

Welcome to the *2015 Blueprint Hub Regional Profile* of the Vermont *Hub & Spoke Program*, which provides Medication Assisted Treatment (MAT) to Vermonters with opioid use disorder (OUD). The Blueprint for Health, in partnership with the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs, offers this statewide view of the Program.

The *Hub & Spoke Program* is a systematic treatment response to the opioid epidemic in Vermont. This program enhances the provision of MAT by adding new health care staff to both *Hub* designated providers and the *Spokes* to provide Health Home (HH) services. These new staff link OUD treatment with Blueprint primary care practices and Community Health Teams to provide care that is evidence based and integrated.

The *Hub Regional Profiles* provide comparative measurement to inform quality improvement at local and statewide levels. *Hubs* are regional, specialty OUD treatment centers regulated as Opioid Treatment Programs (OTPs) that provide intensive treatment of OUD as well as consultation and support to the *Spoke* teams of health care professionals offering MAT.

Blueprint Hub Regional Profiles are based on data from Vermont's all-payer claims data base (VHCURES) and the Vermont Clinical Registry. The population in this profile are Medicaid beneficiaries ages 18-64 years with OUD who received treatment in a *Hub* in 2015.

The measure results in the profile have not been risk adjusted unless specifically noted.

Results with fewer than eleven members are not reported consistent with Medicare guidelines.

Demographics & Health Status

	Hub	Non-MAT Opioid Addicted	Medicaid Statewide
Average Members	2,331	1,379	72,874
Average Age	33.8	35.5	38.1
% Female	53.5	49.3	56.7
% Maternity	6.1	3.2	3.6
% with Selected Chronic Conditions	46.4	59.2	35.2
% CRG Significant Chronic	41.5	47.3	21.8
% Depression	32.5	43.9	16.9
% Hepatitis C	20.2	12.0	2.3
% ADD	17.8	15.3	5.5
% Asthma	18.2	20.2	12.0
% Mental Health (Non-Substance Use)	69.3	81.4	40.7
% Other Substance Use	50.3	66.3	12.5
% Tobacco Dependence	59.1	64.3	23.1

Table 1: This table provides comparative information on the demographics and health status of all Medicaid members of the Hub program. For comparison, it also includes demographic and health status information for Medicaid beneficiaries with OUD who did not receive treatment in either a Hub or Spoke in 2015. For context, the table also provides for the general Medicaid population statewide.

Average Members serves as this table's denominator and adjusts for partial lengths of Medicaid enrollment during the year. Average membership is calculated as the proportion of the measurement year that an individual is covered by Medicaid. Denominator populations vary across the three MAT profiles due to differences in attribution (please see the attribution section of related methods documentation).*

The Selected Chronic Conditions measure indicates the proportion of members identified through the claims data as having one or more of seven selected chronic conditions: asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary heart disease, hypertension, diabetes, and depression. Additional chronic conditions were included as separate lines in this table because they were prominent in this cohort.

The Health Status (CRG) measure aggregates 3M™ Clinical Risk Grouper (CRG) classifications for the year for the purpose of generating adjusted rates. Aggregated risk classification groups include: Healthy, Acute (e.g., ear, nose, throat infection) or Minor Chronic (e.g., minor chronic joint pain), Moderate Chronic (e.g., diabetes), Significant Chronic (e.g., diabetes and congestive heart failure), and Cancer (e.g., breast cancer, colorectal cancer) or Catastrophic (e.g., HIV, muscular dystrophy, cystic fibrosis). Since most members fall into the chronic category with a detail CRG indicating OUD, we distinguish the less healthy population as having a CRG aggregate category of significant chronic or higher.

*This profile is intended to be read with the related methods documentation.

Total Expenditures per Capita

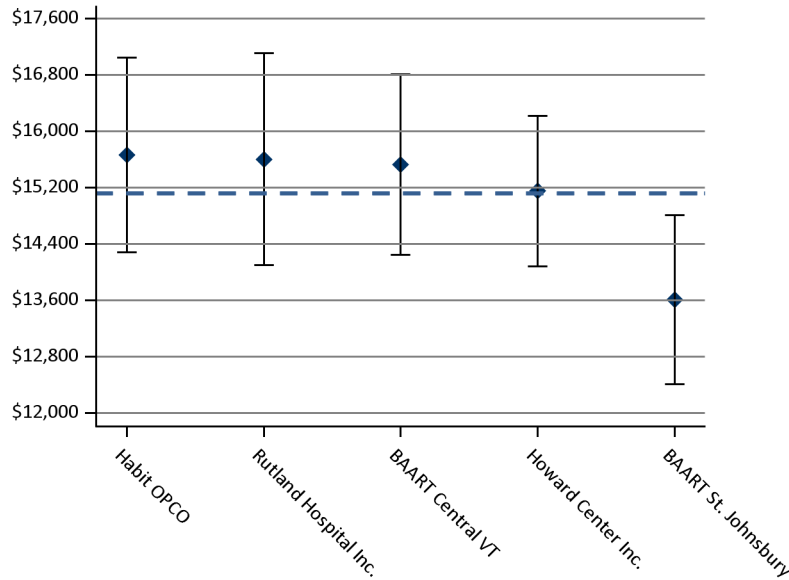


Figure 1: Presents annual crude rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include all health care claims paid by Medicaid. The blue dashed line indicates the Hub statewide average.

