



2021 Substance Use Disorder Treatment Initiation and Engagement Data Pages

Vermont Department of Health
Vermont Department of Health Access

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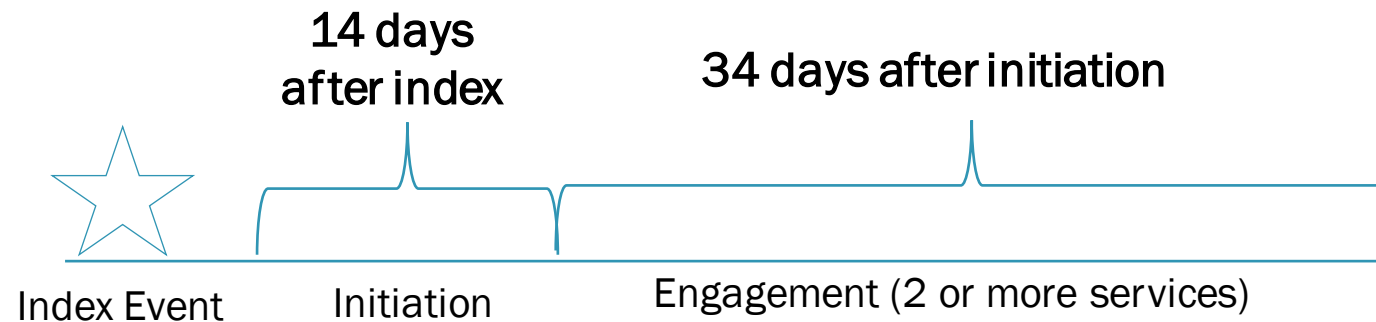
Table of Contents: Data by County

County	Slide	County	Slide
<u>Addison</u>	24	<u>Lamoille</u>	38
<u>Bennington</u>	26	<u>Orange</u>	40
<u>Caledonia</u>	28	<u>Orleans</u>	42
<u>Chittenden</u>	30	<u>Rutland</u>	44
<u>Essex</u>	32	<u>Washington</u>	46
<u>Franklin</u>	34	<u>Windham</u>	48
<u>Grand Isle</u>	36	<u>Windsor</u>	50

What is treatment initiation and engagement? How is it calculated?

Initiation and Engagement (IET) Measurement

- Standardized Measure Used by the Centers for Medicare And Medicaid Services based on the [Healthcare Effectiveness Data Information Set \(HEDIS\)](#)

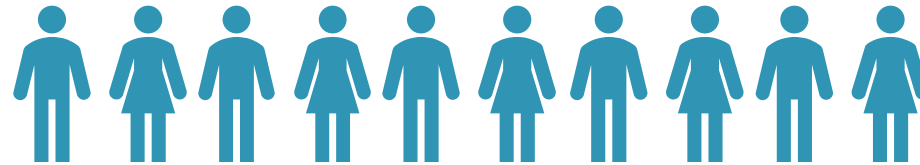


- Many index events occur in the medical system (primary care, hospitals) so regional coordination care between providers and provider types is essential to improving initiation and engagement

Vermont treatment initiation and engagement rates

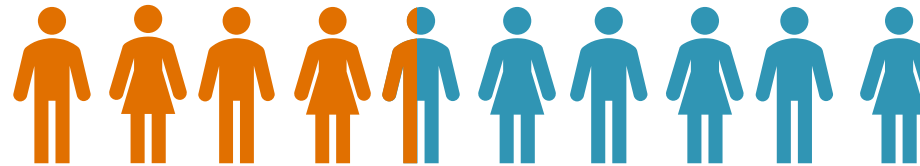
Treatment initiation and engagement among Vermonters diagnosed with substance use disorder is low

Index Event: A person is diagnosed with a substance use disorder



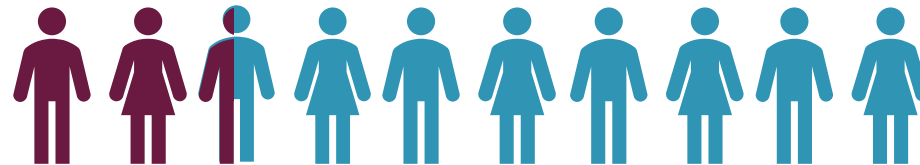
4,821
index events in VT in 2021

Initiation: Percent who received a treatment service within 14 days of index event



44%
of VT index events in 2021
initiated treatment services

Engagement: Percent getting 2+ treatment services in the 34 days after initiation



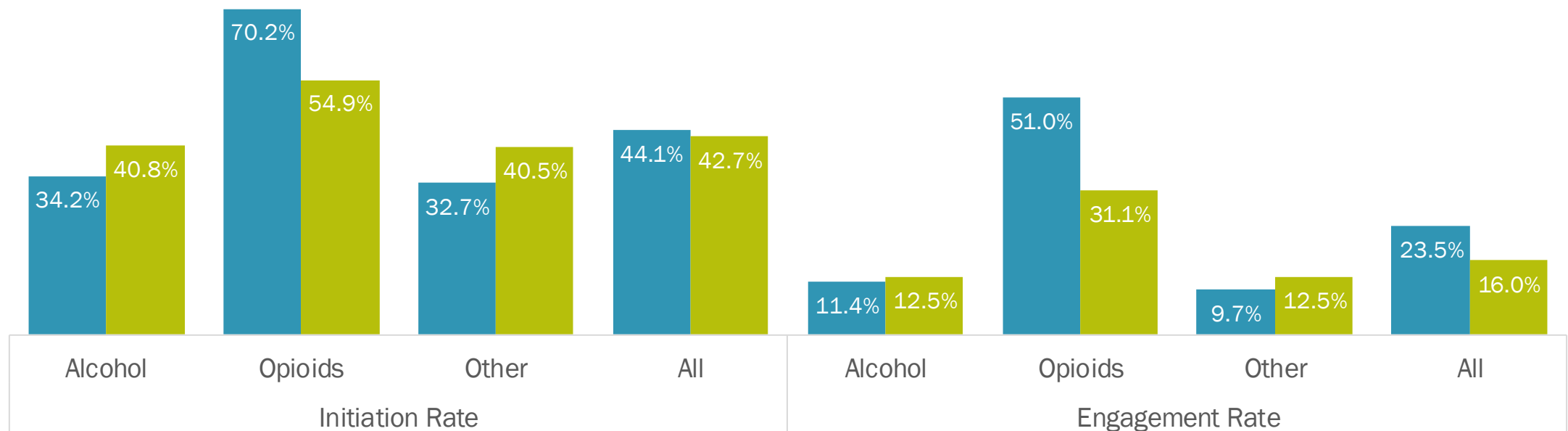
23%
of VT Index Events engaged
in 2+ treatment services in
34 days after initiation

Data Source: Medicaid Claims. Measure is based on the 2021 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.

Vermont's Medicaid initiation and engagement rates

Initiation and engagement rates based on Medicaid Claims from Vermont compared to the United States

■ VT Adults 18+ (2021) ■ US Adults 18+ (2020)



Index events increased between 2020 and 2021. Alcohol continues to be the most frequently-reported substance followed by opioids.

