

# Drug Medi-Cal Waiver Discussion: Issues Related to Managed Care and ASAM Data

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  - The opinions, findings, and conclusions herein stated are those of the authors/presenters and not necessarily those of DHCS or UCLA.
  - Thanks to Anna Lee Amarnath, Nathan Nau, and Marlies Perez from DHCS for helping us connect with the plans and providing helpful comments!

# UCLA Evaluation of DMC-ODS Waiver

- Evaluate the Organized Delivery System in terms of:
  - Access to care
  - Quality of care
  - Coordination of care
  - Costs (limited)
- Help inform implementation via feedback

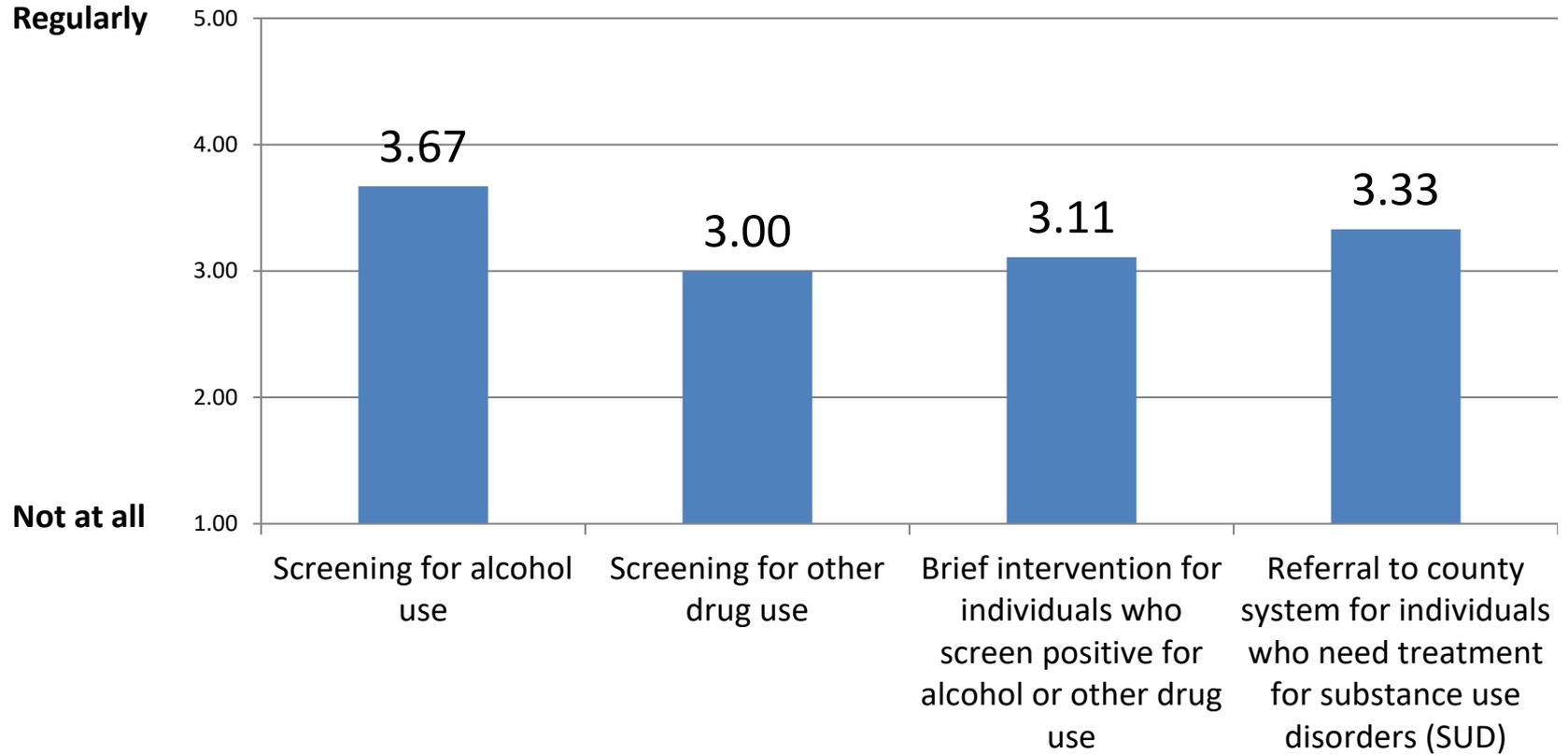
# Today's Discussion

- Present findings from survey with Medi-Cal managed care plan directors.
- Discuss issues surrounding communication and coordination with managed care plans.
- Gather feedback on issues related to ASAM data collection and reporting.