Total MAT & Non-MAT Expenditures

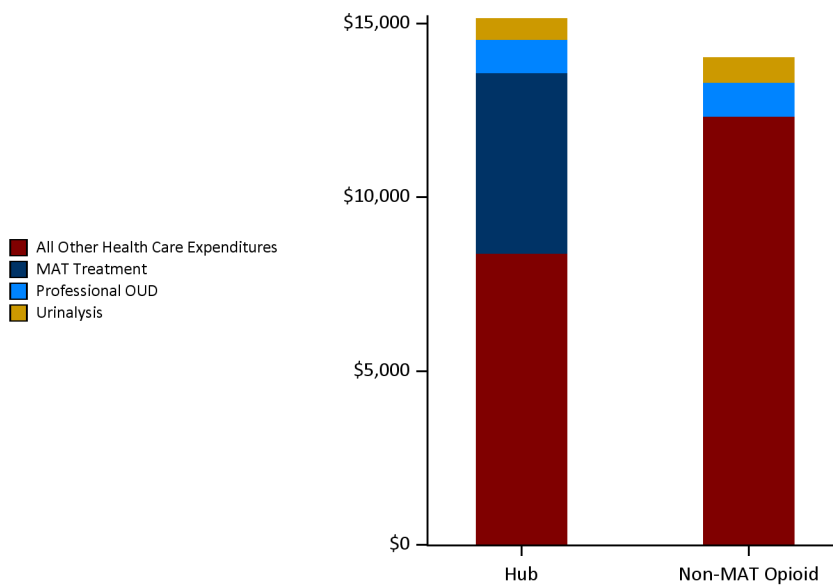


Figure 2: Presents annual crude rates for Medication Assisted Treatment (MAT) expenditures, Non-MAT expenditures, Professional Opioid Use Disorder (OUD) expenditures, and Urinalysis expenditures with expenditures capped statewide for outlier patients.

Total MAT Expenditures per Capita by Treatment Category

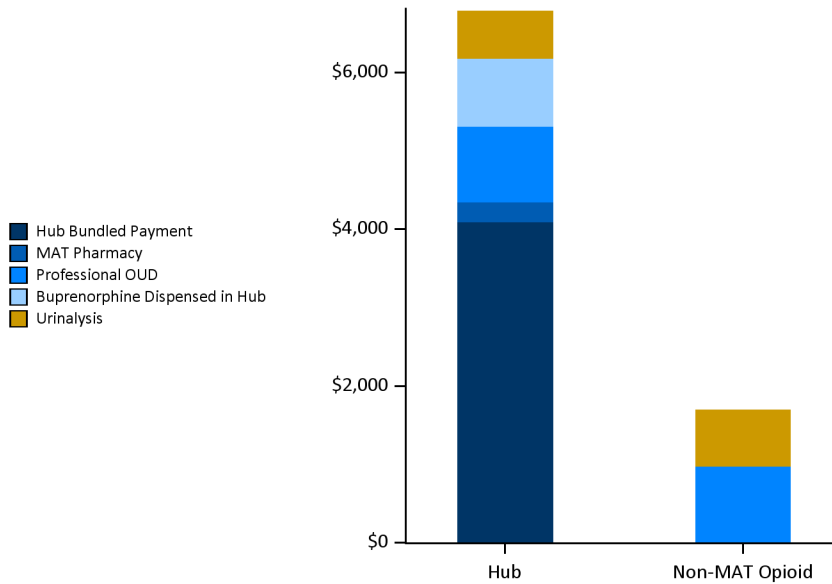


Figure 3: Presents annual crude rates for the major components of Medication Assisted Treatment (MAT) expenditures as well as Urinalysis expenditures with expenditures capped statewide for outlier patients.

All Other Health Care Expenditures per Capita by Major Category

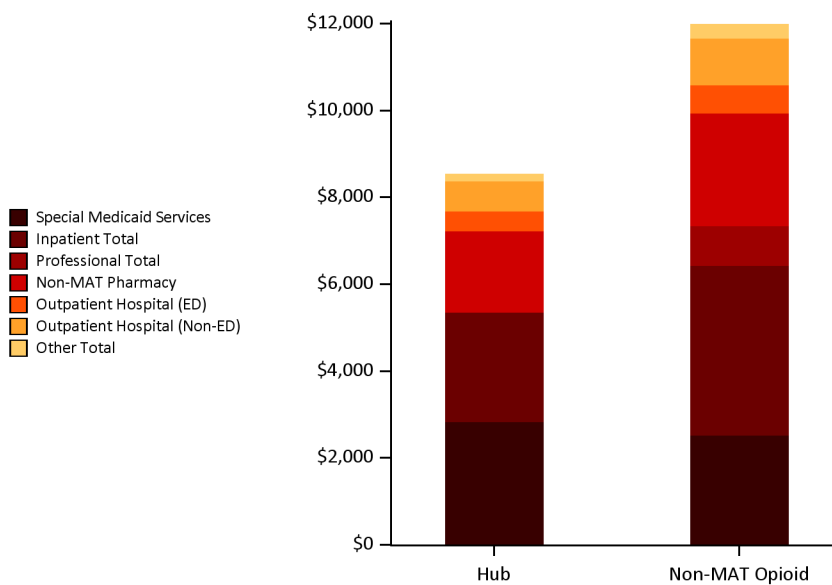


Figure 4: Presents annual crude rates for the major expenditure categories for health and OUD care with expenditures capped statewide for outlier patients. Special Medicaid Services are services that commercial insurance often does not cover (e.g., transportation, special school services, residential treatment, etc.) and are reported separately.

