

Evaluation of System-Wide Investment of Evidence-based Practices (EBPs): A Medicaid Population

R. Stewart, L. Shen, N. Cardamone, C. Comeau, A. Rothbard

2007

Community Behavioral Health begins promoting psychosocial evidence-based practices with system-level policy, investment, infrastructure in ongoing efforts to improve care.

2013

The Evidence Based Practice and Innovation Center (EPIC) is created to coordinate all the EBP efforts.

2018

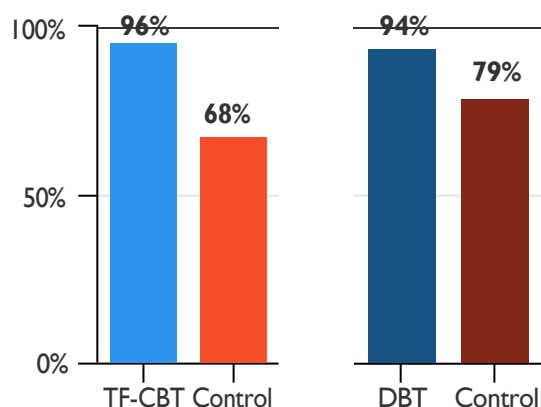
EPIC launches a program designation, which through rigorous programmatic application and review, designated EBP providers.

2019

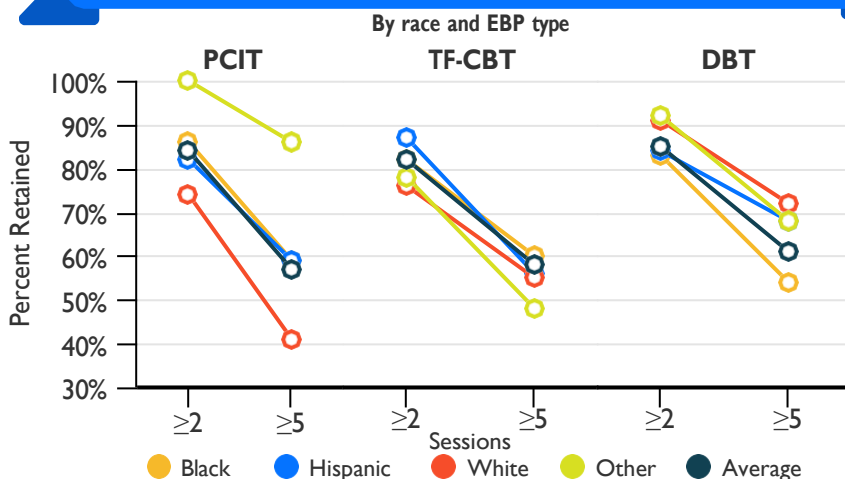
Designated providers now receive enhanced rate incentives.

Patients engaged with EBPs are retained more often than those in standard care

Percent retained for 2 or more sessions

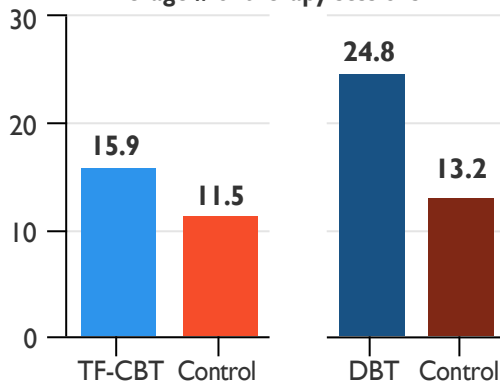


Percent retained for 2 or more and 5 or more sessions

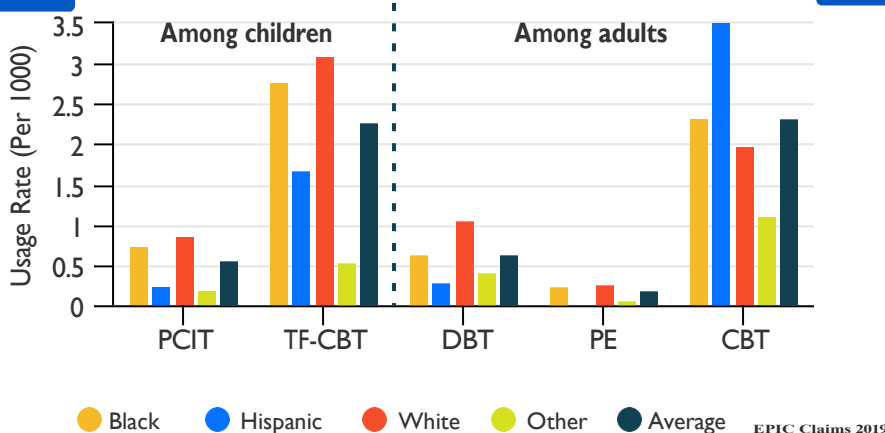


Retained patients return for a greater amount of sessions than control

Average # of therapy sessions



EBP usage rate by race and EBP type



Key



CBT: Cognitive Behavioral Therapy

TF-CBT: Trauma-focused CBT

DBT: Dialectical Behavioral Therapy

PE: Prolonged Exposure

PCIT: Parent-Child Interaction Therapy

Conclusions

- Patients who participated in TF-CBT or DBT had a higher likelihood of coming back (and coming back more often) to therapy compared to similar patients who participated in usual treatment.*
- The usage of EBPs, especially cognitive behavioral therapies, are strong in adults and children but inequities across racial groups persist.

