

Impact of Florida's Medicaid Reform on Recipients of Mental Health Services

Jeffrey Harman, PhD

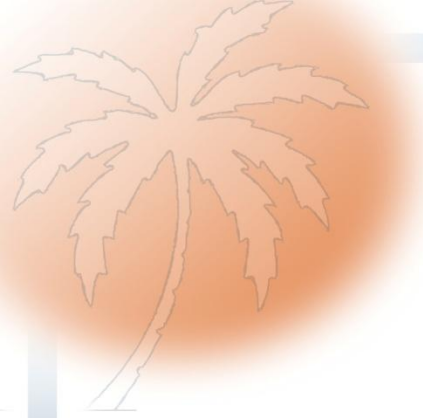
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MEDICAID REFORM OVERVIEW



Florida's Medicaid Reform Pilot Program

- The state of Florida began enrolling Medicaid enrollees in the Reform pilot demonstration in the urban counties of Broward and Duval in September 2006
 - Enrollees had to enroll in an HMO or PSN
 - HMOs are paid a risk adjusted monthly premium
 - PSNs are paid on FFS basis with additional administrative fee to manage care
 - PSNs are primarily comprised of safety-net hospitals or minority physician networks
- Rural counties of Baker, Clay, and Nassau added to Reform in July 2007



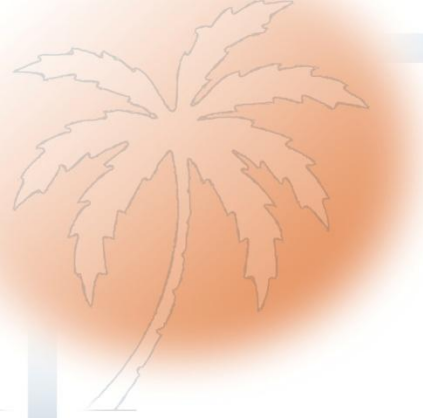
Principles of Medicaid Reform

- Patient responsibility and empowerment
- Marketplace decisions
- Bridging public and private coverage
- Sustainable growth rate