Inpatient Discharges*

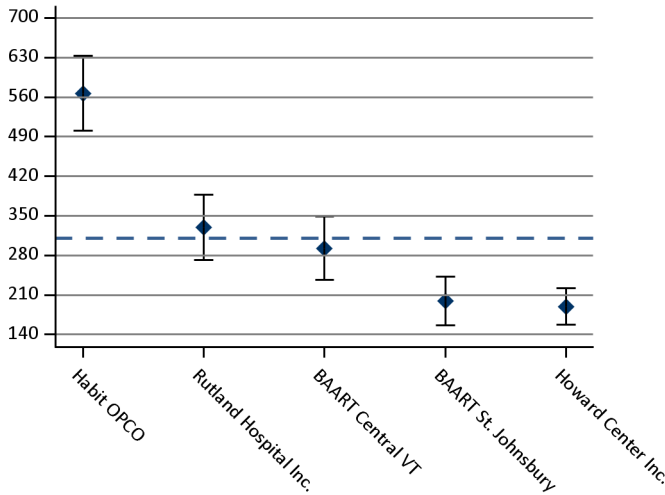


Figure 5: Presents annual crude rates, including 95% confidence intervals, of inpatient discharges per 1,000 members. The blue dashed line indicates the statewide Hub average.

Outpatient ED Visits*

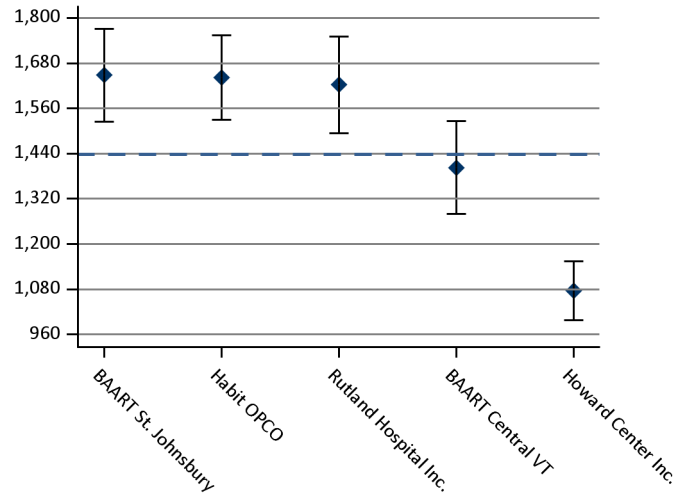


Figure 6: Presents annual crude rates, including 95% confidence intervals, of outpatient emergency department (ED) visits per 1,000 members. The blue dashed line indicates the statewide Hub average.

Advanced Imaging (MRIs, CT Scans)

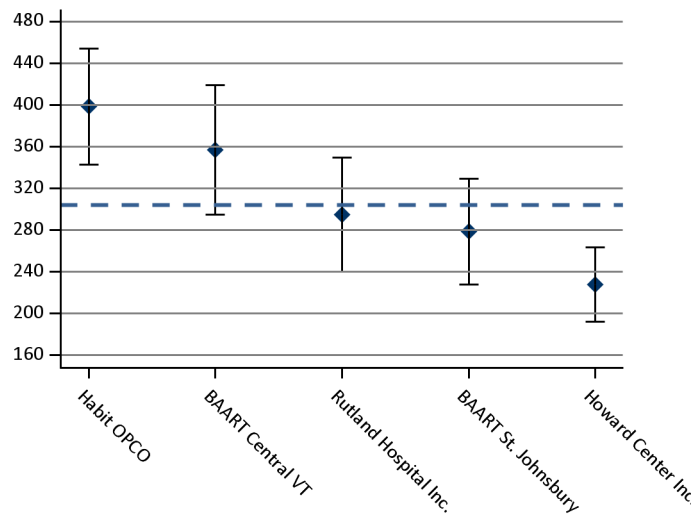


Figure 7: Presents annual crude rates, including 95% confidence intervals, of advanced imaging diagnostic tests (i.e., magnetic resonance imagings (MRIs) and computed tomography (CT) scans) per 1,000 members. The blue dashed line indicates the statewide Hub average.

*These measures are included in the Center for Medicare & Medicaid Services Health Home reporting.

Risk-Adjusted Inpatient Discharges

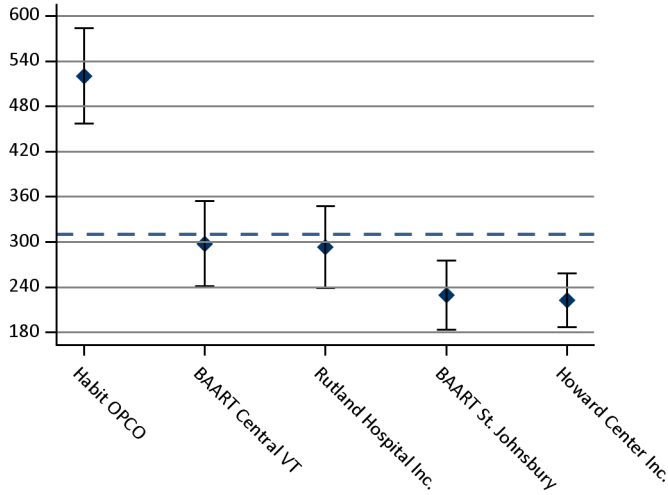


Figure 8: Presents annual risk-adjusted rates, including 95% confidence intervals, of inpatient discharges per 1,000 members. The blue dashed line indicates the Hub statewide average.

