Lessons Learned:
The TCOM Partnership of Funder, Managed Care, and Provider

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Abstract

Magellan has partnered with funders and providers on use of the CANS in six states based on each state’s unique goals, systems and funding structures. This presentation will address the following:

• The various ways in which managed care utilizes the CANS, including a behind-the-scenes look at how managed care operates
• Misconceptions about how managed care uses the CANS in medical necessity decisions
• Magellan’s successful use of Transformational Collaborative Outcomes Management (TCOM) in clinical decision-support, practice management, locally effective practices, outcomes-based contracting, algorithm development, predictive modeling, and quality improvement
• Development of an outcomes platform and reporting capabilities
• The future of the CANS in managed care and quality improvement as part of a proactive, transformational system, including what providers can initiate in a managed care environment and how funders can build the CANS into clinical and quality program design.
How Does Managed Care Use the CANS?
Magellan’s Use of the CANS:
Transformational Collaborative Outcomes Management (TCOM)

<table>
<thead>
<tr>
<th>Decision Support</th>
<th>Family &amp; Youth</th>
<th>Program</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Care Planning:</td>
<td>Eligibility, Step-down:</td>
<td>Right-sizing:</td>
</tr>
<tr>
<td></td>
<td>Collaborative Goal Setting</td>
<td>Determining Fit for Goal Attainment</td>
<td>Maximizing Probability of Success</td>
</tr>
<tr>
<td>Outcome Monitoring</td>
<td>Service Transition:</td>
<td>Evaluation:</td>
<td>Performance Contracting:</td>
</tr>
<tr>
<td></td>
<td>Success Generalization</td>
<td>Locally Effective Practice Identification</td>
<td>LEP Uptake</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Supervision for Compliance:</td>
<td>Accreditation:</td>
<td>Reactive System:</td>
</tr>
<tr>
<td></td>
<td>Supervision for Competence</td>
<td>Meaningful Use</td>
<td>Proactive, Transformational System</td>
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</tbody>
</table>


Six states and how we have used the CANS:

- NE
- WY
- AZ
- PA
- VA
- LA

Clinical decision support
Accreditation support
Practice Management
Locally effective practices
Outcomes-based contracting
Algorithm development
Predictive modeling
Quality improvement
Medicaid Managed Care Myths

• Medical necessity criteria
• Denials
• Profit
• Bureaucracy
Medicaid Role as Funder of Managed Care

- State Plan and Federal Waivers
- Regulations
- Memorandums of Understanding across systems
- Approvals of policy and medical necessity criteria
- Contract Monitoring
- Quarterly/Annual Performance Measures with incentives
- RFPs
- State decision on Capitated (“Risk”) or Administrative (“ASO”) financial arrangement
- Reinvestment decisions
Medicaid Managed Care Value Add

• Advisor to funders
• Subject Matter Experts
• Propose medical necessity criteria
• Technology and tools
• Quality Improvement
• Member Rights closely monitored
• Outcomes driven
Magellan’s Support of TCOM
Clinical Decision Support:
Provider Portal
Clinical Decision Support: Manage Outcomes Application
Clinical Decision Support: CANS MH

The CANS-MH assessment tool is designed to give a profile of the needs and strengths of the child and family. It is an item level tool and the terms might have a direct impact on the service planning process. The levels of each item translate immediately into action levels. Action levels are different for needs and strengths. Enter a score for each item in each domain and click the Submit button.

* Required Field

### Assessment Information:

- **Initial Assessment**
- **Reassessment**
- **Transition/Discharge**

**Assessment Date:** 31

**Primary Diagnosis:**

### Patient Information:

- **Last Name:** CENTS, PENNY
- **Date of Birth:** 03/08/2004
- **Member Number:** 123456789

**Gender:**
- **Male**
- **Female**

### STRENGTHS: More Info

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Interpersonal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Relationship Permanence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Educational</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Vocational</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Well-being</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Optimism</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Spiritual/Religious</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Talents/Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Inclusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Resiliency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Resourcefulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical Decision Support: LA CANS Comprehensive

School Module

Select a rating for each item listed. All items are required. Please select the Save button once complete.

School Behavior: 0 1 2 3
- Child is having moderate behavioral problems at school. He/she may be more...

School Achievement: 0 1 2 3
- Child is having severe achievement problems. He/she may be more...

School Achievement
- Please rate the highest level from the past 30 days

Relation With Teacher(s): 0 1 2 3
- Child attends school regularly.
- Child has difficult relations with teachers that notably i... more

- Child Risk Behaviors Score: 0.00
- Child Behavioral/Emotional Needs Score: 0.67
- Caregiver Strengths & Needs Score: 0.43
- Acculturation Score: 0.00
- Child Strengths Score: 0.92
- Life Domain Functioning Score: 0.54
Clinical Decision Support: The Individual CANS Report
Clinical Decision Support: SUM Scores and Severity

Compare severity within a population
Use Domain SUM to target interventions

Out of a possible 72 points

Least Severe <=12
Most Severe >=27
Max Initial = 48

Youth 1: Janie comes in with an initial Global score of 32. This is more severe than 75% of cases. You flag this for review with your supervisor as a higher needs case.

