Health Equity and Inequity in the Connecticut Medicaid Behavioral Health Service System:

A Roadmap for Improvement
CTBHP Study of Health Equity and Inequity in the Medicaid Behavioral Health Service System

- **DSS, DCF, & DMHAS** directed Beacon to conduct a Health Equity Study during 2015.

- The study found evidence of disparate utilization of behavioral health services across various levels of care when comparing racial and ethnic groups.
Definitions

**Health Equity** is defined as the realization of systems and conditions that provide all people with the opportunity to achieve good health through equitable access, quality, and outcomes of health care.

**Health Disparities** are differences in health care access, quality, or outcomes among distinct segments of the population that are systematic, avoidable, and unjust.
General Considerations

- Use the CTBHP Oversight Council, Executive Committee, and both Quality Access and Policy Committees to oversee the initiative.
- Engage and involve other stakeholders (CFAC, Advocates, other providers, etc.).
- Conduct separate but linked projects for youth and adult populations.
- Commitments at multiple levels are required.

ALL PEOPLE HAVE THE RIGHT TO EQUAL ACCESS
Roadmap as Staged Process

**Step 1**
Identify Level of Care
Consider Outpatient Service

**Step 2**
Identify Issue to Focus On
Consider Race/Ethnicity

**Step 3**
Explore Relevant Data
Review Access to service by provider type

**Step 4**
Further Refine Focus
Select types of service providers

**Step 5**
Select Intervention
Consider Focal Outreach, Health Literacy, Anti-stigma and co-location.

**Step 6**
Define Metrics
Consider regional vs. provider specific approach

**Step 7**
Measure Progress
Consider 1 year initial timeframe for benchmark comparison
Step 1 – Rationale for Outpatient Services

- Outpatient service is usually the first level of care accessed when an individual begins engagement with the behavioral health service system.
- As shown below, more people access outpatient level of care than any other service type.
- National and Connecticut Medicaid data demonstrates that there can be differential access to mental health services depending on demographic factors.

Per/1000 Admissions 2016

[Graph showing comparison of admissions per 1000 for various service levels, with Outpatient having the highest value.]
Step 2 – Rationale for Focus on Race/Ethnicity

- Both CT and National data show that racial and ethnic groups, particularly Blacks and Asians experience some of the most pronounced and significant disparities.

- CT focus groups reported:
  - Experiences of perceived discrimination
  - Awareness of unmet need in their communities
  - Identifiable obstacles to access
Step 3 – Need for Data Exploration

- There are likely differences among outpatient providers in rates of access.
- Our outpatient authorization data is sortable into the following categories: Enhanced Care Clinics (ECCs), Non-ECC Clinics, Group and Solo Practitioners.
- We know a good deal about ECC access (right) but not as much about other subgroups of providers.
- The network of outpatient providers in CT is vast and there will be a need to focus on areas where there is the greatest need and/or the greatest opportunity to make an impact.

ECC Demographics – Calendar Year 2016

- Unique Adults by Race/Ethnicity
  - White: 57.4%
  - Hispanic: 22.7%
  - Black: 14.3%
  - Asian: 4.9%
  - All Others: 0.6%

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>White</td>
<td>53.6%</td>
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<tr>
<td>Black</td>
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<tr>
<td>Hispanic</td>
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<tr>
<td>Asian</td>
<td>2.9%</td>
</tr>
<tr>
<td>Other Races</td>
<td>1.6%</td>
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Step 4 – Refine Focus – Select Provider Type

- Use data to select a manageable cohort of participants

Consider the following

- Engage Stakeholders (CFAC, providers, advocacy organizations, etc.)
- Optimal Size of Cohort?
- Unit of Analysis (Region vs. Individual Provider?)
- Where are disparities greatest?
- Where are disparities most impactable?
- Where is there the most buy-in?
- What is most practical?
Step 5 – Identify Intervention

- Need to select one or more interventions to implement in an effort to reduce/eliminate disparate access
- National Literature, CT Focus Groups, and Key Informant Interviews include multiple suggestions:
  - Focused outreach to communities of color
  - Co-location of services in medical or “non-traditional” settings
  - Health Literacy Campaigns
  - Employment of indigenous community members
  - Removal of geographic, time-based, environmental, and other practical and structural obstacles to access
  - Other
Step 6 – Define Metrics

- Develop and review potential metrics considering the following:
  - Unit of Analysis (Provider, Region, State, Catchment Area, etc.)
  - Time Frame for Review
  - Accessibility of data
  - Source of Data (Authorizations vs. Claims vs. HER, etc.)
  - Uniform or individualized benchmarks, etc.
Step 7 – Measure Progress

• Select timeframe for initial review
• Assess progress and make adjustments based on feedback
• Review results in QAPs and other committees as indicated
• Determine next steps to bring to scale or shift focus

“... what we measure shapes what we collectively strive to pursue — and what we pursue determines what we measure”

Report by the Commission on the Measurement of Economic Performance and Social Progress
Discussion
Next Steps?
Thank You