Risk-Adjusted Outpatient ED Visits

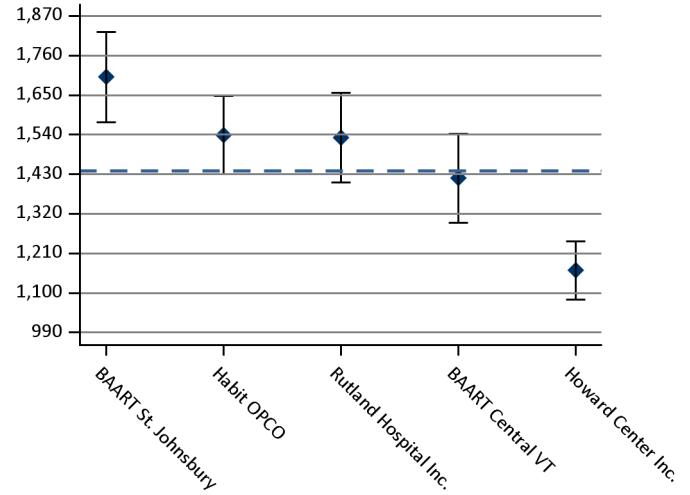


Figure 9: Presents annual risk-adjusted rates, including 95% confidence intervals, of outpatient emergency department (ED) visits per 1,000 members. The blue dashed line indicates the Hub statewide average.

Risk-Adjusted Total Expenditures per Capita

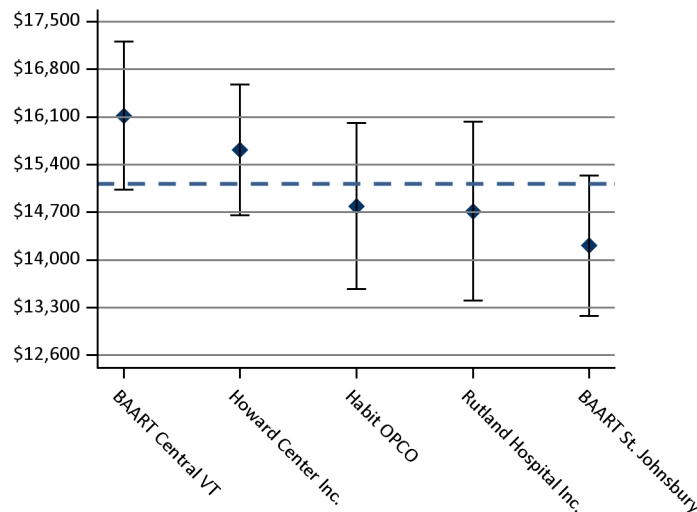


Figure 10: Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include all health care claims paid by Medicaid. The blue dashed line indicates the Hub statewide average.

Adult Body Mass Index Assessment*

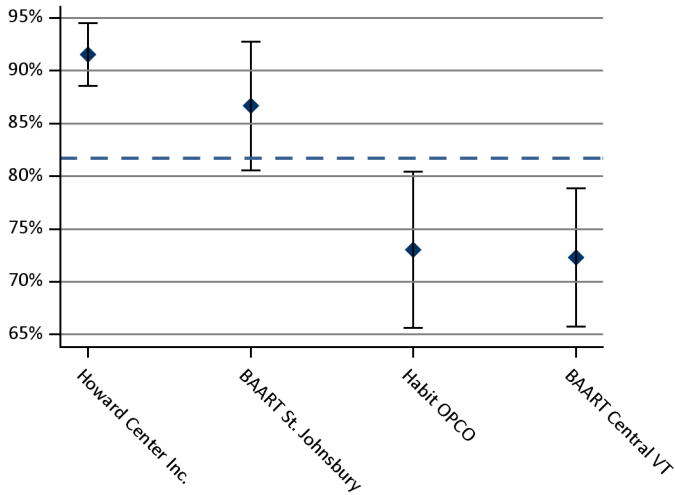


Figure 11: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with an outpatient visit whose body mass index (BMI) was documented during the measurement year or the year prior. This figure includes only practices providing clinical data to the Vermont Clinical Registry. Hubs do not report to the Clinical Registry. The blue dashed line indicates the Hub statewide average.