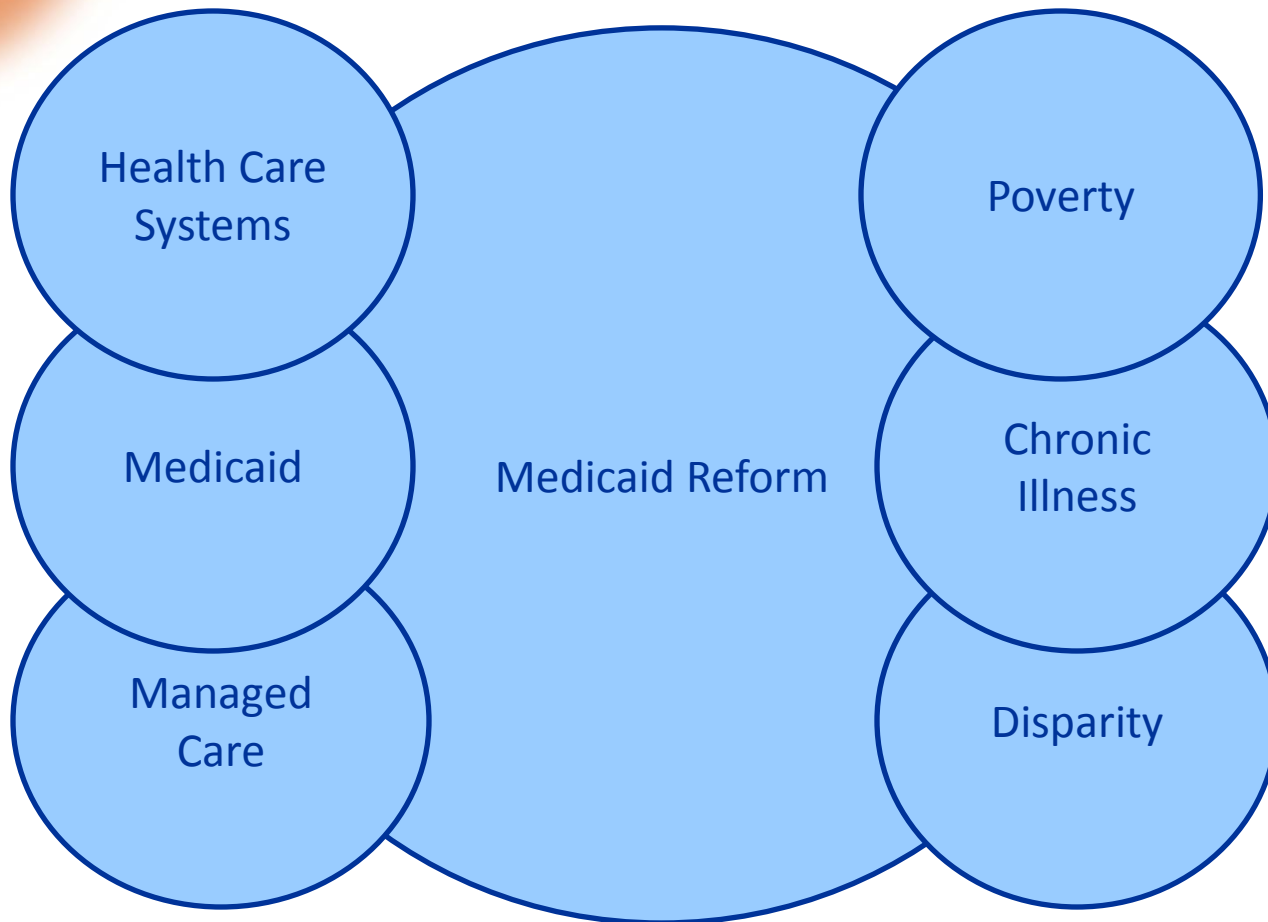
Components of Reform

- Enrollees required to choose among participating plans (HMOs or PSNs) with the aid of Choice Counselors
- Established Enhanced Benefit Rewards program through which enrollees can earn monetary credits to purchase approved over-the-counter health products for participating in healthy behaviors
- Required health plans to carve-in management of mental health care

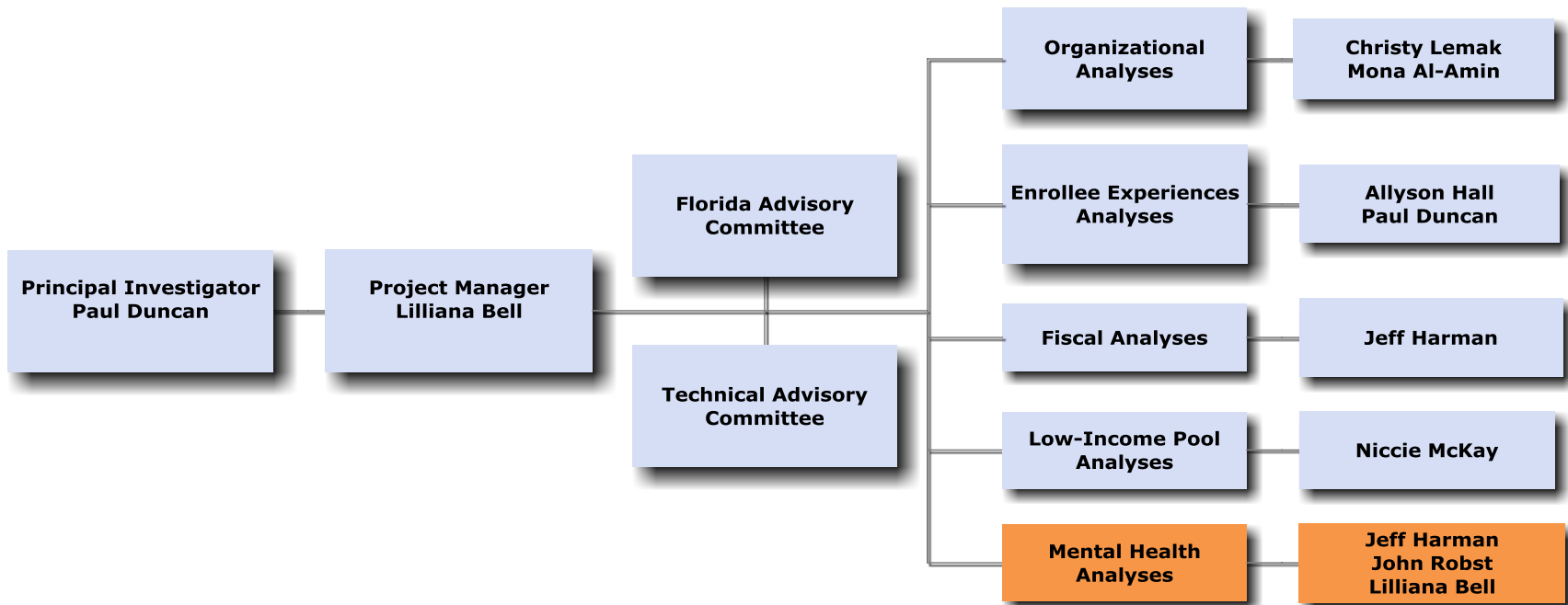


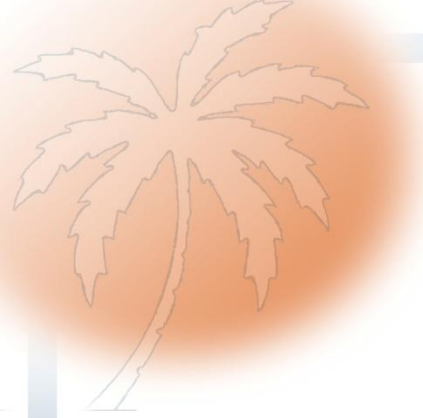
FLORIDA MEDICAID REFORM EVALUATION

Context of Medicaid Reform



Evaluation Team



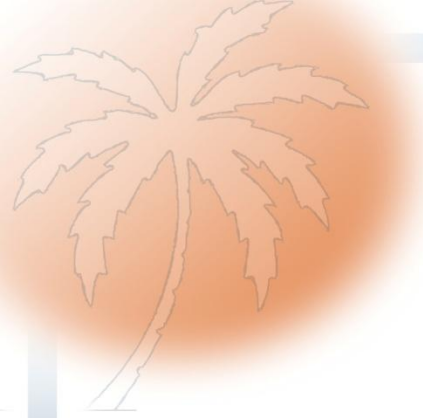


IMPACT OF FLORIDA'S MEDICAID REFORM ON RECIPIENTS OF MENTAL HEALTH SERVICES



Evaluation Studies

- Pharmacotherapy
 - Assessed the impact of Florida’s Medicaid Reform on pharmacotherapy provided to Medicaid enrollees with severe mental illness
- Baker Act
 - Examined rates of Baker Act evaluations and arrests among adults diagnosed with severe mental illnesses (SMI) and children diagnosed with serious emotional disturbances (SED)
- Experience of Care and Health Outcomes (ECHO) Survey
 - Assessed enrollee experiences with various aspects of mental health and substance abuse treatment and counseling services



