Quality, Equity and Behavioral Health – An Update

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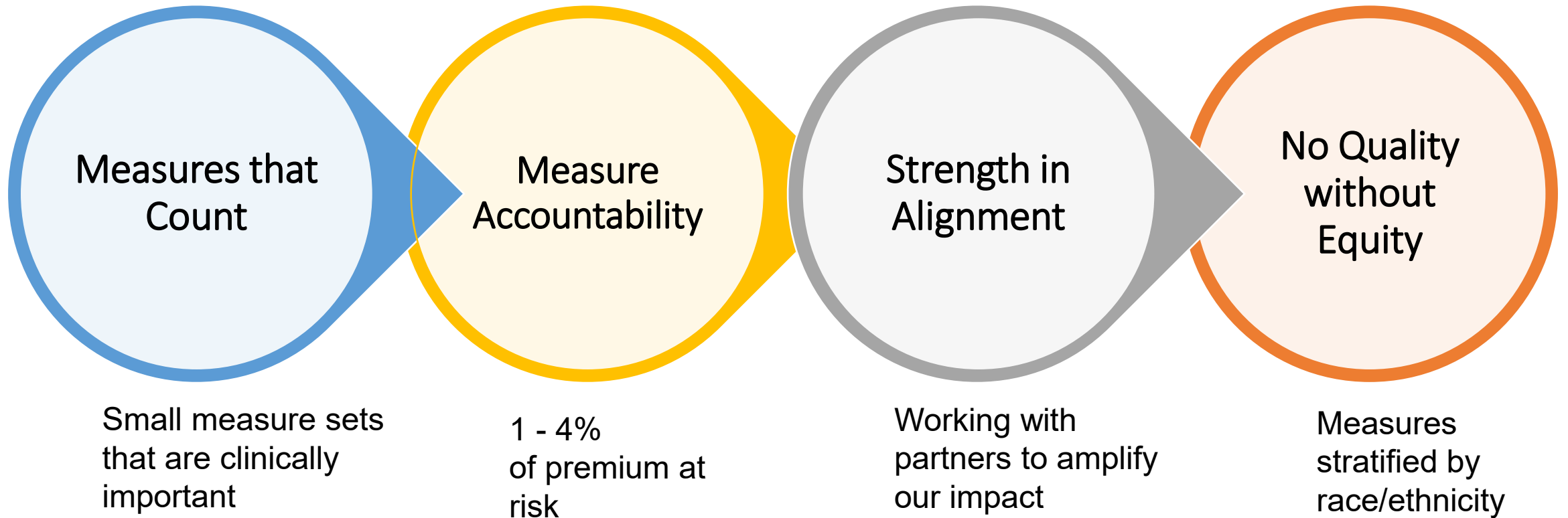
July 16, 2024

Agenda

- CalPERS Approach to:
  - Quality Improvement
  - Health Equity

- Behavioral Health Updates
  - Data Updates
  - Improving Access
  - Timely Access Survey
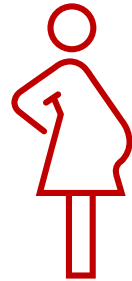
Exceptional Health Care

Ensure our members receive **high-quality** care

Ensure our members have **access** to care when and where they need it

Ensure the care we provide is **affordable**

Ensure our members receive **equitable** care

Quality

Access

Affordability

Equity

CalPERS Approach to Quality

Measures that Count

Measure Accountability

Strength in Alignment

No Quality without Equity

Small measure sets that are clinically important

1 - 4% of premium at risk

Working with partners to amplify our impact

Measures stratified by race/ethnicity

Quality Measures Overview

Quality Alignment Measure Set	C-Section Measure	NCQA Health Plan Rating	Member Experience