Screening for Clinical Depression*

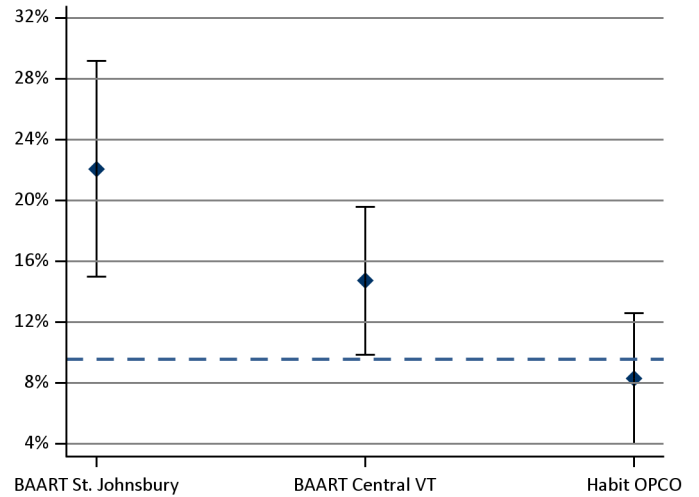


Figure 12: Presents the proportion, including 95% confidence intervals, of continuously enrolled members that were screened for clinical depression on the date of encounter using an age-appropriate standardized depression screening tool. This figure includes only practices providing clinical data to the Vermont Clinical Registry. Hubs do not report to the Clinical Registry. The blue dashed line indicates the Hub statewide average.

Controlling High Blood Pressure*

Too few records in clinical registry

Figure 13: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with hypertension that had controlled blood pressure (<140/90 mmHg) during the measurement year. This figure includes only practices providing clinical data to the Vermont Clinical Registry. Hubs do not report to the Clinical Registry. The blue dashed line indicates the Hub statewide average.

Tobacco Use Screening*

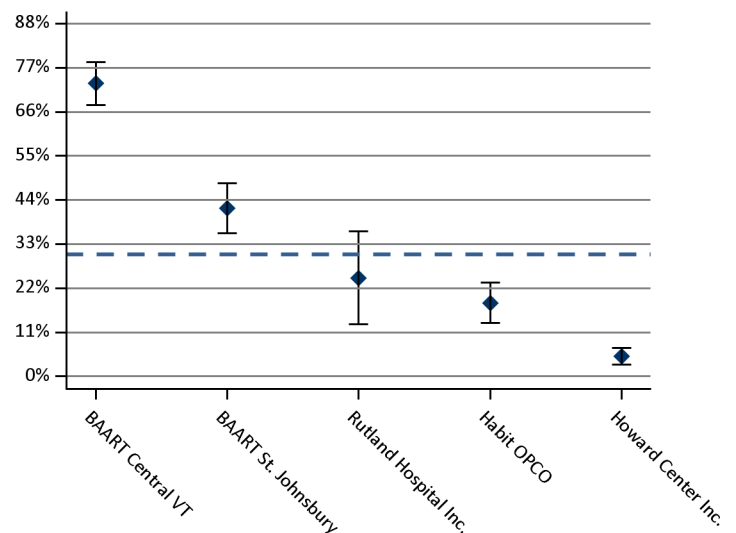


Figure 14: Presents the proportion, including 95% confidence intervals, of continuously enrolled members that were screened for tobacco use one or more times within a two-year lookback period and that received cessation counseling intervention. This figure includes only practices providing clinical data to the Vermont Clinical Registry. Hubs do not report to the Clinical Registry. The blue dashed line indicates the Hub statewide average.

*These measures are included in the Center for Medicare & Medicaid Services Health Home reporting.

Breast Cancer Screening*

Too few women served in this age range

Figure 15: Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, ages 52–64 years, that had a mammogram to screen for breast cancer during the measurement year or year prior to the measurement year. The blue dashed line indicates the Hub statewide average.

Cervical Cancer Screening*

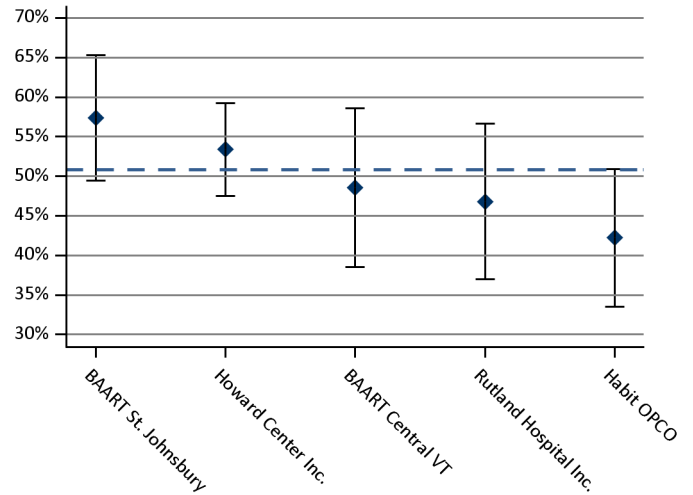


Figure 16: Presents the proportion, including 95% confidence intervals, of continuously enrolled female members either (a) ages 21–64 years that received one or more Papanicolaou (Pap) tests to screen for cervical cancer during the measurement year or two years prior to the measurement year or (b) ages 30–64 years that received one or more Pap tests to screen for cervical cancer during the measurement year or four years prior to the measurement year. The blue dashed line indicates the Hub statewide average.

Follow-Up After Hospitalization for Mental Illness*

Too few index events

Figure 17: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, hospitalized for mental illness with an intensive outpatient encounter or partial hospitalization with a mental health practitioner and a follow-up visit within seven days of discharge. The blue dashed line indicates the Hub statewide average. Note: If follow-up was provided at a Hub or by Spoke staff, no separate claim would be generated to be counted in this measure.

