

## Behavioral Health Network Adequacy Report Health Share of Oregon: September 2023

This report is intended to highlight key areas of member access for behavioral health services in Health Share of Oregon. It offers a snapshot of current conditions and may not reflect the individual experiences of specific providers, which may vary by provider type. This data will illuminate areas of needed investment on a systemic scale and will be utilized to understand areas of success with past and current system investments in the region.

Data is pulled from existing reports stemming from access initiatives and include metrics that show a general health of access. Data sets are presented in four categories:

- 1) **Provider network:** Focus of this data is to understand the volume of providers in the network
  - a. Total outpatient providers
  - b. Outpatient provider average time serving the network
- 2) **Provider reach:** Focus on the number of members served by providers and frequency of service
  - a. Average members served per provider
  - b. Average services per provider
  - c. Health Share mental health OP Services per active authorization
- 3) **Member experience:** Focus on penetration rate of members with a breakdown by various demographics. Penetration rate reflects the number of active members engaged with BH services. Data also focuses on members wait times for services
  - a. Mental health and SUD penetration rates
  - b. Specialty program waitlist
  - c. Wait times for third next available
- 4) **Culturally specific outpatient:** Focus on programs that provide culturally specific services to members.
  - a. Culturally Specific provider counts
  - b. Average members per provider
  - c. Average services per member

This data was gathered primarily from claims, authorization, member demographics, and provider self-reported data fields. Charts with *grey dots* indicate the averages or totals, *blue vertical* indicates benefit transition to management by CareOregon, which took place in January 2020. As CareOregon continues its path towards system integration via the behavioral health systems integration (BHSI) project, our hope is to have more uniform cross-regional data.

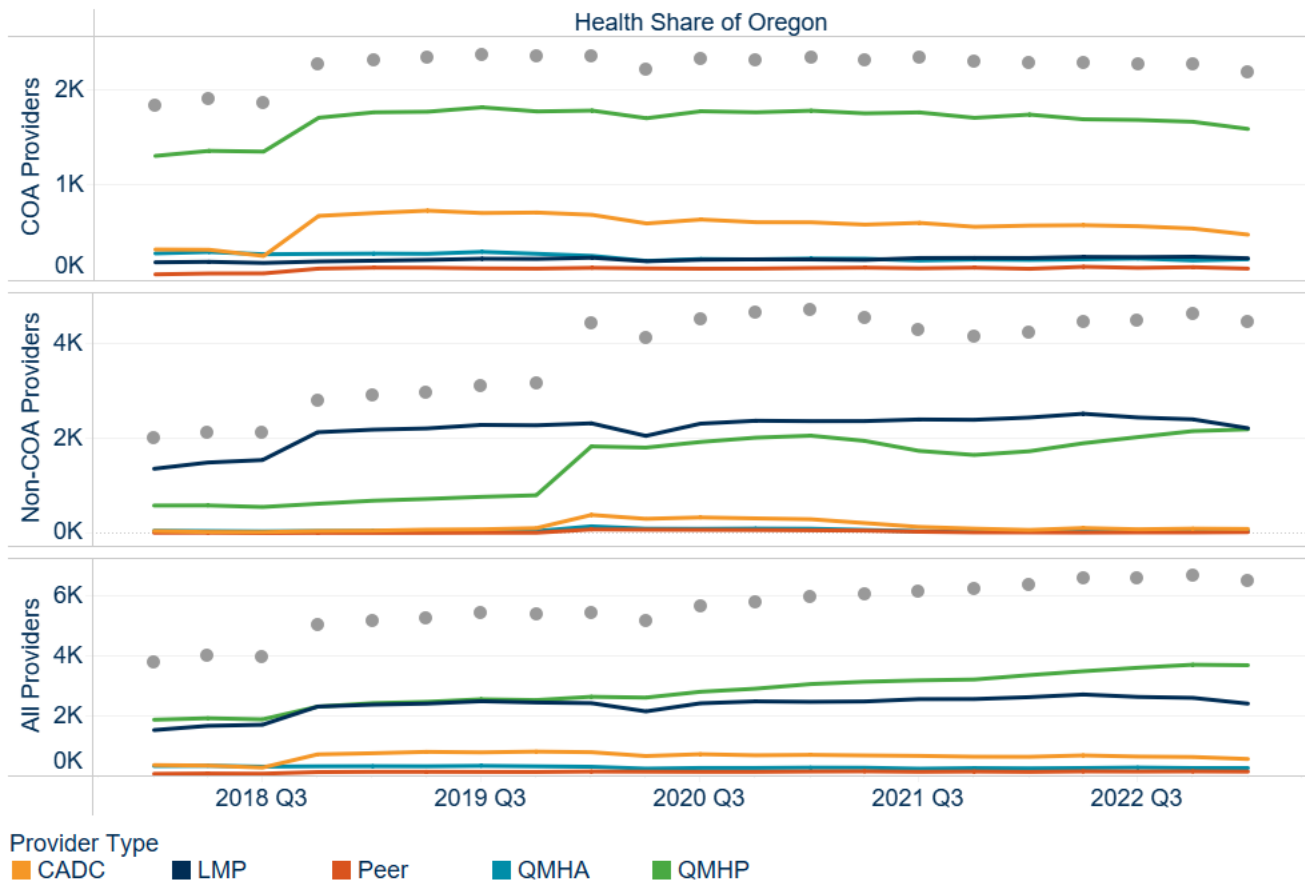
We aim to release data on a quarterly basis, as we transition to an online dashboard format