13.5%

increase in index events
between 2020 and 2021
(4,248 in 2020 and 4,821 in 2021)

ALCOHOL

remains the substance most frequently associated with index events – accounting for nearly

1/2 of all index events

(45% in 2020 and 46% in 2021)

OPIOIDS

remain a substance frequently associated with index events – accounting for about

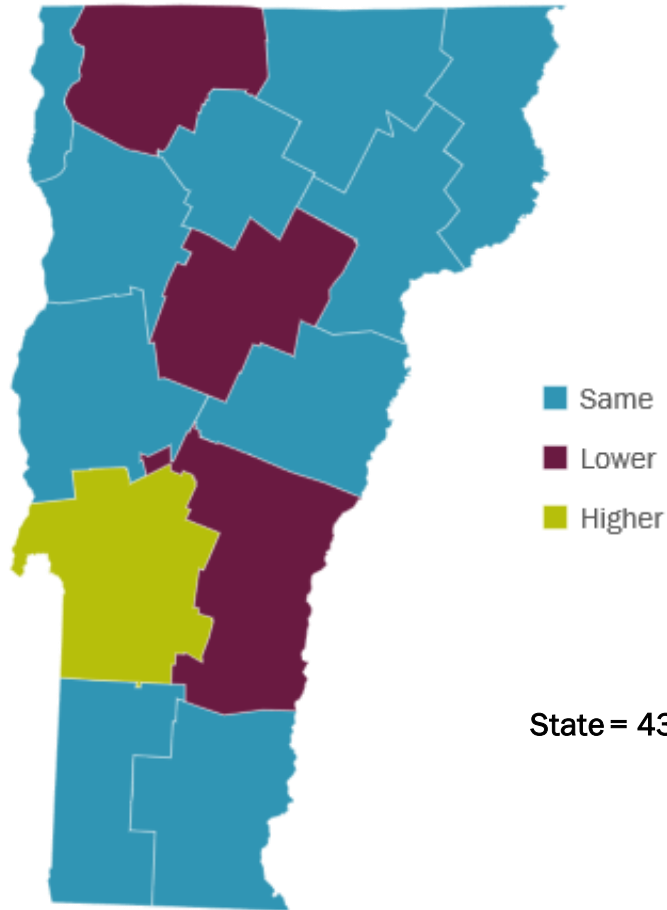
1/3 of all index events.

(34% in 2020 and 32% in 2021)

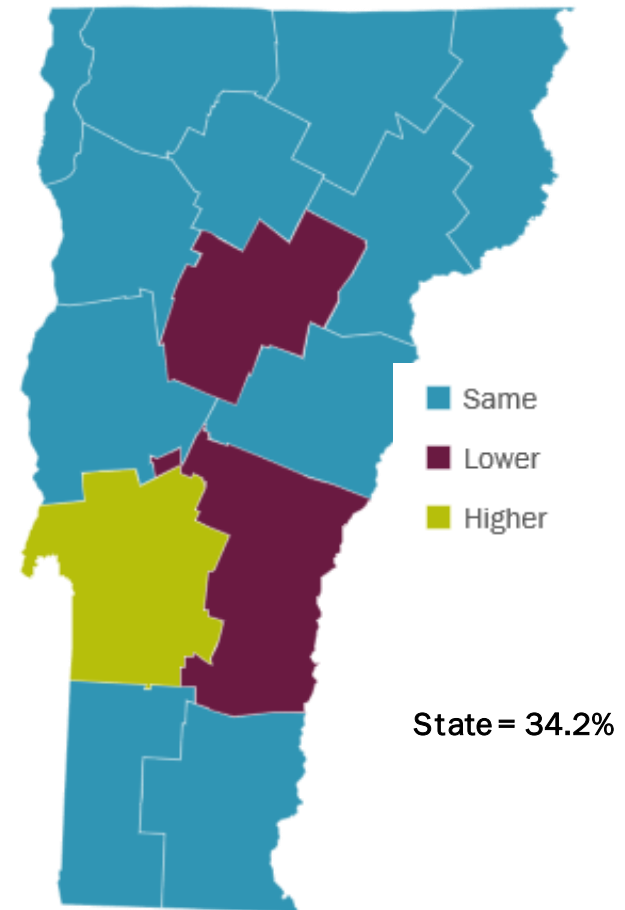
Vermont 2021 county treatment initiation and engagement rates compared to state rates

Treatment initiation rates in most counties were statistically similar to state treatment initiation rates in 2021

