



Efficient and Effective: Getting a Service Mix to Youth and Families that Makes a Difference!

6th Annual CANS Conference
April 20, 2010



Efficient and Effective: Getting a Service Mix to Youth and Families that Makes a Difference!

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Today's Discussion

- Introduction
- Overview of Magellan's Initiative to Improve Service Quality
- Introduction to Polaris' Youth Solutions, Including Use of Enhanced CANS
- Application to PA BHRS Programs
- Data Analysis: The Right Service Mix
- Discussion and Implications

Magellan Health Services

- As the nation's leading **specialty health care management** company, we deliver comprehensive and **innovative solutions** to improve **quality outcomes**, optimize **cost of care**, and enhance **profitability** for our customers.
- Magellan has been implementing and managing innovative, specialized public sector (Medicaid, low-income, CHIP) behavioral health programs since 1995.
- **Medicaid Carve-out Experience (as of March 2010)**
 - Customers (State / Local Govt.): 13 Customers in Five States
 - Covered Lives: 1.88 MM Adults / Youth

Magellan Health Services of PA

- Children's Quality Collaborative program began in one PA county, now expanded to three counties
- Focus on improving outcomes in BHRS youth
- Focus on use of data to plan treatment and monitor progress using an enhanced version of CANS embedded into the Polaris Youth solution

Children's Quality Collaborative

- Pennsylvania's Behavioral Health Rehabilitation Services (BHRS)
 - Mobile Therapist (MT)
 - Behavioral Specialist Consultant (BSC)
 - Therapeutic Staff Support (TSS)
- Children ages 3-18 without autism
- CANS administered at beginning services and prior to re-evaluation (usually every four months)
- Used by the evaluator and treatment team in creating and measuring goals
- Reviewed at on-site clinical reviews with Magellan Care Manager
- Supported with a monthly CQC provider group
- Data on service utilization given to providers

Polaris Health Directions

- Pioneers in outcomes management and prediction of outcomes
- Combining science and practice to provide solutions that improve outcomes and reduce costs
- All systems NIH peer-reviewed and funded
- Extensive field development and testing of products

Polaris -Youth Capabilities

- Youth outcomes experience and expertise
 - Considerable experience successfully putting outcomes into practice
- Use multiple informant structure
- Engage youth and families in treatment – assessments based on CASSP model values
- Identify strengths and critical needs
- Provide clinically useful data about youth strengths/problems to aid in treatment planning and monitoring change
- Provide foundation for evidence-based learning of “best practices” for subgroups of youth
- Predict improvement in subgroups of youth