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PHARMACOTHERAPY



Objectives

- Assess the impact of Florida's Medicaid Reform on pharmacotherapy for depression, schizophrenia, and bipolar disorder
 - Rates of drug switching
 - Adequacy/utilization rates
- Compare rates over time in Reform counties vs. control counties
- Compare rates in HMOs vs. PSNs in Reform counties



Sample

- Identified adults with severe mental illness (SMI) through pharmacy claims
 - No medical claims data with diagnoses available for HMO enrollees
 - Included all adults who filled at least two prescriptions during the fiscal year in one of the three therapeutic classes
- Analysis used person-year as the unit of analysis
 - Antidepressant users: 27,028 person-years
 - Antipsychotic users: 19,055 person-years
 - Mood stabilizer users: 7,616 person-years
- Orange County chosen as control because similar size and urbanicity and mental health care offered through a prepaid mental health program
- Rates were calculated for Broward, Duval, and Orange for FY0506, FY0607, and FY0708
 - Baker, Clay, and Nassau for FY0607 and FY0708



Measures

- Medication switching is defined as a change in the primary ingredient within a drug class during the fiscal year
 - If greater than 90 days elapsed between prescription fills, this was considered a new treatment episode and not a switch
- Adequate antidepressant treatment defined as 120 days supplied at an adequate daily dosage (Weilburg et al, 2003; Kessler et al, 2004)
- Antipsychotic and mood stabilizer analyses examined the total number of prescriptions filled



Statistical Methods

- Analytic approach was a difference-in-difference analysis
- Used t-tests to compare unadjusted rates
- Panel regression (xtgee in Stata) used for multivariate comparison
 - Probability of any medication switch and of adequate antidepressant treatment used binomial family with logit link
 - Number of prescriptions filled used negative binomial family with log link

Drug Switching Results: Reform vs. Control

Drug Class	Broward & Duval	Baker, Clay, Nassau	Orange
Antidepressants			
FY0506	5.6%	-	5.1%
FY0607	5.1%	1.7%*	5.3%
FY0708	7.8%*	3.4%	6.4%
Antipsychotics			
FY0506	17.9%*	-	15.0%
FY0607	11.7%	17.9%	11.9%
FY0708	20.8%	10.4%	19.0%
Mood Stabilizers			
FY0506	3.5%	-	4.4%
FY0607	2.9%	0%*	3.6%
FY0708	4.3%	5.9%	4.8%

* Statistically significant

Drug Switching Results: HMO vs. PSN

Drug Class	HMO	MediPass/PSN
Antidepressants		
FY0506	5.7%	5.5%
FY0607	5.5%	4.3%
FY0708	7.8%	7.7%
Antipsychotics		
FY0506	13.8%*	20.9%
FY0607	12.0%	11.4%
FY0708	20.8%	20.7%
Mood Stabilizers		
FY0506	2.7%	4.0%
FY0607	3.8%*	1.6%
FY0708	5.1%*	3.0%

* Statistically significant

Multivariate: Odds of Any Switch

	Antidepressants		Antipsychotics		Mood Stabilizers	
	OR	95% CI	OR	95% CI	OR	95% CI
Reform vs. CONTROL						
Reform*Year0607	0.82	0.60-1.13	0.74	0.57-0.95	1.10	0.56-2.18
Reform*Year0708	1.11	0.82-1.51	0.85	0.67-1.07	1.21	0.64-2.27
HMO vs. PSN						
HMO*Year0607	1.33	0.89-2.00	2.09	1.54-2.85	3.68	1.35-10.01
HMO*Year0708	1.08	0.76-1.53	2.04	1.56-2.66	2.71	1.20-6.16

Drug Adequacy/Utilization Results: Reform vs. Control

Drug Class	Broward & Duval	Baker, Clay, Nassau	Orange
Antidepressants			
FY0506	38%*	-	32%
FY0607	38%	47%	35%
FY0708	49%*	34%*	46%
Antipsychotics			
FY0506	6.45*	-	5.61
FY0607	5.31*	5.89	6.39
FY0708	6.48	4.62*	6.71
Mood Stabilizers			
FY0506	7.01*	8.00	5.23
FY0607	6.01*	9.00	6.76
FY0708	7.04	4.76*	6.82

* Statistically significant

Drug Adequacy/Utilization Results: HMO vs. PSN

Drug Class	HMO	MediPass/PSN
Antidepressants		
FY0506	37%	38%
FY0607	43%*	29%
FY0708	47%	52%
Antipsychotics		
FY0506	6.14*	6.67
FY0607	5.49*	5.08
FY0708	6.27*	6.74
Mood Stabilizers		
FY0506	6.61	7.21
FY0607	6.41	5.52
FY0708	7.13	6.94

