Improving the Quality of Behavioral Health Care for Medicaid Beneficiaries

Mental health and substance use disorders are prevalent among Medicaid beneficiaries. More than half of Medicaid beneficiaries with disabilities have a behavioral health disorder. Individuals with behavioral health conditions often have comorbid physical conditions and account for a disproportionate share of Medicaid spending.

The Affordable Care Act allows states the opportunity to expand their Medicaid programs. This is expected to increase enrollment into the program for low-income adults, among whom behavioral health problems are common. State Medicaid programs are therefore seeking opportunities to control costs while improving the quality of care for beneficiaries with behavioral health disorders.

Mathematica has conducted groundbreaking work to find opportunities for quality improvement in Medicaid’s behavioral health services, to develop measures that can help monitor the quality of care, and to identify innovative strategies to better coordinate behavioral and physical health care.

Examples of measures for improving care of those with SMI/SUD:

- Monitor care of comorbid conditions, such as diabetes, hypertension, and cardiovascular disease
- Screen and follow up for tobacco and alcohol use
- Follow-up after emergency department discharge

OPPORTUNITIES FOR QUALITY IMPROVEMENT

In studies published recently in Community Mental Health Journal and Psychiatric Services, Mathematica examined the quality of care among Medicaid beneficiaries with behavioral health disorders. In the first study, we found that more than 80 percent of beneficiaries with schizophrenia or bipolar disorder received psychiatric medications during the year, but only about half maintained a continuous supply of those medications. Less than half of all beneficiaries were monitored for side effects including diabetes and cardiovascular disease, which are common in patients taking certain psychiatric medications. About 70 percent of all beneficiaries with these behavioral health disorders failed to receive preventive physical health care during the year. When we reviewed beneficiaries’ use of multiple services, 5 percent maintained regular use of medications, had at least one outpatient mental health visit, and received all necessary medication monitoring. The quality of care varied considerably by state, and certain groups of beneficiaries, including African Americans, fared worse on some quality measures.

MEASURES TO MONITOR THE QUALITY OF CARE

Quality measures are a critical tool used by state Medicaid programs and Medicaid health plans to monitor care. Mathematica and the National Committee for Quality Assurance (NCQA) recently published a review of behavioral health quality measures in Psychiatric Services. We identified a wealth of measures after scanning databases and interviewing staff at federal agen-
cies. However, relatively few of these measures have undergone the rigorous testing and validation needed for National Quality Forum (NQF) endorsement, which is required in order to be included in major state and national quality reporting programs. Our scan also identified many measures that address similar or overlapping content areas, but there is little guidance available to help stakeholders choose among them. Moreover, there was a notable shortage of strong measures focused on comorbid conditions or transitions in care for individuals with behavioral health conditions.

To address these gaps in measurement, the Office of the Assistant Secretary for Planning and Evaluation and the Substance Abuse and Mental Health Services Administration provided support for Mathematica and NCQA to develop new measures that health plans can use to monitor the quality of care for individuals with serious mental illness (SMI) and substance use disorders. These measures address conditions that are prevalent in these populations, including diabetes, cardiovascular disease, hypertension, and tobacco use. In addition, we developed measures to assess whether individuals with mental health and substance use disorders receive follow-up care after discharge from an emergency department. After rigorous pilot testing with Medicaid health plans and using Medicaid claims data, these measures received NQF endorsement. In the future, these measures can help health plans and state Medicaid programs monitor and improve care for these individuals.

**STATE STRATEGIES FOR IMPROVING CARE**

While new measures may help address gaps in care and identify opportunities for quality improvement, some states are already implementing innovative approaches to coordinating care for behavioral health populations. Mathematica recently conducted case studies of such states for ASPE. The case studies identified common strategies, including relying on managed care entities to coordinate care and using data to inform care delivery at the provider level.

In related work, Mathematica published findings in the *Journal of Behavioral Health Services & Research* on Pennsylvania’s efforts to improve the integration of behavioral and physical health care. The study identified some of the key challenges to co-locating nursing staff in behavioral health clinics and engaging consumers with SMI in wellness activities. As delivery and payment systems evolve, policymakers, managed care organizations, providers, and other stakeholders may wish to consider the key components of such efforts in their work to improve care.

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**Improving Medicaid Behavioral Health Care**

- **Monitor care**
- **Develop quality measures**
- **Identify innovative care models**

*Use data to assess trends and disparities in care*

*Fill gaps in measurement to inform quality improvement*

*Determine the key ingredients of care coordination and integration*