Initiation Rate - All Substances

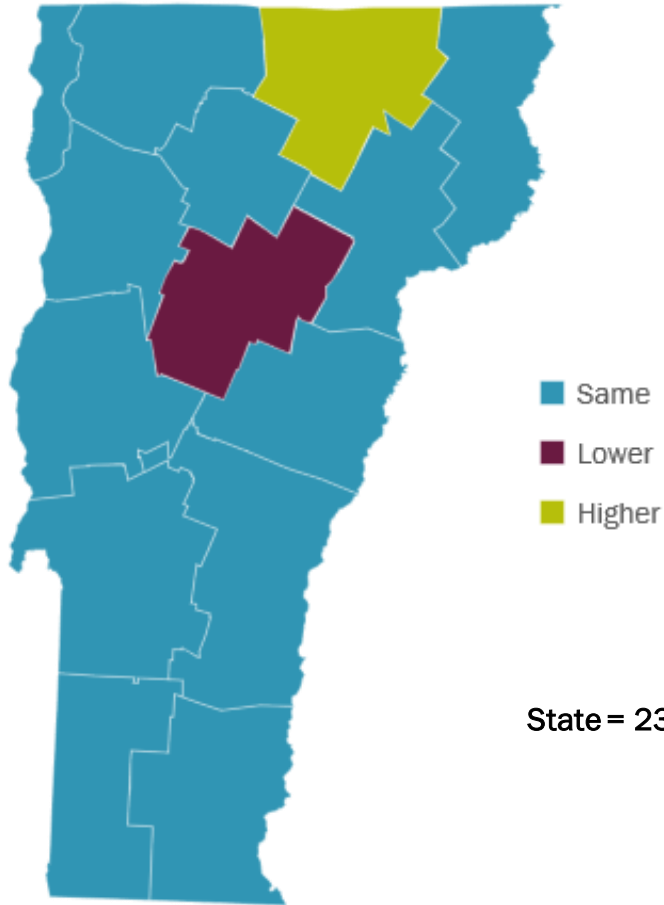


Initiation Rate - Alcohol Only

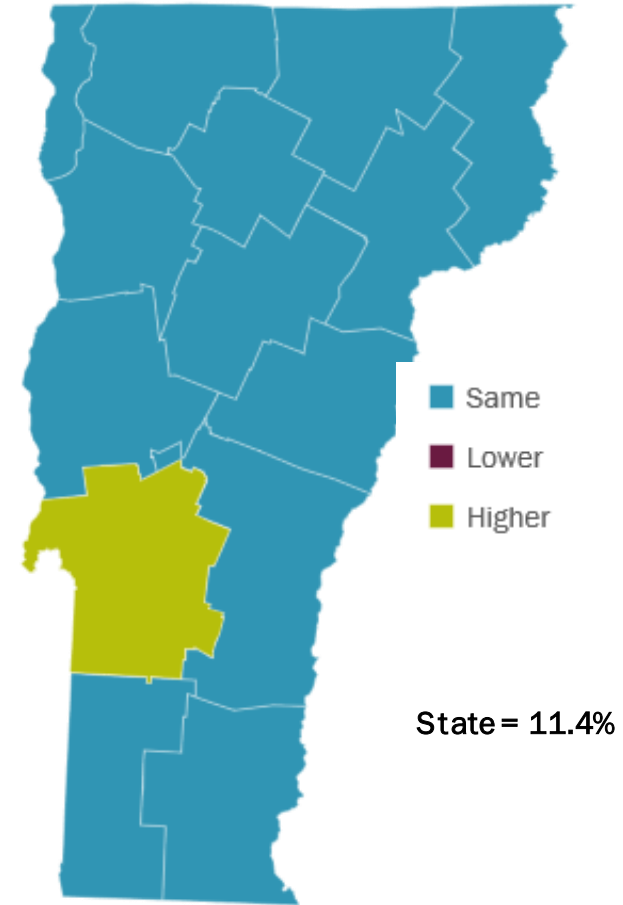


Treatment engagement rates in most counties were statistically similar to state treatment engagement rates in 2021

Engagement Rate – All Substances



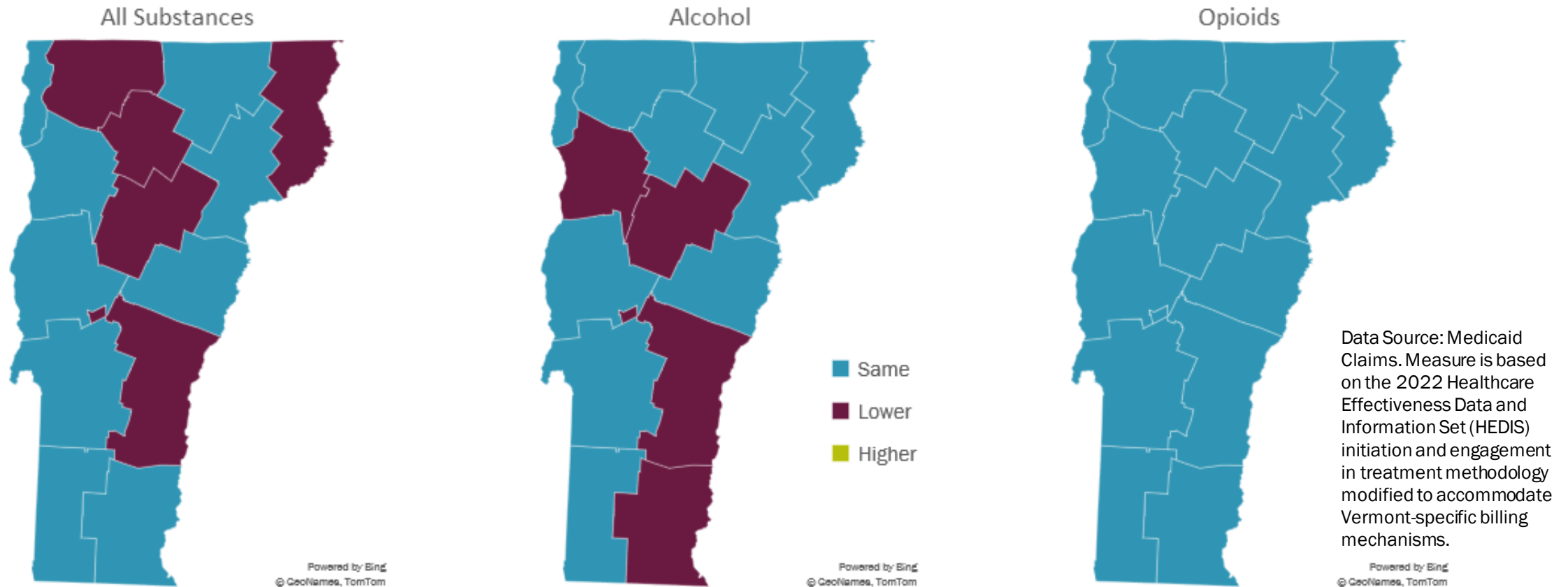
Engagement Rate – Alcohol Only



Vermont 2021 county treatment initiation and engagement rate distribution and change compared to 2020

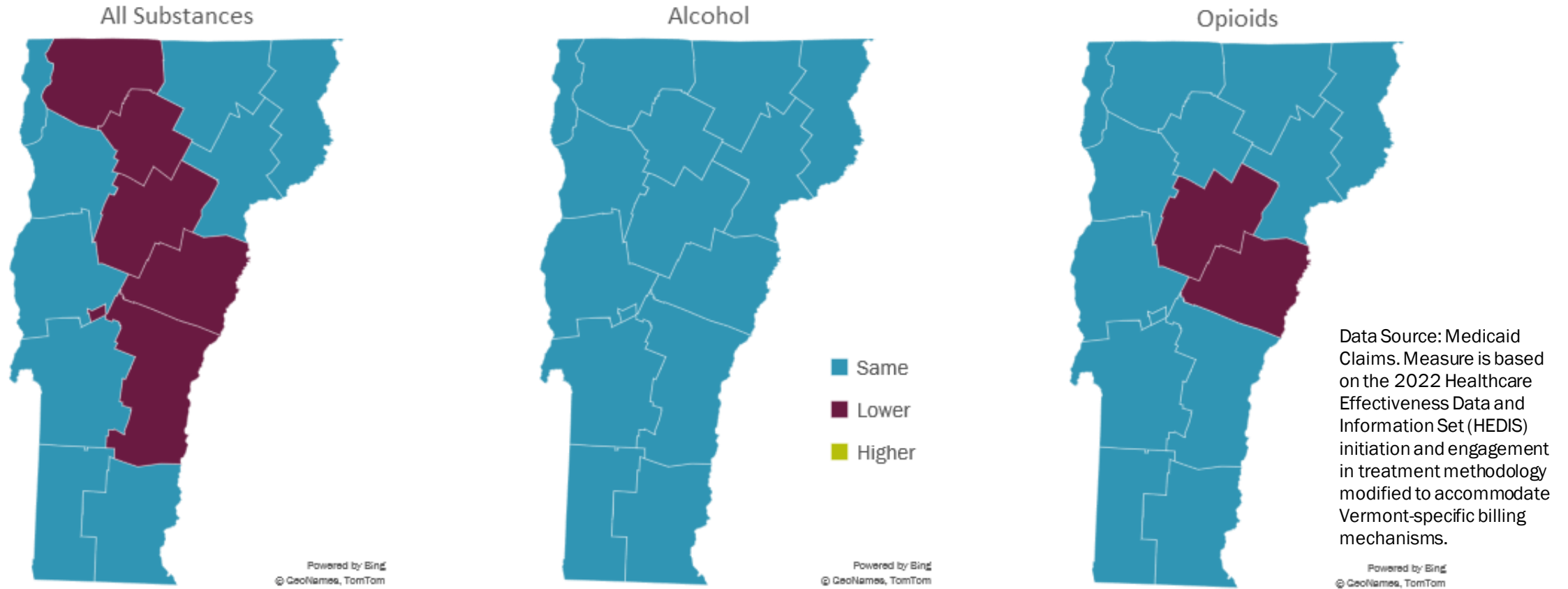
Treatment initiation rates for all substances and alcohol were lower in 2021, while there was no statistical change for opioids