*These measures are included in the Center for Medicare & Medicaid Services Health Home reporting.

The following tables provide greater detail on the annual crude rates presented in the preceding figures.

Table 2. Expenditure Measures (Crude)

Measure	Hub			Non-MAT Opioid Addicted			Statewide Medicaid		
	Rate per Capita	95% LCL	95% UCL	Rate per Capita	95% LCL	95% UCL	Rate per Capita	95% LCL	95% UCL
Total	\$15,118	\$14,547	\$15,690	\$14,085	\$13,075	\$15,094	\$7,322	\$7,225	\$7,420
Inpatient Total	\$2,521	\$2,182	\$2,860	\$3,898	\$3,321	\$4,474	\$1,122	\$1,082	\$1,162
Inpatient Mental Health	\$887	\$699	\$1,075	\$1,153	\$879	\$1,426	\$182	\$166	\$197
Inpatient Maternity	\$336	\$264	\$408	\$165	\$97	\$233	\$211	\$201	\$221
Inpatient Surgical	\$504	\$320	\$688	\$1,090	\$749	\$1,432	\$379	\$353	\$405
Inpatient Medical	\$813	\$658	\$967	\$1,484	\$1,195	\$1,773	\$352	\$331	\$372
Outpatient Total	\$1,149	\$1,075	\$1,224	\$1,749	\$1,612	\$1,887	\$1,074	\$1,059	\$1,088
Outpatient Hospital Mental Health	\$100	\$89	\$111	\$145	\$123	\$166	\$42	\$41	\$44
Outpatient Hospital ED	\$465	\$430	\$499	\$643	\$584	\$702	\$261	\$256	\$265
Outpatient Hospital Surgery	\$157	\$127	\$186	\$287	\$228	\$346	\$248	\$241	\$255
Outpatient Hospital Radiology	\$78	\$55	\$102	\$182	\$127	\$236	\$155	\$147	\$162
Outpatient Hospital Laboratory	\$143	\$131	\$155	\$147	\$131	\$163	\$130	\$128	\$132
Outpatient Hospital Pharmacy	\$9	\$5	\$14	\$25	\$13	\$37	\$27	\$25	\$30
Outpatient Hospital Other	\$176	\$155	\$197	\$289	\$254	\$324	\$216	\$213	\$220
Professional Non-Mental Health Total	\$929	\$882	\$976	\$1,310	\$1,229	\$1,391	\$902	\$894	\$911
Professional Physician Total	\$604	\$568	\$639	\$838	\$778	\$897	\$535	\$529	\$541
Professional Physician Inpatient	\$153	\$130	\$177	\$226	\$183	\$269	\$98	\$94	\$102
Professional Physician Outpatient Facility	\$124	\$113	\$135	\$201	\$181	\$220	\$156	\$154	\$159
Professional Physician Office Visit	\$194	\$181	\$208	\$243	\$222	\$265	\$203	\$201	\$206
Professional Non-Physician	\$321	\$302	\$341	\$470	\$436	\$505	\$362	\$358	\$366
Professional Mental Health Provider	\$563	\$519	\$606	\$631	\$572	\$691	\$348	\$341	\$354
Pharmacy Total	\$2,124	\$1,960	\$2,287	\$2,598	\$2,336	\$2,861	\$1,694	\$1,665	\$1,723
Pharmacy Psych Medication	\$693	\$625	\$761	\$656	\$567	\$745	\$337	\$327	\$346
Other Total	\$775	\$683	\$867	\$1,065	\$922	\$1,208	\$319	\$307	\$330
Special Medicaid Services	\$6,921	\$6,709	\$7,134	\$2,528	\$2,187	\$2,869	\$1,591	\$1,541	\$1,641
Mental Health Substance Combined*	\$1,980	\$1,822	\$2,138	\$2,203	\$1,980	\$2,427	\$874	\$857	\$892

* The Mental Health Substance Combined measure is the sum of all expenditures associated with medical and pharmacy services for mental health / substance abuse.

Table 3. MAT Expenditure Measures (Crude)

Measure	Hub			Non-MAT Opioid Addicted			Statewide Medicaid		
	Rate per Capita	95% LCL	95% UCL	Rate per Capita	95% LCL	95% UCL	Rate per Capita	95% LCL	95% UCL
Hub Bundled Payment	\$4,094	\$4,019	\$4,170	\$0	\$0	\$0	\$131	\$125	\$137
MAT Pharmacy	\$253	\$220	\$287	\$0	\$0	\$0	\$132	\$126	\$138
Professional OUD	\$960	\$870	\$1,049	\$976	\$851	\$1,101	\$144	\$137	\$150
Buprenorphine Dispensed in Hub	\$874	\$812	\$936	\$0	\$0	\$0	\$28	\$26	\$30
Urinalysis	\$602	\$514	\$690	\$719	\$593	\$844	\$185	\$176	\$195

Table 4. Utilization Measures (Crude)