Measures that Count
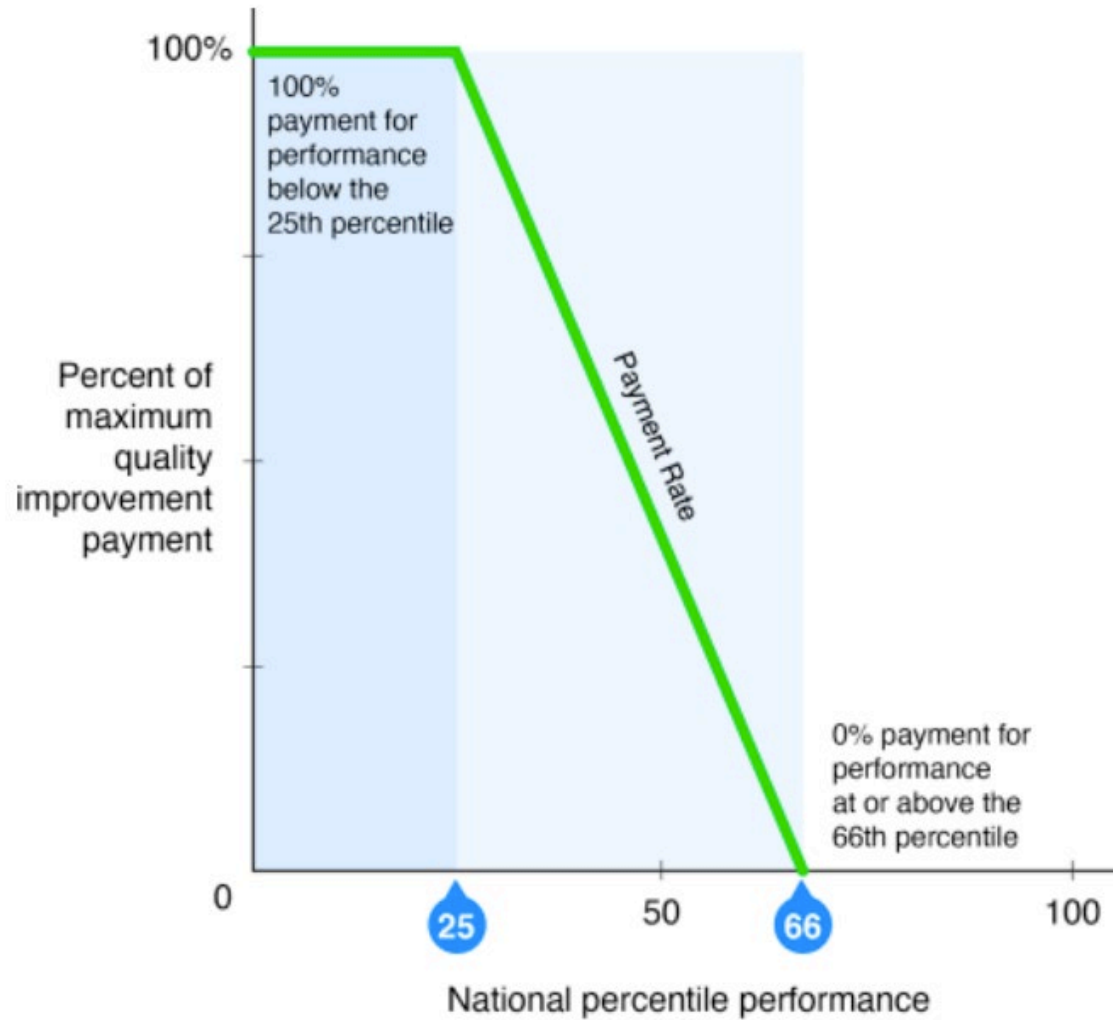
Childhood Immunizations	Colorectal Cancer Screening	Controlling High Blood Pressure	Diabetes Care	Prenatal and Postpartum Care	Depression Screening & Follow up	Medication Treatment for Opioid Use
For every $1 spent on immunizations, $29 can be saved in indirect or direct cost.	Following lung cancer colorectal cancer is the second leading cancer cause of death in the U.S.	High blood pressure can cause heart disease, which is the leading cause of death in the U.S.	8.9% of the U.S. population has been diagnosed with diabetes.	Babies of mothers who do not get prenatal care are five times more likely to die than those born to mothers who do get care.	Screening allows for early identification and intervention. *This measure is report only*	Opioid treatment can help prevent overdose death. *This measure is report only*

Financial Accountability

100%
100% payment for performance below the 25th percentile

Payment Rate

Percent of maximum quality improvement payment

0% payment for performance at or above the 66th percentile

0   25   50   66   100

National percentile performance

Total at risk dramatically increased for HMO & PPO plans.

Full payment will be collected for scores below the NCQA 25th percentile.