## September 2023 Update:

Overall trends remain steady when compared to May 2023 report. Provider graphs have been split into COA, non-COA, and all outpatient providers. COA providers have been identified based on providers marked as COA in the Tier 2 Fee Schedule. A couple graphs show a small decrease in numbers at the very end of Q3 2023; this is likely due to claims lag and not indicative of actual decreases in access in that quarter.

## Provider network

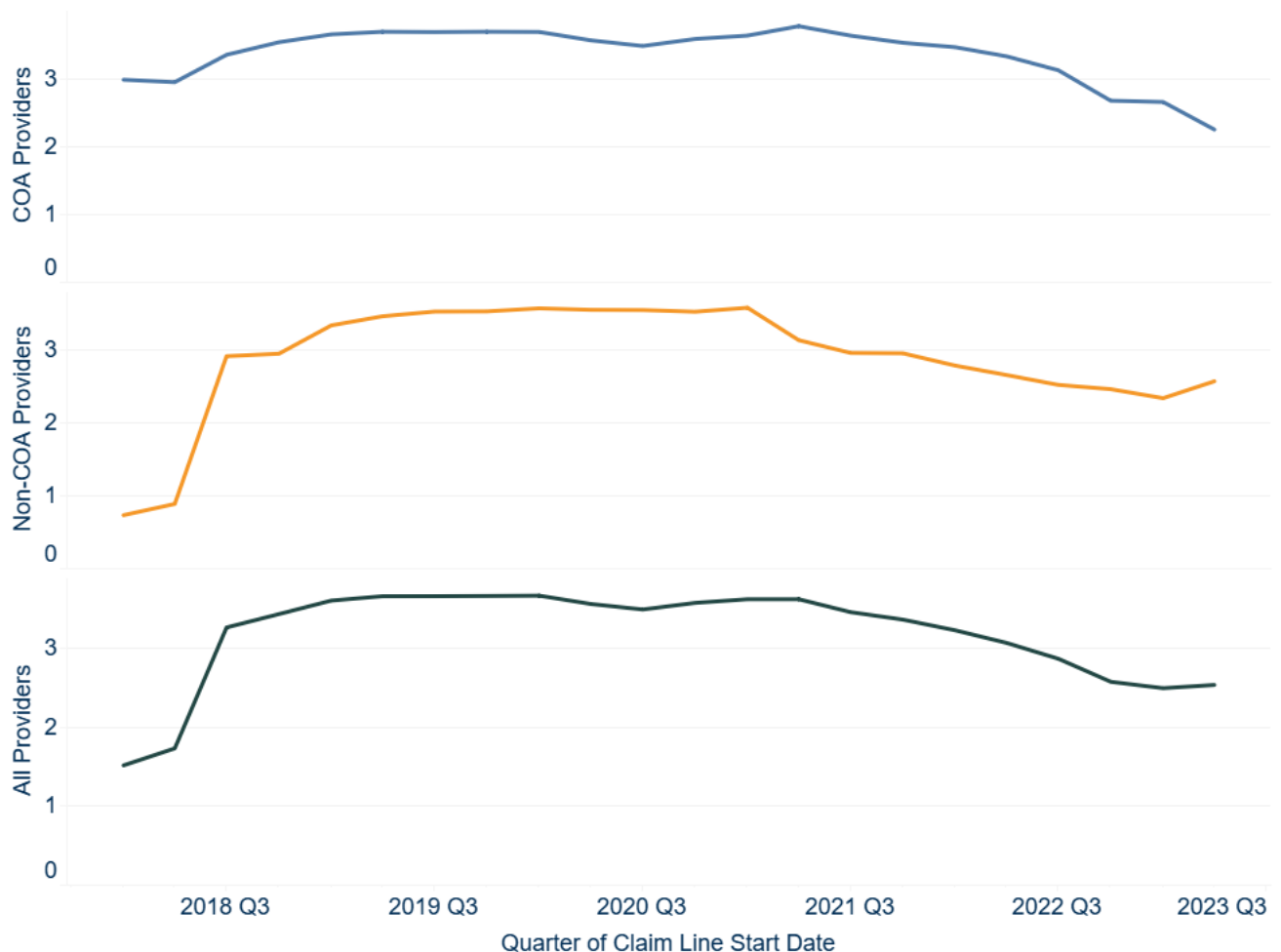
### Total Providers Serving the Network



- Gray dotted line indicates total number of unique rendering providers, both contracted and non-contracted.
- QMHP includes registered associates, licensed or, those neither registered nor licensed.
- Includes only providers with paid BH claim within the quarter.