Measure	Hub			Non-MAT Opioid Addicted			Statewide Medicaid		
	Rate per 1,000	95% LCL	95% UCL	Rate per 1,000	95% LCL	95% UCL	Rate per 1,000	95% LCL	95% UCL
Inpatient Discharges	305.5	283.0	327.9	439.3	404.3	474.3	114.3	111.9	116.8
Inpatient Days	1,661.2	1,608.9	1,713.5	2,417.0	2,334.9	2,499.0	547.4	542.0	552.8
Outpatient ED Visits	1,397.4	1,349.4	1,445.3	1,824.0	1,752.7	1,895.2	749.2	742.9	755.5
Outpatient Potentially Avoidable ED Visits	206.4	187.9	224.8	292.9	264.3	321.4	132.5	129.8	135.1
Non-Hospital Outpatient Visits	9,188.1	9,065.1	9,311.2	11,220.7	11,043.9	11,397.5	8,213.3	8,192.5	8,234.1
Primary Care Encounters	7,853.0	7,739.2	7,966.8	5,513.2	5,389.3	5,637.1	3,786.6	3,772.5	3,800.7
Medical Specialist Encounters	832.3	795.3	869.4	1,212.1	1,154.0	1,270.2	879.5	872.6	886.3
Surgical Specialist Encounters	625.1	593.0	657.2	887.3	837.6	937.0	844.0	837.3	850.6
Standard Imaging	808.3	771.8	844.8	1,409.3	1,346.6	1,471.9	825.5	818.9	832.1
Advanced Imaging	304.2	281.8	326.6	566.9	527.2	606.6	268.1	264.3	271.8
Echography	496.8	468.2	525.4	502.4	465.0	539.8	366.3	362.0	370.7
Colonoscopy	8.6	4.8	12.3	27.5	18.8	36.3	32.3	31.0	33.6
PQI 5: COPD Admissions	9.9	1.2	18.6	25.0	10.2	39.8	5.2	4.4	6.0
PQI 92: Composite (Chronic)	12.0	7.6	16.5	28.3	19.4	37.1	6.4	5.8	7.0
PQI 8: Heart Failure Admissions	0.4	0.0	1.3	0.7	0.0	2.1	1.1	0.8	1.3
Ambulatory Care ED Visits - HH	1,438.5	1,389.8	1,487.2	1,855.1	1,783.3	1,927.0	769.3	763.0	775.7
Inpatient Utilization - HH	310.6	288.0	333.2	464.0	428.0	499.9	104.3	102.0	106.6
Short Term Nursing Facility Admissions - HH							1.4	1.1	1.7
Long Term Nursing Facility Admissions - HH							0.2	0.1	0.3

Table 5. Effective & Preventive Care Measures

Measure	Hub				Non-MAT Opioid Addicted				Statewide Medicaid			
	N	Rate	95% LCL	95% UCL	N	Rate	95% LCL	95% UCL	N	Rate	95% LCL	95% UCL
Breast Cancer Screening (BCS), 52-64 Years - HH	32	44%	25%	63%	39	56%	40%	73%	4,131	59%	57%	60%
Cervical Cancer Screening (CCS) - HH	805	51%	47%	54%	420	53%	48%	58%	23,956	55%	54%	56%
Follow-up After Hospitalization for Mental Illness (7 Day) - HH	146	30%	22%	38%	112	34%	25%	43%	1,188	42%	39%	45%
Controlling High Blood Pressure - HH	48	31%	17%	45%	61	28%	16%	40%	3,303	38%	37%	40%
Adult Body Mass Index Assessment - HH	870	82%	79%	84%	562	84%	81%	87%	22,804	84%	84%	85%
Screening for Clinical Depression - HH	961	10%	8%	11%	631	9%	7%	12%	26,589	8%	7%	8%
Tobacco Use Screening - HH	1,318	30%	28%	33%	899	31%	28%	34%	37,514	31%	31%	32%

Table 6. Plan All-Cause Readmissions

Measure	Hub				Non-MAT Opioid Addicted				Statewide Medicaid			
	N	Observed / Expected Ratio	LCL	UCL	N	Observed / Expected Ratio	LCL	UCL	N	Observed / Expected Ratio	LCL	UCL
PCR	477	0.65	0.47	0.83	396	1.17	0.97	1.37	4,899	0.89	0.82	0.95

Hub Case Load Growth

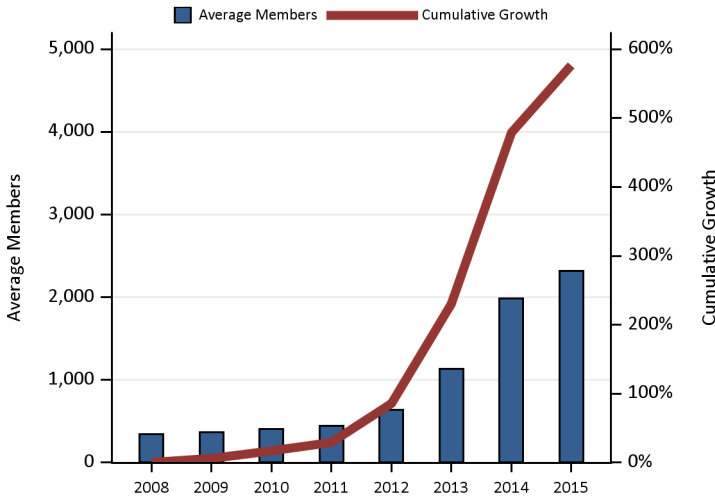


Figure 18: Presents the total average members per year with at least one Hub claim within the measurement year and the percent cumulative growth since 2008.

