TennCare Delivery System Transformation:

Tennessee Health Link Analytics Report

Report | October 2019

TN Division of TennCare

Contents

Introduction

The Tennessee Health Link program aims to coordinate health care services for TennCare members with the highest behavioral health needs. The program was launched statewide on December 1, 2016 and serves children, adolescents, and adults.

The goal of this care coordination model is to better coordinate behavioral and physical health services and to produce improved member outcomes, greater provider accountability and flexibility when it comes to delivering the appropriate care for each individual, and improved cost control for the state. Tennessee Health Link is part of the Tennessee Health Care Innovation Initiative, which is changing the way health care is paid for in Tennessee, moving from paying for volume to paying for value.

In the two years since Tennessee Health Link launched, there have been meaningful improvements in quality, cost, and in both member and provider experience. These improvements were accomplished through close partnerships with our three contracted Managed Care Organizations and the 21 Tennessee Health Link providers who serve the TennCare members.

Over 70,000 TennCare members receive Tennessee Health Link services each month. These members have a severe and persistent mental illness and face various obstacles in accessing the care they need within the structure of a traditional health care system.

Finding 1	Quality has improved across 9 out of 18 measures, particularly those for physical health
Finding 2	The total cost of care for members active in Tennessee Health Link, which was increasing by 17 percent per year in the two years before program launch, only increased by 1 percent per year in the two years following program launch
Finding 3	The rate of both inpatient hospital admissions and emergency department visits declined for active Tennessee Health Link members post-Tennessee Health Link when compared to pre-Tennessee Health Link
Finding 4	The program appears to encourage active Tennessee Health Link members to seek more follow-up visits with a primary care provider following discharge from an inpatient hospital admission, when compared to the control group
Finding 5	Providers report being better able to improve care for their patients

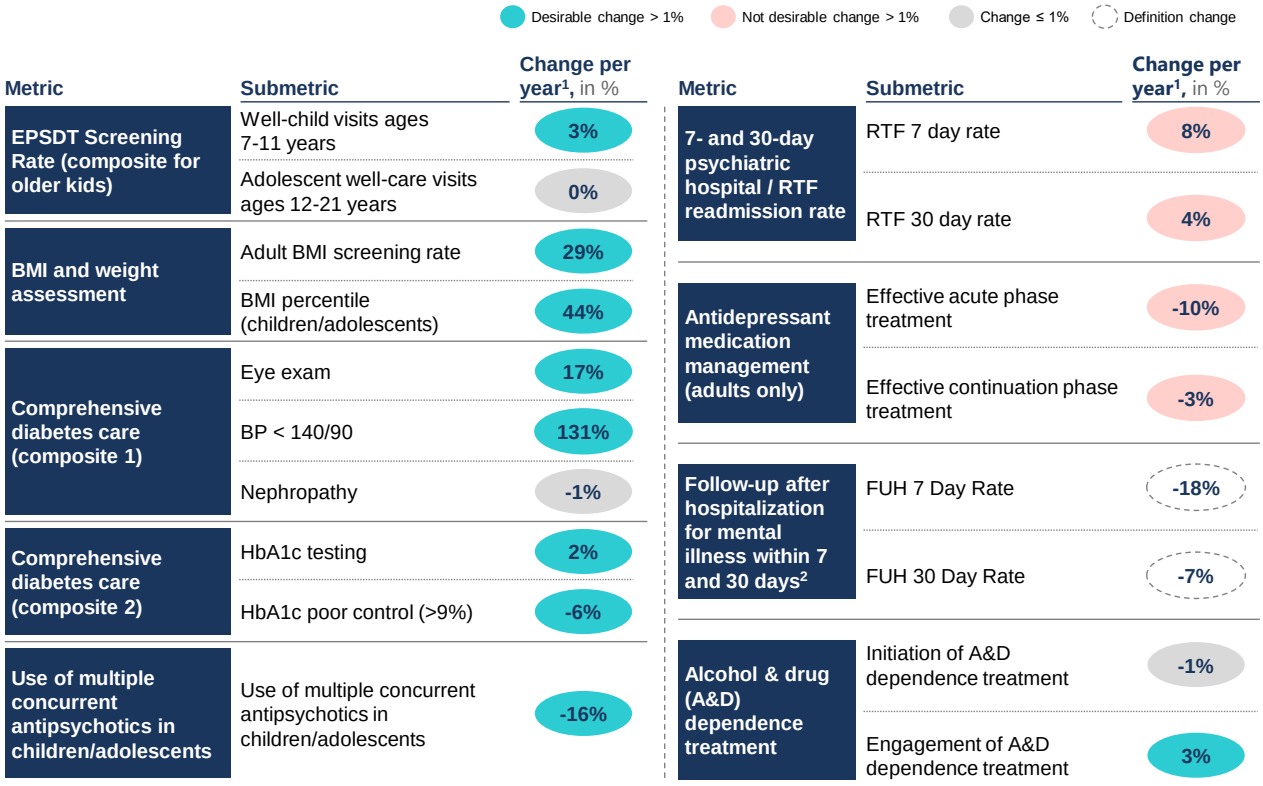
Finding 1: Quality has improved across in 9 out of 18 of measures, particularly those for physical health