* Statistically significant

Multivariate: Odds or Rate of Adequacy/Utilization

	Antidepressants		Antipsychotics		Mood Stabilizers	
	OR	95% CI	IRR	95% CI	IRR	95% CI
Reform vs. CONTROL						
Reform*Year0607	0.71	0.48-1.05	0.70	0.62-0.76	0.64	0.48-0.86
Reform*Year0708	0.68	0.46-0.98	0.81	0.73-0.90	0.76	0.56-1.01
HMO vs. PSN						
HMO*Year0607	3.40	2.09-5.53	1.21	1.08-1.37	1.31	0.92-1.88
HMO*Year0708	1.04	0.68-1.58	1.06	0.94-1.20	1.17	0.83-1.65



Conclusions

- Enrollees in Reform counties had lower odds of switching antipsychotic medications than those in the control county
 - No difference for antidepressants and mood stabilizers
- Enrollees in HMOs were significantly more likely to switch antipsychotics and mood stabilizers than those in PSNs
- Enrollees in Reform counties had lower rates of adequate treatment and prescription fills than those in the control county for all three types of medications
- Enrollees in HMOs had greater increases in rates of adequate treatment and fills after implementation of the pilot demonstration than those in PSNs for antidepressants and antipsychotics



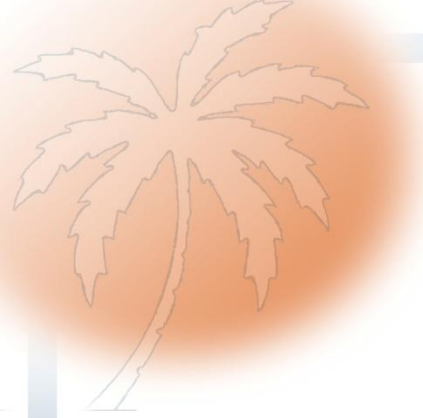
Limitations

- Could not identify individuals with depression, schizophrenia, and bipolar disorder using diagnoses on claims
- All individuals had to fill at least two prescriptions during the year to be included in the analysis
 - Results in dropping enrollees with the above conditions who filled one or fewer prescriptions
- No information on days supplied for calculation of adequacy of antidepressants
 - Assumed one pill per day with daily dosage equal to pill dosage
 - Assumed a 30 day supply unless prescription refilled in less than 21 days, then length between fills assumed to be days supplied



Implications

- Little difference between Reform counties and control counties suggest that moving SMI population into pilot program did not have a significant impact on pharmacotherapy
- PSNs may be more experienced at managing SMI population, particularly enrollees using antipsychotics and mood stabilizers, than HMOs given observed lower rates of switching



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MEDICAID REFORM AND BAKER ACT INITIATIONS



Research Questions

- The goal of this project was to examine the impact of Medicaid Reform on the rates of Baker Act evaluations and arrests among adults diagnosed with serious mental illness (SMI) and children diagnosed with severe emotional disturbance (SED)



Baker Act initiations/evaluations

- Under the provisions of Florida Statute 394 Part 1, an individual who appears to be mentally ill and dangerous to themselves or others can be picked up by law enforcement and delivered to a mental health receiving facility for evaluation
- The action can be initiated by a mental health professional, a court, or a law enforcement officer



Baker Act initiations/evaluations

- A receiving facility has up to 72 hours to evaluate and, if appropriate, petition a court for an involuntary hospitalization order, discharge the individual, or convert the individual to voluntary status
- Both children and adults are at risk for Baker Act, with 17% of all initiations for individuals under the age of 18



Background Literature

- Segal, Akutsu, & Watson (1998): Insurance increased odds of involuntary hospitalization
- Fisher et al. (2001): Length of stay
- Massachusetts – Medicaid carve-out
 - Fisher et al. (2002) – Medicaid vs. non-Medicaid
 - Fisher et al. (2004) – No change in forensic commitments among those arrested



Background Literature

- FMHI - Florida Medicaid
 - Compared implementation of PMHP and HMO programs in Florida
 - Implementation did not have significant effects on Baker Act rates



Data

- Medicaid enrollment data
- Baker Act - The Baker Act database contains information on all emergency psychiatric evaluations provided under FS 394, Part 1
- Reform counties
 - Baker, Clay, Nassau (7/2007)
 - Broward, Duval (7/2006)



Data

- Comparison to PMHP: PMHP program is likely alternative to Medicaid Reform for behavioral health care
- Comparison areas
 - AHCA Area 5: Pasco and Pinellas counties (PMHP implementation 8/2005)
 - AHCA Area 7: Brevard, Orange, Osceola, and Seminole Counties (8/2005)
 - AHCA Area 11: Dade and Monroe Counties (8/2006)

Methods

- Difference-in-difference regression models control for demographic characteristics
- Baker Acts were compared between Reform areas and PMHP areas:

$$Baker\ Acts_{it} = Time_t \cdot \beta_1 + Reform_i \cdot \beta_2 + Post_t \cdot \beta_3 + Reform\ County_i * Post_t \cdot \beta_4 + X_{it} \cdot \beta_5 + \epsilon_{it}$$

- Three time periods (7-12 months before implementation, 0-6 months before implementation, and 0-6 months after implementation)