The data indicates the number of outpatient providers has risen since the pandemic in 2020. The rise could be attributed to an increase in telehealth usage. This data does not distinguish between private, group or certified mental health professional (CMHP) setting. Future waves of the report will look to incorporate organization types into this graph.

## Outpatient Provider Average Years Serving Network

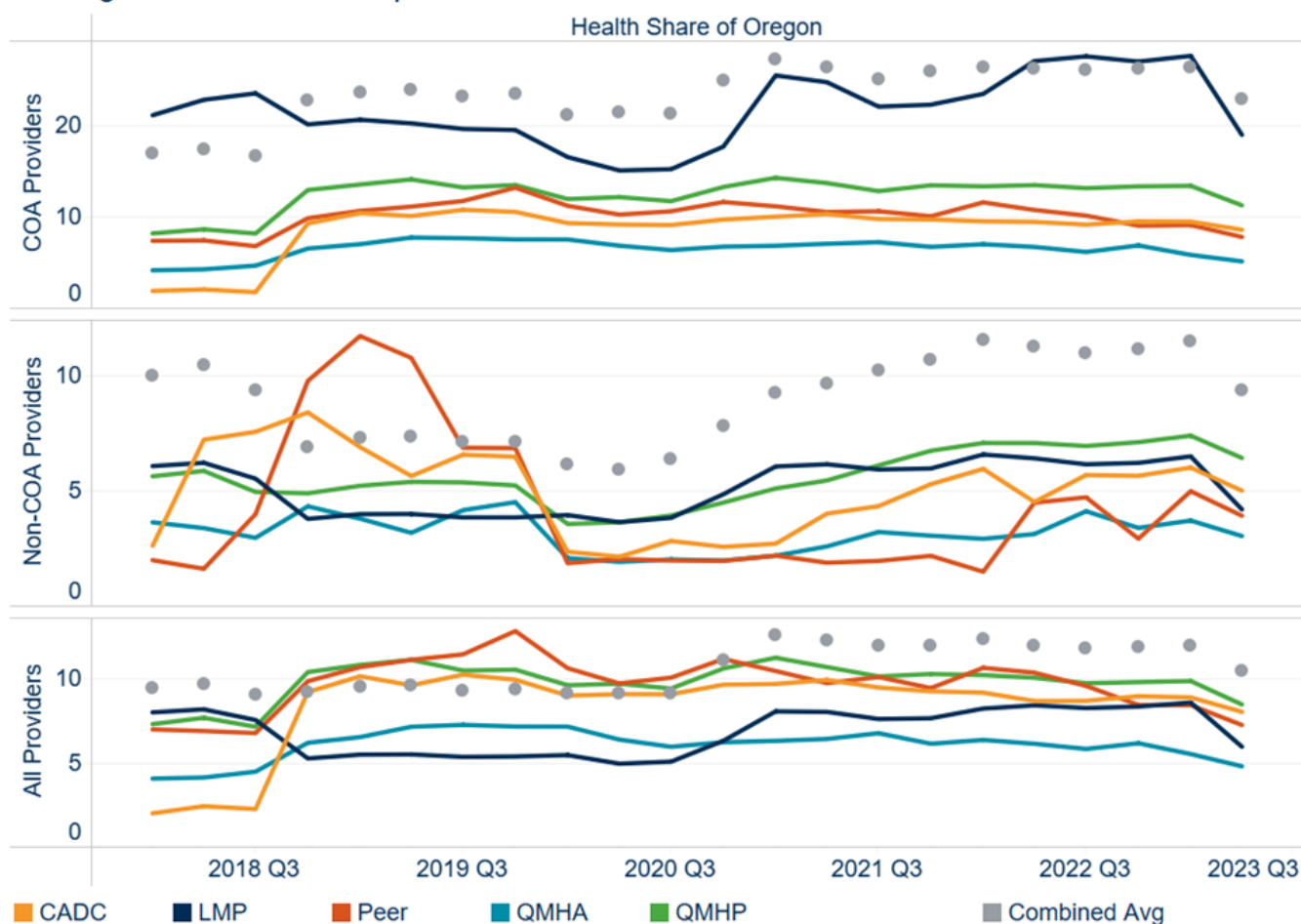


- Average time for individual providers serving CareOregon members. Range is individual providers' first claim to most recent.
- Calculated by national provider identifier (NPI).
- Same provider criteria for total outpatient providers data set.