The Division of TennCare selected 18 core quality measures for the Tennessee Health Link program. Overall, 9 out of 18 of the core quality measures improved, with 77 percent of physical health measures and 22 percent of behavioral health measures improving (see *Exhibit 1*).

The largest improvements in physical health were seen in the metrics "Diabetes care – Controlling high blood pressure (BP < 140/90)" and "BMI percentile documentation" for children and adolescents, which increased by 131percent and 44 percent per year respectively. The largest improvement in behavioral health was seen in the metric "Use of multiple concurrent antipsychotics in children and adolescents" which declined by -16 percent per year.

Opportunities for continued improvement exist in the areas of readmission and anti-depressant medication management. Psychiatric hospital/residential treatment facility (RTF) 7- and 30-day readmissions increased by 8 percent and 4 percent per year respectively. In addition, the metrics "Antidepressant medication management - Effective acute phase treatment" and "Antidepressant medication management - Continuation phase treatment" declined by -10 percent and -3 percent per year respectively.

Exhibit 1: **Overview of Quality Metric Performance for the Tennessee Health Link Program, from 2016 - 2018**

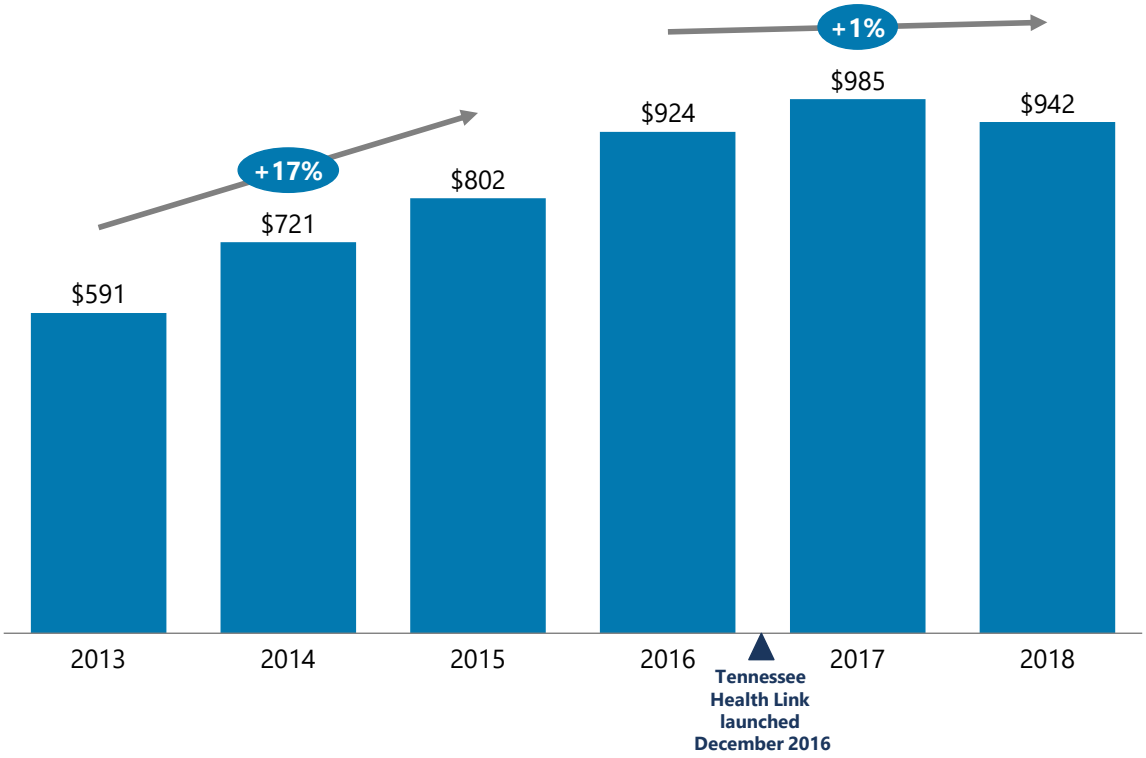


Finding 2: There was a reduction in the total cost of care relative to the control group

The impact of Tennessee Health Link program was assessed using two different comparison methods and both approaches showed that, the total cost of care (TCOC) was reduced over the two-year performance period for active Tennessee Health Link members. The first method compares active Tennessee Health Link members pre- and post- implementation of Tennessee Health Link, while the second method compares active Tennessee Health Link members to a group of attributed but not enrolled members ("attributed not enrolled members" are members who are identified as eligible for the Tennessee Health Link program but are not actively receiving the Tennessee Health Link service).

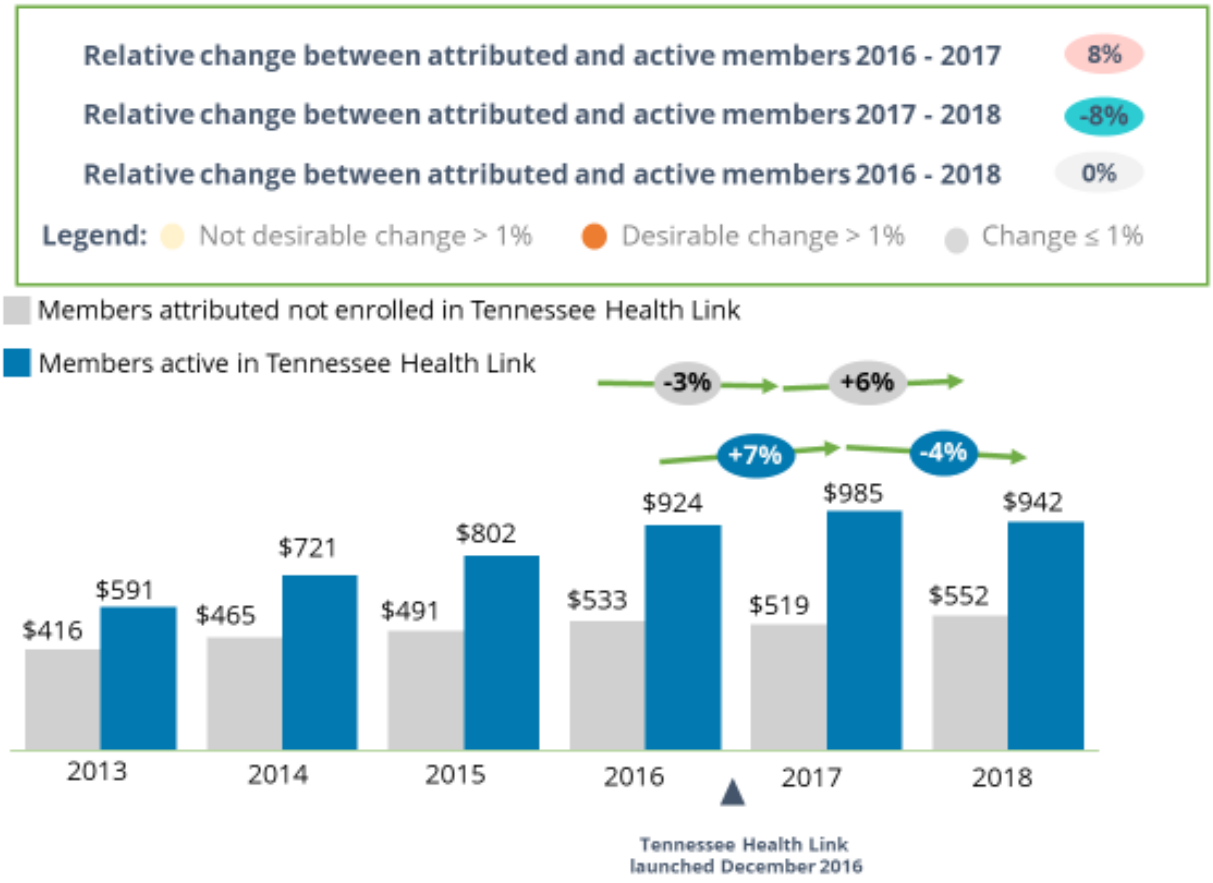
The most improvement was observed when comparing active Tennessee Health Link members pre- and post-Tennessee Health Link implementation. The total cost of care was increasing by 17 percent per year in the two years before program launch but increased by only 1percent per year in the two years following program launch (see *Exhibit 2*).

