

CoP/Training Call: Understanding Disparities among Dual Eligibles with Mental Health Conditions

Guest Speaker:
Ian Stockwell, Ph.D.

June 10, 2014

2:00 PM Eastern Time

Housekeeping

Call Norms:

- All lines will be muted during the call.
- We will begin Q & A after the training portion of today's call.
- Please submit questions via the WebEx chat box or press 14 and the monitor will call on you.
- We are recording this call, and will post slides, recording, and transcript on www.healthcarecommunities.org and www.cmspulse.org.
- Evaluation: Please fill out our evaluation at the end of today's call.

Agenda

Speaker	Topic
Laura Benzel	Introduction
Ian Stockwell, Ph.D.	Disparities among Dual Eligibles with Mental Health Conditions
Q/A	Participants
Laura Benzel	Announcements

Goals

- Understand chronic conditions and comorbidities, among the dually eligible Medicare and Medicaid population.
- Assess two pathways for dual Medicare and Medicaid beneficiaries.
- Provide participants with the guidance to conduct a parallel analysis in their respective states.

Guest Speaker



Ian Stockwell, Ph.D.
Director of Special Studies
The Hilltop Institute



analysis to advance the health of vulnerable populations

Understanding Disparities among Duals with Mental Health Conditions: The Maryland Case and Guidelines for Analyzing Your Own State's Story

June 10, 2014

Ian Stockwell, PhD

Disparities National Coordinating Center

Acknowledgments

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Motivation

CMS has a particular vested interest in providing Medicare and Medicaid beneficiaries with access to high-quality, coordinated care in order to maintain health and functioning while simultaneously controlling medical expenditures. In order to meet this challenge, understanding chronic conditions and comorbidities—particularly among the dual eligible enrollee population—is extremely important.

Goals of This Presentation

- Provide an overview of Hilltop's recent report that assessed differences in chronic disease conditions among dual eligible Medicare and Medicaid beneficiaries with a mental health diagnosis based on two pathways: first enrolled in Medicaid or first enrolled in Medicare
- Share methods, including use of the Chronic Condition Data Warehouse (CCW) so that quality improvement organizations (QIOs) can replicate this work in their respective states

The Importance of Mental Health

Mental illnesses are both a cause for becoming dually eligible and a factor contributing to the complexity of managing the care for individuals with multiple chronic conditions and associated functional impairments.

First Task: Examine Existing Literature

Literature Review Methodology

- Search tools included:
 - Web of Science
 - CINAHL (Cumulative Index to Nursing & Allied Health Literature)
 - PsycINFO
 - Google Scholar
- Search terms focused on permutations of mental health/illness, chronic conditions, comorbidities/co-occurring conditions, Medicare, Medicaid, and dual eligibles

Literature Review Findings

- Burden of chronic health conditions is well-documented
- Combination of mental disorders with chronic physical conditions deserves special attention due to excess impairments associated with comorbidities
- People with mental health disorders are the most rapidly growing subgroup of Social Security Disability Insurance beneficiaries
- Dual eligible beneficiaries with co-occurring mental and physical health conditions have a much higher degree of care complexity and increased costs

Literature Review Limitations

- Research that focuses on the combination of mental and physical health conditions tends to be limited to a subset of mental disorders
- Definitions of mental health conditions are not always standardized
- Populations of interest based on age, diagnoses, and health coverage are limited in scope

Second Task: Examine the Data

Research Questions

- What is the prevalence of mental health conditions for new dual eligible enrollees? How prevalent are comorbidities within mental health conditions? Are there differences based on previously applied covariates?
- What are the average costs of care for new dual eligible enrollees with mental health conditions? How do costs vary by condition and type of insurance coverage?
- What are the most prevalent physical health conditions for the population with mental health conditions? What are the most commonly occurring combinations of physical and mental health conditions?

Study Population

- This study examined Maryland's 11,904 new dually eligible individuals in calendar year (CY) 2008
- 4,774 of them were classified as "Medicaid-to-Medicare enrollees," while 7,130 were "Medicare-to-Medicaid enrollees"

Data Sources

- Medicaid Management Information System (MMIS)
 - Maryland's MMIS houses claims, encounters, and eligibility spans for all Medicaid recipients in the state
- Medicare Chronic Conditions Warehouse (CCW)
 - This “research-identifiable file” contains claims-level data and unique individual identifiers, grouped using standard Medicare service types
 - Medicare Parts C and D data were not available for this analysis

Methodology

- The presence of a unique identifier (bene_id) across data sets was of critical importance, allowing us to track each individual's program enrollment and utilization over time
- Having a longitudinal archive of claims for these individuals was also helpful; it allowed us to look back in time for diagnosis information

Cohort Identification

- Identifying individuals with a mental health condition was a two-step process:
 - Finding claims and encounters that had diagnosis/type combinations that were relevant to at least one condition
 - Grouping those records for each individual's condition and aggregating them to see if they collectively meet the diagnostic criteria