Paradigm Shift – Using Data and Strengths

At the Heart: Transitioning from Medical Model to Resiliency

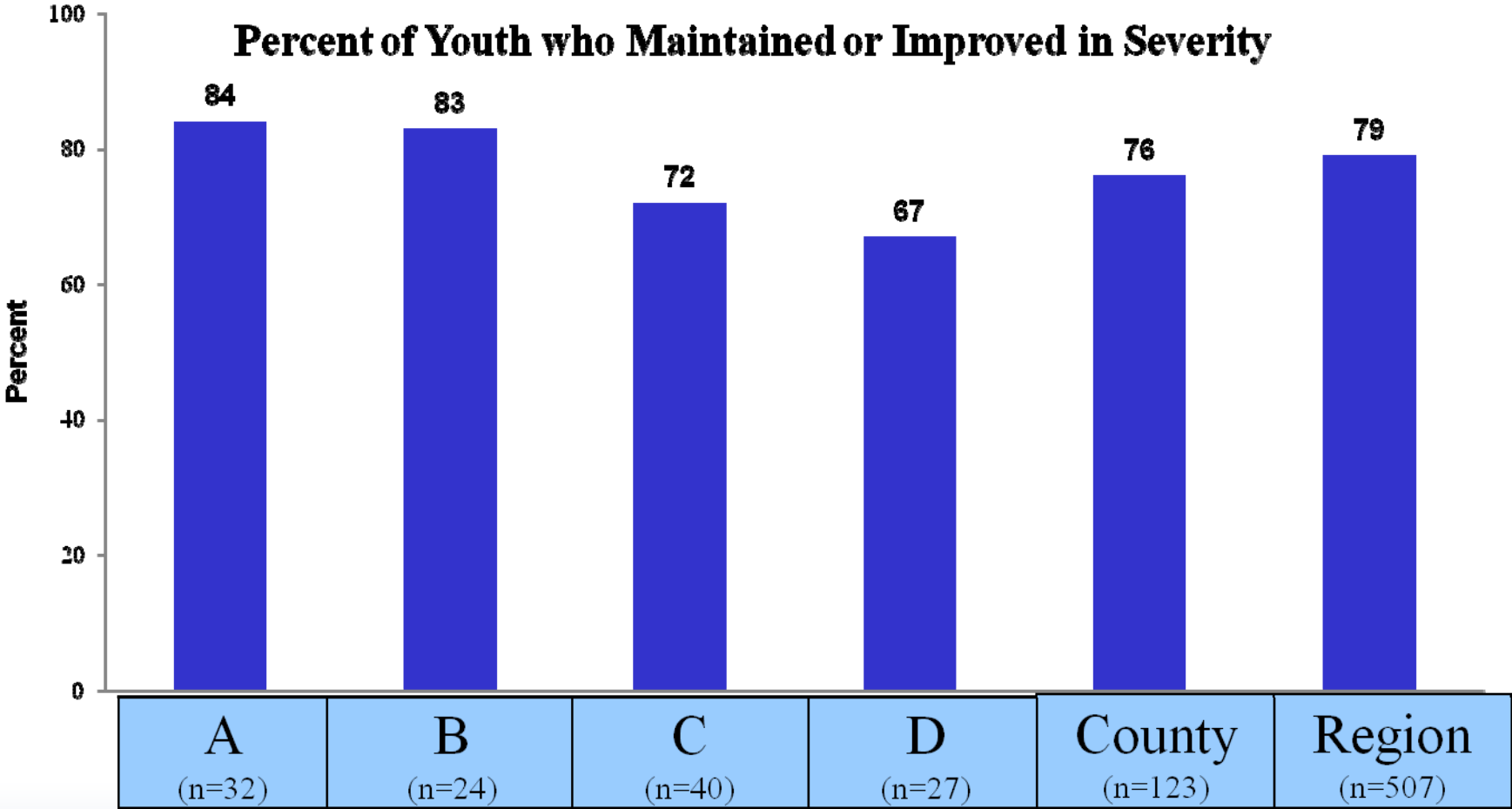
- Moving toward recovery and resiliency by measuring and focusing on community supports
- Developing new clinical roles and opportunities using data to guide clinical services
- Increasing child and family involvement
- Meeting need for new assessment tools – Polaris' Youth product and its solutions for online CANS Web training and assessment, along with Polaris analytics in three PA counties and 10+ agencies

Project Design

Selected BHRS providers...

- Collected CANS data at periodic intervals using Polaris' technology platform for training, assessment and reporting
- Provided “clinical coaching” for providers to better understand data and its possible use in planning effective treatment
- Monitored at individual, provider, county and regional aggregate level outcomes
- Distributed annual reports on outcomes to providers, county and Magellan

Outcomes Comparison



What Is the “Recommended” Service Mix?

Recommended Service Mix

The service mix that is **statistically** most likely to result in significant improvement, based on the Predictive Model.

[The service mix that has the highest Index of Success]

Predictive Model

Statistical model that quantifies how well **this case** matches the success cases for each of the service mixes.

Index of Success

Global measure of youth severity with three sub-scales:

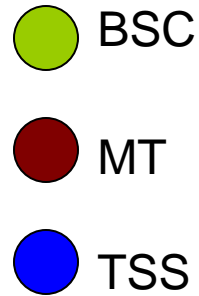
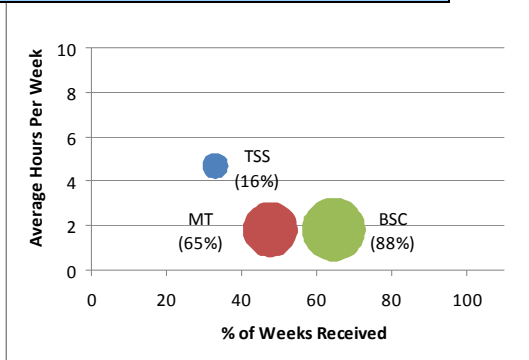
Presenting Problems: Psychosis, ADHD, Depression/Anxiety, Oppositional Behavior, Anti-Social Behavior, Substance Abuse and Adolescent Trauma

Risks: Danger to Self, Danger to Others, Running Away, Sexually Abusive Behavior, Risky Social Behavior and Involvement in Crime