Exhibit 2: **Tennessee Health Link Total Cost of Care per Member per Month for Active Health Link Members, 2013 – 2018**



When comparing active Tennessee Health Link members to members who could have received Tennessee Health Link services but did not, the total cost of care did not change over the two-year performance period (i.e., the cost increased by 8 percent in the first year of the program and declined by -8 percent in the second year). This increase in cost during the first year is consistent with similar programs which take one to two years to achieve savings (*see Exhibit 3).*

Exhibit 3: **Tennessee Health Link Total Cost of Care per Member per Month for Active Health Link Members vs. Attributed not Enrolled Members, 2013 – 2018**



Although total cost of care did not increase for active Tennessee Health Link members, the services the members accessed did change. TennCare's increased costs for care coordination were offset by less spending on home and community-based care and emergency department visits compared to members who were not active in the program.

Geographical differences were also observed in terms of total cost of care. When active Tennessee Health Link members are compared to attributed not enrolled members, the total cost of care for members in urban areas increased by 1percent per year. However, the total cost of care for member in rural areas declined by -3 percent per year.

Finding 3: The rate for both inpatient hospital admissions and emergency department visits declined relative to the control group

The rate for both inpatient hospital admissions and of emergency department visits declined over the two-year performance period. The most improvement was observed when comparing active Tennessee Health Link members to attributed not enrolled members. Inpatient hospital admissions declined by -11 percent in the two years following the implementation of Tennessee Health Link (see *Exhibit 4*).

Emergency department declined by -3 percent in the two years following the implementation of Tennessee Health Link (see *Exhibit 5*).

Exhibit 4: **Tennessee Health Link Inpatient Hospital Admissions per 1,000 Members for Active Health Link Members, 2013 – 2018**

