## Hospital Readmissions for Chronic Disease

With a team-based approach to disease management, Arizona Complete Health has identified multiple improved outcomes in members with SMI who are also diagnosed with COPD.

- **57% and 54.68% decrease in members utilizing the Emergency Department** (ED) and being admitted to hospitals due to COPD from 2018 Q1 to Q4 respectively
- **23.1% and 6.5% decrease in members who readmit to the hospital**, both for COPD and other reasons from 2018 Q1 to Q4 respectively

## The HELPP Pilot; Peer Program Supporting Reduction in Hospital Readmissions (OCT 2018- JAN 2019)

With this Peer pilot program, Arizona Complete Health partnered with Hope, Inc. Hope staff worked onsite at Sonora Behavioral Health Hospital and in the community post-discharge in an effort to reduce hospital readmissions.

72 total members were part of this pilot. Of these:

- 41 members who participated had at least one previous inpatient admission in the 3 months prior to their participation; **59% of the members did not experience a readmission** to the hospital.
- 21 members had more than one inpatient admission in the 3 months prior to their participation; **43% of these members did not experience a readmission** to the hospital.
- Over 70% of all participants did not experience a readmission that previously had experienced hospital readmissions

## Arizona Opioid Initiatives

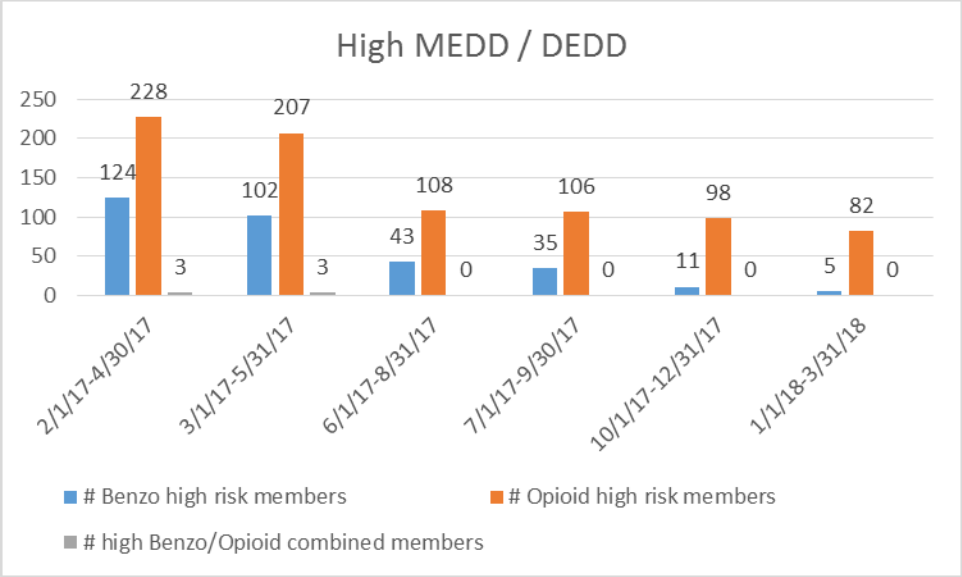
Arizona Complete Health has employed interventions in all four main categories to tackle the opioid epidemic:

- Accessible, Evidence-Based Care
- Local Provider relationships
- Partnering with Criminal Justice
- Integration through Pharmacy

The goals of our efforts have been:

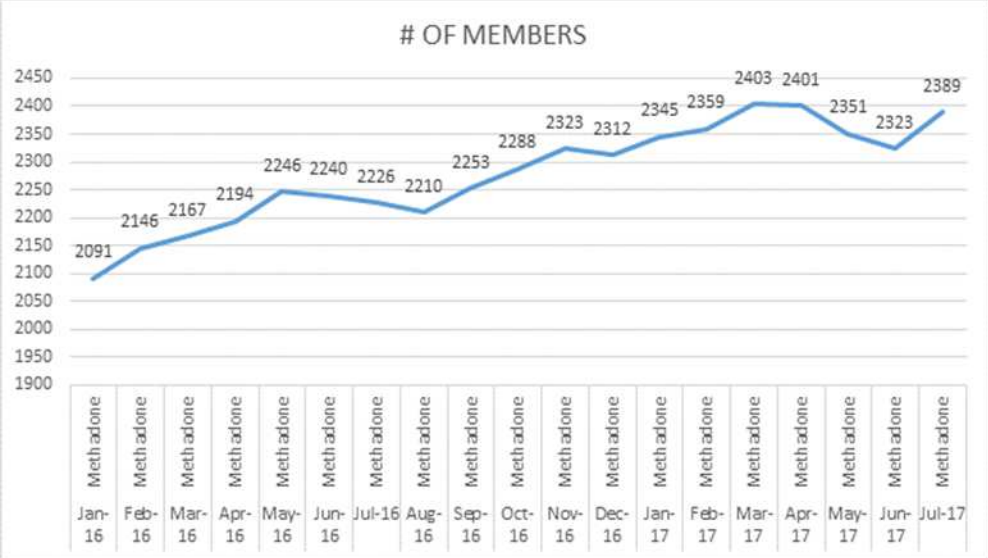
1) To reduce the numbers of members becoming addicted to opioids
2) To improve access and engagement in treatment, prioritizing induction into Medication Assisted Treatment
3) To prevent adverse events and impacts such as overdoses and deaths associated with opioid use