Chronic Conditions

Chronic Condition Categories	Clinical Condition Categories	Disability Condition Algorithms
Acquired Hypothyroidism Acute Myocardial Infarction Alzheimer's Disease or Senile Dementia Anemia Asthma Atrial Fibrillation Benign Prostatic Hyperplasia Cancers (Five Subgroups) Cataract Chronic Kidney Disease Chronic Obstructive Pulmonary Disease Diabetes Glaucoma Heart Failure Hip/Pelvic Fracture Hyperlipidemia Hypertension Ischemic Heart Disease Osteoporosis Rheumatoid Arthritis/Osteoarthritis Stroke/Transient Ischemic Attack	Anxiety Disorders Bipolar Disorder Conduct Disorders Depressive Disorders Personality Disorders Post-Traumatic Stress Disorder Schizophrenia / Psychotic Tobacco Use	Autism Spectrum Disorders Cerebral Palsy Cystic Fibrosis / Metabolic Disorders Epilepsy Intellectual Disabilities and Related Conditions Learning Disabilities Mobility Impairments Multiple Sclerosis and Transverse Myelitis Muscular Dystrophy Other Developmental Delays Sensory—Deafness and Hearing Impairment Sensory—Blindness and Visual Impairment Spina Bifida / Congenital Nervous System Spinal Cord Injury Traumatic Brain Injury

See <https://www.cwdata.org> for more information.

Then comes the easy part ...

- The spending and utilization figures were then attached to the individual-level conditions data set
- Standard univariate and bivariate statistical measures were used to explore the data and produce summary reports

Demographic Distribution

Category	Study Cohort				Medicaid-first				Medicare-first			
	All		Mental Health		All		Mental Health		All		Mental Health	
	n	%	n	%	n	%	n	%	n	%	n	%
Female	7,297	61.3%	2,876	64.3%	2,792	58.5%	1,119	60.4%	4,505	63.2%	1,757	67.1%
Male	4,607	38.7%	1,598	35.7%	1,982	41.5%	735	39.6%	2,625	36.8%	863	32.9%
Non-White	6,924	58.2%	2,109	47.1%	2,945	61.7%	951	51.3%	3,979	55.8%	1,158	44.2%
White	4,980	41.8%	2,365	52.9%	1,829	38.3%	903	48.7%	3,151	44.2%	1,462	55.8%
Urban	8,057	67.7%	2,812	62.9%	3,478	72.9%	1,268	68.4%	4,579	64.2%	1,544	58.9%
Rural	3,847	32.3%	1,662	37.1%	1,296	27.1%	586	31.6%	2,551	35.8%	1,076	41.1%
0-64	4,943	41.5%	2,289	51.2%	3,288	68.9%	1,554	83.8%	1,655	23.2%	735	28.1%
65+	6,961	58.5%	2,185	48.8%	1,486	31.1%	300	16.2%	5,475	76.8%	1,885	71.9%
Total	11,904	100%	4,474	37.6%	4,774	40.1%	1,854	38.8%	7,130	59.9%	2,620	36.7%

Mental Health Conditions

Condition	All			Medicaid-first			Medicare-first		
	n	% All	% MH	n	% All	% MH	n	% All	% MH
Depressive Disorders	2,909	24.4%	65.0%	1,235	25.9%	66.6%	1,674	23.5%	63.9%
Bipolar Disorder	1,589	13.3%	35.5%	699	14.6%	37.7%	890	12.5%	34.0%
Anxiety Disorders	1,410	11.8%	31.5%	588	12.3%	31.7%	822	11.5%	31.4%
Schizophrenia and Other Psychotic Disorders	1,107	9.3%	24.7%	423	8.9%	22.8%	684	9.6%	26.1%
Conduct Disorders and Hyperkinetic Syndrome	244	2.0%	5.5%	143	3.0%	7.7%	101	1.4%	3.9%
Personality Disorders	171	1.4%	3.8%	85	1.8%	4.6%	79	1.1%	3.0%
Post-Traumatic Stress Disorder (PTSD)	135	1.1%	3.0%	92	1.9%	5.0%	50	0.7%	1.9%

Medicare and Medicaid Expenditures

Service Type	Medicaid-first		Medicare-first	
	No Mental Health Conditions	Any Mental Health Condition	No Mental Health Conditions	Any Mental Health Condition
Carrier	\$229.28	\$378.11	\$318.51	\$474.18
DME	\$9.54	\$3.05	\$20.15	\$27.36
Home health aide	\$3.65	\$3.64	\$47.98	\$116.01
Hospice	\$8.84	\$1.40	\$21.25	\$30.58
Inpatient	\$879.88	\$741.80	\$1,159.81	\$2,253.57
Outpatient	\$269.84	\$182.07	\$230.58	\$224.97
Nursing facility	\$219.71	\$341.79	\$408.20	\$909.62
Dental	\$0.03	\$0.05	-	-
Home health services	\$229.30	\$213.80	-	-
Pharmacy	\$142.28	\$330.06	-	-
Special services	\$18.61	\$9.24	-	-
MCO capitation	\$633.44	\$848.37	-	-
Total	\$2,644.40	\$3,053.39	\$2,206.48	\$4,036.30