Change in Initiation Rate Between 2020 and 2021



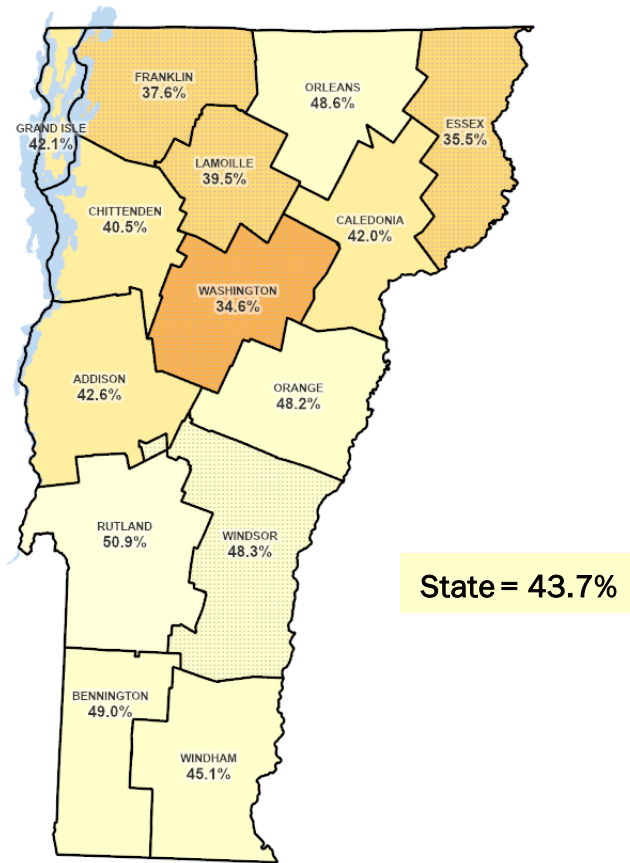
Treatment engagement rates for all substances and opioids were lower in 2021 than 2020 in some counties while there was no statistical change for alcohol.

Change in Engagement Rate Between 2020 and 2021



There were some changes in treatment initiation and engagement rates for substance use disorder between 2020 and 2021

Percent of Index Events for Substance Use Disorder Beginning Treatment within 14 Days of Initial Diagnosis - Initiation



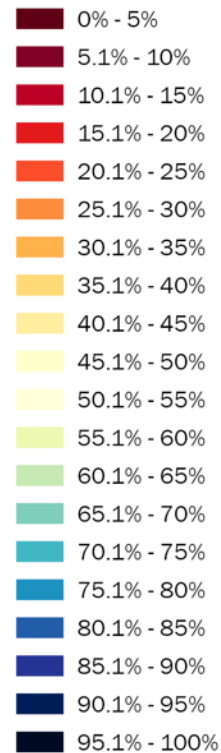
Statistical significance compared to previous year

Lower

Higher

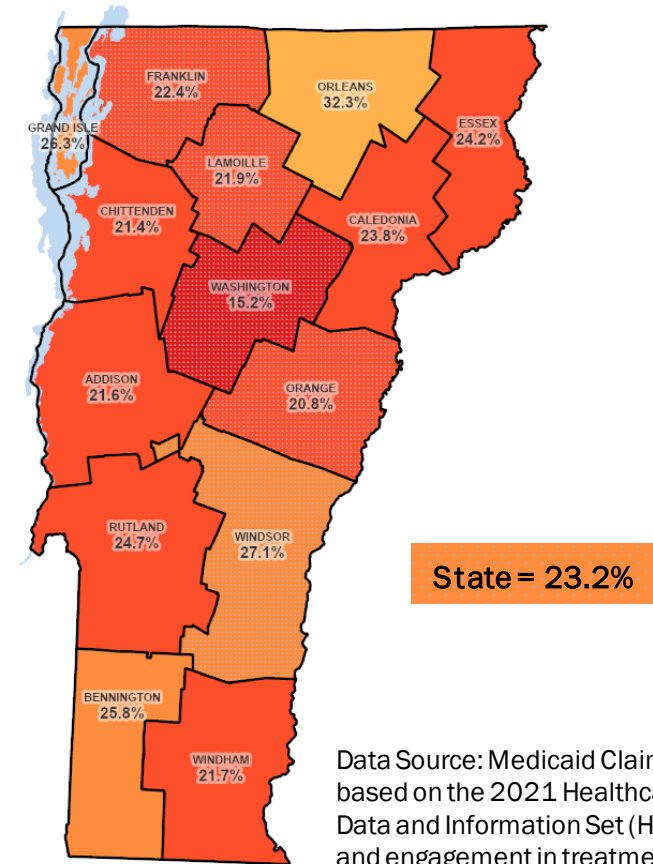
Same

Rate



Percent Index Events for Substance Use Disorder Receiving 2+ Services within 34 Days of Beginning Treatment - Engagement

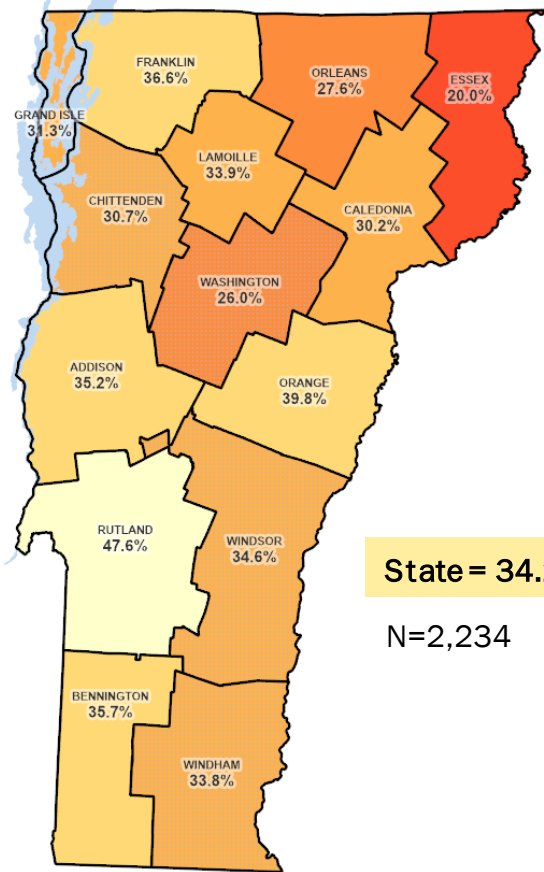
Total Index Events = 4,821



Data Source: Medicaid Claims. Measure is based on the 2021 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.