The average time for providers has decreased steadily since 2019. More research on this metric would aid in understanding the cause of the decline, it may be that expansion of telehealth brought an increase in new providers to regions. Anecdotally, systemic issues of burnout, cost of living, etc., may also be factors. Organizations with high instances of turnover would lead to relying on new providers with less time in the field.

## Provider reach

### Average Members Served per Provider

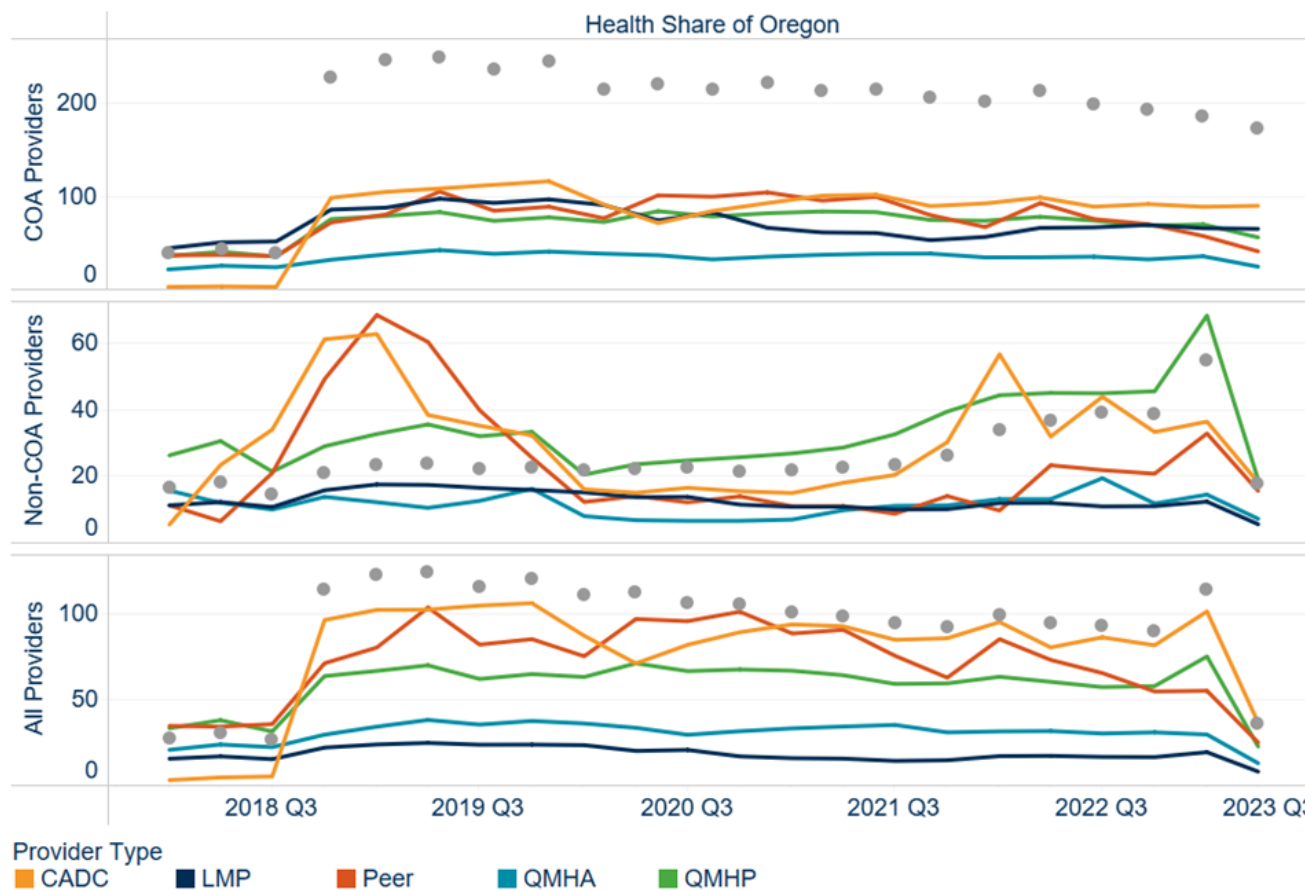


*Average unique members served by outpatient (OP) behavioral health, providers per quarter*

*September 2023 Update*

- Providers have been split into COA and non-COA categories

## Average Services per Provider



- Average services per provider per quarter.
- Services defined by a single claim line