Youth 2: Jared has been in services for 12 months and now has a Global score of 11. This is in the lowest 25% of severity. You consider with the family if it is time to plan transition to outpatient services.

Source: 2012 BHRS Severity Analysis
Practice Management:
CANS Provider Web Report

Part 1 Summary Page

- Global Trend Line
- Diagnosis Table
- Domain Trend Lines

Accreditation Support for providers
Practice Management: CANS Provider Web Report

Part 2 Detail Pages

- Items by Domain
- Bar for Action threshold
- Percent at “Act” (gray)
- Percent at “Act Now” (red)

Accreditation Support for providers
# Quality Improvement: Customer Outcomes Report

## Nebraska CANS Assessment Outcomes Report

### 1) Assessment Counts

<table>
<thead>
<tr>
<th>Completed CANS Assessments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of Assessments 1&lt;sup&gt;st&lt;/sup&gt; measure</td>
<td>1725</td>
</tr>
<tr>
<td># of Assessments 2&lt;sup&gt;nd&lt;/sup&gt; measure</td>
<td>656</td>
</tr>
<tr>
<td># of Assessments 3&lt;sup&gt;rd+&lt;/sup&gt; measures</td>
<td>223</td>
</tr>
<tr>
<td>Discharge</td>
<td>885</td>
</tr>
<tr>
<td>Total # of Completed Assessments</td>
<td>3489</td>
</tr>
</tbody>
</table>

### 2) Improvement/Progress 1<sup>st</sup> to Discharge

<table>
<thead>
<tr>
<th>Domain</th>
<th>Ave</th>
<th>Ave</th>
<th>% of Members with Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Presentation</td>
<td>10.07</td>
<td>7.37</td>
<td>74.72%</td>
</tr>
<tr>
<td>Risk Behaviors</td>
<td>7.07</td>
<td>4.87</td>
<td>29.22%</td>
</tr>
<tr>
<td>Functioning</td>
<td>7.86</td>
<td>5.05</td>
<td>76.99%</td>
</tr>
<tr>
<td>Child Safety</td>
<td>1.66</td>
<td>.97</td>
<td>36.1%</td>
</tr>
<tr>
<td>Caregiver Needs</td>
<td>7.13</td>
<td>5.49</td>
<td>58.06%</td>
</tr>
<tr>
<td>Strengths</td>
<td>21.16</td>
<td>16.22</td>
<td>77.10%</td>
</tr>
<tr>
<td>Global</td>
<td>54.93</td>
<td>39.98</td>
<td>81.19%</td>
</tr>
</tbody>
</table>

Note: Measures tracking % improvement/progress are based on paired data, where individual has at least two assessments present.
Quality Improvement: Risk prevalence, strengths, and opportunities

Total N = 877 Paired Initial and Discharge
Nebraska Residential June 2015
## Locally Effective Practices: Significance Testing the Differences SA-MH-Dual PRTFs

<table>
<thead>
<tr>
<th></th>
<th>Initial p &lt; 0.05</th>
<th>Discharge p &lt; 0.05</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Strength</td>
<td>Fx</td>
</tr>
<tr>
<td>MH v SA</td>
<td>14 v 19</td>
<td>6 v 11</td>
</tr>
<tr>
<td>MH v Dual</td>
<td>14 v 19</td>
<td>6 v 9</td>
</tr>
<tr>
<td>SA v Dual</td>
<td>19 v 19</td>
<td>11 v 9</td>
</tr>
</tbody>
</table>

Notes: Comparison is Median score.
Items on health and spiritual/religious removed from domain scores.

p < 0.05
Locally Effective Practices: Trauma Impact on Treatment

- **Initial CANS**
- **Outcome No Trauma**
- **Outcomes with Trauma**

### Strengths

- **MH**
- **SA**
- **Dual**

### Risk

- **MH**
- **SA**
- **Dual**

### Functioning

- **MH**
- **SA**
- **Dual**

### Caregiver Needs and Strengths

- **MH**
- **SA**
- **Dual**
## Quality Improvement: Outcomes CANS MH

<table>
<thead>
<tr>
<th>Domain</th>
<th>Ave</th>
<th>Ave</th>
<th>% of Members with Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Presentation</td>
<td>10.07</td>
<td>7.37</td>
<td>74.7% ↑ 3%</td>
</tr>
<tr>
<td>Risk Behaviors</td>
<td>7.07</td>
<td>4.87</td>
<td>70.8% ↑ 4%</td>
</tr>
<tr>
<td>Functioning</td>
<td>7.86</td>
<td>5.05</td>
<td>77.0% ↑ 5%</td>
</tr>
<tr>
<td>Caregiver Needs</td>
<td>7.13</td>
<td>5.49</td>
<td>58.1% ↑ 5%</td>
</tr>
<tr>
<td>Strengths</td>
<td>21.16</td>
<td>16.22</td>
<td>77.0% ↑ 3%</td>
</tr>
<tr>
<td>Global</td>
<td>54.93</td>
<td>39.98</td>
<td>81.2% ↑ 4%</td>
</tr>
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</table>

2014 CANS Youth in Nebraska Residential (N = 835)
**Quality Improvement: Outcomes Wraparound**

**Domain Specific Changes**

- Life Domain Functioning
- Child Strengths
- Acculturation
- Caregiver Strengths & Needs
- Child Behavioral/Emotional Needs
- Child Risk Behaviors
- School Behavior

All improvements statistically significant (see specific results in Appendix B).