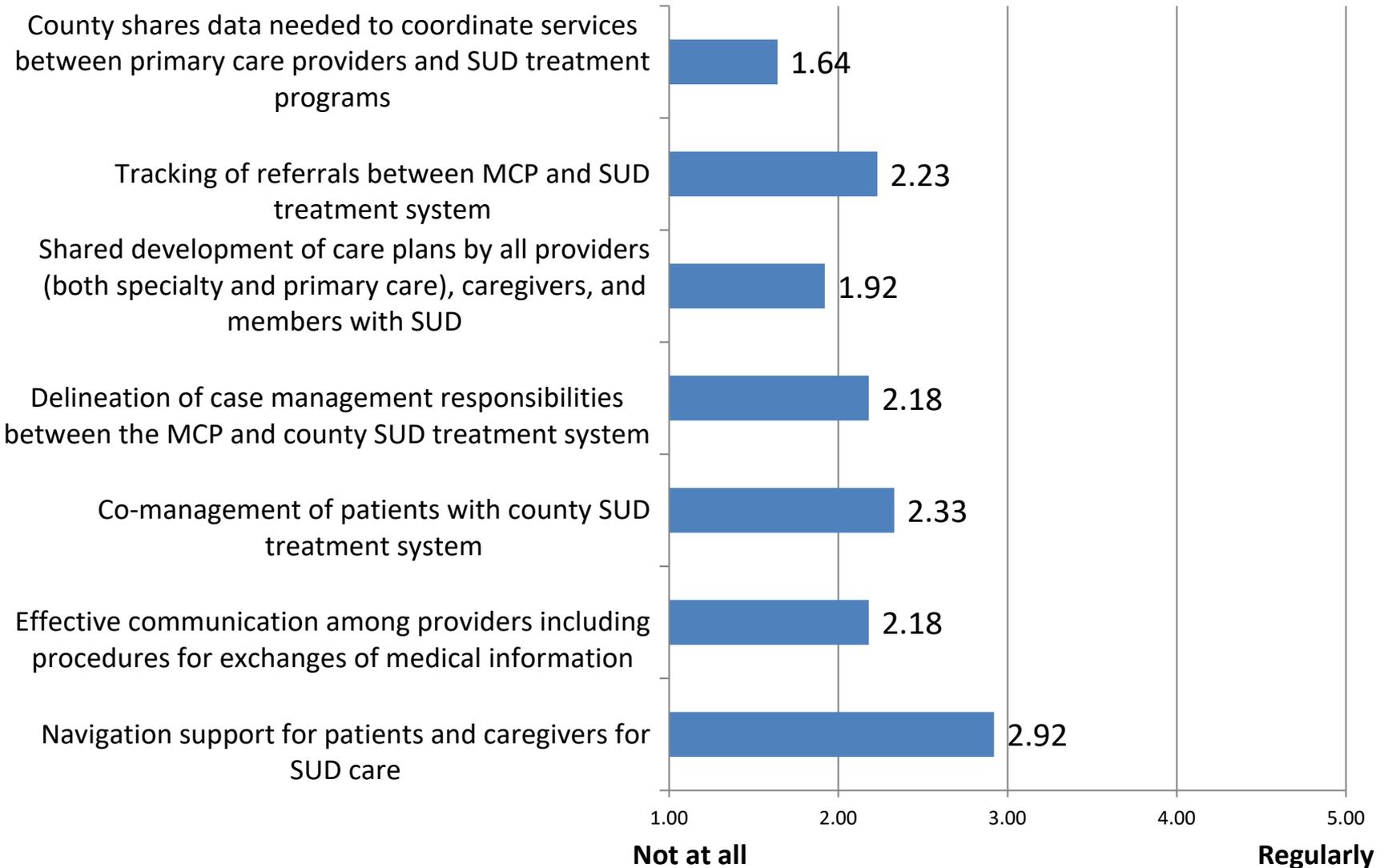
# Managed Care Plan Survey

- Baseline survey of Medi-Cal managed care plan medical directors
  - Are the components of SBIRT being practiced?
  - What coordination practices are in place between MCPs and the SUD system?
  - Do MCPs track the impact of SUD on medical costs?
- From Dec 2015 - Jan 2016, received 13 responses out of 22 plans in California (59% response rate)

