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HOUSING AND HEALTH  
TO END HOMELESSNESS

# Co-Designing a Low-Barrier MAT Benefit

June 15, 2023

# Presenter Information



## Jeremy Hoog, BSN, RN, MBE

Jeremy is a Psychiatric Nursing Supervisor for a low-threshold buprenorphine program at **The Downtown Emergency Service Center (DESC)** in Seattle, WA. Jeremy began his nursing career in 2018 working on the inpatient ICU stepdown unit at Virginia Mason where he treated a variety of conditions and participated in end-of-life care. Jeremy moved to DESC as a nurse in the buprenorphine program in 2020 after working in the hospital for the first eight months of the pandemic. Jeremy began pursuing a Master of Bioethics while working at Virginia Mason and finished his degree after moving to DESC. Jeremy's study in nursing and bioethics as well as his lived experience with opioid use disorder and alcohol use disorder all work together to inform his practice. He is passionate about applying an ethical lens to the treatment of those living with varying mental health and substance use issues.

## Courtney Ward, MPA

Mrs. Ward has over 15 years' experience working in public funded programs and over 10 years' experience working specifically in Medicaid; both in Arizona and Washington. Her work has spanned across both public health prevention services and behavioral health services for public, private and non-profit organizations and includes building and managing relationships and contracts with local county government, tribes, State and Federal agencies. Her current role at **Community Health Plan of WA (CHPW)** primarily focuses on Value-Based Payment (VBP) and Care Strategy; specifically, efforts that leverage cross functional teams and departments to ensure support for advancing high quality, cost effective care across all provider types.

## Session At -A -Glance

- MOUD Innovation Project Background
- MOUD Medicaid Service Gaps
- Development of Low Barrier MOUD Payment Model
- Discussion/Q&A

# MOUD Innovation Project Background

- The objective of the MAT bundled payment prototype innovation project was to research the feasibility and design a prototype to test a new payment model that supports the delivery of low-barrier MAT services for people with opioid use disorder (OUD)
- The project begun by assessing the services provided as a part of DESC's low-barrier MAT model
  - Medicaid vs. Non-Medicaid Services
  - Analysis on CHPW members (i.e. Analysis King County MOUD CHPW Members (control group) vs. DESC CHPW Members (experiment group)
  - Analysis and Development of appropriate Quality Metrics
- DESC and CHPW worked to develop an innovative payment model design to support DESC's MAT services
- The initial goal of the project was to develop a payment prototype that improves access to low-barrier MAT services for a client population that experiences barriers to accessing and sustaining engagement in conventional MAT services, however, contracted model could fit any CBHA MAT Provider type



# Innovative Payment Models Take Time



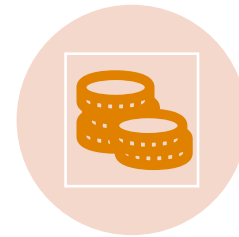
**REFINEMENT AND  
DEFINITION OF MAT  
SERVICES**



**EVALUATION OF EXPENSES  
TO PROVIDE LOW BARRIER  
MAT SERVICES**



**ANALYSIS OF MEMBER  
ENCOUNTER AND  
UTILIZATION DATA**



**EXPLORATION OF VALUE  
MEASURES**



**DEVELOPMENT OF MAT  
BUNDLE PAYMENT  
PROTOTYPE**

# Project Goals

## Access

Improve access to low-barrier MOUD services for people living with OUD and complex health and social conditions that create barriers to accessing conventional office-based buprenorphine services.

## Sustainability

Design an alternative Medicaid payment model to support low barrier MOUD services tailored to meet the needs of people living with complex needs.

## Health Outcomes

Improve the OUD and health outcomes of the priority population.

# Low Barrier MOUD Service Delivery Approach

## Flexibility

Flexibility in scheduling, including availability of drop-in appointments.

## Outreach

Providing outreach to engage people and deliver MOUD services in community-based settings (e.g., outside, shelters, housing).

## Medication Management

Medication management support for MOUD and other medications.

## Integration

Collaboration and integration with primary care, behavioral health, pharmacy services, social services, and housing services.

## Medicaid Service Gaps

Priority Population:  
People Living with OUD  
and Complex Health and  
Social Conditions

### Behavioral Health Conditions

- ✓ Opioid use disorder
- ✓ Stimulant use disorder
- ✓ Mood and psychotic disorders

### Physical Health Conditions

- ✓ Acute and chronic wounds
- ✓ Chronic, untreated conditions
- ✓ HIV and HCV



# Medicaid Service Gaps

Priority Population:  
People Living with  
OUD and Complex  
Health and Social  
Conditions

## Social Determinants of Health

- ✓ Chronic homelessness
- ✓ History of trauma
- ✓ Low income
- ✓ Lack of access to basic resources

## Barriers to Conventional Services

- ✓ Stigma and discrimination
- ✓ Lack of access to health resources



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# Development of Low Barrier MOUD Medicaid Payment Model

# Payment Model Goals

## Pilot

Pilot between DESC and CHPW to test payment prototype.