A sliding scale will be implemented for each measure result between the NCQA 25th and 65th percentiles.
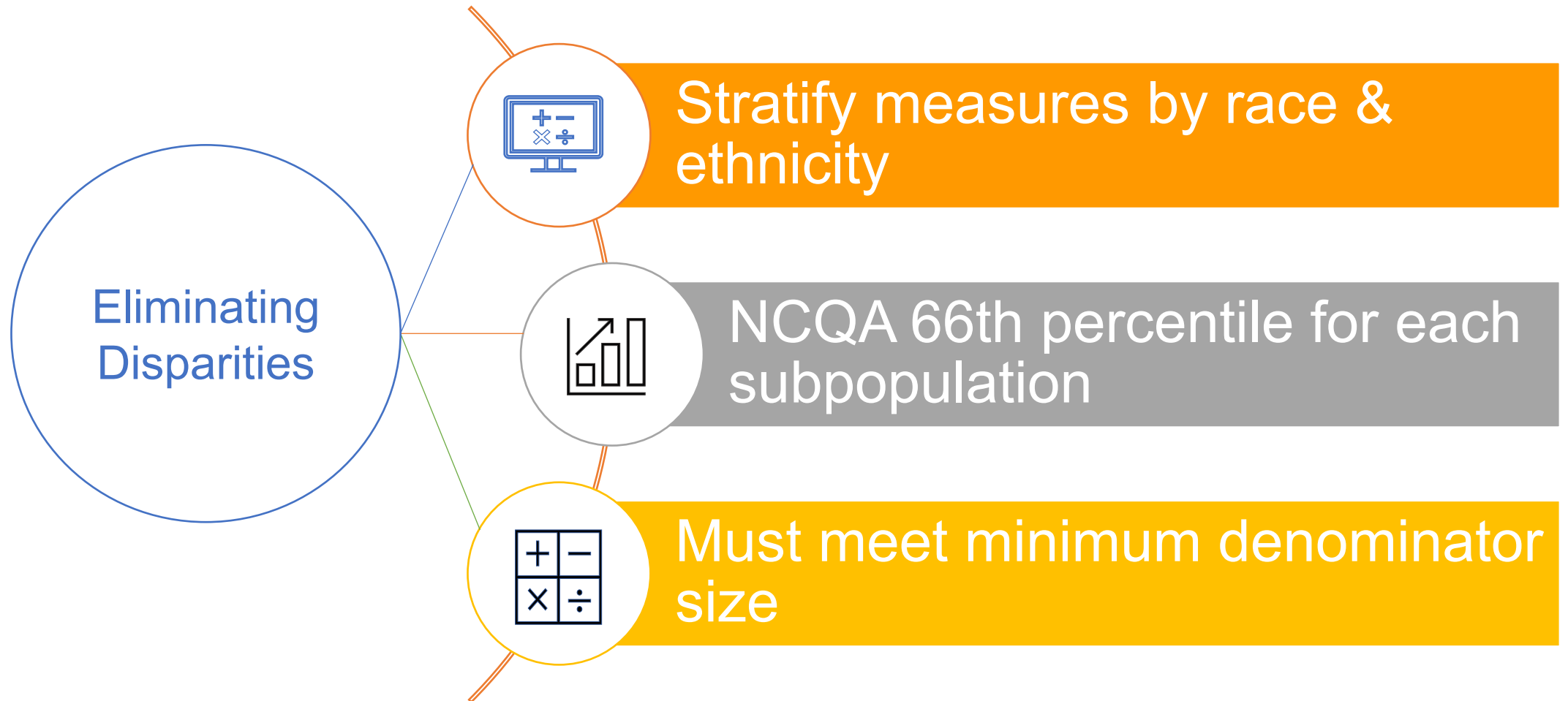
For measures meeting the NCQA 66th percentile, no payment will be assessed.

CalPERS | Board of Administration Offsite

Alignment to Magnify Impact

	CalPERS	Covered California	Medi-Cal	DMHC
Measures	1. Childhood Immunizations 2. Colorectal Cancer Screening 3. Diabetes Care 4. Control High Blood Pressure 5. Maternity Care	1. Childhood Immunizations 2. Colorectal Cancer Screening 3. Diabetes Care 4. Control High Blood Pressure	1. Childhood Immunizations 2. Colorectal Cancer Screening 3. Diabetes Care 4. Control High Blood Pressure 5. Maternity Care	1. Childhood Immunizations 2. Colorectal Cancer Screening 3. Diabetes Care 4. Control High Blood Pressure 5. Maternity Care
Financial Implications for Payers	1% premium year 1 2% premium year 2 3% premium year 3 4% premium years 4 & 5	0.8% premium year 1 2% premium year 2 3% premium year 3	Minimum $25,000 (for 1 measure below the benchmark)	TBD
Thresholds	• Full amount if measure is less than 25th percentile • Sliding scale if between 25 and 65th percentile	• Full amount if measures is less than 25th percentile • Sliding scale if between 25 and 65th percentile	Minimum performance level (50th percentile for Medicaid)	50th percentile for Medicaid

*Medi-Cal and DMHC have additional measures but include the five measures listed.

Disparity Elimination Preview

Eliminating Disparities

Stratify measures by race & ethnicity

NCQA 66th percentile for each subpopulation

Must meet minimum denominator size

Eliminating Disparities

Primary care focus

Comprehensive Disparity Elimination Plan

Member Advisory Committee

Cultural and Linguistic Programs

Increased Oversight

Diversity, Equity and Inclusion training

Behavioral Health Update

Behavioral health areas of discussion

Data Review

Member Experience

Improve Access

Alignment

Behavioral Health Prevalence Trends – Basic and Medicare (Ages 5+)

Basic

Diagnosis	2019	2020	2021	2022	2023
Anxiety Disorder	4.4%	5.0%	5.4%	5.6%	5.6%
Depression	5.7%	6.0%	6.3%	6.4%	6.6%
Substance Use Disorder	1.1%	1.1%	1.2%	1.1%	1.1%