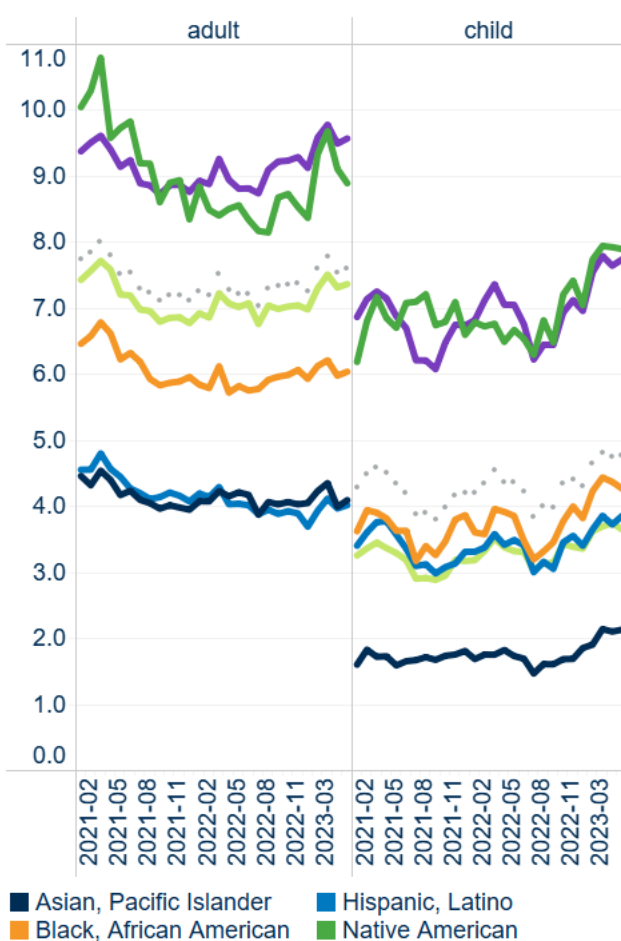
### September 2023 Update

- Mid 2023 saw an increase in services performed per non-COA provider
- The dip in Q3 of 2023 is likely due to claims lag, and not indicative of a decrease in services offered/performed

