Quality Opportunities Improving Your Patient Outcomes Through the Use of Evidence–Based Practices

Indiana Rural Health Association
Annual Conference
6/18/19

Introductions

Agenda

- Managed Care Health Plan Quality Drivers
- Quality Opportunities
  - Well Child
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    - Annual Dental
  - Adult Preventive Care
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    - Tobacco Cessation
  - Maternal Child Health
    - Infant Mortality
    - Pregnancy Care
  - Behavioral Health & Diabetes
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  - Q & A

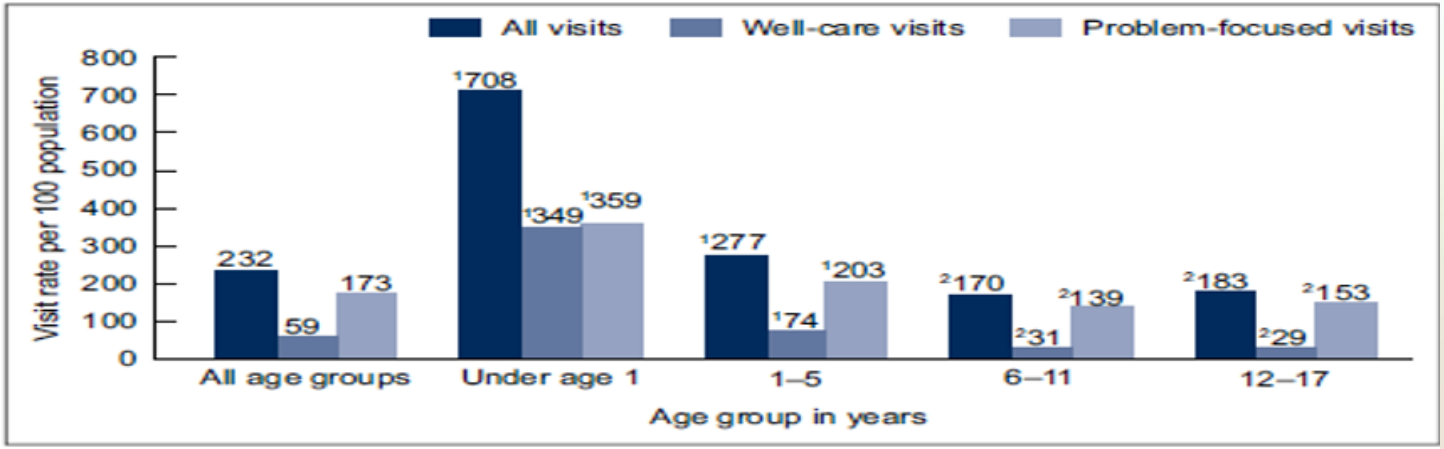
Managed Care Health Plan Quality Drivers

Well Child Opportunities

Quality Opportunities: Well Child

Physician office visit rates for all visits and for well and problem-focused care were lower for children aged 6–17 than for children aged 5 and under.

Figure 1. Physician office visit rates for children under age 18 years, by age group and visit type: United States, 2012



1 Rate Statistically significantly different from all other age groups.

2 Well-care visit rate for other primary care physicians is higher than that for medical and surgical specialist. Problem focused visits rates for other primary care physicians is higher than for surgical specialist.

NOTES: Visit rate of 232 per 100 population based on an estimated 171,045,000 visits made to physician offices nationally by children aged 0-17 years in 2012. Well-care visits are defined as those with *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM*) codes of V20.2-V20.3, V70.0, V70.3, V70.5, V70.8, or V70.9 in any of the three diagnosis fields. Problem-focused visits include all visits that are NOT defined as well-care visits. Access data table for Figure 1 at http://www.cdc.gov/nchs/data/databdefs/dt248_table.pd SOURCE: NCHS, National Ambulatory Medical Care Survey, 2012

Quality Opportunities: Well Child

What Providers can do

- If a member is seen for a sick visit and well care visit during the same Date Of Service (DOS), the sick visit can be billed separately using modifier 25. The sick visit requires additional moderate-level evaluation to qualify as a separate service on the same DOS.
- Use your member roster to contact members who are new or due for an exam.
- If you are on an EMR, create a flag to track members past due for a visit.
- Use the applicable ICD-10 code to help reduce the burden of HEDIS medical record review.