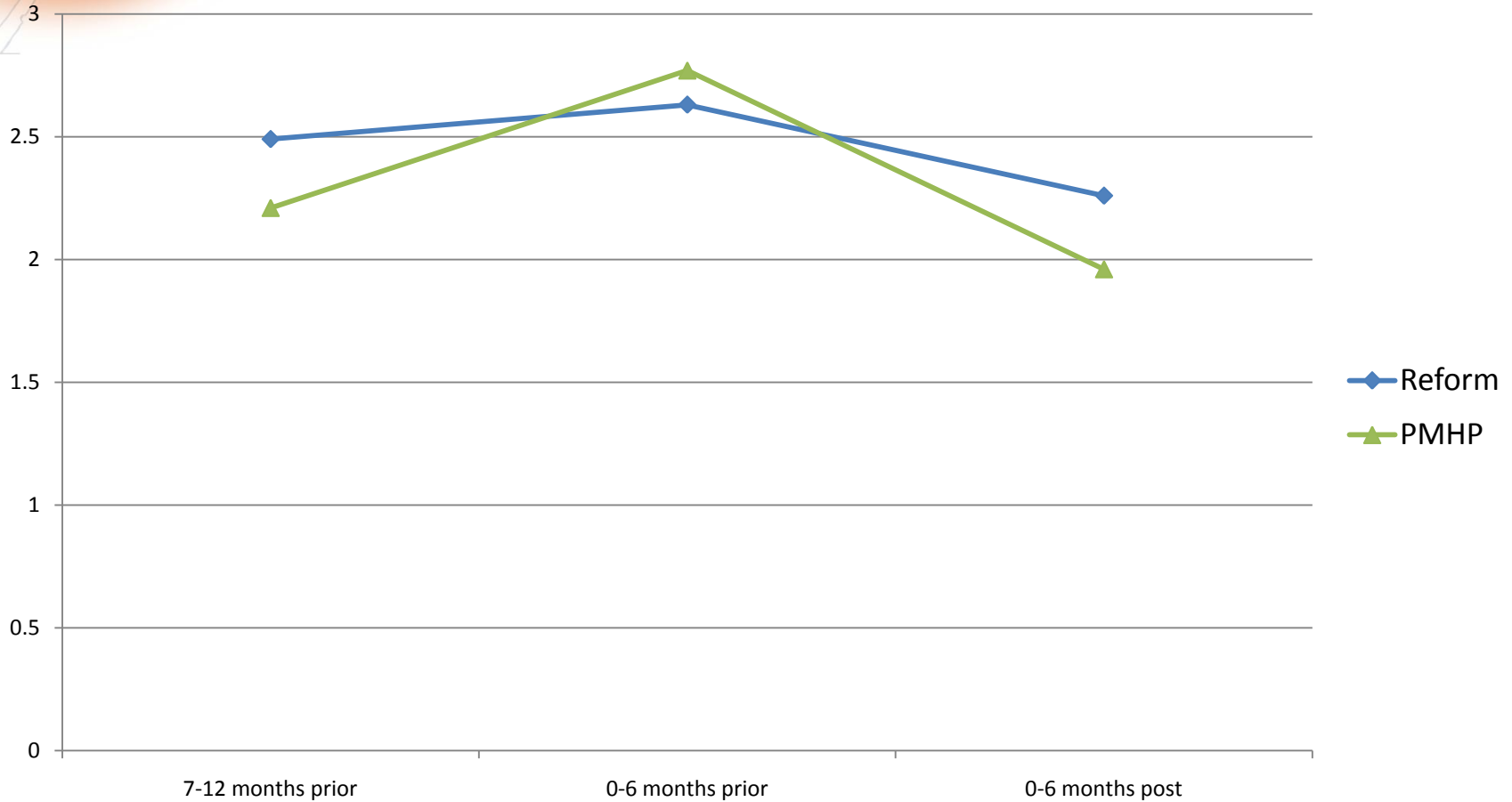
Demographics

	SED Age < 18		SMI Age ≥ 18	
	N	%	N	%
Reform	5694	61.6%	3553	38.4%
non-Reform	10586	49.5%	10779	50.5%
	21974		17885	