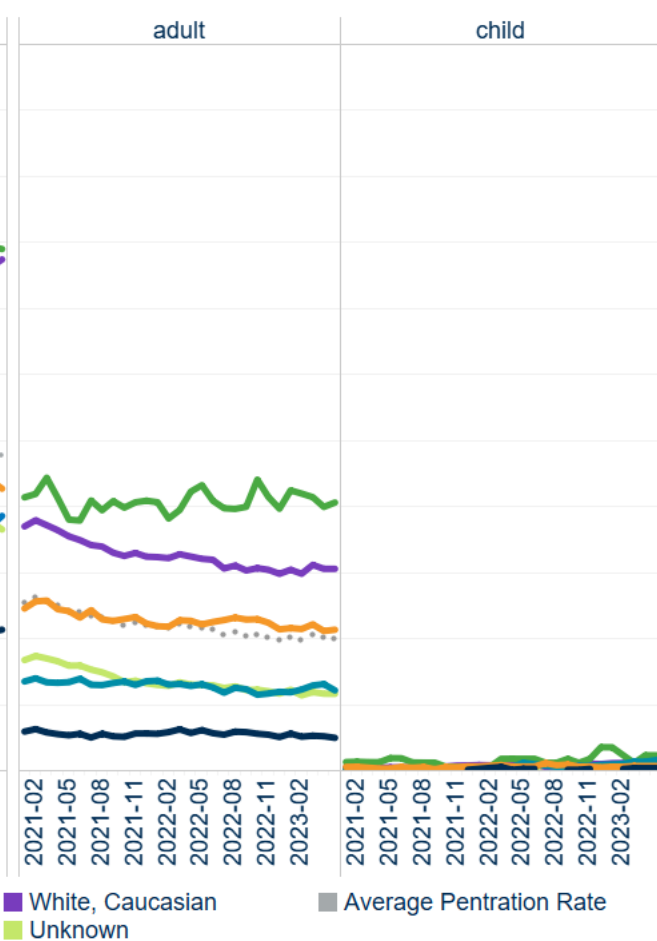


## Member experience – Health Share of Oregon

Mental Health Penetration Rates



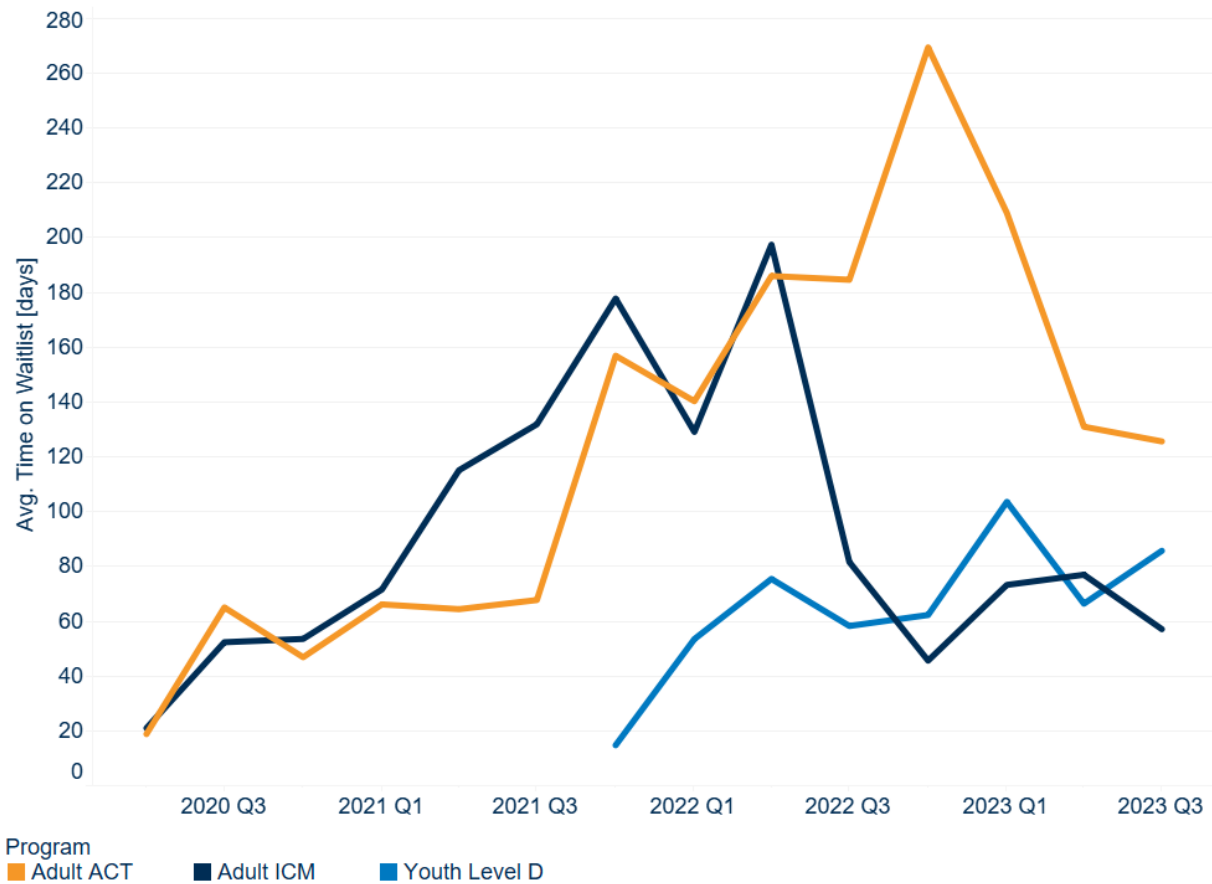
Substance Use Disorder Penetration Rates



- Penetration rate defined as percent of members receiving services of those enrolled in Health Share behavioral health services.
- SUD/MH defined based on ICD primary dx.
- Not including primary care behavioral health (specialty only).