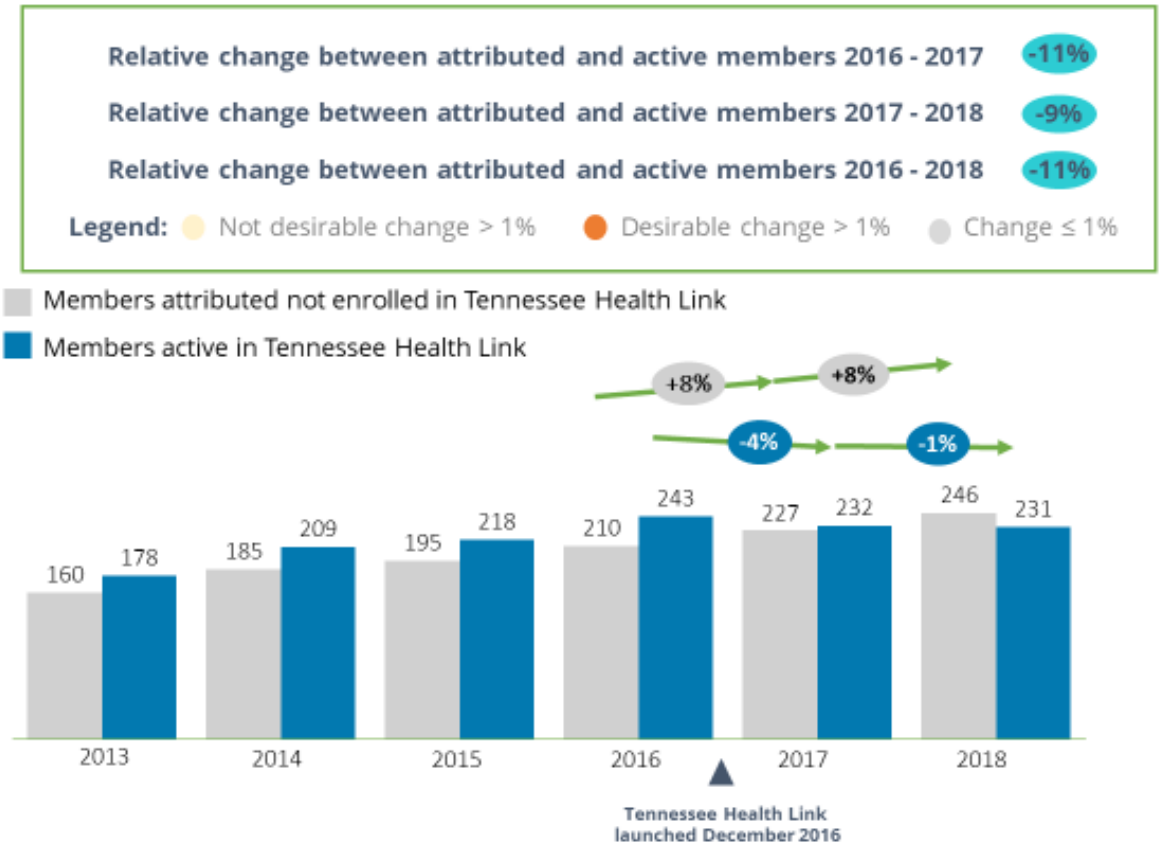
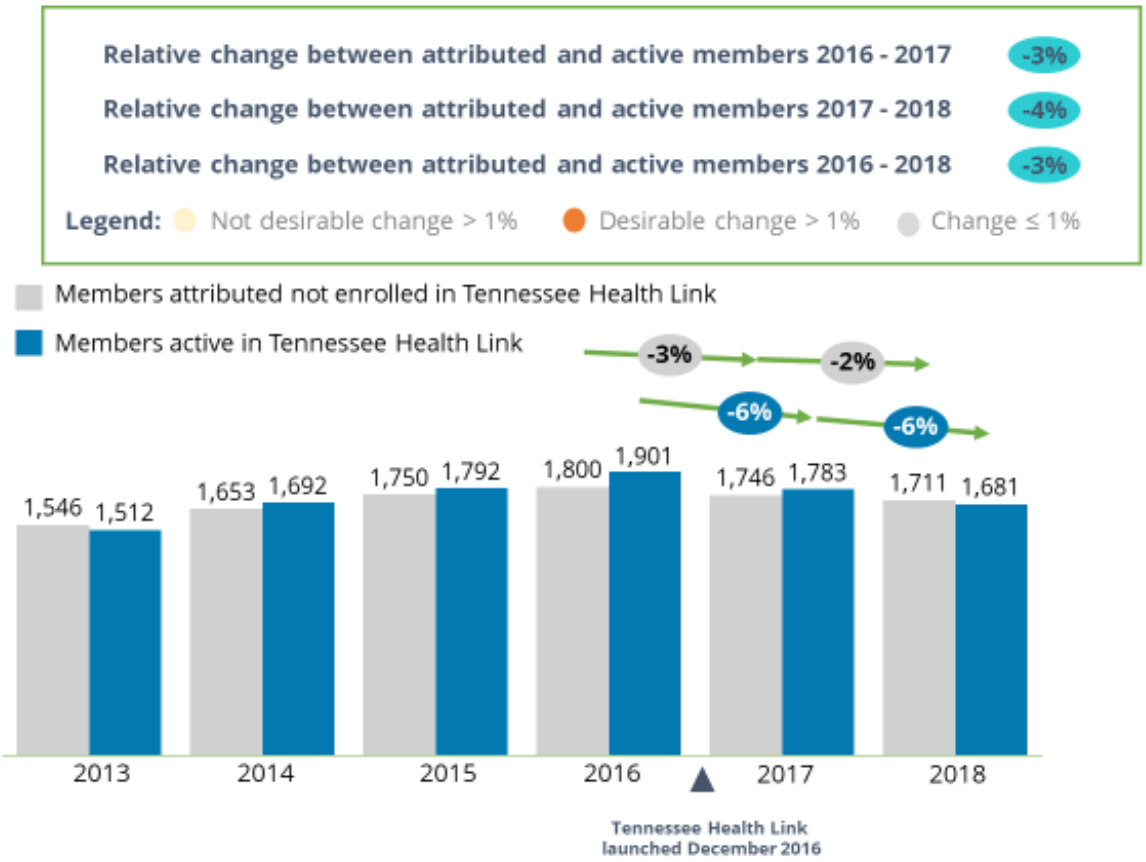