# Results: SBIRT



# Results: Coordination with SUD

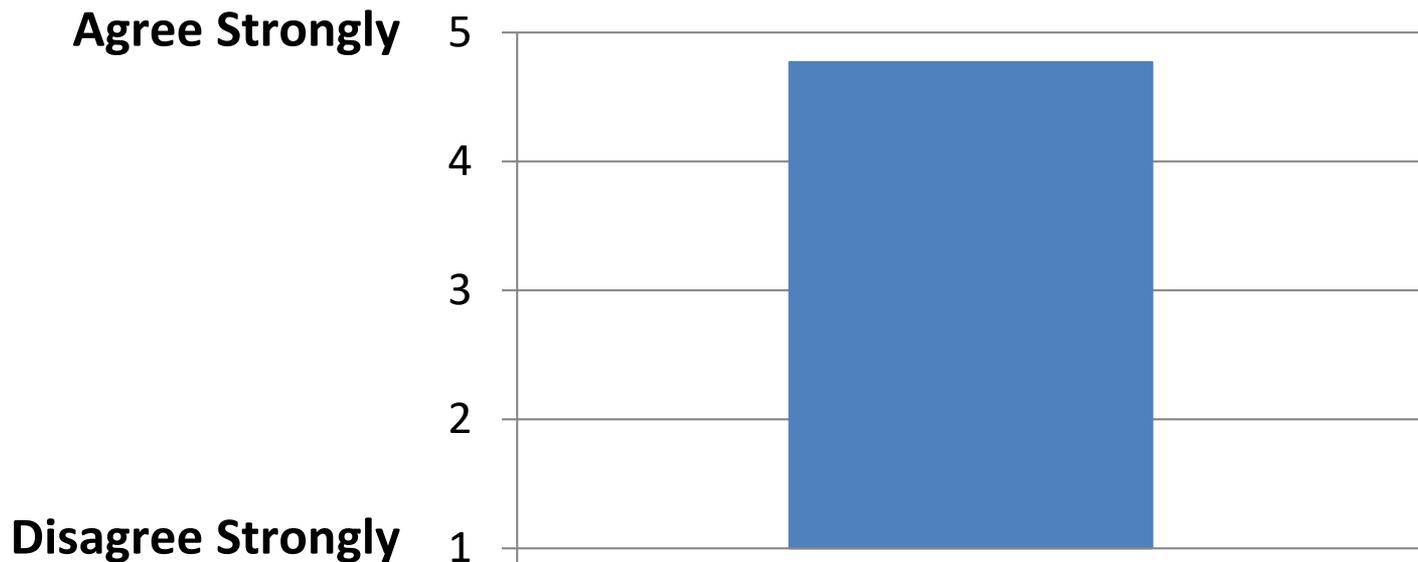


# Results: Coordination with SUD

- What types of feedback do medical directors receive on how well client transfers and information exchange occurs between PCPs and SUD treatment providers?
  - About one quarter (23%) receive no feedback
  - About half (54%) receive anecdotal information
  - 15% receive regular monitoring reports
  - One conducts an annual provider survey to assess PCP/BH linkages and referrals

# Results: Recognition SUD Drive Costs

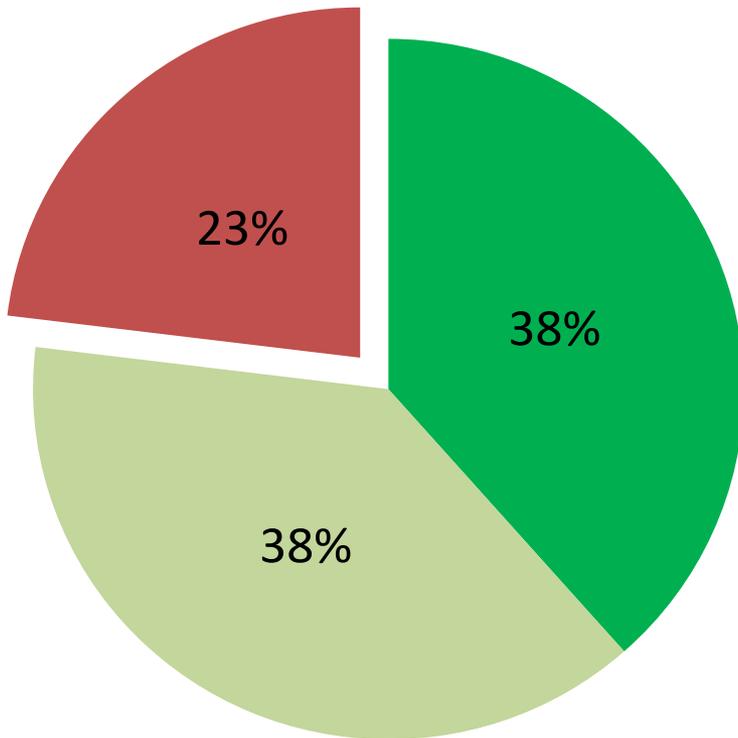
- “Substance use conditions among our members contribute substantially to the costs of medical care” (scale of 1-5)



