

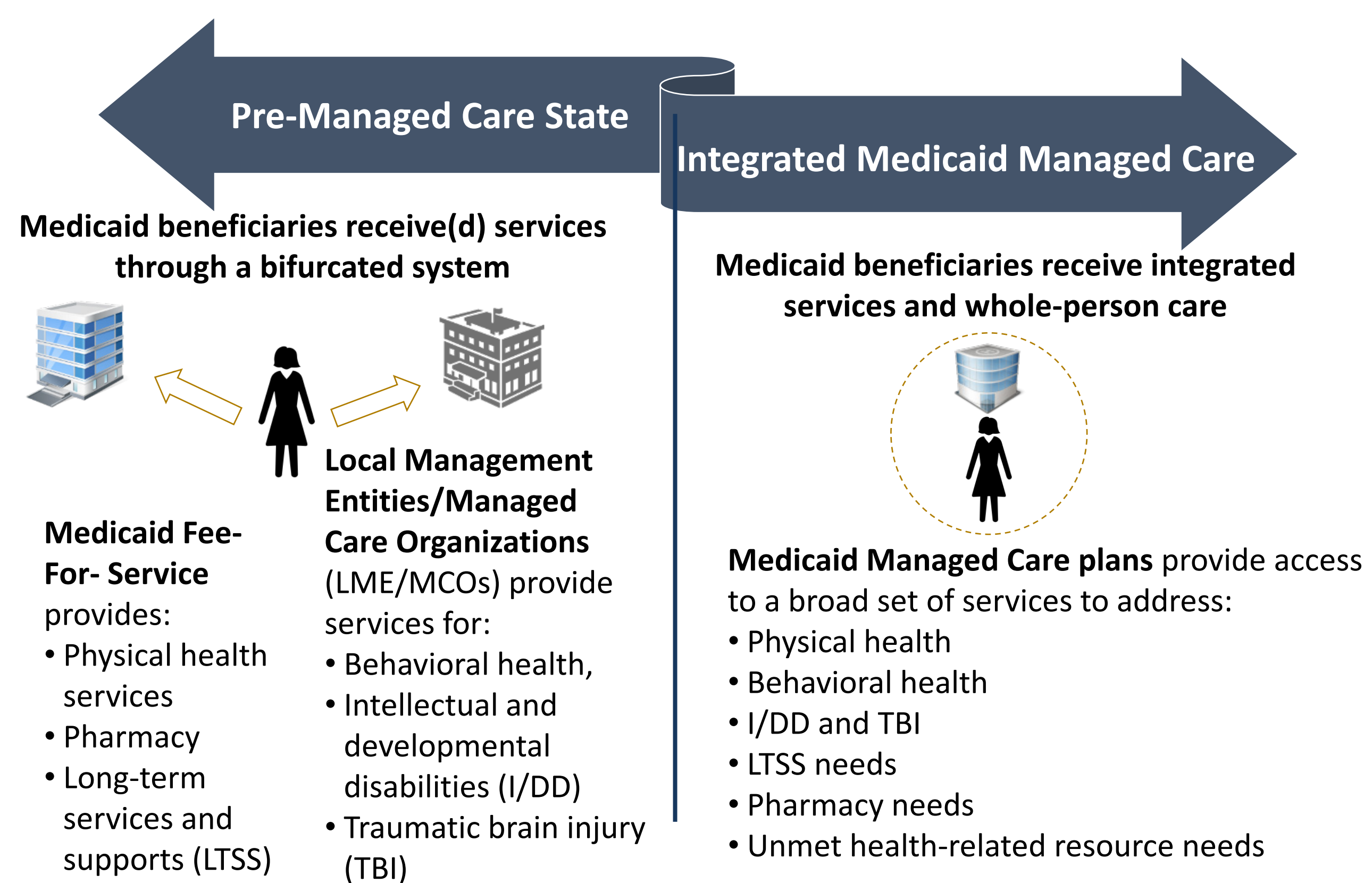
BACKGROUND

- In July 2021 North Carolina Medicaid (NC Medicaid) began its **transformation to Managed Care**, transitioning 1.8 million of its nearly 3 million members into one of five **Standard Plans (SP)** that offer members integrated physical health, pharmacy, care coordination, and basic behavioral health services.
- Tailored Plans (TP)** will launch in 2023. These plans will serve individuals with behavioral health needs and intellectual/developmental disabilities (I/DDs)
- NC Medicaid has piloted a dashboard to track key performance indicators across these plans in the realm of integrated care.**

INTEGRATED CARE AT NC MEDICAID

Integrated care is an approach to whole-person care that prioritizes coordination of care for physical, behavioral, and social drivers of health.

- Standard Plans (SPs)** drive integrated care by incorporating or introducing behavioral health resources through their existing medical home with goals of 100% engagement in the medical home.
- Tailored Plans (TPs)** drive integrated care through initiatives around comprehensive care management and incorporating physical health care into their behavioral health and intellectual/developmental disabilities resources.



INTEGRATED CARE DASHBOARD

KPI	Group ⁵	Past	Current ¹	County Disparities ²	Race/Ethnicity ^{3,4}
		Quarterly Jan-Mar 2022	Apr-Jun 2022	Apr-Jun 2022	Apr-Jun 2022
1 Primary care visit within 12 months	Tailored Plan	68.1%	83.0%		
	Standard Plan	62.6%	82.8%		
2 Maternal depression screen rate ⁶	TP	1.4%	1.2%		
	SP	1.1%	1.0%		
3 Behavioral health emergency department use (per 1K)	TP	9.08	10.52		
	SP	1.03	1.12		
4 Use of psychosocial services in 1st year of medication-assisted treatment for SUD	TP	41.6%	42.3%		
	SP	24.1%	27.8%		
5 Community-based SUD visits that had a PCP visit in the 30 days after	TP	39.4%	39.1%		
	SP	66.7%	69.5%		
6 Metabolic testing for children and adolescents on antipsychotics	TP	36.2%	37.13%		
	SP	19.9%	19.9%		
7 Behavioral health service usage in a PCP setting	TP	*	48.6%		
	SP	*	13.0%		

DATA USES

- These data are being utilized by the Chief Medical Officer and Secretary of the NC Dept. of Health and Human Services for quarterly monitoring related to departmental behavioral health and resiliency goals. Data are also being used to inform the multi-payer, multistakeholder collaborative care consortium.
- In the future, data will be shared with health plans, and made available on a public-facing page.

METHODOLOGY

- Metrics were chosen through consultation with the Chief Medical Officer, Chief Quality Officer, and Deputy Director for Evaluation at NC Medicaid.
- Data sources for the dashboard include claims and encounters data as well as data collected as part of North Carolina's 1115 Substance Use Disorder (SUD) waiver.
- Analysis was conducted using Tableau, Tableau Prep, and Microsoft Excel. The final dashboard is delivered in a quarterly PowerPoint slide to leadership at the North Carolina Department of Health and Human Services.

NOTES

- Current rates:
 - = improving (>10% difference from previous period)
 - = steady
 - = worsening (>10% difference from previous period)
- Maps gradients demonstrate if counties are better (blue) or worse (orange) than the median. Numerators smaller than 11 are suppressed and no data is shown for those counties.
- Not all race/ethnicity categories shown; groups where data is unavailable indicated with asterisk (*).
- NHPI = Native Hawaiian and Other Pacific Islander; AI/AN = American Indian and Alaska Native; Haw./PI = Hawaiian and Pacific Islander; Multi-R = Multi-Racial
- TP rates are for TP eligible populations.
 - = Data Unavailable
- Screenings are likely undercounted; the department is working to refine calculations for this metric.

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