Medicare

Diagnosis	2019	2020	2021	2022	2023
Anxiety Disorder	2.9%	3.1%	3.1%	3.2%	3.4%
Depression	4.9%	4.8%	4.8%	4.9%	5.2%
Substance Use Disorder	1.1%	1.0%	1.1%	1.1%	1.1%

Behavioral Health Prevalence Trends– Adolescents (Ages 12 – 24)

Percentage by Diagnosis	2019	2020	2021	2022	2023
Anxiety Disorder	5.3%	5.8%	6.7%	7.1%	6.8%
Depression	6.8%	7.3%	8.3%	8.4%	8.1%
Eating Disorder	0.2%	0.2%	0.3%	0.3%	0.3%
Obsessive-Compulsive Disorder	0.2%	0.3%	0.4%	0.4%	0.5%
Substance Use Disorder	1.3%	1.3%	1.2%	1.2%	1.2%

2023 Behavioral Health Condition Prevalence Rate – Basic and Medicare

Condition	Medicare	Basic
Schizophrenia	0.1%	0.1%
Eating Disorders	0.02%	0.1%
Antisocial Behavior	0.01%	0.1%
Obessesive-Compulsive Disorder	0.1%	0.2%
Autism	0.02%	0.5%
Bipolar Disorder	0.5%	0.6%
Substance Use	1.1%	1.1%
Psychoses	2.1%	1.5%
Mental Hlth-Other Disorders	1.7%	2.6%
Anxiety Disorder	3.4%	5.6%
Depression	5.2%	6.6%
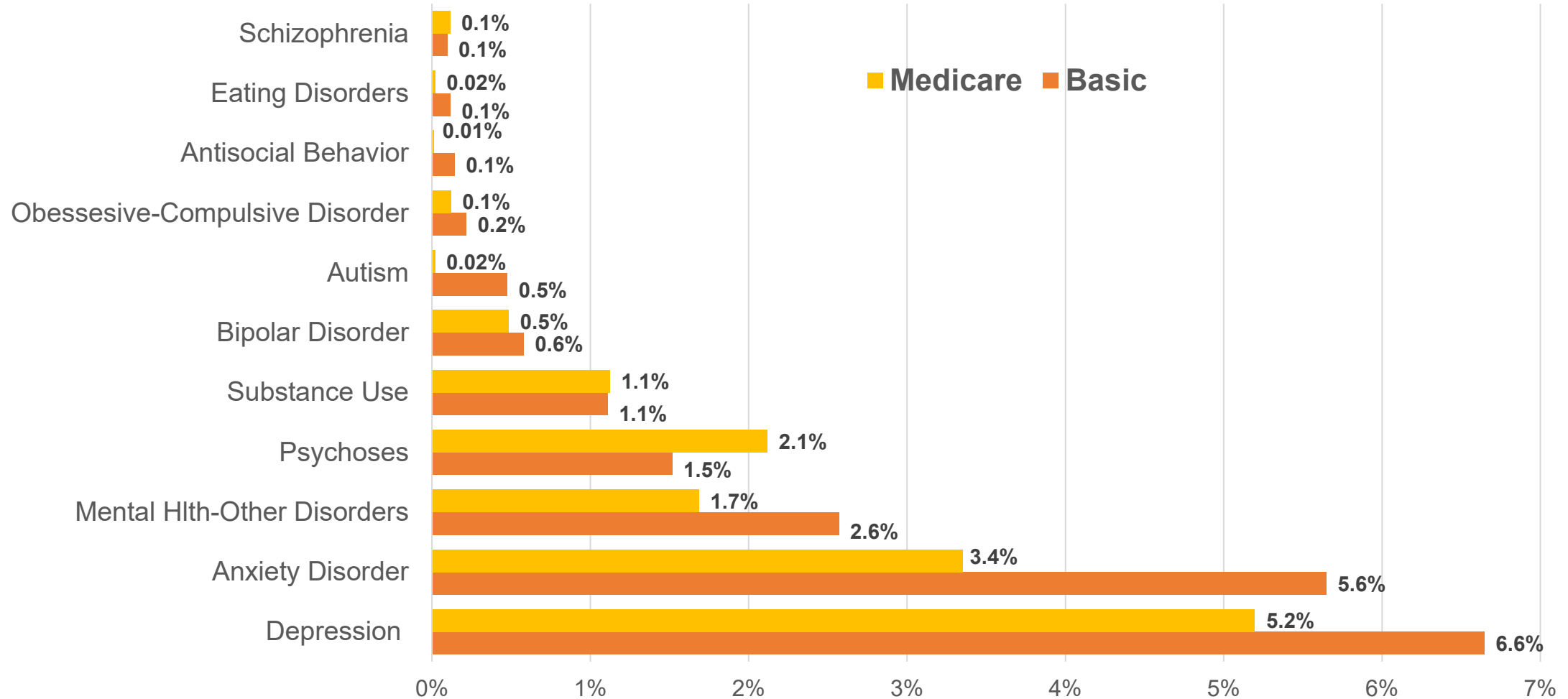
2023 Substance Use Disorder Prevalence – Basic and Medicare