Quality Opportunities: Lead

Blood Lead Level

- The Indiana Administrative Code defines a child's blood lead level as elevated if the child has a confirmed blood lead test at or above 10ug/dL.
- A child's blood lead level becomes confirmed when he or she receives either a single venous blood test or two capillary blood tests that reveal a blood lead result at or above 10µg/dL.
- A majority of local health departments across the state use this as their standard for providing case management services.
- Some local health departments have adopted a lower standard of 5 µg/dL, which matches the current recommendations from the Centers for Disease Control and Prevention (CDC).

Quality Opportunities: Lead

2017 Lead Testing Results

- In 2017, ISDH received 69,508 test results, representing 65,318 Indiana children tested.
- This is a 23% increase from the 56,438 children tested in 2016.
- Of the children tested, 583 had at least one test with a blood lead level at or above 10µg/dL.
- A total of 283 of those children were confirmed cases and were referred to case management.
- The number of children tested represents about 11% of children under age 7 in the state, based on the U.S. census population estimate for 2017.

Quality Opportunities: Lead

Risk factors for children

Defined by 410 IAC 29-1-2 as a child who:

- lives in or regularly visits a house or other structure built before 1978;
- has a sibling or playmate who has been lead poisoned;
- has frequent contact with an adult who:
  - works in an industry;
  - has a hobby that uses lead;
  - is an immigrant or refugee;
  - has recently lived abroad;
  - is a member of a minority group;
  - is a Medicaid recipient;
  - uses medicines or cosmetics containing lead; or
  - lives in a geographic area that increases the child's probability of exposure to lead

Quality Opportunities: Lead

Confirming lead cases

- In 2017, 65,318 individual children were tested in Indiana. This includes children who received an initial test with results below the elevated threshold and did not require a subsequent confirmatory test and those whose initial tests came in as elevated and may or may not have a subsequent confirmatory test.
- According to Indiana statute, a child becomes a confirmed case when he or she receives at least one venous blood test or two capillary blood tests within a three-month period with a blood lead result at or above 10µg/d.

Quality Opportunities: Lead

Indiana Medicaid Lead Testing

- In 2017, FSSA provided the Lead & Healthy Homes Division with an assessment showing which children receiving lead testing were also covered by Medicaid.
- A total of 33,823 Indiana children covered by Medicaid were tested in 2017. This represents 52% of the total tests received.
- 62% of the children who had blood lead levels at or above 10µg/dL, received Medicaid benefits.

Quality Opportunities: Lead

MMR and Lead Screening Rates

- One of the goals of the Lead and Healthy Homes Division is to increase the percentage of children receiving Medicaid who are tested by their physician.
- Comparing the number of Medicaid-eligible children who receive their first dose of Measles, Mumps and Rubella vaccine (a requirement for all children receiving Medicaid benefits) with those who receive a blood lead test either at 12 or 24 months (also a Medicaid requirement) has shown that while **94% of all Medicaid-eligible children receive the vaccine, only 11% had a blood lead test.**

Quality Opportunities: Lead

Key takeaway: Lead test children when they are due for their MMR!

- The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) codes include the following:
  - Encounter for screening for disorder due to exposure to contaminants (Lead)- ICD-10=Z13.88 and HCPCS/CPT=83655 (also for using a certified lead analyzer)
  - Collection of venous blood by venipuncture-HCPCS/CPT=36415
  - Collection of capillary blood specimen-HCPCS/CPT=36416

Reference: 2017 Childhood Lead Surveillance Report, ISDH

Quality Opportunities: Annual Dental Visit (ADV)

HEDIS Spec: Assesses Medicaid members 2 – 20 years of age with dental benefits, who had at least one dental visit during the year.

