

How Well Do Medicaid Utilization Rates Mirror The Entire Public Mental Health System?

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Goal

Develop two performance measures of quality of care in NYS MH system:

- 1) Readmission to inpatient care**
- 2) Prompt receipt of outpatient service after discharge**

Challenge

No data system captures all inpatient and outpatient services

- ❖ **State Data - state services only (35% of MH system in dollars)**
- ❖ **SPARCS(Statewide Planning and Research Cooperative System) - general hospital inpatient only**

Medicaid as Data Source

Medicaid Claim Data

- ❖ only MA recipients
- ❖ but nearly all treatment programs: inpatient and outpatient
- ❖ PCS report shows:

Medicaid recipients covers:

71% MH population served weekly

80% of SPMI/SED served weekly

Proposal

If service delivery to Medicaid recipients mirrors services to all recipients, use Medicaid utilization data as a proxy for system performance indicators.

Medicaid Claim Data

- **De-identified Medicaid claims in OMH Data warehouse**
- **About 60,000 inpatients per year**
- **Inclusion**
 - Age <22 and >65 from state/private psychiatric center(IMD-institutional mental disease)
 - All ages from General Hospital
 - Discharges with MI diagnosis during the year
- **Exclusion**
 - No reported discharge date (3579 for CY1999)
 - Transfer , leave without consent (9381 for CY1999)

Method

Using two performance indicators to implement comparisons

a) Inpatient readmission – MA recipients Vs All general hospital inpatients

b) Continuity of care – MA recipients Vs All persons and nearly all public mental health services in Monroe county

Why choose these two PIs

- Part of the 16 state indicators project
- Readmission is in ORYX
- Continuity of care is in HEDIS measures(The Health Plan Employer Data and Information Set)

FOR MORE INFO...

<http://www.mhsip.org/sixteenstate/index.htm>

<http://www.rdmc.org/nripms/dataspec.asp>

<http://www.ncqa.org/Programs/HEDIS/>

Readmission

Rationale:

Hospitalization generally signifies an acute episode of illness. Examining inpatient readmission rates is one way to examine the effectiveness of the mental health system in caring for this subset of the population.

Readmission

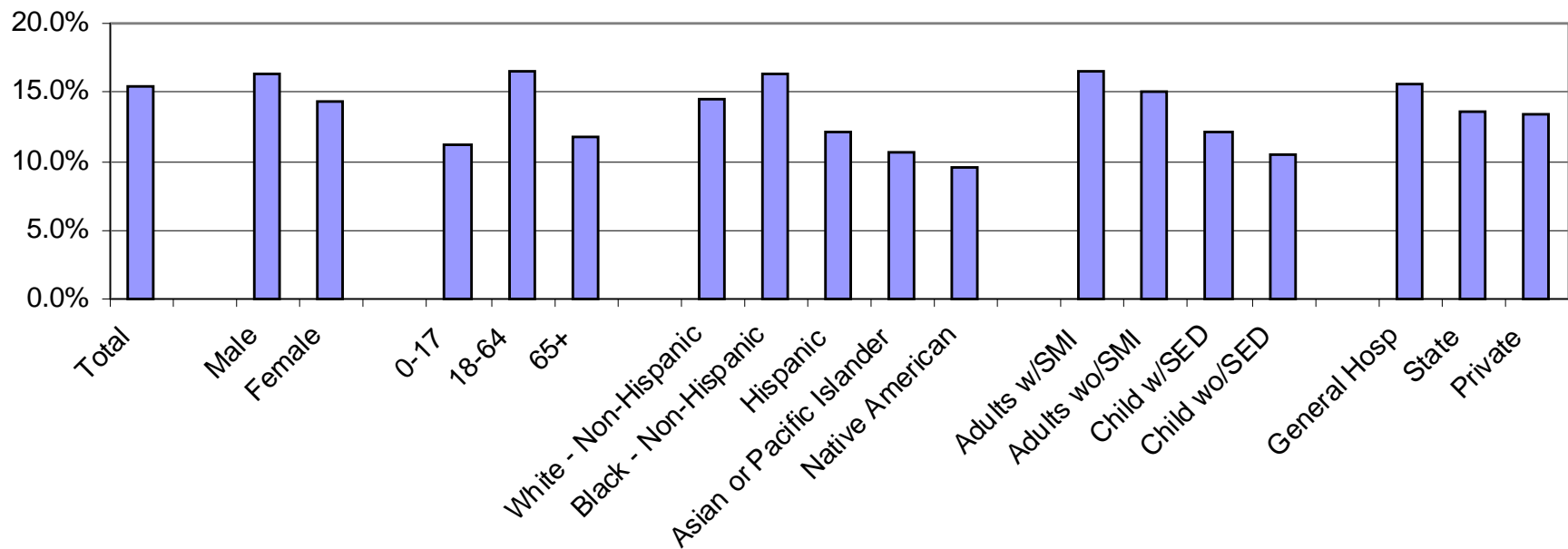
Calculation for CY1999

$$\frac{\text{\# readmitted* within 30 days}}{\text{\# psychiatric unit discharges}}$$