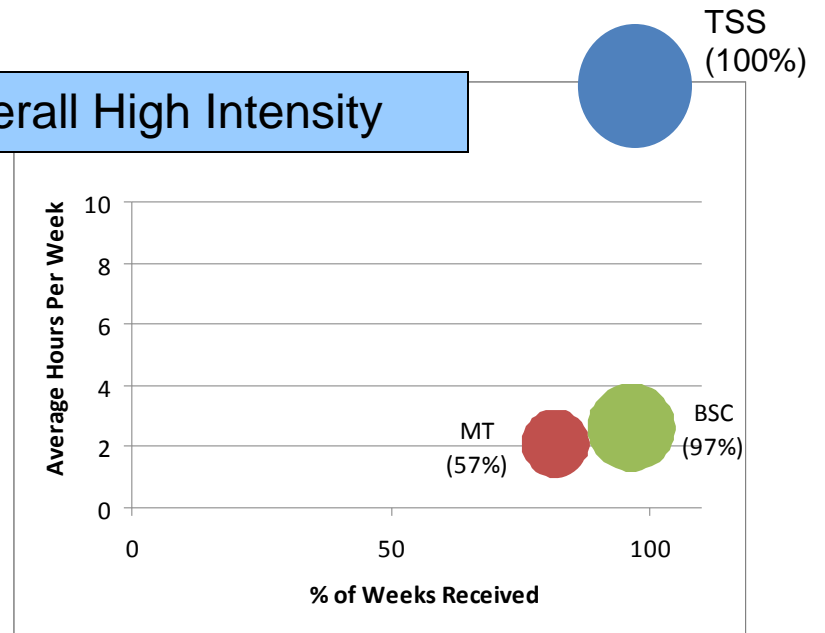
Functioning: Intellectual, Physical/Medical, Family, School Attendance, School Behavior, School Achievement and Sexual Development