2021 treatment initiation rates for opioid use disorder are more than two times higher than initiation rates for alcohol use disorder

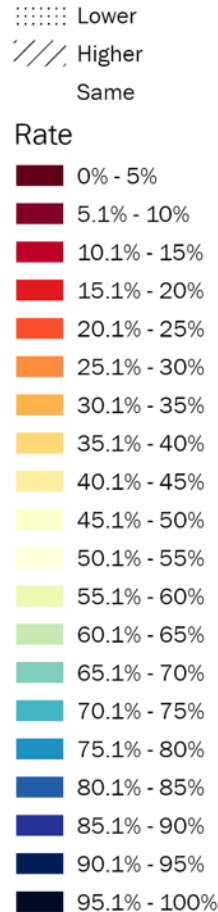
Percent of People with **Alcohol** Use Disorder Beginning Treatment within 14 Days of Initial Diagnosis



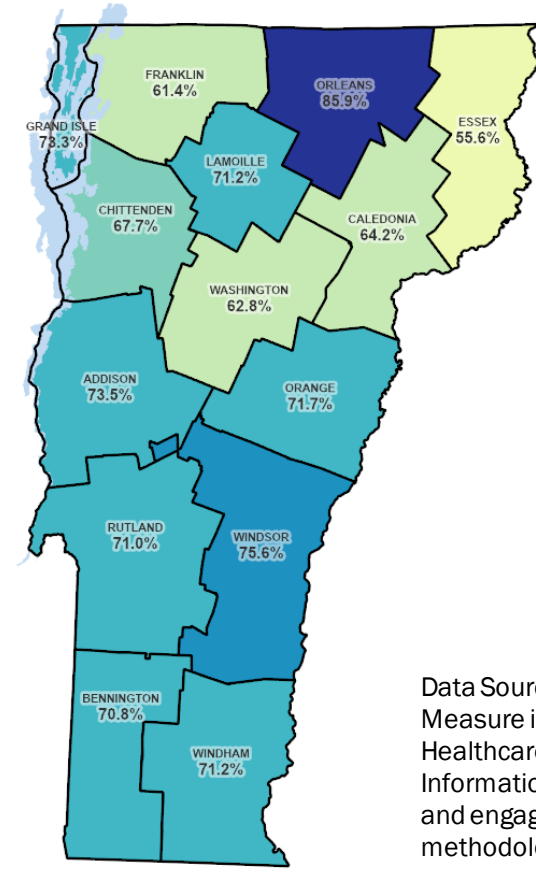
State = 34.2%

N=2,234

Statistical significance compared to previous year



Percent of People with **Opioid** Use Disorder Beginning Treatment within 14 Days of Initial Diagnosis



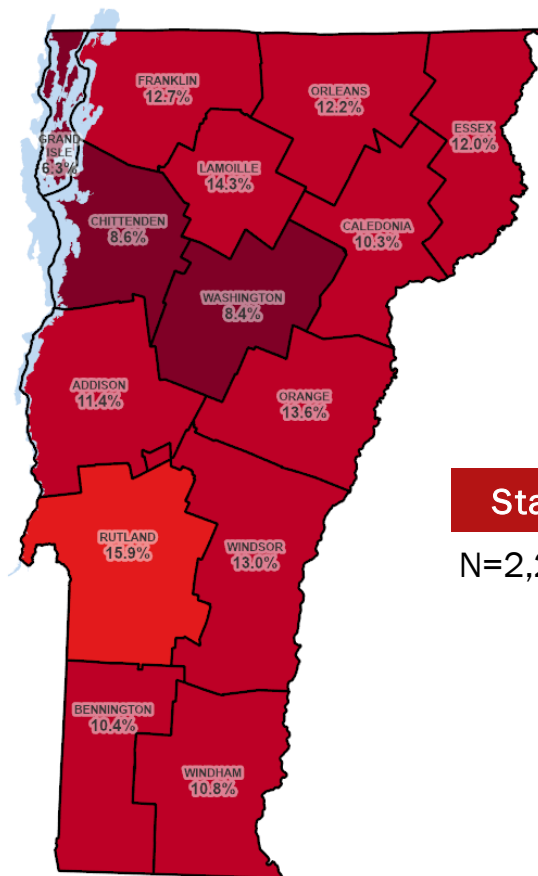
State = 70.1%

N=1,533

Data Source: Medicaid Claims. Measure is based on the 2021 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.

2021 treatment engagement rates for opioid use disorder are about 4.5 times higher than engagement rates for alcohol use disorder

Percent of People with **Alcohol** Use Disorder Receiving 2+ Services within 34 Days of Beginning Treatment



State = 11.4%
N=2,234

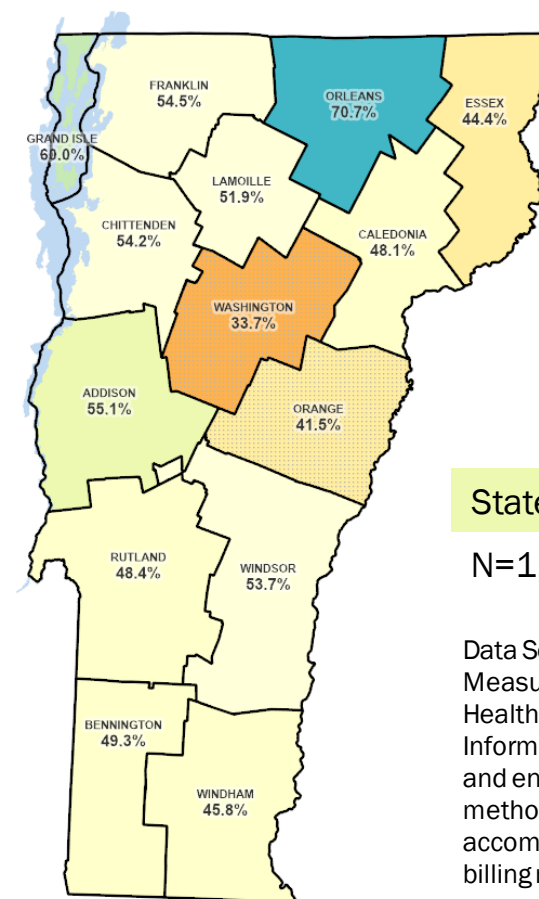
Statistical significance compared to previous year

- Lower
- Higher
- Same

Rate

- 0% - 5%
- 5.1% - 10%
- 10.1% - 15%
- 15.1% - 20%
- 20.1% - 25%
- 25.1% - 30%
- 30.1% - 35%
- 35.1% - 40%
- 40.1% - 45%
- 45.1% - 50%
- 50.1% - 55%
- 55.1% - 60%
- 60.1% - 65%
- 65.1% - 70%
- 70.1% - 75%
- 75.1% - 80%
- 80.1% - 85%
- 85.1% - 90%
- 90.1% - 95%
- 95.1% - 100%

Percent of People with **Opioid** Use Disorder Receiving 2+ Services within 34 Days of Beginning Treatment



State = 51.0%
N=1,533

Data Source: Medicaid Claims. Measure is based on the 2021 Healthcare Effectiveness Data and Information Set (HEDIS) initiation and engagement in treatment methodology modified to accommodate Vermont-specific billing mechanisms.