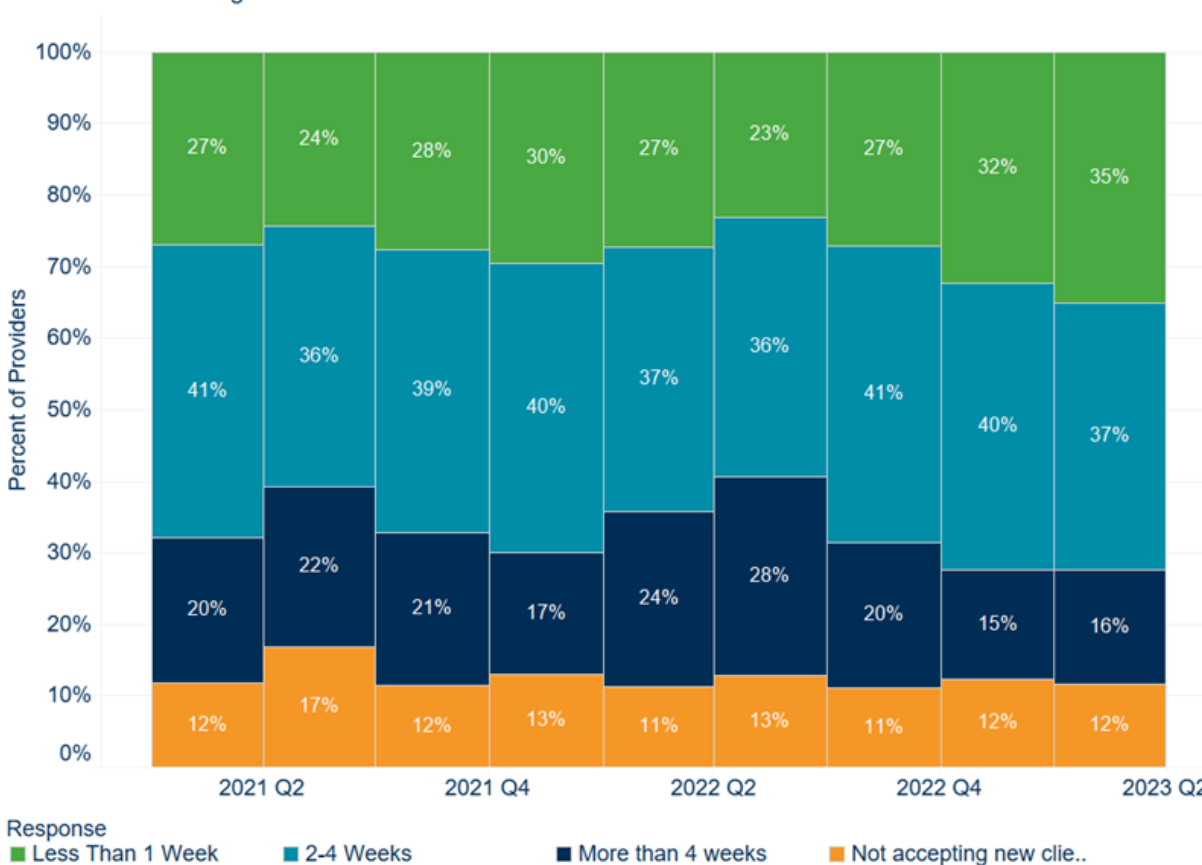
## Specialty Program Waitlists Health Share of Oregon



- Average time in days from referral to closure of case with case coordination team.
- Only includes contracted Health Share of Oregon programs.
  - Assertive Community Treatment (ACT), Intensive Case Management (ICM) and Youth Level D (Transition Aged Youth, Home Based Stabilization)
- Self-reported provider data from the UM team.

More data is needed to understand the reasoning for the spike and then decline in 2023. ICM started to decline pre-2023.

## Waitlist Length for 3rd Next Available Outpatient Appt Health Share of Oregon



- Includes only providers who had responses, response rate of 52% (i.e., 48% on average were no response over the last two years).
- Contracted providers only within Health Share of Oregon.

The “third next available appointment” is an industry standard measure for access and is most commonly used to assess access for providers that operate on an “appointment only” basis. It should be noted that behavioral health providers often offer services outside this model, including group sessions, or in some cases utilize services from provider types that may not maintain a schedule in an electronic health record (EHR), e.g., a peer specialist.

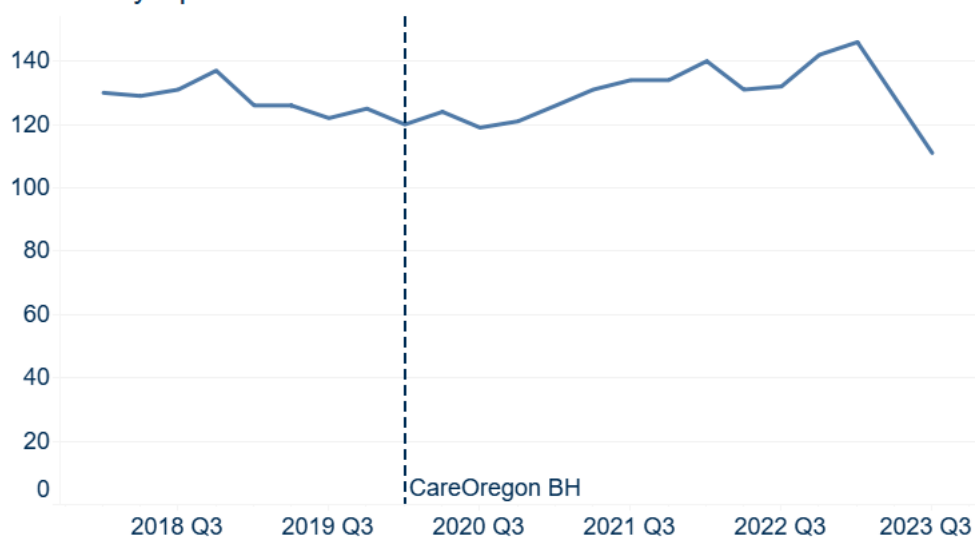
Though wait times appear to be on a downward trend, additional data is needed to confirm. We will continue to monitor this in future reports. Additionally, due to the nature of the data (self-reported by approximately half of contracted providers) it is difficult to extrapolate accurate findings.