Service Clusters

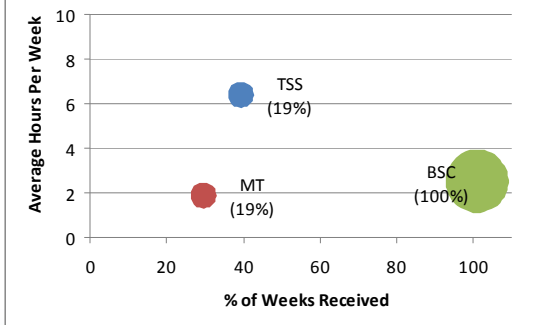
Moderate BSC & MT



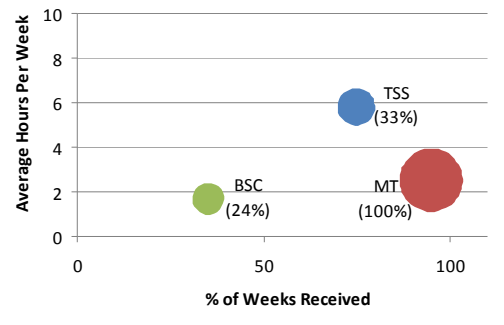
Overall High Intensity



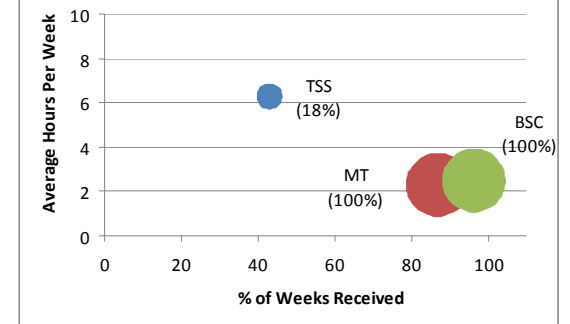
High BSC



High MT

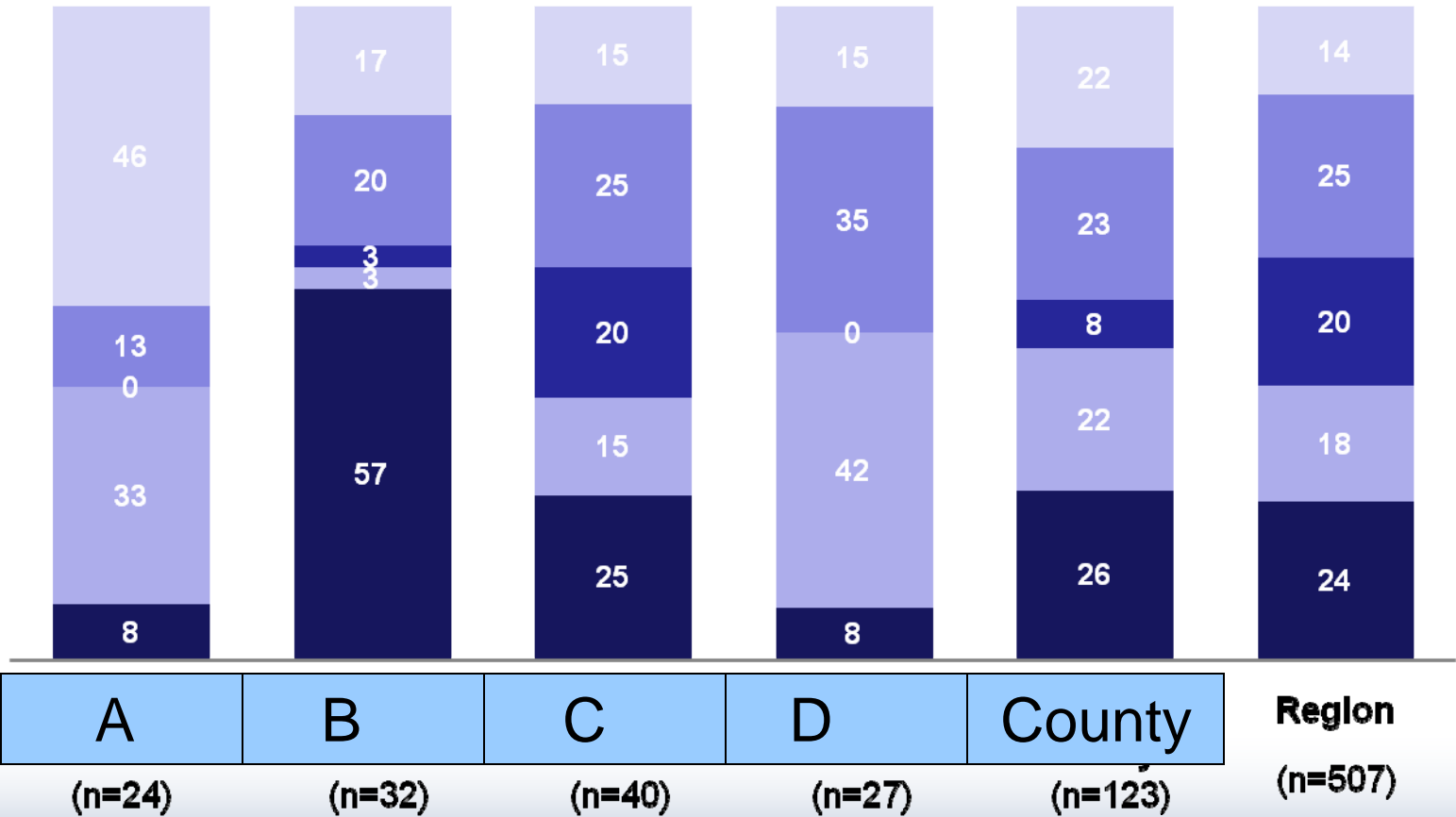


High BSC & MT



Actual Service Mix

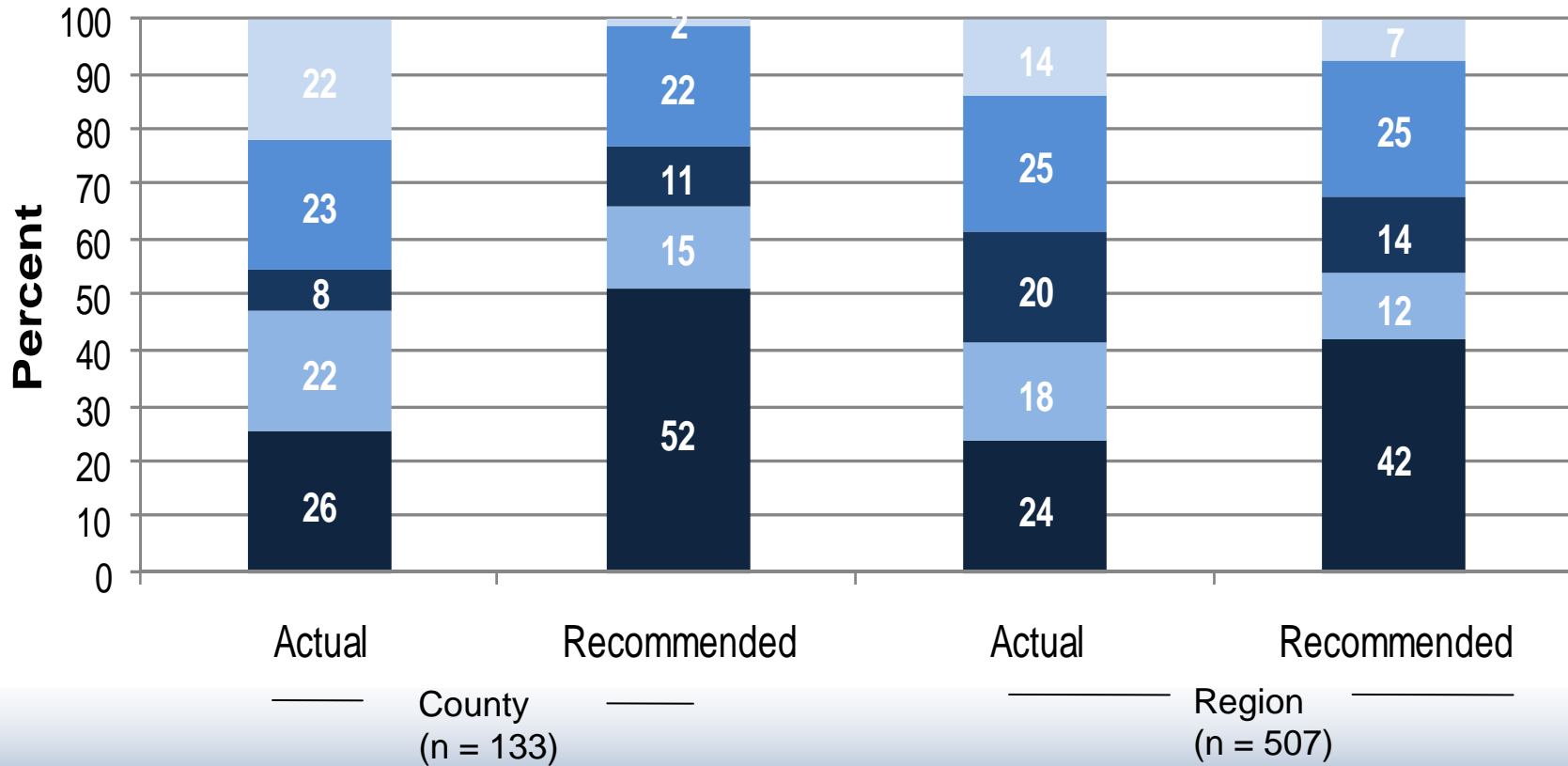
■ Moderate BSC & MT
 ■ High BSC Primary
 ■ High MT Primary
 ■ High BSC & MT
 ■ Overall High



Recommended vs. Actual Service Mix

■ Moderate BSC & MT
 ■ High BSC Primary
 ■ High MT Primary
 ■ High BSC & MT
 ■ Overall High

% of Youths Receiving the Top 1 / Top 2 Recommended Service Mixes
22% / 43%
28% / 51%



Common Symptom Areas: Moderate/Severe

DEPRESSION & ANXIETY	Overall High	High MT & BSC	High MT	High BSC	Moderate
N actual	22	39	44	26	29
% Match	36%	38%	48%	0%	24%
% Improved	73%	64%	57%	50%	59%
N recommend	21	58	60	0	21