* readmitted to any hospital for inpatient psychiatric care within 30 days of discharge

Results-Readmission

Readmission rate within 30 days after discharge



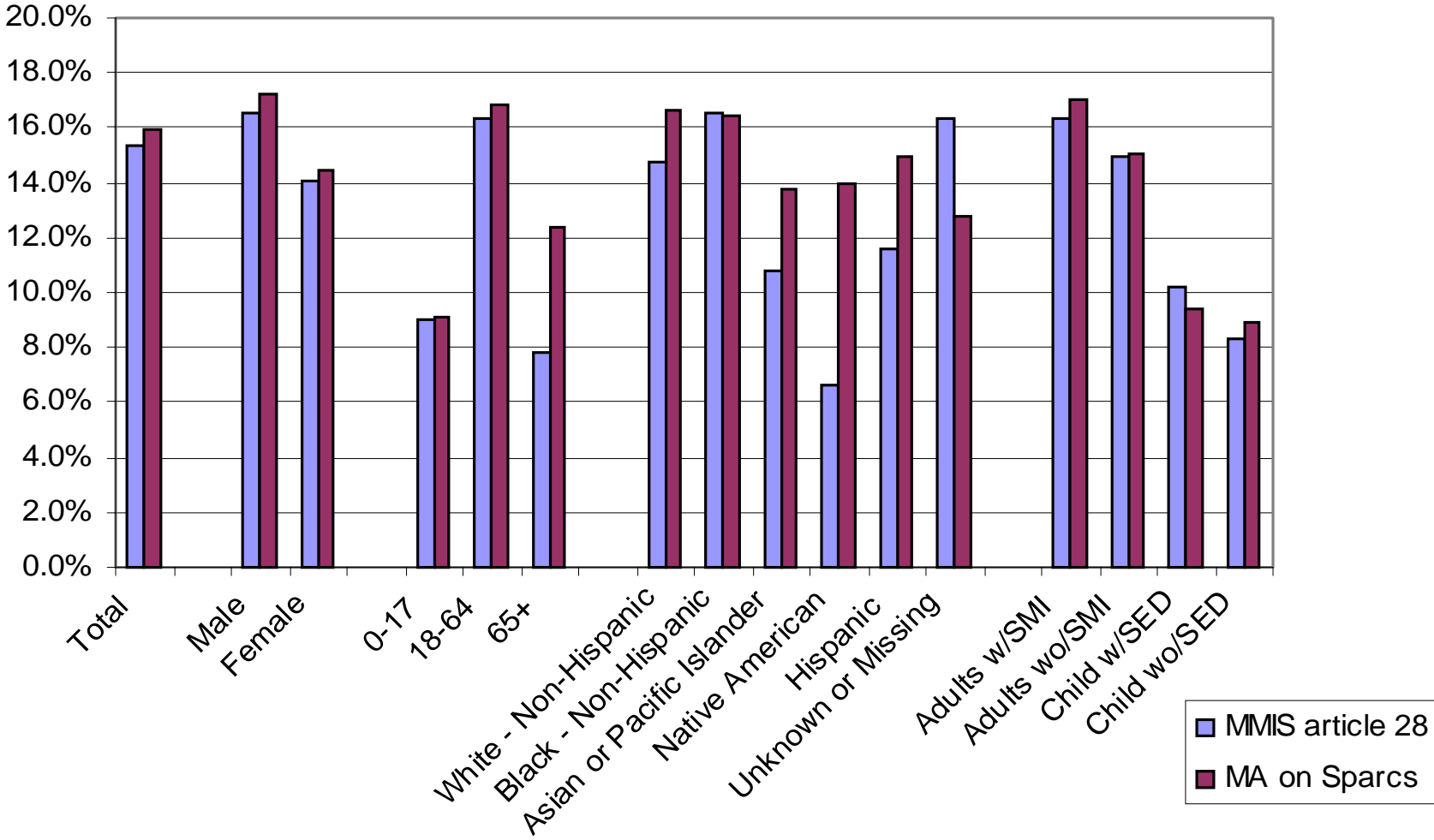
SPARCS Data

- **SPARCS Data contains info of all discharges from general hospital**
- **Identify Mental illness inpatient episodes by diagnosis code**
- **Identify services are Medicaid billable by payer**

Corroboration (SPARCS)

- **Counts of Medicaid discharges from SPARCS by provider and day, week or month were about same as from MMIS file**

Readmission rate within 30 days



Continuity of Care

Rationale:

Regular follow-up therapy following hospitalization for mental illness helps to avoid the recurrence of symptoms and enhances the recovery process.