Cocaine
- Medicare: 0.004%
- Basic: 0.02%

Barbiturate
- Medicare: 0.06%
- Basic: 0.02%

Amphetamine
- Medicare: 0.01%
- Basic: 0.04%

Cannabis
- Medicare: 0.02%
- Basic: 0.13%

Opioid
- Medicare: 0.27%
- Basic: 0.16%

Nicotine
- Medicare: 0.32%
- Basic: 0.28%

Alcohol
- Medicare: 0.45%
- Basic: 0.50%

Legend: ■ Medicare ■ Basic
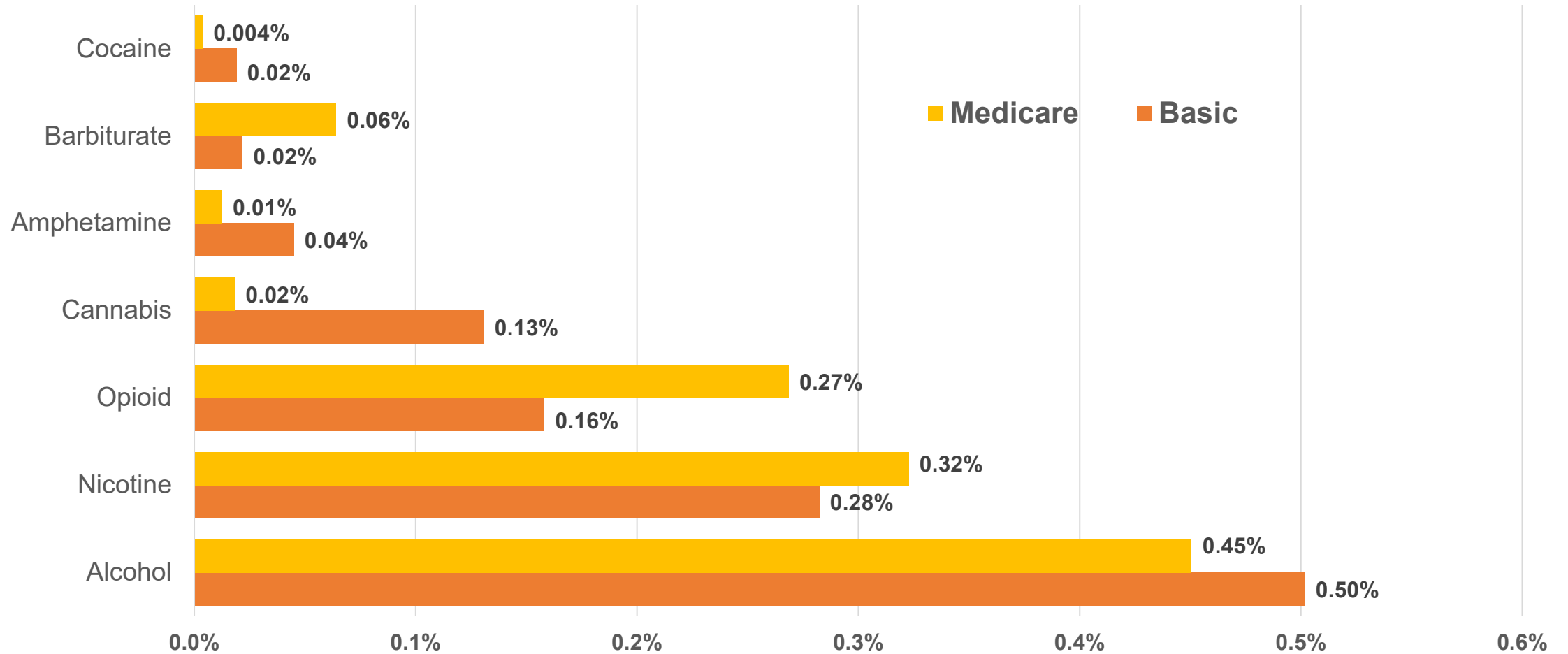
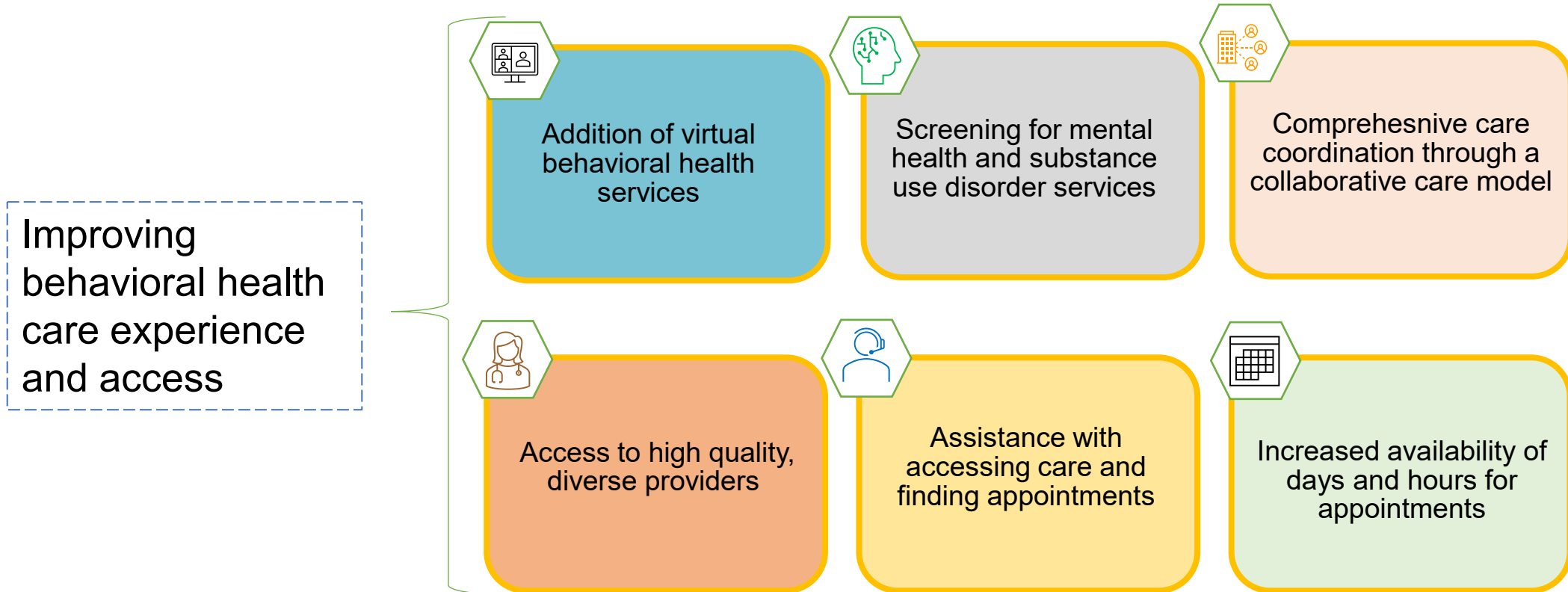# 2022 Health Plan Member Survey: Member Experience

