PCR159

THE CLINICAL AND FINANCIAL IMPACT OF BLUE CROSS AND BLUE SHIELD OF LOUISIANA WAIVING COST SHARE FOR THE FIRST MENTAL HEALTH AND SUBSTANCE USE DISORDER FOLLOW-UP VISIT

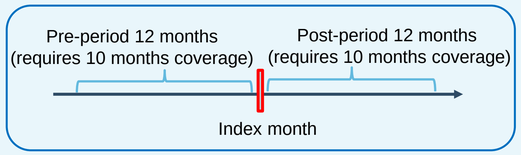
Gurminder Kaur, PhD; Mingyan Cong, PhD, MS; Miao Liu, MS; Tasha Bergeron, MSPH, RN; Tonya Evans, BSN, RN; Jason Ouyang, MD, MPH; Benjamin V. Vicidomina, BS; Somesh C. Nigam, PhD | Blue Cross and Blue Shield of Louisiana, Baton Rouge, LA, USA

Background

- Blue Cross and Blue Shield of Louisiana (BCBSLA) started a program in January 2020 to waive members' cost share for the first follow-up visit for Mental Health and Substance Use Disorder (MHSU) after MHSU hospitalization. This benefit is limited to only one visit per discharge within seven days.
- This quality improvement program is designed to remove potential financial barriers that the follow-up visit must take place within seven days of discharge from an inpatient stay.
- The purpose of this effort is to encourage patient compliance of completing the follow-up visit within the designated timeline.
- Follow-up within seven days helps close the gap for the Follow-Up After Hospitalization for Mental Illness HEDIS measure.

Methodology

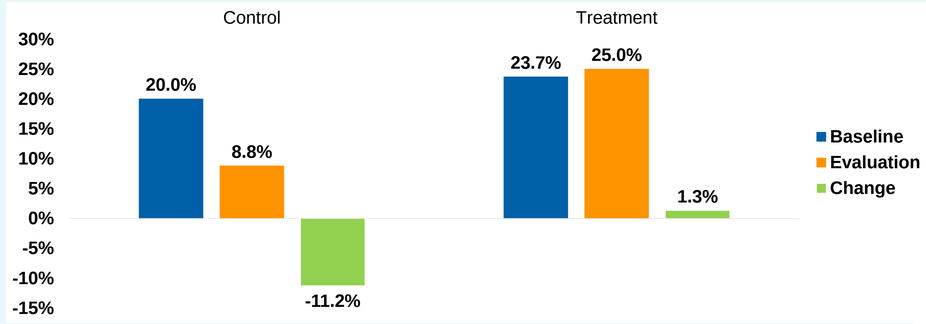
- The study window is January 2020 to January 2021, with participants having at least 10 months of continuous enrollment pre-period and post-period from discharge month (index month).



- Propensity score matching was constructed by matching eligible participants who are engaged in the waived cost share program vs. non-eligible members for baseline factors: demographics (age, sex, region), comorbidity conditions (such as diabetes, chronic kidney disease, hypertension), mental health conditions (such as depression, substance use, anxiety), cancer, pregnancy, baseline healthcare utilization and expenditures, and whether members were attributed to a provider in BCBSLA's Quality Blue population health and quality improvement program.
- Rate analysis was constructed for 7-day follow-up visit.
- Difference-in-difference (DID) analysis was conducted using a regression model with gamma and Poisson distribution for utilization and cost.

Results

Figure 1. MHSU Behavioral Health Provider Follow-Up Rate



Measure	Control Δ	Treatment Δ	Difference in Difference
MHSU admits with follow-up* rate	-11.2%	1.3%	**12.5%**

*Follow-ups include telehealth visits

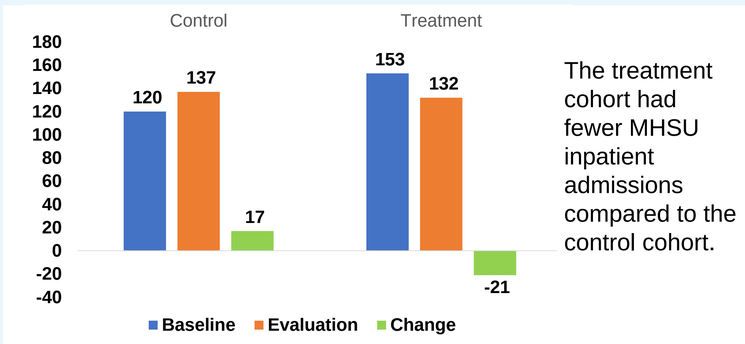
The treatment cohort showed a 12.5% increase in follow-up rates with an in-network behavioral health provider compared to the control cohort.