How to improve treatment initiation and engagement rates

Strategies and best practices to improve treatment initiation and engagement

The Department of Vermont Health Access and the Department of Health Division of Substance Use Programs completed a Performance Improvement Project resulting in these strategies and best practices identified as improving initiation and engagement of alcohol and other drug treatment in clinical and community settings:

- Strengthen the substance use disorder referral and evaluation systems at the community-level
- Increase the capacity to treat all substance use disorders in the community
- Strengthen partnerships between medical, substance use disorder treatment providers, and recovery support services
- Build relationships to improve communication and collaboration
- Strengthen peer support services and build connections for individuals to access those services
- Develop workforce through partnerships with local colleges and universities
- Establish policies and procedures to assess and treat clients at risk for or experiencing a substance use disorder that incorporate principles of harm reduction and the social determinants of health
- Establish and integrate principles of harm reduction and the social determinants of health into all new and existing programs that address substance use across the system (e.g., needle exchange programs, naloxone overdose prevention programs)

Improving regional initiation and engagement rates

- The Health Department has supported regional and state initiatives to improve initiation:
 - RAM - Rapid Access to Medication for Opioid Use Disorder
 - RTA – Rapid Treatment Access for Alcohol Use Disorder
 - [Vermont Helplink](#) – Connects individuals to the alcohol and drug services they need
- Regional providers are working to:
 - Build agreements and pathways to improve timely referral between providers:
 - Hospitals/Emergency Departments
 - Primary care practices
 - Local specialty substance use disorder treatment providers
 - Identify people with substance use disorder through screening/assessment
 - Use Certified Peer Recovery Coaches to support people through referrals
 - Commit to maintaining capacity that allows rapid access to treatment
 - Use data to improve processes that support rapid access to care

County level treatment initiation and engagement rate trends

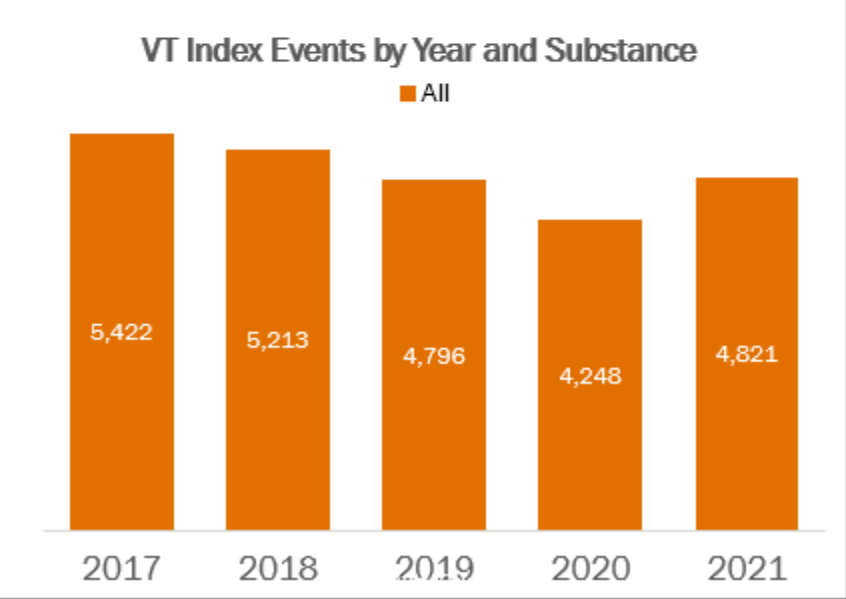
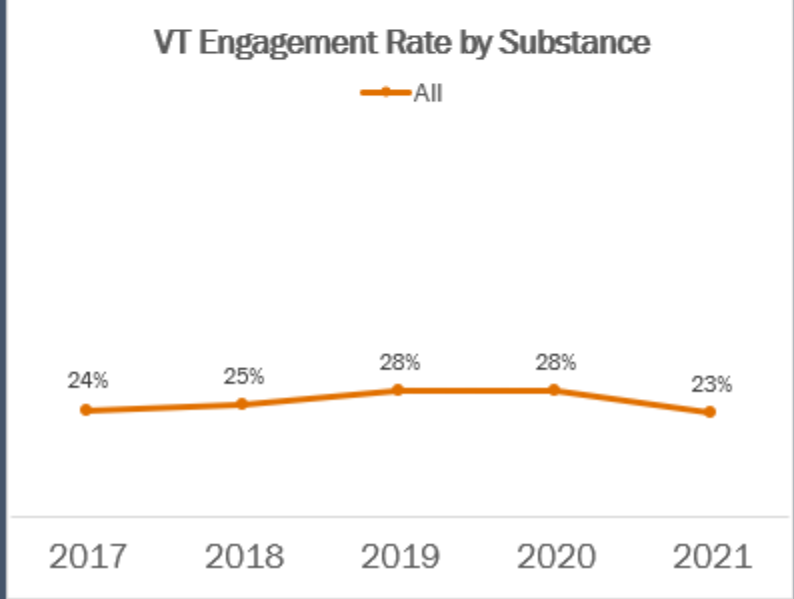
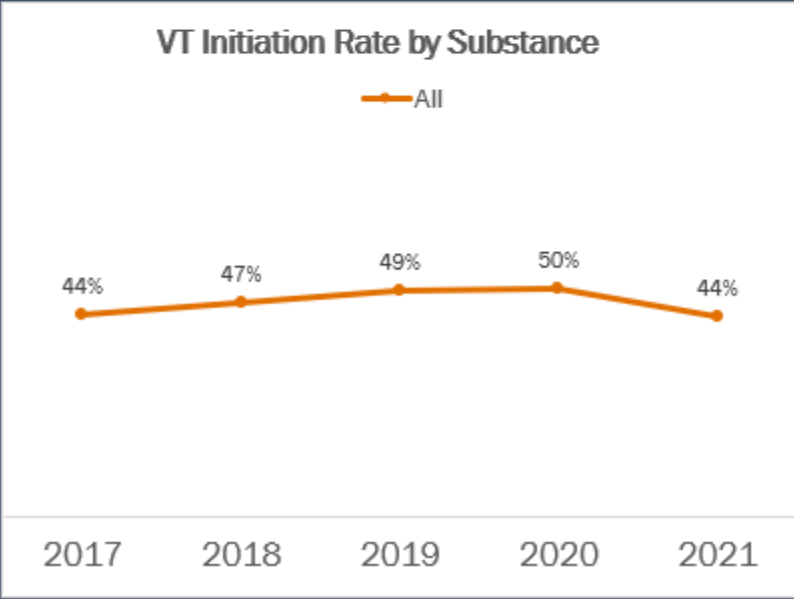
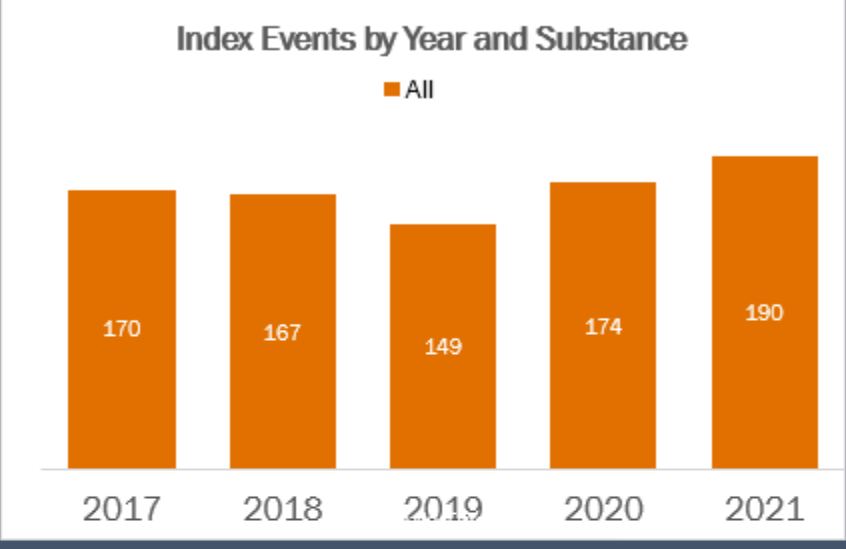
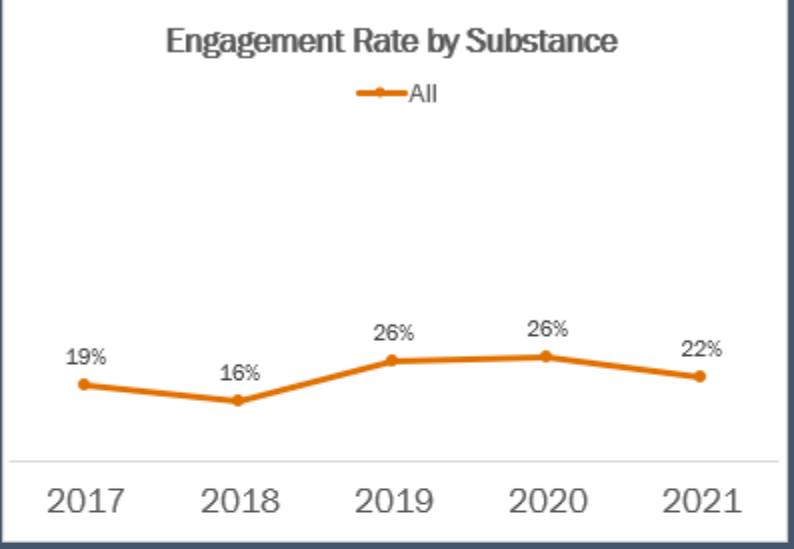
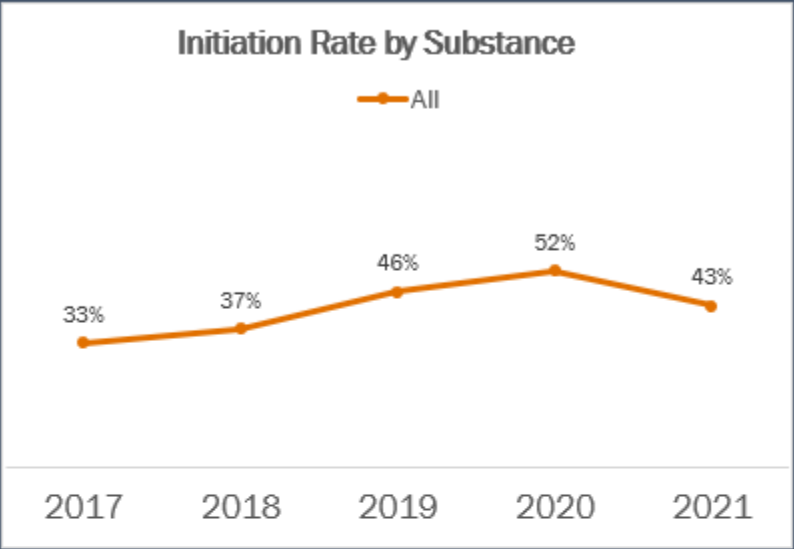
Trends over time by county