| Most members helped by their counseling and treatment | Most members accessed counseling and treatment when needed | Screening for mental health by care team remained stable | Telehealth utilization for behavioral health decreased somewhat |

PPO changes to improve access

Improving behavioral health care experience and access

Addition of virtual behavioral health services

Screening for mental health and substance use disorder services

Comprehesnive care coordination through a collaborative care model

Access to high quality, diverse providers

Assistance with accessing care and finding appointments

Increased availability of days and hours for appointments

Next Steps

Timely Access

Grievance & Appeals

Behavioral Health Investment

Work Force Development

Timely Access (Secret Shopper Survey)

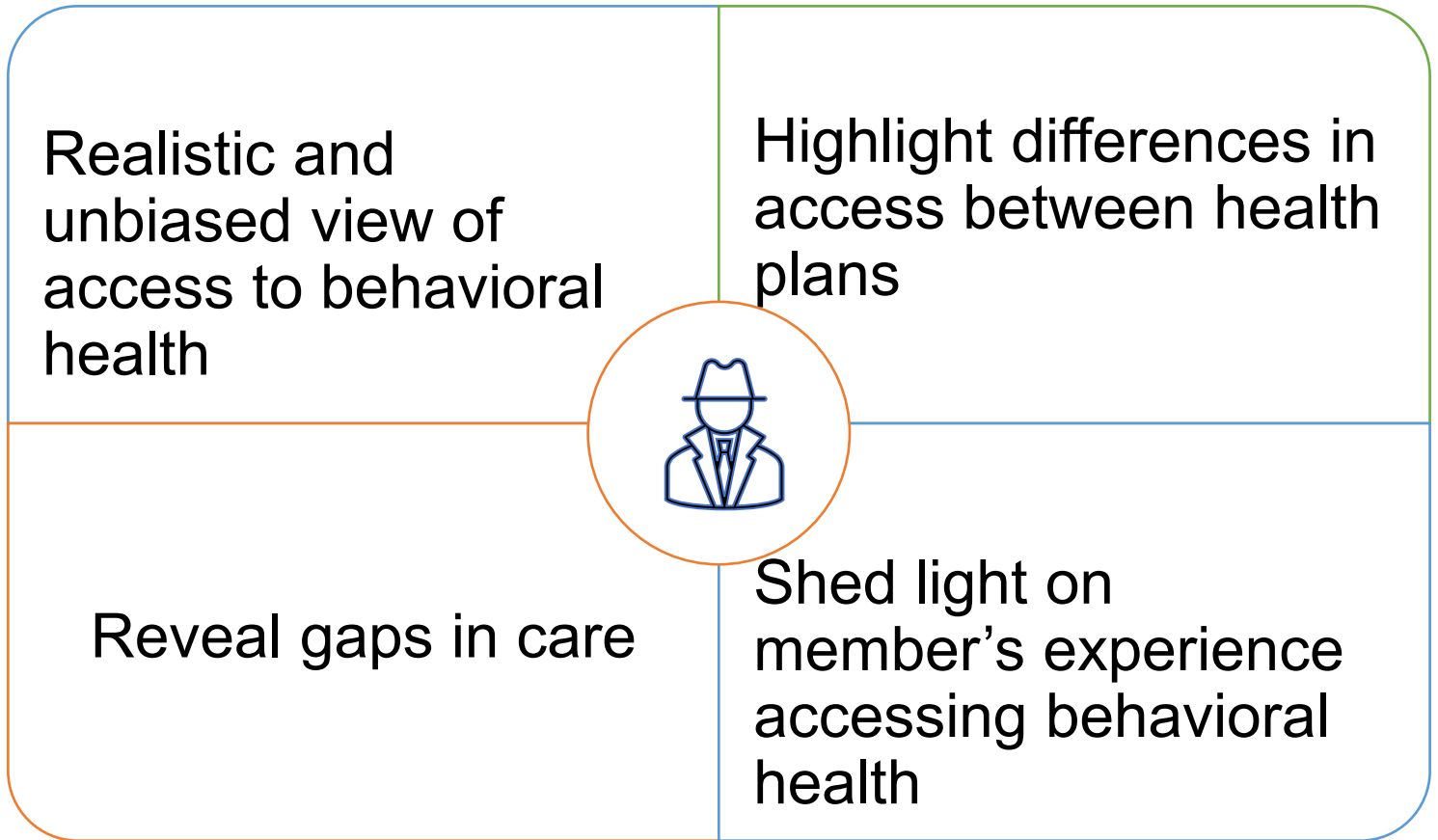CalPERS will be working with UC Davis researchers to investigate timely access to behavioral health services through a Secret Shopper survey. What we hope to learn:

Realistic and unbiased view of access to behavioral health

Highlight differences in access between health plans

Reveal gaps in care

Shed light on member's experience accessing behavioral health

Deep Dive of Appeals & Grievances

Quarterly review of internal behavioral health Appeals and Grievances.

- Look for barriers to care
- Member experience

Implemented contract language changes to require plans to submit their prior authorization data. Intent is to observe if prior authorizations may increase barriers to accessing behavioral health care.

Reducing Stigma

Member tailored educational programs

Cultural Humility training

Increase accessibility to services

Leaning on community resources.