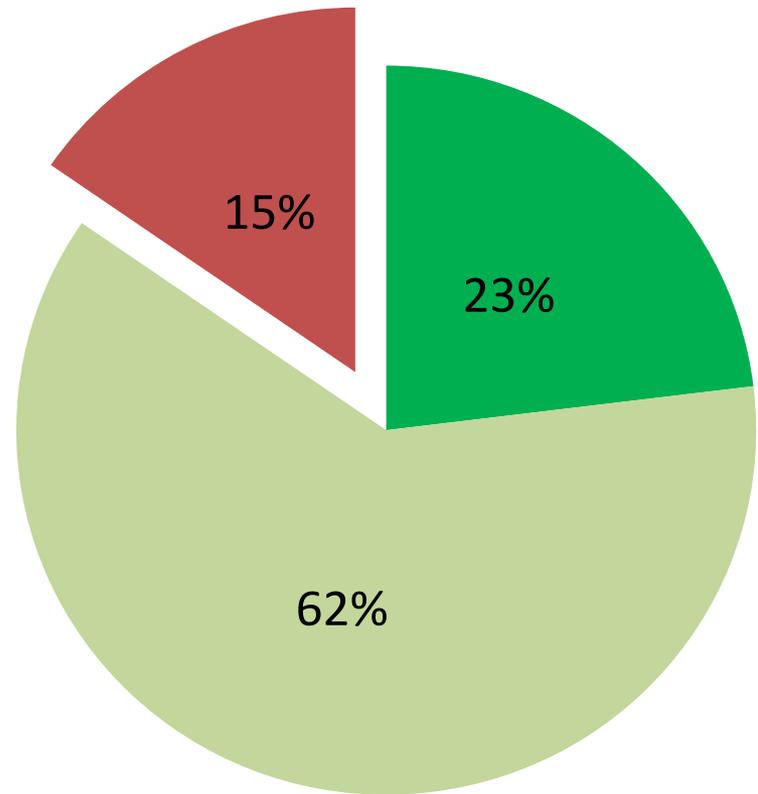
- Mean response: **4.77**
- All respondents answered 4 or 5

# Results: SUD and Medical Costs

**MCP tracks the medical costs of members with substance use diagnoses**



**MCP tracks the impact of SUD tx (not incl. brief intervention) on medical costs**



- Yes
- No - but planning to within the next year
- No - no plans within the next year

# Discussion

- September 2015 County SUD Administrator Survey:
  - Less integration with physical health than mental health
  - 64% reported engaging MCPs in policy formulation and implementation
  - Only 5% indicated full coordination of SUD services with MCPs
- MCP survey highlights challenges coordinating with managed care plans as required by the waiver

# Discussion

- What have been the major barriers to coordinating with managed care plans?
- What has been helpful?
- Are there things that DHCS or UCLA can do to assist in partnering with managed care plans and establishing MOUs?
- When we present these results to the MCPs, is there a message you would want us communicate to them?
  - Do you agree with their assessments?
  - What do you see as helpful next steps?

# ASAM Data Collection and Reporting

- For statewide evaluation of DMC-ODS, UCLA-ISAP needs ASAM assessment and placement data from all counties participating in the waiver.
- ASAM data is likely going to be reported to the state even beyond the Waiver
- County variability in ASAM data collection:
  - 42% using electronic methods
  - 11% using paper methods
  - 18% using both electronic and paper methods

# ASAM Data Collection and Reporting

- Among counties utilizing electronic methods, many EHRs:
  - Anasazi
  - Avatar
  - ASAM
  - ECHO CDT (what is this?)
  - Microsoft Excel
  - WITS
- Currently, there is no consensus on a system for collecting ASAM data

# ASAM Data Collection and Reporting

Given our current state of ASAM chaos, what do you think of these options?

- Counties transfer data using a solution like WITS or eBHS.
  - How are these systems working?
  - Good option for getting data to DHCS?
  - Would implementation be problematic in terms of time, training, etc?

# ASAM Data Collection and Reporting

Given our current state of ASAM chaos, what do you think of these options?

- Counties upload Excel spreadsheets to DHCS
  - Simple, low-tech
  - Would need to have date, client name, client DOB, level of care, level of care referred to, reasons for discrepancy
  - Do you have files like this that could be sent to DHCS?
  - Good option?

# ASAM Data Collection and Reporting

Given our current state of ASAM chaos, what do you think of these options?

- UCLA/DHCS develop a short, free, web-based version of ASAM for initial placement, for counties that don't have their own data collection system
  - Would you use it?
  - What would you need it to do?

# ASAM Data Collection and Reporting

Given our current state of ASAM chaos, what do you think of these options?

- Revise CalOMS to collect ASAM placement data
  - Long-term project
  - Would integration of ASAM data with other reporting make things easier for counties?
  - What would we want to consider when adding ASAM data to CalOMS?

# Thank You For Your Time!

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