Medicaid Enrollment & MAT Treatment

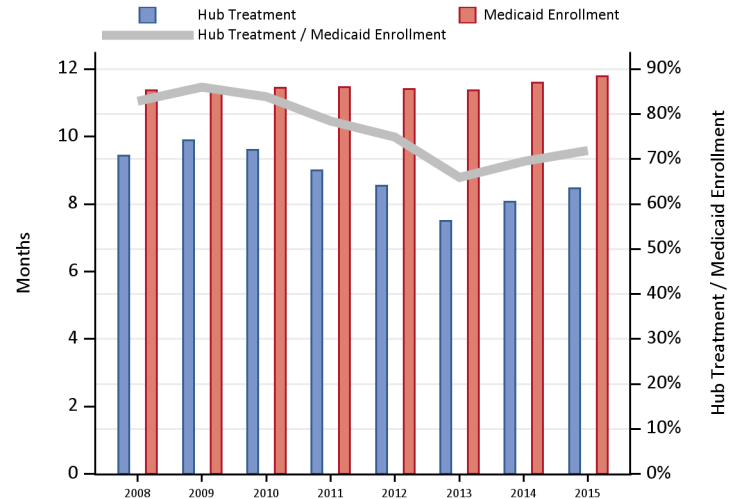


Figure 19: Presents the average number of Medicaid enrollment months among Hub participants, the average number of Hub treatment months, and the percent of Medicaid enrollment months in which the member received treatment. Hub participation and Medicaid enrollment remained stable from 2008–2015 despite enhancements and changes made to the Hub program.

SFY2016 MAT Rate per 100,000 People

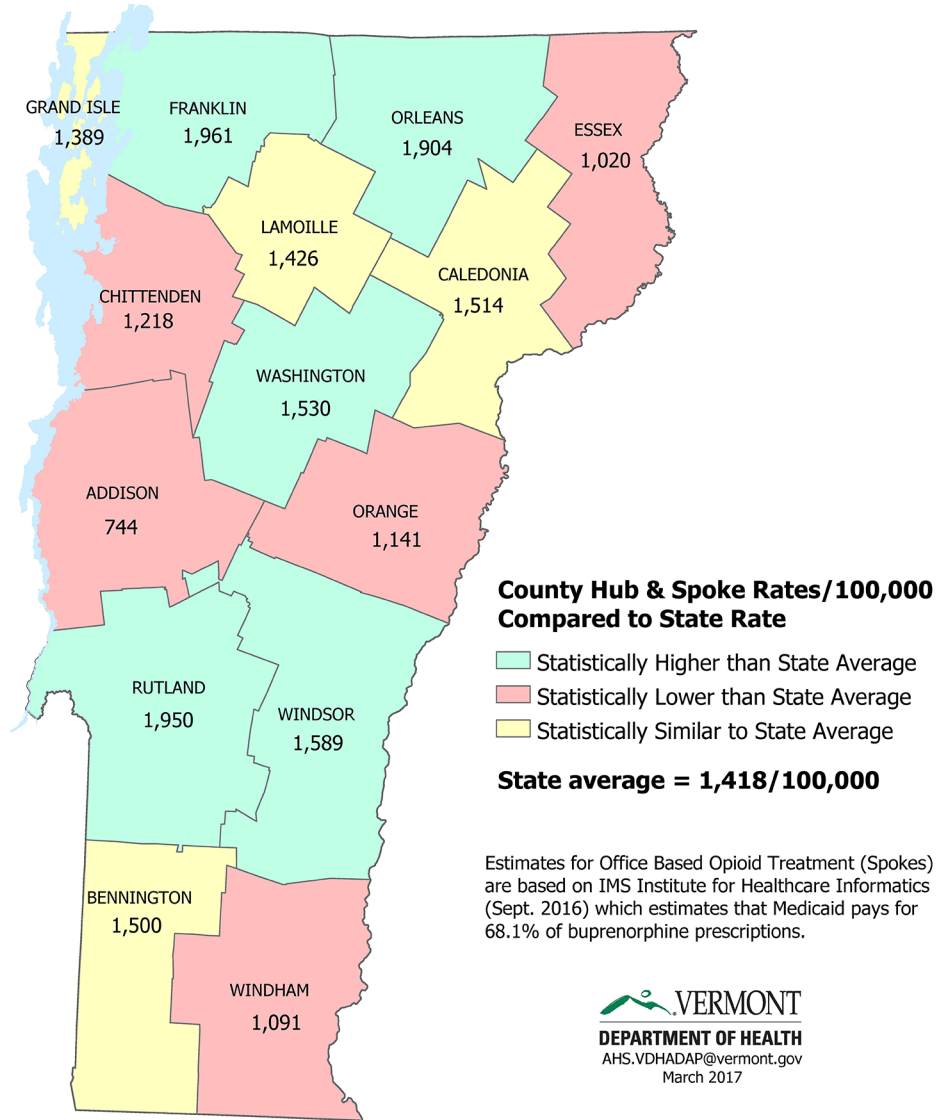


Figure 20: Presents the rate of Hub & Spoke participation per 100,000 people within each county. Shading indicates whether the rate of MAT participation was statistically higher, lower, or similar to the statewide average. This figure and calculations are produced by the Vermont Department of Health and is a non-claims measure of statewide access to treatment.