Arizona Complete Health continues to see progress in reducing high morphine equivalent daily doses (MEDD) and high diazepam equivalent daily doses (DEDD). In fact, **the plan experienced a 29% reduction in high MEDD for RBHA members from 1st fiscal quarter (106 members) to 4th fiscal quarter (74 members) of last year.**




Arizona Complete Health has also been successful at increasing the number of unique members engaged in medication assisted treatment.

Methadone data (data reported by methadone clinics)



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Our programs and strategies include the following:

## Accessible Evidence-Based Care

- **Development of first full integrated (physical and behavioral health), 24/7 Medication Assisted Treatment (MAT) clinic in the nation with CODAC** (Provider partner) in Tucson, Arizona; includes MAT treatment for pregnant women. CODAC is considered the Gold Standard.
- Engagement of youth and young adults, ages 12-24 (State Youth Treatment grant), using the Adolescent Community Reinforcement Approach (A-CRA)
- Provider and community education and awareness on Medication Assisted Treatment (MAT), Screening, Brief Intervention, and Referral to Treatment (SBIRT), and non-opioid pain management options
- Pharmacy Tool Kit including
    - CDC Guidelines
    - Screening tools
    - Long-acting and Short-acting opioid recommendations for pain management
    - Taper tools

## Local Provider Relationships

- Urban and Rural Infrastructure and Outreach/Engagement (State Targeted Response Grant); includes new MAT/Med Units in Rural Areas (Provider: Community Medical Services)
- Facilitated partnership addressing Neonatal Abstinence Syndrome (NAS) with Tucson Medical Center and CODAC, BH Health Home)
- Grant-funded provision of Encountered Services for non-Medicaid, Uninsured and Underinsured Individuals (includes coverage for gaps in Medicare such as non-prescription dosing in MAT clinics)
- Established 24/7 Opioid Response (single points of contact in each county for first responders, hospitals/EDs, community self-referrals to bridge) to opioid treatment array
- Extensive Provider education and training on narcan/naloxone (including provision of kits through a nonprofit partner organization): distributed 4,918 Naloxone kits and **had 120 reported overdose reversals in our 8 Southern AZ Counties** (Pima, Pinal, Cochise, Santa Cruz, La Paz, Yuma, Graham and Greenlee) from Jan - Dec 2017.
- Direct Provider to provider engagement on high risk members based on integrated approach.
    - Providers informed of full medication history and clinical risk factors for member
- Specialized training for 42 engagement specialists; addition of 25 grant-funded outreach specialists targeting the population with Opioid Use Disorders; additional, specialized training for peer support specialists across the network.

## Partnering with Criminal Justice

- Targeted reach-in and reentry program funded through Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA) to bridge persons incarcerated into treatment
- Care-Coordination based re-entry program – assist ex-offenders in accessing appropriate behavioral health services
- Partnerships with first responders on narcan/naloxone (overdose prevention dosing)
- Education and partnerships with jails to induct detainees into MAT during incarceration (vital overdose prevention strategy) and supply Naloxone to those with OUD upon release
- Grant-funded diversion program (pre- and post-booking) to provide treatment vs incarceration

## Integration through Pharmacy

- Pharmacy Point-of-Sale tools that track quantities, limit supply on first fill, and provide education.
- Expansion of the Pharmacy Home program:  800% increase in members identified and enrolled in the pharmacy home program for RBHA members.
- Case Management Referral Process developed:
    - High morphine equivalent daily dose (MEDD) and diazepam equivalent daily dose (DEDD) reporting developed and members identified monthly
    - New high-risk members identified through PA requests are routed to CM e-mail box for outreach.