## Learning

Evaluation and equity plan to learn from pilot.

## Barrier Identification

Identify Medicaid barriers to low barrier services & addressing SDOH.

## System Engagement

Explore opportunities to expand benefit to additional providers and payors. Collaborate with system partners to create more flexibility within Medicaid .

# Development of Low Barrier MOUD Payment Model

- **Goal:** Execute contract between DESC and CHPW to measure effectiveness of a MAT Bundle Payment Prototype
  - Utilize DESC CHPW members with an OUD Diagnosis (experiment group) to a controlled group to evaluate the effectiveness of a low-barrier MAT service
- **Desired Outcomes:**
  - Strengthen relationship with DESC, a key Behavioral Health and Housing services providers in King County
  - Evaluate Quality Performance
    - Included Key Metrics to Evaluate Member Quality as well as Program Quality
  - Evaluate Cost and Utilization
    - PMPM expenses for control vs. experiment groups
  - Develop approaches that support individuals that are chronically homeless
    - While experiencing homelessness is not a criteria for engagement in this program there is a strong overlap of individuals that are and/or have been experiencing homelessness

# C&U Analysis Overview

- **“Bucketed” Expenses into Five Categories:**
  - Inpatient
  - Emergency Department
  - Primary Care
  - Behavioral Health Outpatient
  - All Other
- **Control Group:**
  - CHPW King County Members with a primary Dx of MOUD; *no engagement with DESC*
- **Experiment Group:**
  - DESC CHPW Members with a primary Dx of MOUD

# C&U Analysis Overview

- **Control Group:**
  - Utilization for both IP and ED visits increased
    - **(22% and 29% respectively)**
  - PCP and BH OP utilization increased
    - **(5% and 24% respectively)**
- **DESC Group:**
  - Member utilization for both IP and ED visits decreased
    - **(28% and 26% respectively)**
  - PCP and BH OP utilization increased
    - **(93% and 36% respectively)**
- Additionally, we took a subset of this population to analyze DESC impact on those members who had a chronically homeless status (homeless >21 months)
  - Overall PMPM **decreased**
  - Member utilization for both IP and ED visits **decreased**
  - PCP and BH OP utilization **increased**
- **Conclusion:** DESC engagement appears to have a greater impact on reducing high service expenses (inpatient) and increasing engagement in services that support penetration rates and member sustainability for our chronically homeless members (i.e. PCP visits and BH OP services)

**\*\*Utilization across all services decreased as of December 2022**

# Clinical/Quality Components

- DESC adopted DLA-20
  - The DLA-20 Functional Assessment is a one-of-a-kind comprehensive functional assessment and outcome measurement tool for behavioral health providers who need a reliable and valid measure of their clients' level of functioning in daily living activities
  - Required training and cost associated for the tool
- Track retention of medication adherence
- **No Prior Authorization Required**

# Clinical/Quality Components

- **Quality Measures**

- Execute the DLA-20 with every Member in the MAT program
  - Conduct quarterly updates to each Member's DLA-20
  - Track Changes
- Track retainment of Members in ongoing Suboxone, Subutex, Vivitrol, and Sublocade treatment (based on Member self-report) at the following milestones:
  - Number of individuals retained each month
  - Number of individuals retained at three months
  - Number of individuals retained at six months



# Payment Model

- **Payment Model – MAT Bundled Payment**

- a. Contractor compensated with a bundled rate per member per month (PMPM);
  - a. *Directed Payments are applicable*
- b. CHPW will pay DESC the MAT Bundled Payment upon receipt of a Clean Claim using **T1041 HG**;
  - a. Payment of the MAT Bundled Payment rate is limited to **one claim per member per month**
  - b. Contractor will use best efforts to provide each Member for whom Contractor bills CHPW the MAT Bundled Payment a minimum of **four (4) Medicaid Clinical Services**
    - a. Supplemental services for each PMPM **must be** billed with the HG modifier
- c. Roster:
  - a. Rosters must be submitted regularly (i.e. new staff hired/staff leave)
  - b. All providers must be loaded for claims to pay accordingly

# Next Steps

1. Evaluate quality and cost and utilization quarterly
  - A. DESC and CHPW meet on a regular cadence to discuss work
  - B. Strategies, such as PDSA cycles, will be used to refine the prototype
    - A. DESC will survey clients a 2<sup>nd</sup> time during PDSA cycle to get feedback on clients' experience & ideas of how to improve MAT services.
2. Final Evaluation
  - A. Assess sustainability and scalability
3. Share the prototype & lessons learned with other providers, MCOs, & health care stakeholders

# Project Opportunities and Obstacles

- Opportunities

- Data Sharing
- Shared approach, intent and decision making
- Commitment by both parties – open communication

- Obstacles

- Provider in King County
  - Contract Language
  - Operational Implementation
  - Onboarding
- Not enough time – EVER

# Questions?