Medicaid-HMO Member Data (data source NCQA organization):

Year	ADV 2-3 years	ADV 4-6 years	ADV 7-10 years	ADV 11-14 years	ADV 15-18 years	ADV 19-21 years
2017	41.8	63.2	66.5	61.7	52.8	36.6
2016	39.0	61.3	64.8	60.1	51.6	35.8
2015	35.5	27.6	60.8	55.8	47.4	32.7

Quality Opportunities: Integration of Oral and Physical Health

Factoids

- Oral health is essential to overall health. Dental diseases have negative effect on quality of life in childhood and in older age. (Dental Diseases and Organ Health Factsheet, 2003. http://www.who.int/oral_health/publications/en/orh_fact_sheet.pdf)

- It is estimated that each year 108 million Americans see a physician who do not see a dentist (National Academy of Sciences https://nam.edu/integration-of-oral-health-and-primary-care-communication-coordination-and-referral)

Quality Opportunities: Integration of Oral and Physical Health

Factoids related to Oral Health

- A stated health objective of our nation is to place a greater focus on health and not just health care.
- The consequences of poor oral health have a negative influence on children's speech, growth, function, and social development.
- Emergency room treatment for preventable dental conditions, estimated at 830,000 visits in 2009, is expensive and continues to increase.
- Children with poor oral health status were nearly 3 times more likely than their counterparts to miss school as a result of dental pain. Absences caused by pain were associated with poorer school performance.
- Many Americans experience poor oral health due to lack of access to care, since oral health is not universally integrated into primary or behavioral health care services. As a result, dental care is usually set apart from other types of health care.

Quality Opportunities: ADV Best Practices

Comprehensive Oral Health Education:

- Although primary care providers routinely ask patients about their overall health, it is rare for them to ask about oral health signs and symptoms such as dry mouth, bleeding gums, and other risk factors such as chewing tobacco or family history of oral disease.
- Oral examinations also may be incomplete, constituting missed opportunities for primary care providers to engage patients in oral health education, screening, preventive strategies, and/or referral to a dental provider for treatment.
- Many patients who lack access to dental services seek care in hospital emergency departments where they often receive only antibiotics and pain medication without the navigation assistance to help them integrate into the primary dental care system for more definitive treatment.

Improved Communication, Coordination and Referral:

- Improved referral and consultation between dental and medical offices are first steps toward moving along a continuum from separate systems with little communication to a fully integrated system. Refer to the dental clinics that are often associated with FQHC's. All MCE's have Medicaid transportation available.

Assist in establishing a dental home:

- Use of electronic tools to help with care coordination-Emergency Department Information Exchange database.
- Seize the opportunity of Anticipatory Guidance during a well care visit to provide education to members who seek care in the ED rather than their dental home.

Quality Opportunities: ADV Facts

Emergency room use related to dental problems

- There are about 2 million annual emergency department (ED) visits in the United States for non-traumatic dental problems, representing 1.5% of all ED visits.
- A new study identified tooth related pain and disease as one of the top causes of avoidable trips to the emergency room.
- Toothache was the top complaint bringing patients to the ED, followed by back pain, headache, mental health issues, and sore throats. Dental disorders were also included among the top three ICD-9 discharge diagnoses, together with alcohol abuse and depressive disorders, and accounted for 3.9 percent of clinical classifications software (CCS) grouped discharge diagnoses.
- According to the American Dental Association (ADA), the number of patients seen in EDs for the treatment of dental pain has increased from 1.1 million in 2000 to 2.1 million in 2010. As many as 80 percent of these visits can be attributed to preventable dental conditions.

Quality Opportunities: ADV References

U.S. Department of Health and Human Services Oral Health Strategic Framework, 2014-2017

Impact of Poor Oral Health on Children's School Attendance and Performance, July 2018 Jackson SL, Vann WF Jr, Kotch JB, Pahel BT, Lee JY.

Emergency Department Visits for Nontraumatic Dental Problems: A Mixed-Methods Study Am J Public Health. 2015 May; 105(5): 947–955. Published online 2015 May. 10.2105/AJPH.2014.302398

Dental Disorders Rank in Top 3 Avoidable Emergency Visits, Sarah Handzel, BSN, RN September September 27, 2017

Adult Preventive Opportunities

Quality Opportunities: Adult Preventive Care

Indiana MCE plan average rates for all products based on NCQA methodology

- Compared to NCQA Quality Compass national benchmarks: 2018 rates are slightly above 33rd percentile