Table 1. Cost and Utilization Outcome

Outcomes	Control Group			Treatment Group			DID	P-Value
	Baseline	Evaluation	Δ	Baseline	Evaluation	Δ		
Financial Per Member Per Month (PMPM)								
Medical Cost Allowed	$448	$743	$296	$481	$733	$252	($43)	**0.15**
Utilization Per 1,000 Per Year (PKPY)								
ED Visits	567	704	137	597	642	45	(92)	**<0.01**
Acute Admissions	16	56	40	12	41	29	(11)	0.15
Non-Acute Admissions	181	253	72	181	181	0	(72)	<0.01
PCP Visits	1,979	2,287	308	2,410	2,485	75	(233)	<0.01
Specialty Visits	8,583	13,395	4,812	8,517	13,593	5,076	264	**<0.01**
Behavioral Specialty Visits	4,725	8,933	4,208	3,815	8,202	4,387	179	**<0.01**
Urgent Care Visits	435	723	288	549	714	165	(123)	<0.01
Mental Health Utilization PKPY								
Inpatient Admission	120	137	17	153	132	(21)	(38)	**<0.01**

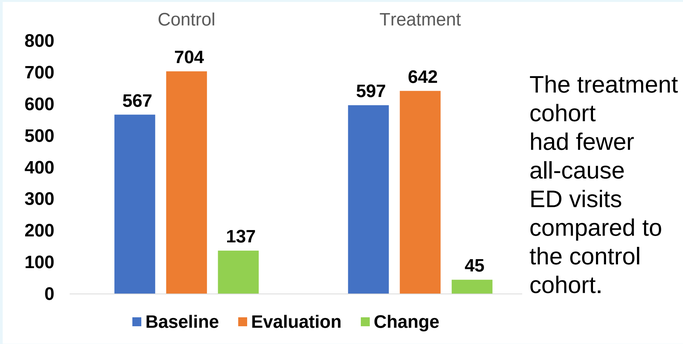
- Medical savings were estimated to be $43 PMPM for the treatment group. However, this was not statistically significant.
- Statistically significant improvements in the number of emergency department (ED) visits and MHSU inpatient admissions were observed among the treatment group members.

Figure 2. MHSU Inpatient Admissions PKPY



The treatment cohort had fewer MHSU inpatient admissions compared to the control cohort.

Figure 3. All Cause ED Visits PKPY



The treatment cohort had fewer all-cause ED visits compared to the control cohort.

Summary Chart

Medical Cost PMPM **-13.7%**	7-Day Follow-up **+12.5%**	Inpatient MHSU Admits **-24.8%***
ED Visits **-16.4%***	Urgent Care Visits **-36.4%***	Behavioral Health Specialty Visits **+25.9%***

*Indicates statistically significant

Conclusion

- The treatment group showed a 12.5% increase in the 7-day follow-up rate. This indicated that waiving cost share for the first MHSU follow-up visit encouraged patients to complete that visit within seven days after the MHSU inpatient discharge.
- The treatment group showed a 16.4% reduction in ED visits, 36.4% reduction in Urgent Care visits, and 24.8% reduction in MHSU inpatient admissions compared to the control group.
- The treatment group had 13.7% medical cost savings PMPM compared to the control group.

References

Benjenk I, Chen J. Effective mental health interventions to reduce hospital readmission rates: a systematic review. J Hosp Manage Health Policy. 2018 Sep;2:45. doi: 10.21037/jhmhp.2018.08.05.

Louisiana