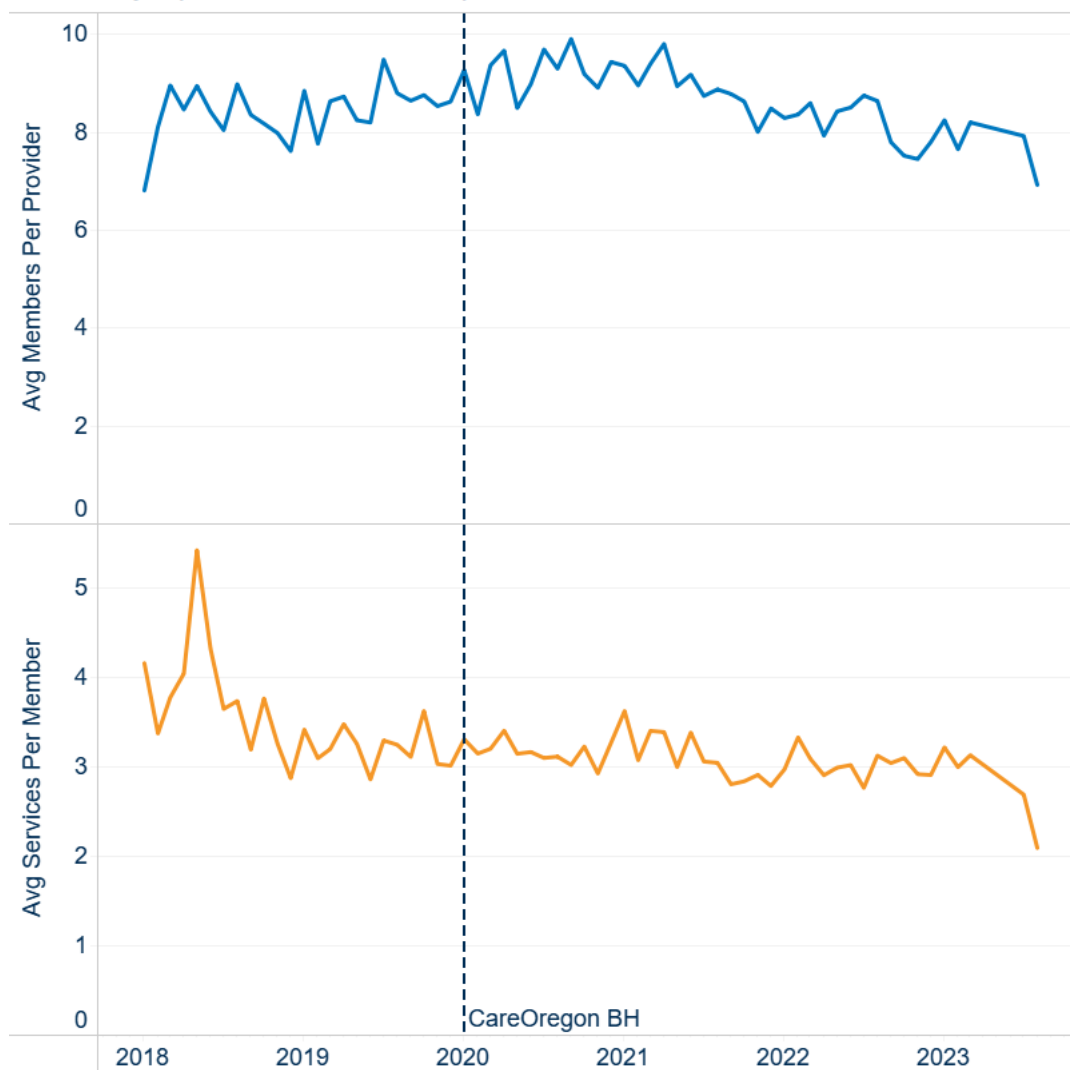
## Culturally Specific Outpatient Mental Health

- *Culturally Specific (CS) defined by all CS authorizations.*
  - *Future versions will utilize data from Culturally and Linguistically Specific Services (CLSS) claims.*
- *Included providers: Asian Health Services, CCC (Karibu), Lutheran Community Services, NARA, OHSU (Avel Gordly and IPP).*
- *Services are defined as a single claim line.*

Culturally Specific - Provider Counts



## Culturally Specific - Member Experience



The decline in average members per provider may be attributed to the decline in penetration rate with culturally specific populations, see Mental Health Penetration Rate graph.