2014	2015	2016	2017	2018
88.2%	86.2%	85.0%	78.2%	79.8%

Quality Opportunities: Adult Preventive Care

What providers can do

- Contact new members and those due for an exam to schedule appointments.
- Medicaid members 19-21 years transitioning from pediatrics to adults.
- Preventive visits should include as appropriate:
  - BMI assessment
  - Breast cancer screening in women
  - Cervical cancer screening in women
  - Colorectal cancer screening
  - Chlamydia screening in women
  - Flu shot – Every year
  - Referral for eye exam

Quality Opportunities: Tobacco Cessation

Tobacco Use

- Tobacco use is a leading cause of preventable illness and death nationally.
- Tobacco use takes the lives of approximately 11,100 Hoosiers each year and costs an estimated $2.93 billion annually in medical expenditures.
- 21.1% Indiana adults use tobacco, the tenth highest rate in US
  - 38% of adults having frequent poor mental health days
  - 33% of Medicaid women
  - 33% of adults with annual household income less than $25,000
  - 30% of adults with a high school education or less
- Tobacco use prevalence among Medicaid enrollees (25.3%) is approximately twice privately insured Americans (11.8%).
- IN adult tobacco use prevalence declined from 25.6% in 2011 to 21.1% but not significantly since 2013.
- Tobacco use contributes to five of the top 10 leading causes of death in IN: cardiovascular disease, stroke, diabetes, chronic lower respiratory disease and cancer.
- 71% of smokers in Indiana want to quit. Over half of Hoosier adults who use tobacco tried to quit in the past year.

Quality Opportunities: Tobacco Cessation

Smoking in Pregnancy

Women in rural areas are more likely to smoke during pregnancy compared to urban areas.

	2012	2013	2014	2015	2016	2017
Indiana	**16.5**	**15.7**	**15.1**	**14.3**	**13.5**	**13.5**
Urban	**15.0**	**14.1**	**13.5**	**12.7**	**11.9**	**11.9**
Rural	**22.2**	**21.3**	**20.9**	**20.2**	**19.4**	**19.1**

*Percent of all live births to mothers who smoked during pregnancy

Quality Opportunities: Tobacco Cessation

Provider	Health Plans

• Refer to Indiana Tobacco Quitline
• Treat vaping or e-cigarettes the same as cigarettes
• Prescribe pharmacologic therapy as appropriate
	• Incentives and rewards are offered across all Managed Care Entities (MCE's)
	• Vaping or e-cigarettes are treated the same as cigarettes
	• Pharmacologic therapies reimbursed by Medicaid with required counseling
	  ○ Patch, gum, lozenge, nasal spray, inhaler, bupropion (Zyban), Varenicline (Chantix)
	  ○ 180 days per member per calendar year allowed; medical necessity documentation required for continued treatment after 180 days
	  ○ No prior authorization; copayments required
	• Care Management education and counseling
	• Educational fliers and online education
	• Reimbursement for tobacco dependence counseling services – max 10 units per member, per calendar year with no lifetime limits
	• Tobacco Surcharge (HIP 2.0) to increase member Power account fee by 50% the second year of coverage beginning 2019

Quality Opportunities: Tobacco Cessation

Indiana Tobacco Quitline

- Free phone-based service to help Indiana smokers quit
- Quit rate of 30% (goal for state guidelines)
- 95% would recommend the Quitline to others
- Indiana Tobacco Quitline referrals are free and confidential
  - Website: QuitNowIndiana.com
  - Referral portal: QUITNOWREFERRAL.COM
  - Phone: 1.800.QUIT.NOW
  - Fax referral form to 1-800-483-3114
  - Electronic Health Records
- Counseling
  - 4 prearranged calls with a Quit coach (18+ yrs.)
  - 10 prearranged calls for pregnant women
  - 5 prearranged calls for youth (13-17yrs)
  - Unlimited Web coaching
  - Unlimited call in privileges and access to coaches
  - Free 2-week NRT starter kit (uninsured, Medicaid , Medicare)
  - Stage-based Support Materials

Quality Opportunities: Tobacco Cessation

Effective intervention to improve quit rates

No phone counseling	Phone counseling	Medication alone	Phone counseling plus medication
10%	15%	23%	28%

Quality Opportunities: Tobacco Cessation References

U.S. Department of Health and Human Services (USDHHS). *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General.* Atlanta, GA: USDHHS, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health promotion, Office on Smoking and Health,2014. Printed with Corrections, January 2014

CDC. *Best Practices for Comprehensive Tobacco Control Programs – 2014*. Atlanta: USDHHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health,2014.