Engage member advisory committee

Behavioral Health Investment

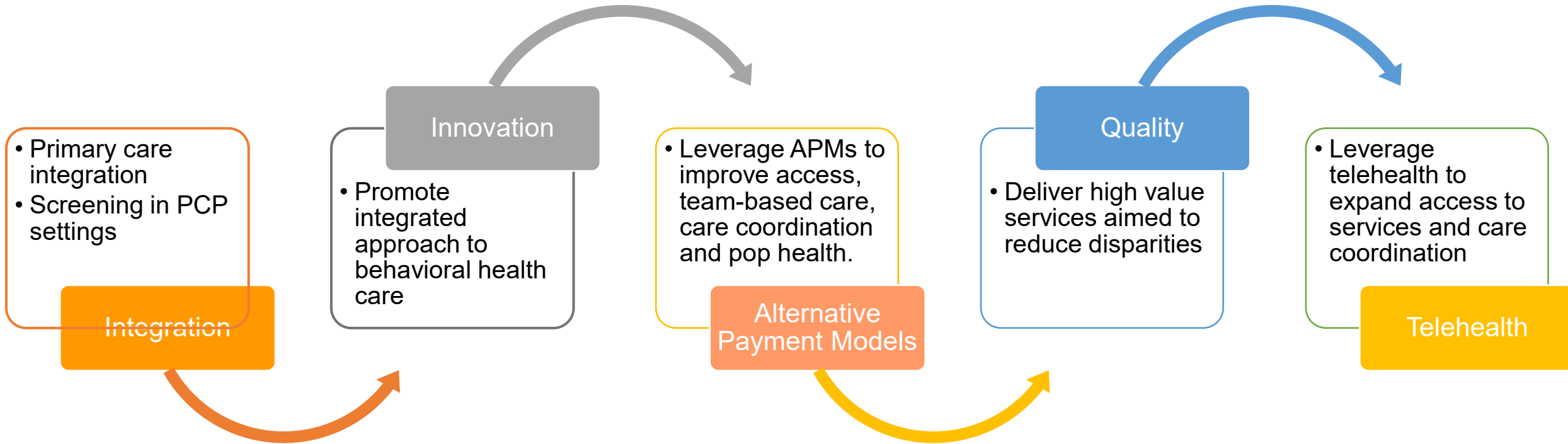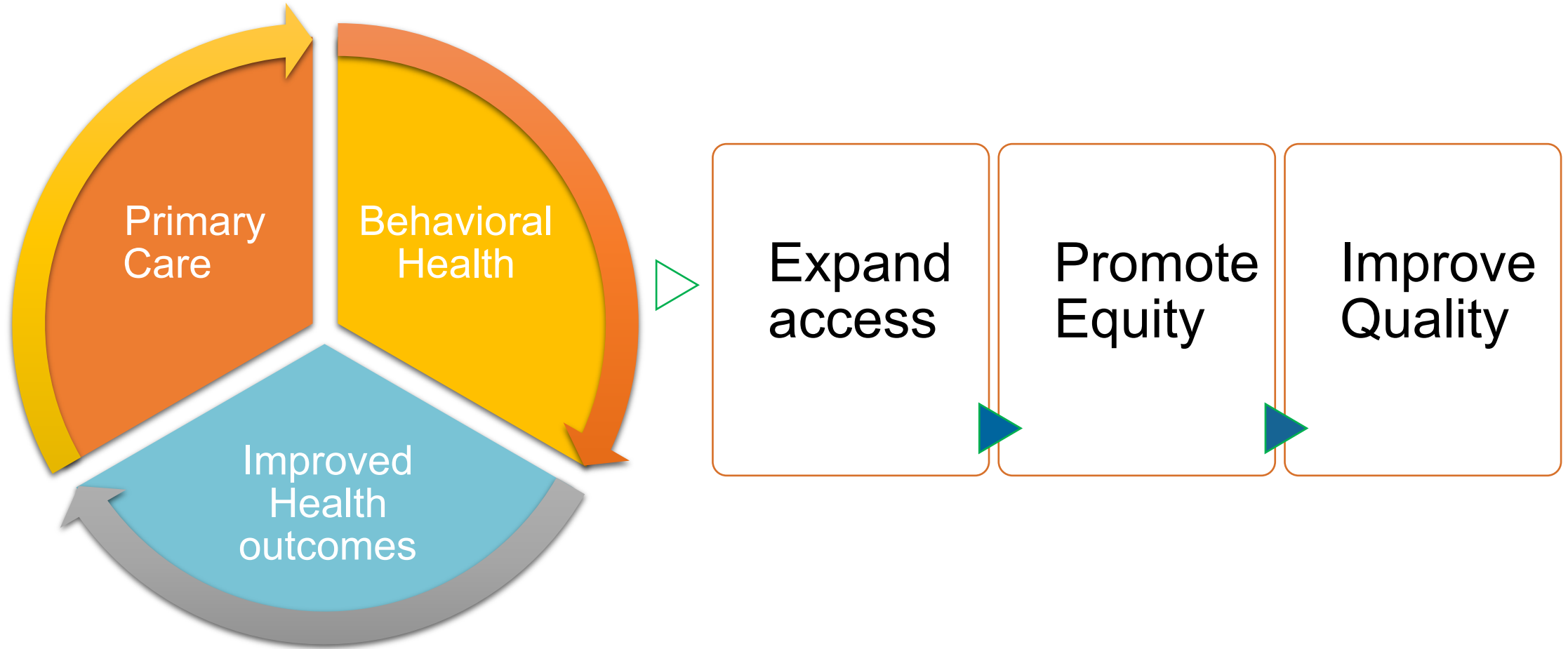|	
Set Spending Benchmarks	Measure percentage of health care spend allocated to behavioral health.
Determine Payment Types	Identify providers, procedure codes and non-claims payments to consider for total spend.
Shift Reimbursement	Shift resources/investments away from specialty to collaborative care model.
Alignment	Work with state departments to promote behavioral health investments

Promote Primary Care & Behavioral Health Investment

Integration
- Primary care integration
- Screening in PCP settings

Innovation
- Promote integrated approach to behavioral health care

Alternative Payment Models
- Leverage APMs to improve access, team-based care, care coordination and pop health.

Quality
- Deliver high value services aimed to reduce disparities

Telehealth
- Leverage telehealth to expand access to services and care coordination

Push for integrated care

Primary Care

Behavioral Health

Improved Health outcomes

Expand access

Promote Equity

Improve Quality

Questions and Discussion