*We used propensity sampling to find a group of matched Medicaid controls with similar diagnostic profiles, prior hospitalization history, age, gender, and race.

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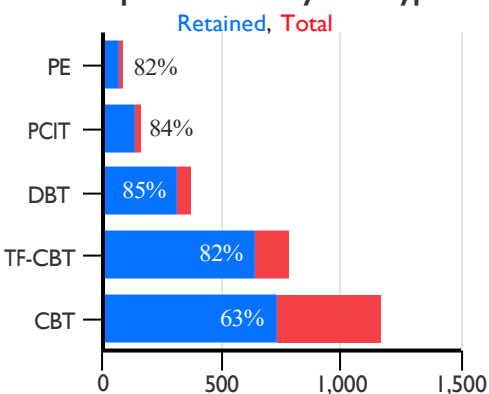
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2019

Designated providers now receive enhanced rate incentives.

Members engaged with EBPs are retained more often than those in standard care

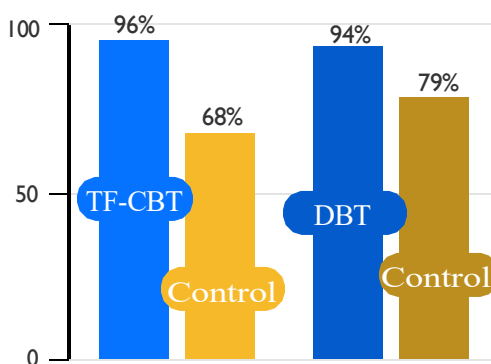
Unique Members by EBP Type



Trauma-focused CBT and DBT show high rates of member engagement and high therapy retention.*

* Retained patients are those with 2 or more therapy visits.

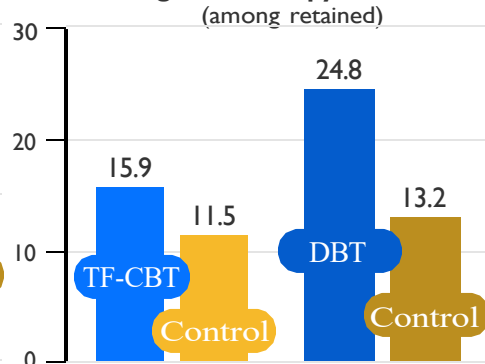
Percent retained



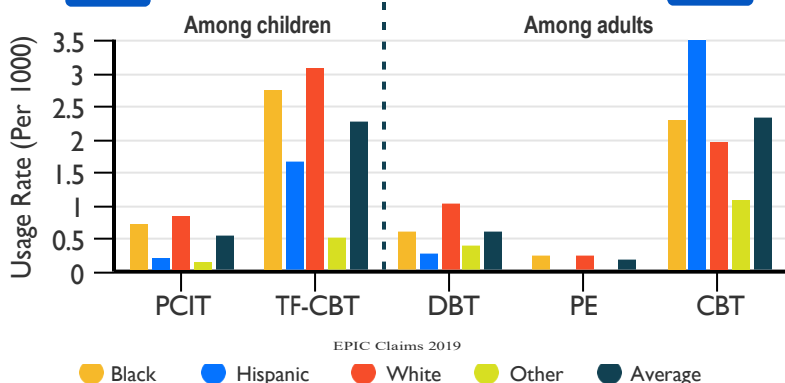
Members who participated in TF-CBT or DBT had a higher likelihood of coming back (and coming back more often) to therapy compared to similar members* who received standard treatment.

* We used propensity sampling to find a group of matched Medicaid controls with similar diagnostic profiles, prior hospitalization history, age, gender, and race.

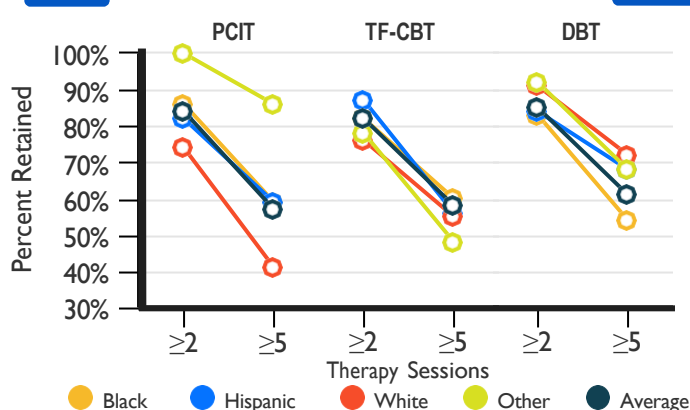
Avg. # of therapy sessions (among retained)



EBP Usage Rate Among CBH Members by Race



Percent retained for 2 or more and 5 or more sessions



Conclusions

- EBP implementation using enhanced rates was effective in increasing utilization of EBP treatments for appropriate populations and visit protocols.
- Members were retained longer in EBP treatments than in traditionally reimbursed outpatient treatment.
- There were no differences in retention by race for youth EBP treatments (TF-CBT and PCIT).

Key



- CBT: Cognitive Behavioral Therapy
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