Behavioral Risk Factor Surveillance System, 2011-2016.

Indiana State Department of Health, http://www.isdh.in.gov

Indiana Health Coverage Programs, IHCP Bulletin 201681

Indiana Tobacco Quitline http://www.quitnowindiana.com
http://www.indianaquitline.net

Indiana State Department of Health, Indiana Natality Report, State and County data 2016. Published September 2017.

Maternal Child Health Opportunities

Quality Opportunities: Maternal Child Health

Infant Mortality Factoids

- Indiana's Infant Mortality Rate (IMR) is consistently worse than the U.S. and the national goal.
- In Indiana in 2016:
  - IN = 7.5 deaths per 1,000 live births
  - U.S. = 5.9 deaths per 1,000 live births
  - Healthy People 2020 Goal = 6.0 deaths per 1,000 live births
- 623 Hoosier babies died before their 1st birthday.
- Smoking rates among pregnant women continue to be higher than the national rate (13.5 v 7.2).
- Nearly 1/3 of pregnant women do not receive early prenatal care.

Quality Opportunities: Maternal Child Health

Practices to reduce infant mortality

- Improve overall health for women of child-bearing age
- **Promote early & adequate prenatal care**
- Decrease early elective deliveries before 39 weeks
- **Decrease prenatal smoking & substance abuse**
- Increase breastfeeding duration & exclusivity
- Support birth spacing & inter-conception wellness
- Promote the ABC's of safe sleep: place baby to sleep alone, on his/her back, in a crib

Quality Opportunities: Maternal Child Health

Prenatal care

- A study published in July 2012 by the US National Library of Medicine National Institutes of Health released data on the increased risk of infant mortality due to lack of prenatal care.
- 11.2% of expectant mothers studied over an 8 year period received late or no prenatal care.
- Inadequate care was associated with increase risk of:
  - Prematurity
  - Stillbirth
  - Early neonatal death
  - Late neonatal death
  - And infant death

Quality Opportunities: Maternal Child Health

What providers can do

- Early identification of pregnancy is a key component to ensuring pregnant women are receiving adequate early prenatal care.
- MCE Care Managers counsel and engage care plans to address BMI and weight gain, safe sleep environment, healthy maternal behaviors, social determinants of health, and help to eliminate barriers to receiving appropriate prenatal care.
- Counsel on tobacco and substance use, and refer to resources such as 1-800-QUIT NOW or Baby and Me Tobacco Free for help with quitting tobacco use.
- Indiana's Labor of Love www.in.gov/laboroflove/index.htm
  - Wealth of information for expectant or new moms including a helpline and LIV app
  - Perinatal Substance Use Practice Bundle

Quality Opportunities: Maternal Child Health

(PPC) Timeliness of Prenatal Care:

The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.

CPT	HCPCS
59400, 59425, 59426, 59510, 59610, 59618, 99201-99205, 99211-99215, 99241-99245, 99500	H1005

Quality Opportunities: Maternal Child References

Indiana State Department of Health, Division of Maternal and Child Health; 2016 Infant Mortality Fact Sheet [Link]

Partridge S, Balayla J, Holcroft CA, Abenhaim HA. Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 U.S. deliveries over 8 years. Am J Perinatol. 2012;29:787-93 [PubMed]

NCQA www.ncqa.org

Behavioral Health Opportunities

Quality Opportunities: Behavioral Health and Diabetes

Association between Behavioral Health and Diabetes

- Results from three large long-term studies suggest individuals with antidepressant treatment have a moderately increased risk of developing type 2 diabetes. This association appeared to be partly mediated through BMI, particularly in women.
- People with diabetes are 2 to 3 times more likely to have depression than people without diabetes. Only 25% to 50% of people with diabetes who have depression get diagnosed and treated.
- Overall, rates of depression among individuals with type 1 or type 2 diabetes across the life span are 2 times greater than in the general population.
- The prevalence of diabetes is increased 2- to 3-fold in patients with schizophrenia.