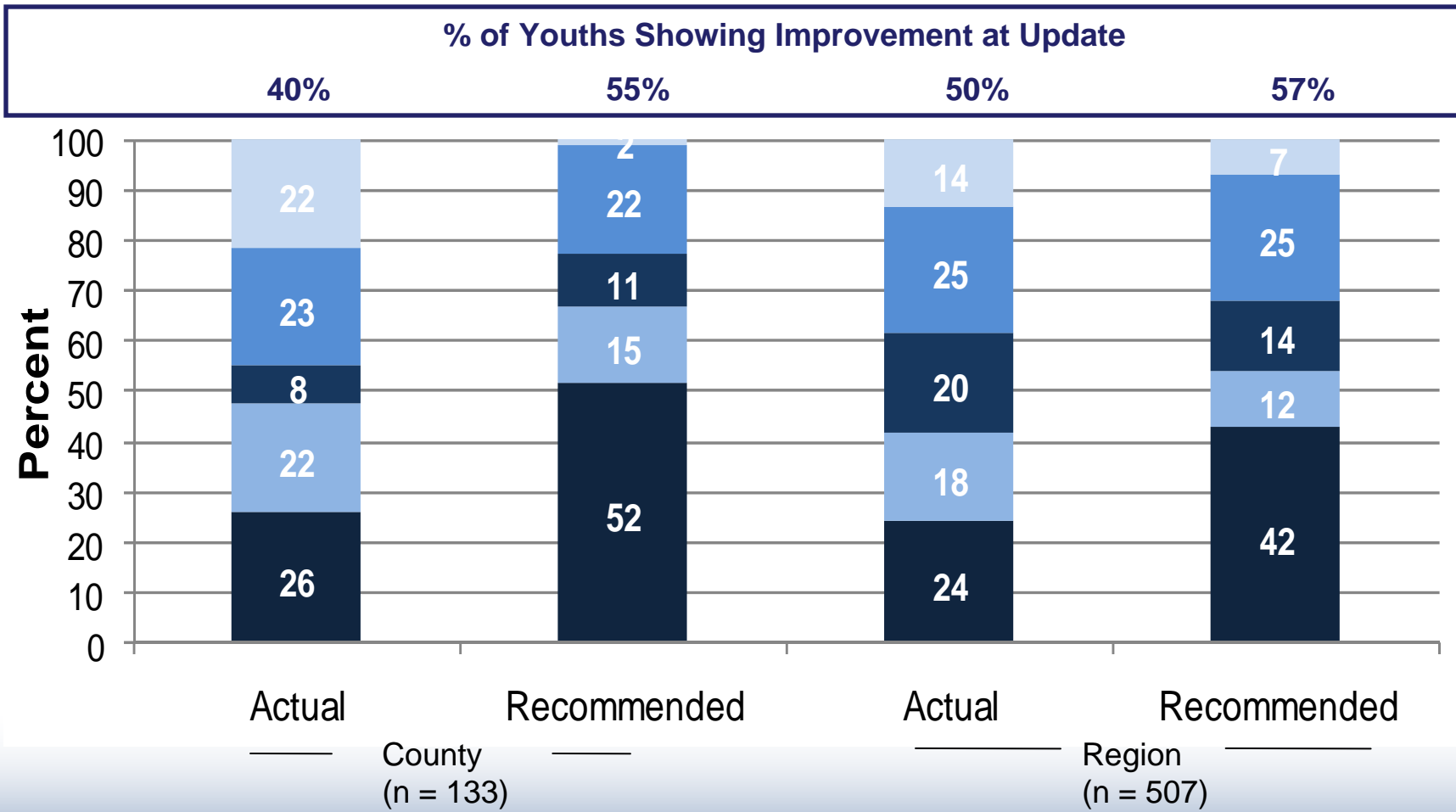
TRAUMA	Overall High	High MT & BSC	High MT	High BSC	Moderate
N actual	15	16	19	16	23
% Match	40%	50%	37%	6%	30%
% Improved	73%	62%	58%	56%	56%
N recommend	11	32	24	5	17

ADHD	Overall High	High MT & BSC	High MT	High BSC	Moderate
N actual	45	78	55	65	60
% Match	16%	24%	24%	18%	43%
% Improved	58%	49%	47%	62%	58%
N recommend	70	129	49	23	32

OPPOSITIONAL BEHAVIOR	Overall High	High MT & BSC	High MT	High BSC	Moderate
N actual	40	67	62	50	66
% Match	22%	34%	31%	10%	36%
% Improved	62%	54%	52%	56%	56%
N recommend	23	84	48	27	103