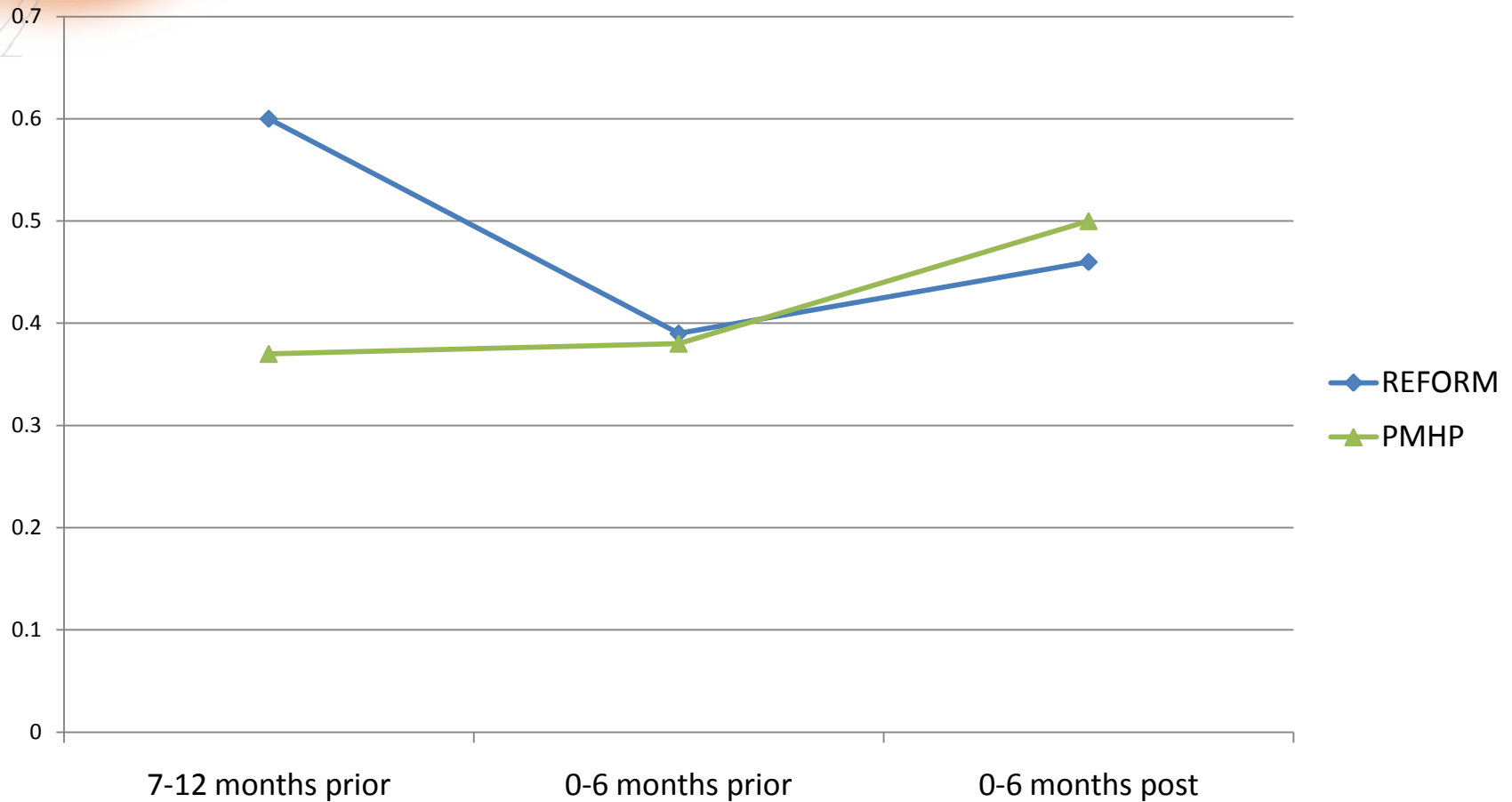
	Male		Female	
	N	%	N	%
Reform	4680	50.6%	4567	49.4%
non-Reform	10220	47.8%	11145	52.2%
	19580		20279	

	White		Black		Hispanic	
	N	%	N	%	N	%
Reform	3190	34.5%	3755	40.6%	2302	24.9%
non-Reform	4745	22.2%	2881	13.5%	13739	64.3%
	11125		10391		18343	

Baker Acts for Adults with Serious Mental Illness per 100 Eligible Months—Reform Compared to PMHP



Baker Acts for Children and Youth with Severe Emotional Disturbance per 100 Eligible Months— Reform Compared to PMHP





Results

- Overall, Medicaid Reform did not have a significant negative impact on children with severe emotional disturbance and adults with serious mental illness
- Changes in Baker Act rates were not significantly different in Reform and PMHP areas.



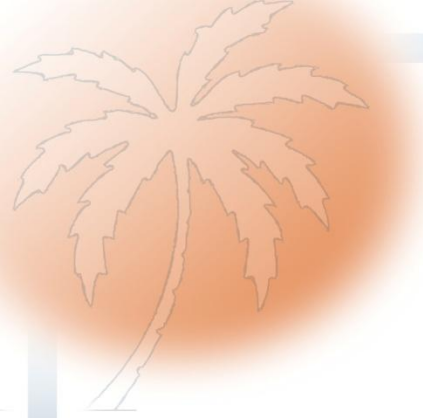
Discussion

- Consistent with Fisher et al. (2002), the implementation of Medicaid managed care, whether a carve-out or HMO had little effect on the odds of a Baker Act
- Although in Fisher et al. (2002), nonbeneficiaries had a decline in involuntary commitments. Our control group was comprised of Medicaid beneficiaries in non-Reform counties. Positives and negatives to this comparison



Limitations

- One must be cautious in interpreting the results from this report
- Relatively small cell sizes, particularly in the Reform areas; short time frame; administrative data; matching of multiple data sources



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ENROLLEE EXPERIENCES



Objectives

- Assess enrollee experiences with
 - Various aspects of mental health and substance abuse treatment
 - Counseling services
- Compared responses of enrollees in Reform counties (Broward, Duval, Baker, Clay, Nassau) to those in control county (Orange)



ECHO Survey Instrument

- Modified version of the Experience of Care and Health Outcomes (ECHO) survey
 - Measure consumer views with care, treatment, counseling services
 - Included specific Reform based questions
 - Administered to enrollees with SED or SMI
- Fieldwork
 - May 1 - July 31, 2009
 - Interviews conducted in English and Spanish