Continuity of Care

Calculation for CY2000

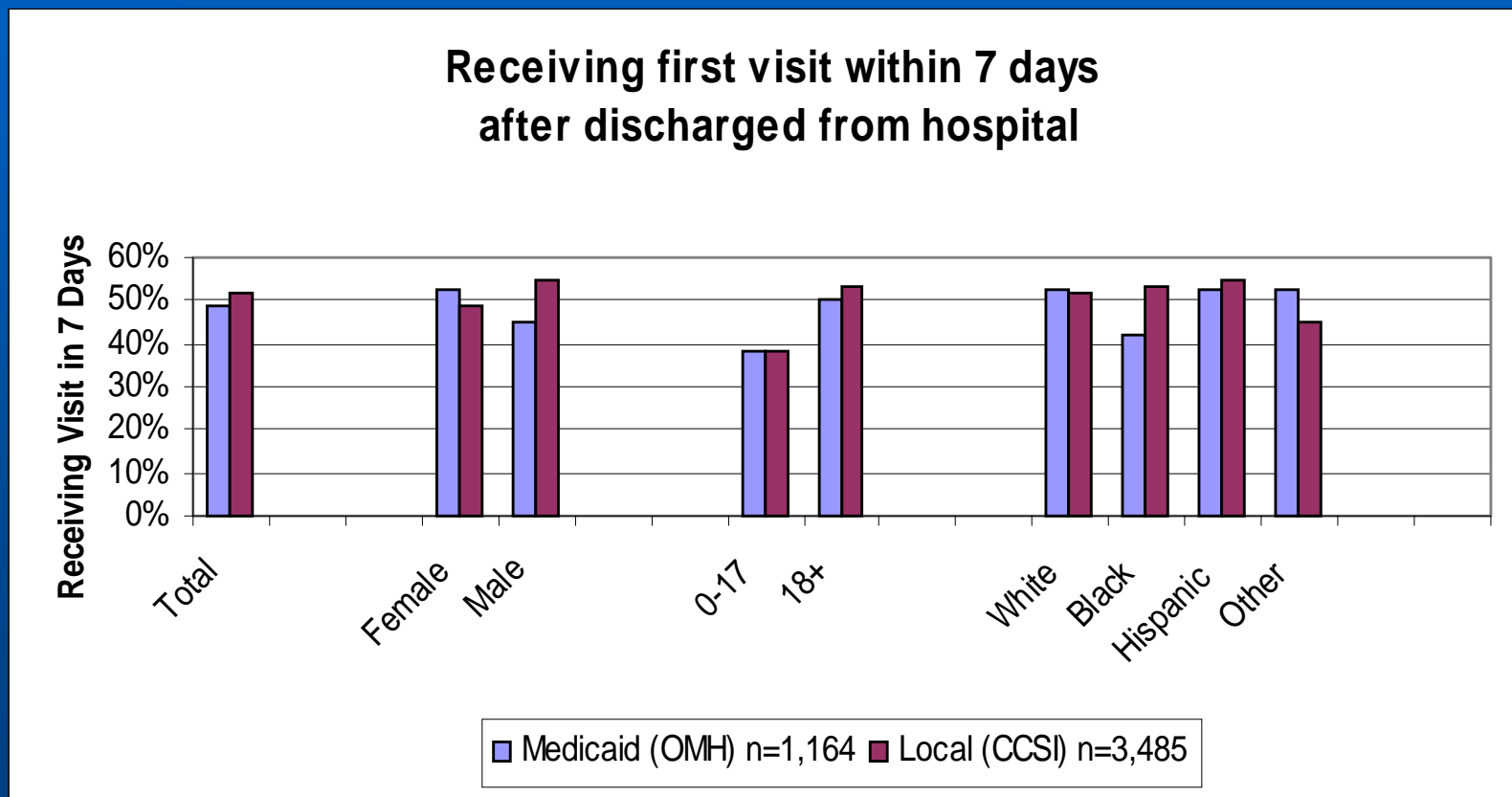
$$\frac{\text{\# first outpatient visit* within 7 days}}{\text{\# psychiatric unit discharges}}$$

*receive at least one non-emergency outpatient visit within 7 days of discharge

Local Data

- **CCSI Behavioral Health Community Database: All Services Provided by Monroe County's Public Mental Health System**
- **Exclusion: RPC inpatient discharges (only age <22 and >65 on MMIS Claim data)**

Corroboration (Local)



Conclusion

- **Readmission results from Medicaid data about equals to SPARCS MA, but higher than SPARCS Overall**
- **Continuity of care rate from Medicaid data about equals to Monroe county data**
- **Medicaid Data is a good data source to measure these two PIs**

Next Steps

- **Implement these two PI to report card**
- **Generate Performance Indicators at Individual Provider Level**
- **Collaborating with CCSI to create adjusted rate for generalized population**
- **Investigate the relationship between readmission and continuity of care**

Acknowledgment

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