Exhibit 5: **Tennessee Health Link Emergency Department Visits per 1,000 Members for Active Health Link Members, 2013 – 2018**

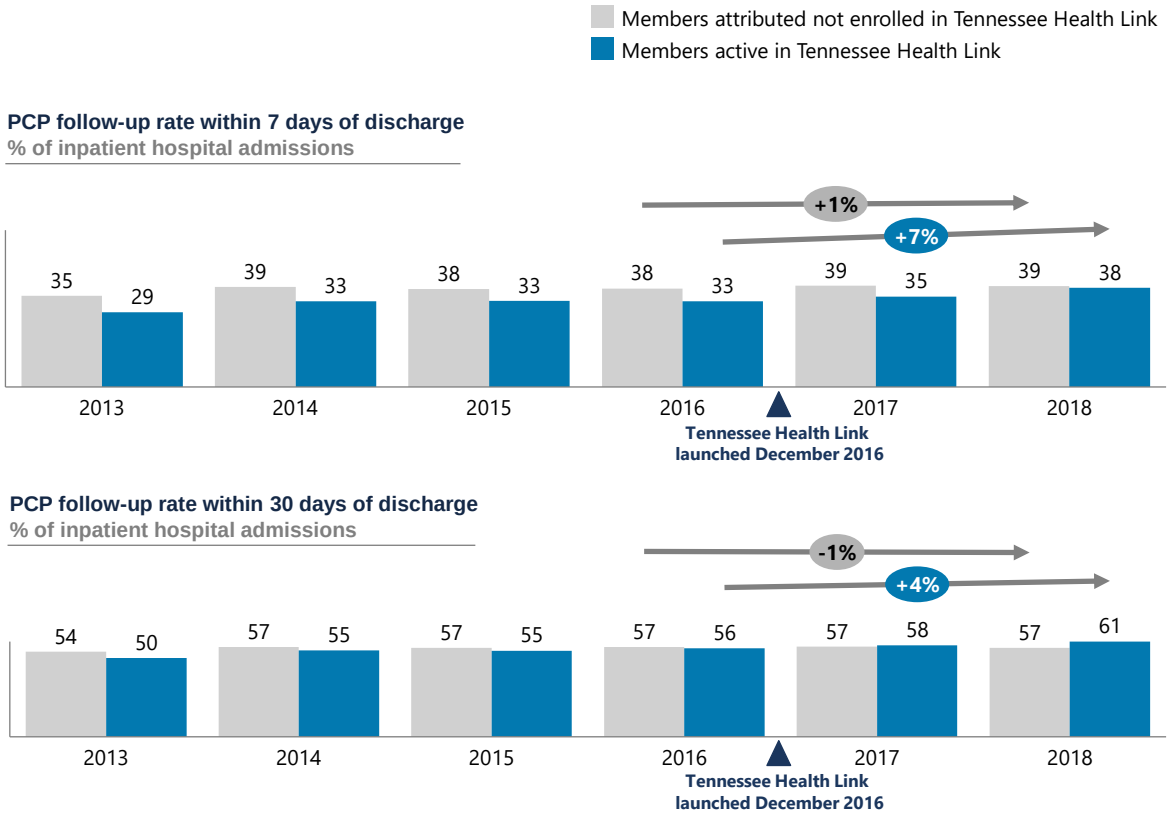


Geographical differences were also observed in the rate for both inpatient hospital admissions and emergency department visits. When comparing active Tennessee Health Link members to attributed not enrolled members, the rates of inpatient hospital admissions and emergency department visits for members in urban areas declined by -10 percent and -3 percent per year respectively. For members in rural areas, inpatient hospital admissions declined by -13 percent per year and emergency department visits declined by -6 percent per year, relative to the control group.

