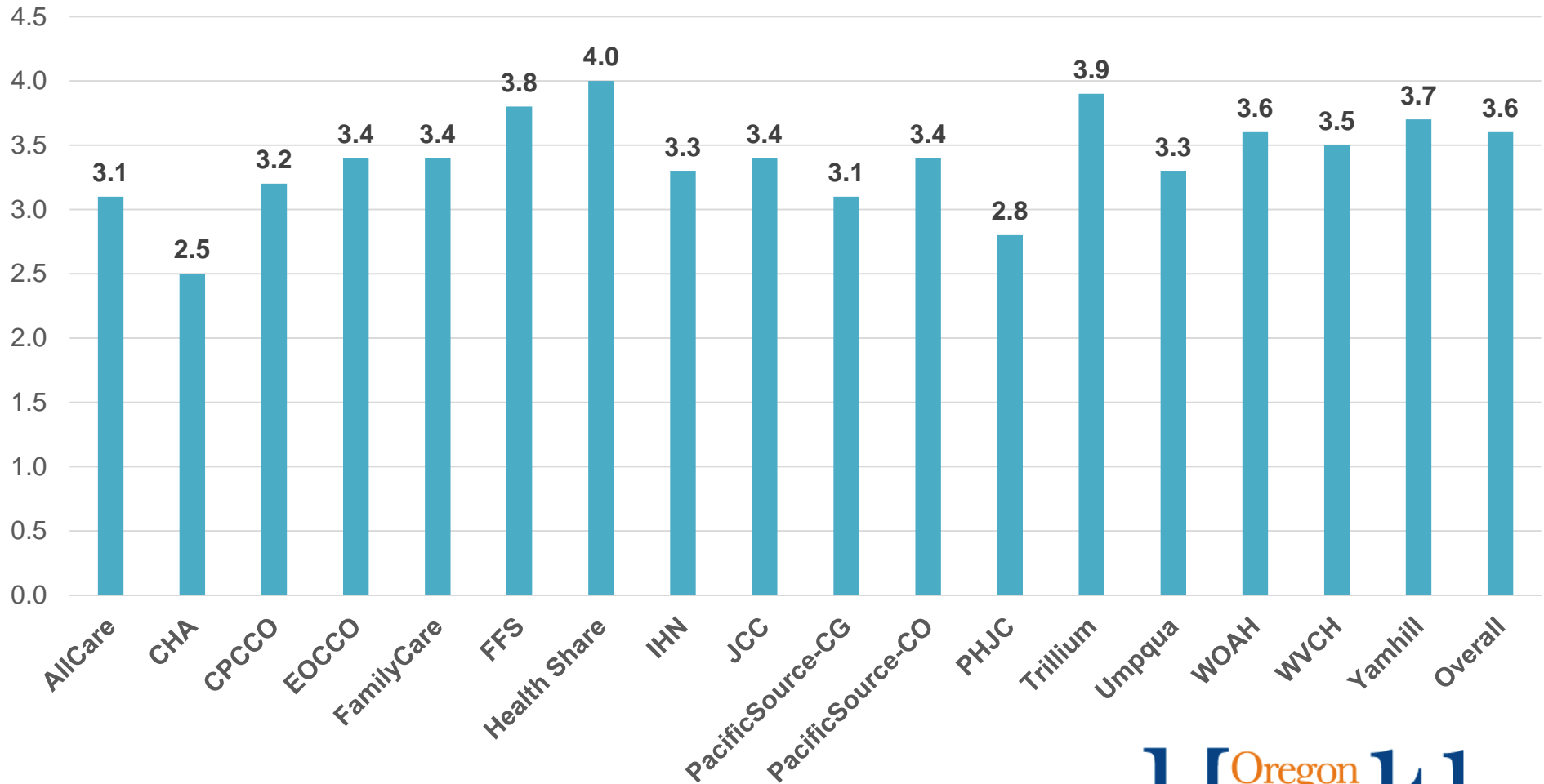
#	Description of Dx
15,294	Acute upper respiratory infection, unspecified
7,116	Fever, unspecified
6,417	Unspecified abdominal pain
6,332	Other chest pain
6,060	Headache
5,931	Nausea with vomiting, unspecified
5,903	Urinary tract infection, site not specified
5,889	Chest pain , unspecified
5,726	Viral infection, unspecified
5,429	Acute pharyngitis, unspecified
4,095	Streptococcal pharyngitis
4,038	Low back pain
3,890	Unspecified injury of head, initial encounter
3,657	Pneumonia, unspecified organism
3,551	Cough

CCO Estimate of Clients with Mental Illness*



*Continuously enrolled in CCO in 2016. Clients with mental illness was defined as more than four mental health diagnoses in prior 36 months prior to May 31, 2017

ED Events per member with mental illness in 2016*



Break Out of Top 10 Primary Diagnoses per CCO—in spreadsheet

- A very quick analysis of the top 10 primary diagnoses are available per CCO that were experienced in 2016 for OHP members.
- Diagnoses for mental health issues in the ED are in red and would NOT be counted in the numerator
- These are primarily alcohol and depression related conditions with some anxiety disorders and suicide ideations
- The metric is meant to track **physical health disparity**

In summary

- As a disparity metric, it's important to have a standard measure against which to compare.-ED Admission
- Adults with SPMI have higher rates of preventable health conditions. Improved **coordination between physical and mental health care** is a cornerstone of health system transformation.
- The primary diagnosis code in the ED will only include physical conditions

For More Information

Metrics & scoring committee webpage:

www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx

CCO metrics Technical Advisory Group (TAG) webpage:

www.oregon.gov/oha/analytics/Pages/Metrics-Technical-Advisory-Group.aspx

Measure specifications and guidance documents:

www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

Disparity measure draft specifications:

<http://www.oregon.gov/oha/HPA/ANALYTICS/CCODData/Disparity%20Measure%20-%20Emergency%20Department%20Utilization%20among%20Members%20Experiencing%20Mental%20Illness%20-%20DRAFT%202018.pdf>

Questions?

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