Global Score

- Initial Assessment: 56.0
- Transition DC: 43.1

12.9 point decrease
Quality Improvement: Outcomes for All, Trauma, and High Severity

Wraparound Youth CANS Global Score Change

<table>
<thead>
<tr>
<th>Initial</th>
<th>Transition/Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Severity Youth</td>
<td>72.3</td>
</tr>
<tr>
<td>Youth with Trauma</td>
<td>60</td>
</tr>
<tr>
<td>All Wraparound Youth</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>58.1</td>
</tr>
<tr>
<td></td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>44.6</td>
</tr>
<tr>
<td></td>
<td>44.6</td>
</tr>
<tr>
<td></td>
<td>43.1</td>
</tr>
</tbody>
</table>

High Severity Youth
Youth with Trauma
All Wraparound Youth
Quality Improvement: Outcomes LA CANS Child Behavioral/Emotional Needs (CBEN)

Changes in Average: Specific Problem Presentation/CBEN Items

All improvements statistically significant
Algorithms: LA CSoC Waivers

CSoC Waivers

B3 Members

C Members
Predictive Modeling: Clusters to Scales

<table>
<thead>
<tr>
<th>Six Scales</th>
<th>Cronbach's alpha</th>
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<tbody>
<tr>
<td>Family Functioning</td>
<td>.89</td>
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<tr>
<td>Child Safety</td>
<td>.84</td>
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<tr>
<td>Resiliency/Coping</td>
<td>.81</td>
</tr>
<tr>
<td>Sexuality</td>
<td>.73</td>
</tr>
<tr>
<td>School Behavior</td>
<td>.72</td>
</tr>
<tr>
<td>Danger to Self</td>
<td>.67</td>
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</tbody>
</table>
**Predictive Modeling: Scales by Item**

<table>
<thead>
<tr>
<th>Family Functioning Scale (0.89) *</th>
<th>Coping Scale (0.81) *</th>
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</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
<td><strong>Item</strong></td>
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<tr>
<td>Caregiver</td>
<td>Involvement</td>
</tr>
<tr>
<td>Caregiver</td>
<td>Organization</td>
</tr>
<tr>
<td>Caregiver</td>
<td>Resources</td>
</tr>
<tr>
<td>Caregiver</td>
<td>Supervision</td>
</tr>
<tr>
<td>Caregiver</td>
<td>Knowledge</td>
</tr>
<tr>
<td>Caregiver</td>
<td>Safety</td>
</tr>
<tr>
<td>Functioning</td>
<td>Family Functioning</td>
</tr>
<tr>
<td>Strengths</td>
<td>Family (Strengths)</td>
</tr>
</tbody>
</table>

*Coping* significantly predicts Depression. The lower your resiliency as measured by *Coping*, the higher your Depression. For each 1 unit change in *Coping* there is a one unit change in Depression.

*1 = perfect correlation/predictor of positive outcomes*
Lessons Learned: What providers can initiate in a managed care environment

• Good clinical and quality management (TCOM)
• Learning communities, especially with multiple levels of care in a continuum
• Find the opportunity
• Make a proposal, but ask for a conversation
• SAMHSA and other grants
**State Lessons Learned:**

How Medicaid can build the CANS into clinical and quality program design in managed care

- Training on the ground; certification online
- Only accept CANS in a data collection system
- Provider contract language
- Be transparent
- Require evidence of good clinical practices
- Expect baselining for at least a year
State Lessons Learned:
How Medicaid can build the CANS into clinical and quality program design in managed care

• Be careful jumping technology
• Consider a different tool for eligibility
• Plan ahead stepped incentives
• Align the SOW with the any waiver requirements
• Initiative MOUs with other children’s systems
The Future of the CANS in Managed Care

• Healthcare
• Trauma population
• Decision support for braided funding
• Wraparound
• Waiver eligibility
• Functional Outcomes
• Performance Contracting
Magellan’s CANS Plans Going Forward

• Model with High Fidelity Wraparound
• Develop predictive outcomes scales for clinical use
• Increase trauma identification and demonstrate effective interventions
• Update our internal system to a unified Core and Comprehensive Version
• Expanding our contract with the Praed Foundation for Training and Certification
• Shared savings incentive pool
• Outcomes Dashboard for Child Wellness using the CANS
Contact us at:
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Twitter: @MagellanCares
Linkedin: www.linkedin.com/company/5438
Facebook (MyLife program): www.Facebook.com/MYLIFEyouth
www.MagellanHealth.com
References


References


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