Finding 4: Primary care follow-up visits have improved in the two years since program launch

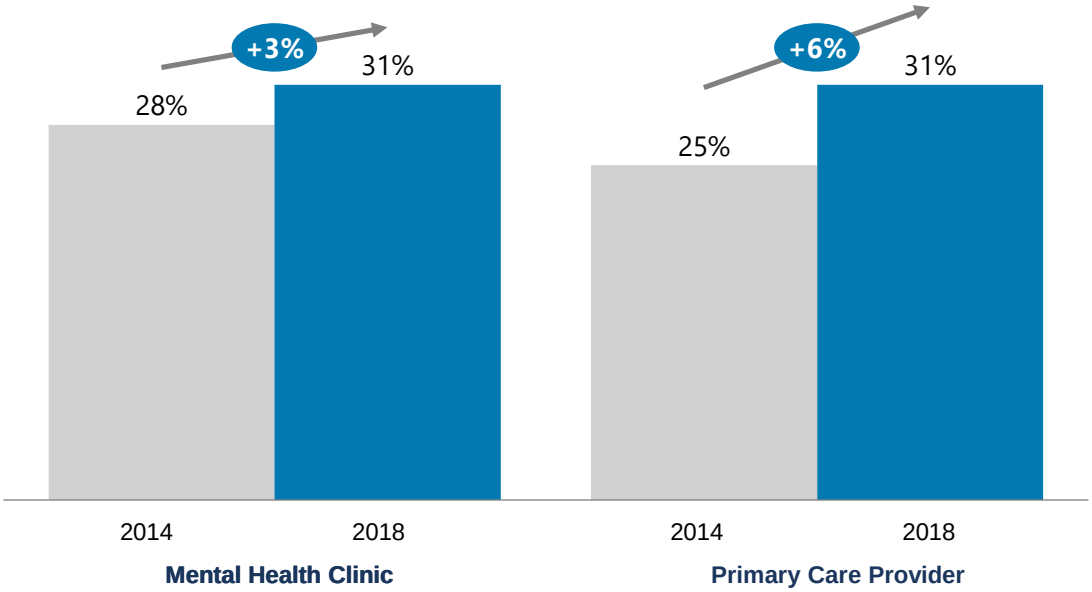
Primary care follow-up visits after acute hospital events have increased for active Tennessee Health Link members. Follow-up visits with primary care providers within 7 days of discharge from an inpatient hospital admission increased by 7 percent per year for active Tennessee Health Link members compared to 1percent per year for attributed not enrolled members (see *Exhibit 6*). Follow-up visits with primary care providers within 30 days of discharge from an inpatient hospital admission increased by 4 percent per year for active Tennessee Health Link members but declined by -1 percent per year for attributed not enrolled members (see *Exhibit 6*).

Exhibit 6: **Tennessee Health Link Visit with Primary Care Provider after Inpatient Hospital Admissions, 2013 - 2018**



Additionally, the proportion of members with behavioral health needs receiving outpatient behavioral health related services from mental health clinics and primary care providers increased by 3 percent and 6 percent per year respectively (see *Exhibit 7*).

Exhibit 7: **Proportion of Members with Behavioral Health Needs Receiving Outpatient Behavioral Treatment at Mental Health Clinics / Primary Care Provider, 2014 - 2018**



Finding 5: Providers report being better able to improve care for their patients

Overall, Tennessee Health Link providers reported in focus groups that they are receiving helpful information about their patients through the Care Coordination Tool (CCT) that TennCare is providing for them. The Care Coordination Tool is a web-based application which makes Tennessee Health Link members' medical needs more transparent. Tennessee Health Link providers may see enrolled Tennessee Health Link members' gaps in care which are linked to quality measures and coordinate and track the closure of those gaps. The CCT also provides admission, discharge, and transfer data for members to providers in real time. Providers can better detect gaps in care (e.g. health screenings), proactively reach out to patients (e.g. following a discharge), and better "treat the whole patient" by sharing information with other providers (e.g., between Tennessee Health Link and Patient Centered Medical Home providers).

The providers also reported that they were investing the earned outcome payments from Tennessee Health Link in hiring additional staff (e.g., care coordinators, referral nurses, other support staff) and supporting additional services.

For more information about the Tennessee Health Link program, please visit tn.gov/tenncare or email payment.reform@tn.gov