Impact on Clinical Outcomes

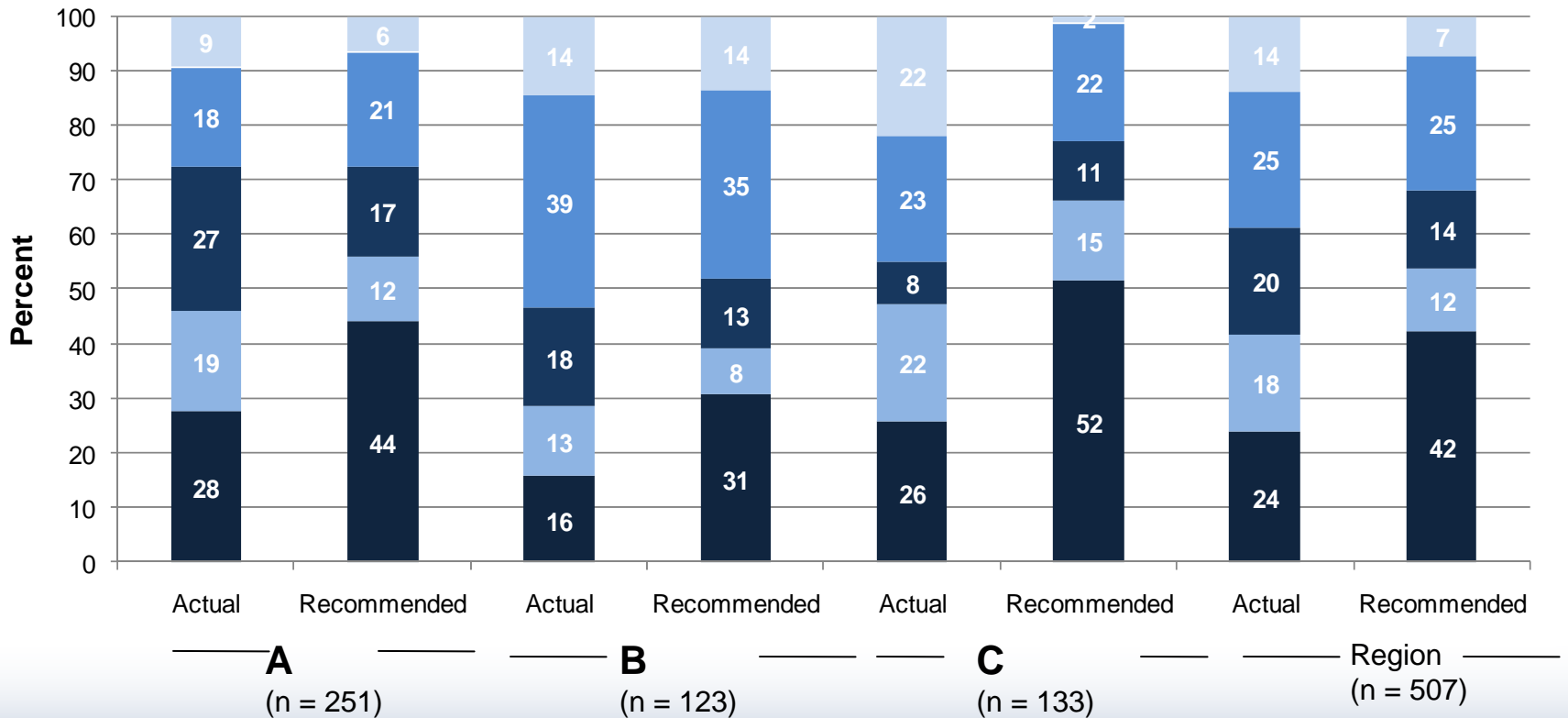
■ Moderate BSC & MT
 ■ High BSC Primary
 ■ High MT Primary
 ■ High BSC & MT
 ■ Overall High



Impact on Cost

■ Moderate BSC & MT
 ■ High BSC Primary
 ■ High MT Primary
 ■ High BSC & MT
 ■ Overall High

Average Annual Cost Per Youth							
\$12,216	\$11,129	\$14,869	\$13,947	\$14,107	\$ 9,973	\$13,317	\$11,602
- 8.9%		- 6.2%		- 29.3%		- 12.9%	



Making this Real: Implementation of Recommended Service Mixes

- Feedback to the providers and counties at the aggregate level
- Implementation of recommended service mixes at the individual level
- Feedback in the form of a one-page report generated by Polaris Youth
- Adding acuity flags

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The way to improve health care is to:

- Systematically collect data on outcomes, services and costs
- Use that data to plan treatment, determine services and evaluate systems
- Improve outcomes at the individual, provider and system level

We anticipate that using the algorithms consistently will:

- Improve outcomes for the youth and their families
- Better allocate provider resources
- Save counties on costs of care

For More Information

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