Sample

- Medicaid enrollees with SMI or SED enrolled for six consecutive months (July 1, 2007 – June 30, 2008)
 - Broward, Duval, Baker, Clay and Nassau (Reform): PSN or HMO
 - Orange (Control): HMO, MediPass, FFS
- Identified children with SED or adults with SMI from claims files and pharmacy encounter data
 - At least two claims for medication to treat identified conditions
 - ADHD, anxiety disorders, conduct disorder, bipolar disorder, schizophrenia, major depression



Sample

- Used a stratified random sample
 - Total of 1,319 surveys completed
 - 502 from Reform HMO
 - 502 from Reform PSN
 - 157 from non-Reform HMO
 - 158 from non-Reform MediPass or FFS
 - Separate surveys for children with SED and adults with SMI
 - Parents/guardians completed the interview on behalf of their child



Analysis

- All responses and analyses were weighted to allow results to be generalizable to the population
 - Chi square test on weighted sample data
- Specifically focus on ratings of
 - Overall satisfaction
 - Experience with care
 - Experience with mental health provider
- Enrollees rated each dimension along a 0 – 10 scale
 - Scale categorized into three levels
 - Level 1: 0 – 6
 - Level 2: 7 – 8
 - Level 3: 9 – 10
- Compared differences in Reform vs. control county, HMO vs. PSN in Reform, and adults vs. children

Sample Demographics

	Reform (%)	Control (%)
Age		
0 - 10 years	4.2*	13.1*
11-17 years	10.9*	15.4*
18-24 years	4.1*	4.8*
25-34 years	13.4*	12.2*
35-44 years	13.1*	8.3*
45-54 years	24.5*	17.9*
55-64 years	23.2*	16*
65-74 years	5.3*	8.3*
75 years or older	1.3*	3.8*
Gender		
Male	37.1	41.4
Female	62.9	58.6

* Statistically significant

Sample Demographics

	Reform (%)	Control (%)
<i>Hispanic or Latino Origin or Descent</i>		
Yes	15.3*	40.8*
No	84.7*	59.2*
<i>Race</i>		
White	56	53.3
Black or African-American	31.2	24.8
Asian	0.9	0.3
Native Hawaiian or other Pacific Islander	0.1	0
American Indian or Alaska Native	2.8	3.2
Other	10.6	20.6
Multi-Race	2.9	2.9

* Statistically significant



Sample Demographics

	Reform (%)	Control (%)
<i>Highest School Grade Completed (Adults)</i>		
8 th Grade or Less	10.8	18.7
Some High School, but Didn't Graduate	24.7	25.1
High School Graduate, or GED	37.7	33.8
Some College or 2-Year College Degree	20.5	17.4
4-Year College Graduate	4	2.7
More than 4-Year College Degree	2.4	2.3



Overall Enrollee Satisfaction by County Type

	Reform (%)	Non-Reform (%)
<i>Mental Health Provider Rating</i>		
Level 1 (0–6 Rating)	17.8*	25.5*
Level 2 (7–8 Rating)	24.6*	28.7*
Level 3 (9–10 Rating)	57.5*	45.8*

* Statistically significant

Overall Enrollee Satisfaction by County Type

	Reform (%)	Non-Reform (%)
<i>Overall Satisfaction with Counseling or treatment</i>		
Level 1 (0–6 Rating)	19.3	25.1
Level 2 (7–8 Rating)	24.3	25.2
Level 3 (9–10 Rating)	56.4	49.7
<i>Health Plan Rating</i>		
Level 1 (0–6 Rating)	28.2	29.0
Level 2 (7–8 Rating)	29.2	33.1
Level 3 (9–10 Rating)	42.6	37.9

Overall Reform Counties Enrollee Satisfaction by Plan Type

	HMO (%)	PSN (%)
<i>Mental Health Provider Rating</i>		
Level 1 (0–6 Rating)	18.5	17.1
Level 2 (7–8 Rating)	24.6	24.7
Level 3 (9–10 Rating)	56.9	58.2

Overall Reform Counties Enrollee Satisfaction by Plan Type

	HMO (%)	PSN (%)
<i>Overall Satisfaction with Counseling or Treatment</i>		
Level 1 (0–6 Rating)	19.3	19.4
Level 2 (7–8 Rating)	26.5	21.4
Level 3 (9–10 Rating)	54.3	59.2
<i>Health Plan Rating</i>		
Level 1 (0–6 Rating)	31.7*	23.7*
Level 2 (7–8 Rating)	27.6*	31.2*
Level 3 (9–10 Rating)	40.7*	45.1*

* Statistically significant

Overall Experiences with Care by County Type

	Reform (%)	Non-Reform (%)
<i>In the last 6 months, did you (your child) get counseling, treatment or medicine for any reason? (list provided)</i>		
Yes	65.0	61.2
No	35.0	38.8
<i>Since you joined your health plan, how much of a problem, if any, was it to get a mental health provider or health care provider (for your child) you are happy with?</i>		
A big problem	18.7	20.5
A small problem	14.5	18.0
Not a problem	66.8	61.5

Overall Experiences with Care by County Type

	Reform (%)	Non-Reform (%)
<i>In the last 6 months, how often did you get the professional counseling you (your child) needed on the phone?</i>		
Never	21.43	8.74
Sometimes	28.83	50.4
Usually	12.07	9.74
Always	37.68	31.12
<i>Would you recommend your (child's) health plan to your family or friends?</i>		
Definitely yes	40.2*	35.6*
Probably yes	36.64*	47.01*
Probably not	11.71*	7.01*
Definitely not	11.45*	10.38*