Top Non-Mental Health Conditions for Individuals with a Mental Health Condition

Medicaid-first			Medicare-first		
Condition	n	% MH	Condition	n	% MH
Hypertension	656	35.4%	Hypertension	2,152	82.1%
Tobacco Use	521	28.1%	Anemia	1,686	64.4%
Diabetes	489	26.4%	Alzheimer's Disease and Related Disorders or Senile Dementia	1,437	54.8%
Rheumatoid Arthritis/Osteoarthritis	454	24.5%	Hyperlipidemia	1,356	51.8%
Ischemic Heart Disease	398	21.5%	Ischemic Heart Disease	1,224	46.7%
Hyperlipidemia	325	17.5%	Rheumatoid Arthritis/ Osteoarthritis	1,065	40.6%
Anemia	288	15.5%	Diabetes	1,019	38.9%
Chronic Obstructive Pulmonary Disease	256	13.8%	Heart Failure	962	36.7%
Chronic Kidney Disease	244	13.2%	Chronic Kidney Disease	845	32.3%
Heart Failure	240	12.9%	Cataract	781	29.8%

Top Condition Pairs for Individuals with a Mental Health Condition

Medicaid-first			Medicare-first		
Condition	n	% MH	Condition	n	% MH
Depressive Disorders, Hypertension	493	26.6%	Anemia, Hypertension	1,530	58.4%
Bipolar Disorder, Depressive Disorders	427	23.0%	Depressive Disorders, Hypertension	1,395	53.2%
Depressive Disorders, Tobacco Use	404	21.8%	Alzheimer's Disease and Related Disorders or Senile Dementia, Hypertension	1,315	50.2%
Anxiety Disorders, Depressive Disorders	371	20.0%	Hyperlipidemia, Hypertension	1,234	47.1%
Depressive Disorders, RA/OA (Rheumatoid Arthritis/Osteoarthritis)	368	19.8%	Hypertension, Ischemic Heart Disease	1,158	44.2%
Depressive Disorders, Diabetes	365	19.7%	Anemia, Depressive Disorders	1,117	42.6%
Depressive Disorders, Ischemic Heart Disease	314	16.9%	Alzheimer's Disease and Related Disorders or Senile Dementia, Anemia	1,114	42.5%
Diabetes, Hypertension	311	16.8%	Diabetes, Hypertension	954	36.4%
Hyperlipidemia, Hypertension	265	14.3%	Hypertension, RA/OA (Rheumatoid Arthritis/Osteoarthritis)	953	36.4%
Hypertension, Ischemic Heart Disease	258	13.9%	Anemia, Ischemic Heart Disease	947	36.1%

Summary

- Over one-third of all new dually eligible individuals in Maryland had a mental health condition—most commonly depression
- While the variance in prevalence was statistically significant across the measured demographic factors, it is clear that mental health issues are not limited to a specific demographic group
- Individuals with mental health conditions are, on average, more expensive than individuals without a mental health condition, although this is not necessarily a causal relationship

Implications for QIOs

- The high prevalence rates across the study population suggest that outreach and informational activities on mental health conditions should not be focused on a specific demographic group
- The high health care utilization and comorbidity rates among individuals with mental health conditions suggest opportunities for efficiencies through care coordination, especially between mental health and somatic care providers

About The Hilltop Institute

The Hilltop Institute at UMBC is a non-partisan health research organization—with an expertise in Medicaid and in improving publicly financed health care systems—dedicated to advancing the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Hilltop is committed to addressing complex issues through informed, objective, and innovative research and analysis.

www.hilltopinstitute.org

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Announcements

June 2014 Office Hours-Webinar Format

Wednesday June 18, 2014 from 2:30-3:30pm, ET

Teleconference number: 1-800-404-8174

Password: DFMC

CMS Pulse Website

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Strategies Adopted from the National Partnership for Action

Awareness Leadership Data

Cultural & Linguistic Competency Health Outcomes Action Plan

Success Stories
Information on Heart Disease Prompts Beneficiary to Seek Care
- The instructor noticed during one of the classes that John didn't

What's NEW
Mind the Gap: Mapping Life Expectancy by Subway Stop
Environmental factors are so important to your health, that living just one stop away on the train can mean year's difference in how long you'll live, as these sobering maps show. Public health researchers have been mapping severe life expectancy disparities across

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