Quality Opportunities: Behavioral Health and Diabetes

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD): The percentage of members 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening (glucose and HbA1c) test during the measurement year.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD): The percentage of members 18–64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Quality Opportunities: Behavioral Health and Diabetes NCQA Approved Codes

NCQA Codes

The following are just a *few* of the approved codes. For a complete list please refer to the NCQA website at www.ncqa.org

Test	SSD	SMD
Glucose	80047; 80048; 80050; 80053; 80069; 82947; 82950; 82951	
HbA1c	83036; 83037; 3044F; 3045F; 3046F	83036; 83037; 3044F; 3045F; 3046F
LDL-C		80061; 83700; 83701; 83704; 83721; 3048F; 3049F; 3050F

Quality Opportunities: Behavioral Health and Diabetes Best Practices

What the provider can do

- Routinely refer members with diabetes to have HbA1c and cholesterol labs drawn at least annually.
- Follow up with patients to discuss and educate on lab results.
- Consider referring to a mental health counselor who specializes in chronic health conditions.
- Coordinate care with the patient's treating behavioral health specialists.
- Utilize NCQA coding tips to actively reflect care rendered.

Quality Opportunities: Behavioral Health References

Use of antidepressant medication and risk of type 2 diabetes: results from three cohorts of US adults Published in final edited form as: Diabetologia. 2012 Jan; 55(1): 63–72. Published online 2011 Aug 3

Depression: More Than Just a Bad Mood
https://www.cdc.gov/diabetes/library/features/mental-health.html

An Overview of Diabetes Management in Schizophrenia Patients: Office Based Strategies for Primary Care Practitioners and Endocrinologists International Journal of Endocrinology, published online 2015 Mar 23

Substance Use Disorder

Quality Opportunities: SUD

Indiana Substance Use Disorder (SUD) Factoids

- In Indiana, one in twelve residents are reported to have a diagnosable SUD.
- Deaths from drug and alcohol overdoses rose in 2016 nearly 23% from 2015.
- Opioid-related deaths accounted for over 50% of fatal overdoses in 2016.
- Between 2012 and 2016, deaths related to synthetic opioids increased by 600%.
- 17% increase in Non-fatal Opioid-Involved Overdose ER Visits 2016 to 2017.

Quality Opportunities: SUD

Expanding buprenorphine MAT

- MAT (Medication Assisted Treatment) recognized by the medical community as "an evidence-based best practice for treating opioid dependence".
- Whereas methadone requires daily visits to special clinics to obtain dosages, buprenorphine can be prescribed by any certified healthcare provider and taken by the patient at home. Suboxone can bring on withdrawal if injected rather than taken in pill form, deterring potential abuse.
- 72 % of rural counties had no waivered (certified) physician in 2016.
- In 2018, only 56.2% of rural certified physicians were accepting new patients. Those with the 30-patient waiver were treating 8.8 patients on average and 53% were treating none.
- People who received only mental health support were more at risk for an overdose than those who had MAT, both with and without mental health support.

Quality Opportunities: SUD

Focus on SUD

- Indiana has been working the past two years to implement initiatives to expand SUD treatment.
  - 2017 OTP (Opiate Treatment Program)
    - Currently 18 providers across Indiana
  - 2018 SUD Residential Treatment
    - 3.5 high intensity and 3.1 low intensity
  - 2019 SUD initiatives
    - Universal PA form for SUD
    - Trainings for ASAM
    - Provider education

Quality Opportunities: SUD

Focus on SUD

- Governor Holcomb made “attacking the drug epidemic” one of five pillars on his agenda.
- In his 2019 State of the State Address, he reported:
  - Our new 2-1-1 OpenBeds program has made more than 4,000 referrals for treatment services and support groups, connecting people quicker than ever, which can mean the difference between life and death.
  - The number of opioid prescriptions is down, communities are forming their own systems of care, and we are getting drug data faster and more accurately than ever before. But better data means we have more information about the extent of the issue, and it shows we still have a long way to go.
  - To get there, this year we'll improve access to quality treatment, expand recovery housing, and provide better services for pregnant women who are substance dependent.