* Statistically significant

Adult and Child Enrollee Experiences with Care by County Type

	Adult (%)		Child (%)	
	Reform	Control	Reform	Control
<i>In the last 6 months, did you (your child) get counseling, treatment, or medicine for any of these reasons? (list provided)</i>				
Yes	62.2	54.7	83.6	78.9
No	37.8	45.3	16.4	21.1
<i>Since you joined your health plan, how much of a problem, if any, was it to get a mental health provider or health care provider you are happy with?</i>				
A big problem	19.6	21.1	15.9	19.6
A small problem	15.5	20.1	11.1	14.8
Not a problem	65.0	58.8	73.0	65.6

Adult and Child Enrollee Experiences with Care by County Type

	Adult (%)		Child (%)	
	Reform	Control	Reform	Control
<i>In the last 6 months, how often did you get the professional counseling you (your child) needed on the phone?</i>				
Never	21.6	15.0	20.5	0.0
Sometimes	28.4	48.0	30.7	53.8
Usually	11.4	7.5	14.9	12.9
Always	38.6	29.6	33.9	33.3
<i>Would you recommend your (your child's) health plan to your family or friends?</i>				
Definitely Yes	39.5*	30.4*	44.9	49.4
Probably Yes	36.6*	49.9*	36.9	39.2
Probably Not	11.9*	8.5*	10.6	3.2
Definitely Not	12.0*	11.2*	7.5	8.2

* Statistically significant

Overall Experience with Provider by County Type

	Reform (%)	Control (%)
<i>Has your health plan or doctor required you to change a medication that you think worked for you (your child)?</i>		
Yes	33.9	35
No	66.1	65
<i>In the last 6 months, how often were you involved as much as you wanted in your (your child's) counseling or treatment?</i>		
Never	5.2	6.4
Sometimes	13.6	16.6
Usually	14	10.9
Always	67.2	66.2

Overall Experience with Provider by County Type

	Reform (%)	Control (%)
<i>In the last 6 months, were the goals of your child's counseling or treatment discussed completely with you?</i>		
Yes	87.3	92
No	12.7	8
<i>In the last 6 months, how often did your child get the professional help you wanted for him or her?</i>		
Never	10.3*	1.1*
Sometimes	12.2*	20.0*
Usually	16.5*	11.8*
Always	61.1*	67.2*
<i>In the last 6 months, how often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled?</i>		
Never	18.6	12.1
Sometimes	15.2	28.6
Usually	15.7	10.8
Always	50.6	48.6

* Statistically significant

Adult and Children Experience with Providers by County Type

	Adult (%)		Child (%)	
	Reform	Control	Reform	Control
<i>Has your health plan or doctor required you to change a medication that you think worked for you (your child)?</i>				
Yes	34.7	35.3	30.7	34.7
No	65.3	64.7	69.3	65.4
<i>In the last 6 months, how often were you involved as much as you wanted in your (your child's) counseling or treatment?</i>				
Never	5.6	9.3	4	2.6
Sometimes	14.8	24.2	9.3	6.8
Usually	15.9	17.3	7.25	2.6
Always	63.7	49.2	79.5	88.1

Adult and Children Experience with Providers by County Type

	Child (%)	
	Reform	Control
<i>In the last 6 months, were the goals of your child's counseling or treatment discussed completely with you?</i>		
Yes	87.3	92.0
No	12.7	8.0
<i>In the last 6 months, how often did your child get the professional help you wanted for him or her?</i>		
Never	10.3*	1.1*
Sometimes	12.2*	20.0*
Usually	16.5*	11.8*
Always	61.1*	67.2*
<i>In the last 6 months, how often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled?</i>		
Never	18.6	12.1
Sometimes	15.2	28.6
Usually	15.7	10.8
Always	50.6	48.6

* Statistically significant



Conclusions: Reform vs. Control

- No difference with health plan rating or satisfaction with mental health treatment in Reform vs. control counties
- Enrollees in Reform counties more likely to give mental health provider highest rating
- No difference in any questions about access to mental health care or limitations on benefits
 - But enrollees in Reform counties less likely to recommend their plan to family or friends
- Parents who responded on behalf of their children were more likely to report that their children never get counseling needed over the phone in Reform vs. control counties



Conclusions: HMO vs. PSN

- No difference in satisfaction with mental health providers or treatment between HMO vs. PSN
- Enrollees in PSNs were significantly more likely to give their health plan the highest possible rating
- Enrollees in HMOs were more likely to have a problem finding a mental health provider they are happy with and were more likely to use up all of their mental health benefits
- Parents who responded on behalf of their children in HMOs were more likely to report that their children were forced to switch medications that they were happy with
- Enrollees in PSNs were more likely to recommend their plan to family or friends



Limitations

- Diagnoses from claims data unavailable for HMO enrollees so used pharmacy claims data
- SED or SMI diagnostic criteria
- Low response rate from enrollees residing in facilities



Implications

- Results suggest that the demonstration pilot had very little impact on behavioral health services and enrollees in HMOs were typically less satisfied than those in PSNs
 - Although overall ratings of enrollee satisfaction were positive, policymakers can look to the PSN organizational structure as a model for providing enrollees with care they are satisfied with and to potentially improve enrollee access to quality health care