Quality Opportunities: SUD

MCE's focus on SUD

- MCE's follow the state in carrying out it's initiatives as well as ensuring benefit coverage for full continuum of care and making sure there is access for our members across Indiana.
  - SUD Intensive Outpatient Program (IOP)
  - SUD Partial Hospitalization Program
  - SUD Inpatient detox
  - SUD Inpatient acute rehab
  - SUD Residential 3.5 high intensity and 3.1 low intensity
  - Opiate Treatment Program
  - MAT (Medication Assisted Treatment) – Typically Suboxone

Quality Opportunities: SUD

(IET) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment:

Assesses adults and adolescents 13 years of age and older with a new episode of alcohol or other drug (AOD) dependence who received the following:

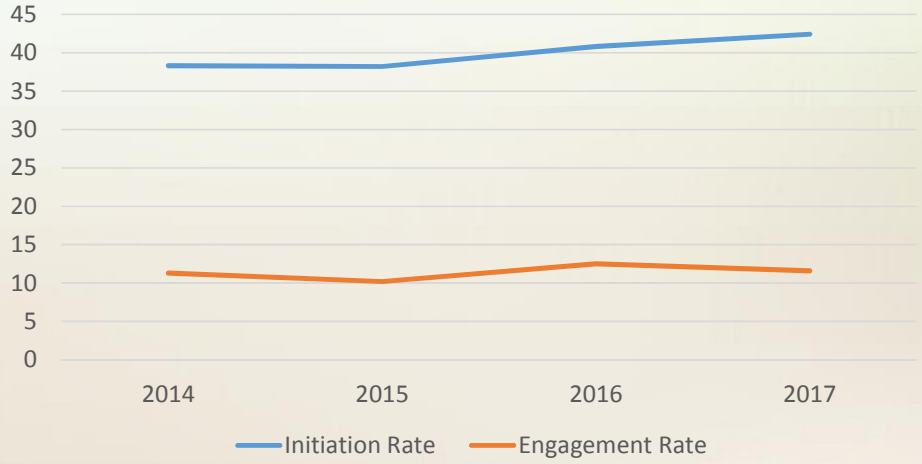
- *Initiation of AOD Treatment*- Adolescents and adults who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis.
- *Engagement of AOD Treatment*- Adolescents and adults who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit.

Quality Opportunities: SUD

(IET) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

Medicaid HMO Member Data (data source NCQA organization):

Year	Initiation	Engagement
2017	42.4	11.6
2016	40.8	12.5
2015	38.2	10.2
2014	38.3	11.3



Quality Opportunities: SUD

- **What can providers do?**
  - Assist in making sure that members have access.
  - Provide several levels of care and options for treatment (i.e. offer IOP and PHP as well as Inpatient).
  - Offer the appropriate level of treatment for members.
  - Have Suboxone prescribers and offer MAT.
  - Make sure appropriate documentation on level of care when requesting prior authorization for services.

Quality Opportunities: SUD References

Addiction Policy Forum, Indiana Blueprint Implementing a Comprehensive Response to Addiction https://cdn2.hubspot.net/hubfs/4132958/IndianaBlueprint.pdf?t=1532376071973

Harold Kooreman & Marion Greene, Treatment & Recovery for Substance Use Disorders in Indiana. Indiana University Center for Public Health Policy, 16-H80, Retrieved from https://fsph.iupui.edu/doc/research-centers/Treatment%20and%20Recovery%202016.pdf

https://www.impaqint.com/media-center/blog/expanding-buprenorphine-treatment-underutilized-evidence-based-practice-treating

Andrilla, C., Coulthard, C. & Patterson, D. (2018). Prescribing Practices of Rural Physicians Waivered to Prescribe Buprenorphine. *American Journal Of Preventive Medicine*, *54*(6), 208-214. Retrieved from https://www.ajpmonline.org/article/S0749-3797(18)31548-4/fulltext

Pierce, M., Bird, S., Hickman, M., Mardsen, J., Dunn, G., Jones, A. & Millar, T. (2015). Impact of Treatment for Opioid Dependence on Fatal Drug-Related Poisoning: A National Cohort Study of England. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26452239

2019 State of the State Address https://www.in.gov/gov/3027.htm

NCQA https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/

Questions?