- The following slides summarize treatment initiation and engagement trends for each county compared with Vermont trends
- There are separate slides for overall IET rates and IET rates by substance for each county
- County-level data may be used to monitor the effectiveness of new initiatives regions have undertaken to connect people with substance use disorder to care

ADDISON

ANNUAL RATES - ALL SUBSTANCES

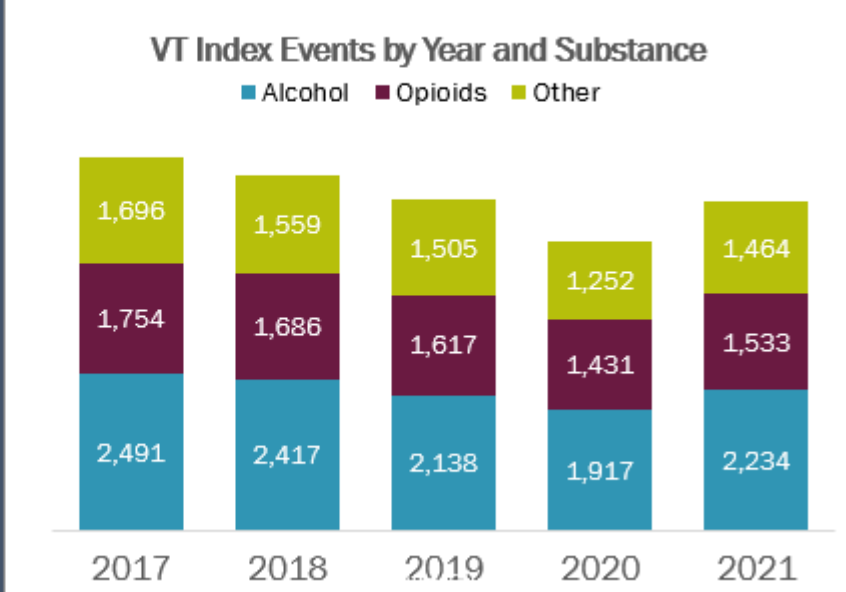
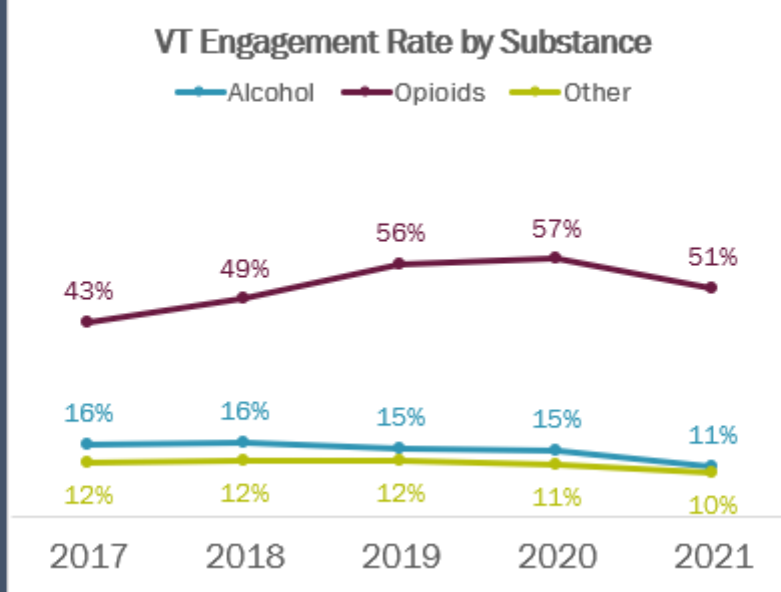
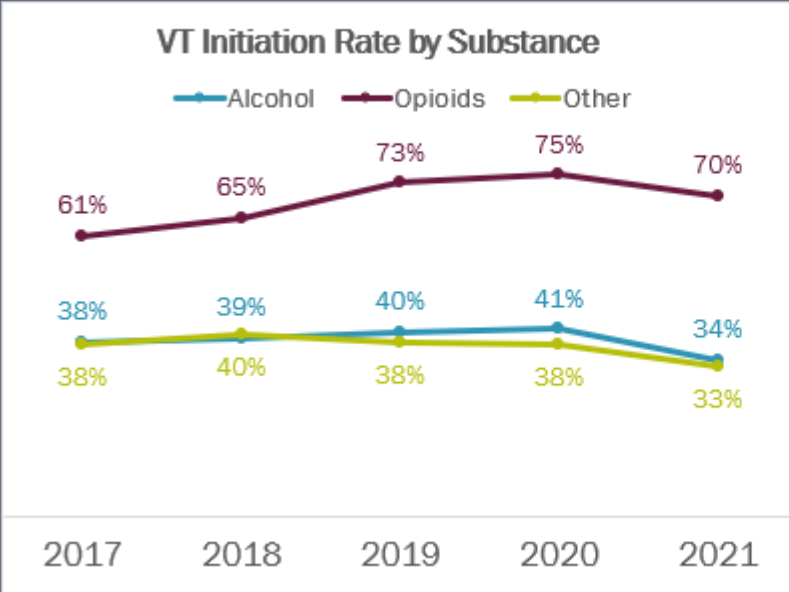
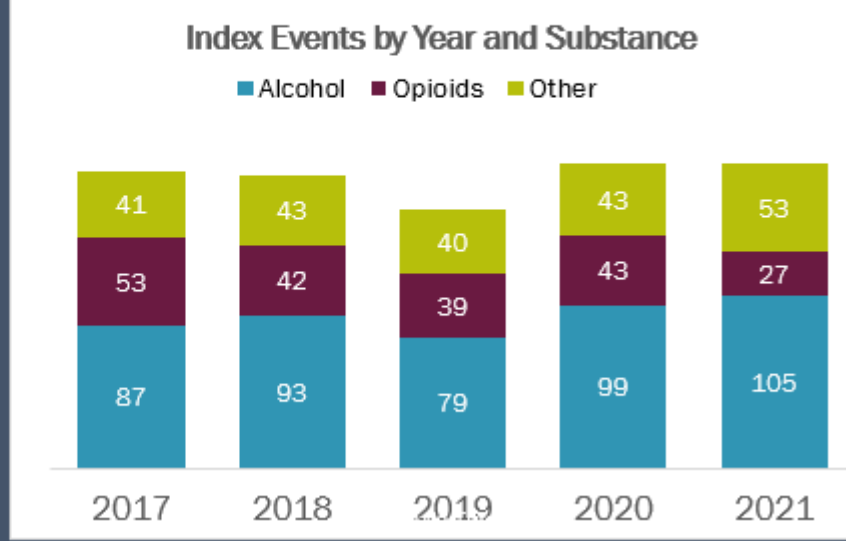
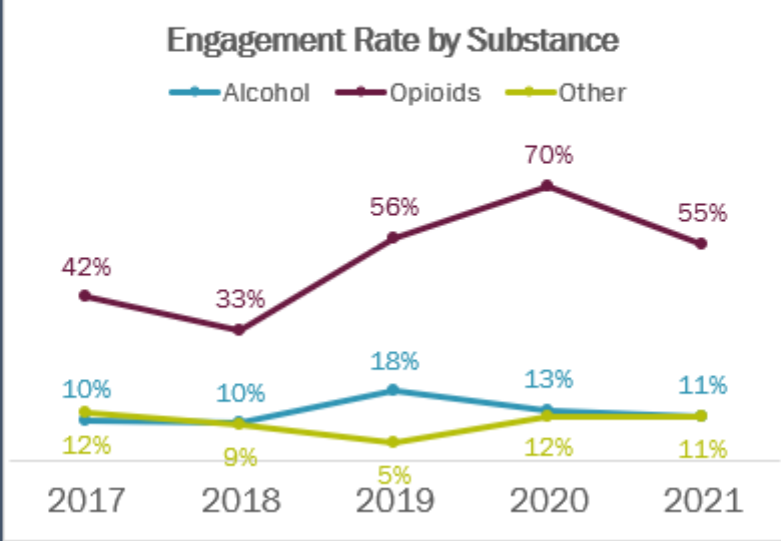
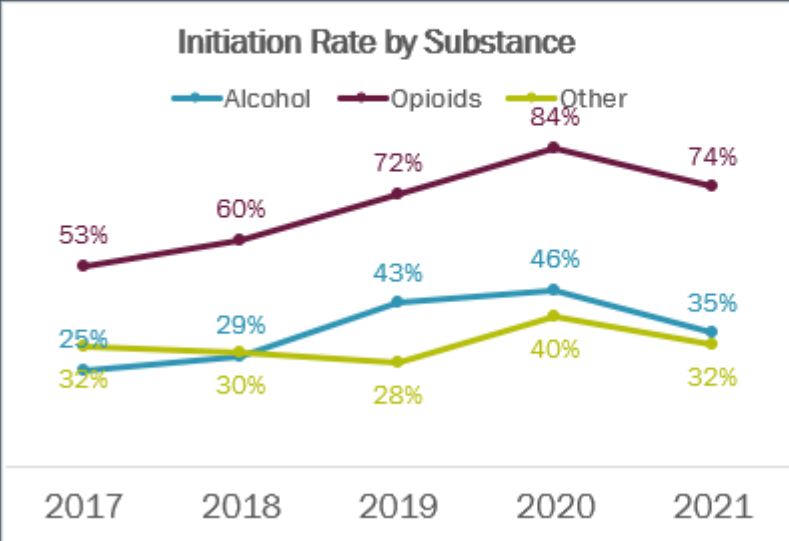
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



ADDISON

ANNUAL RATES - BY SUBSTANCE

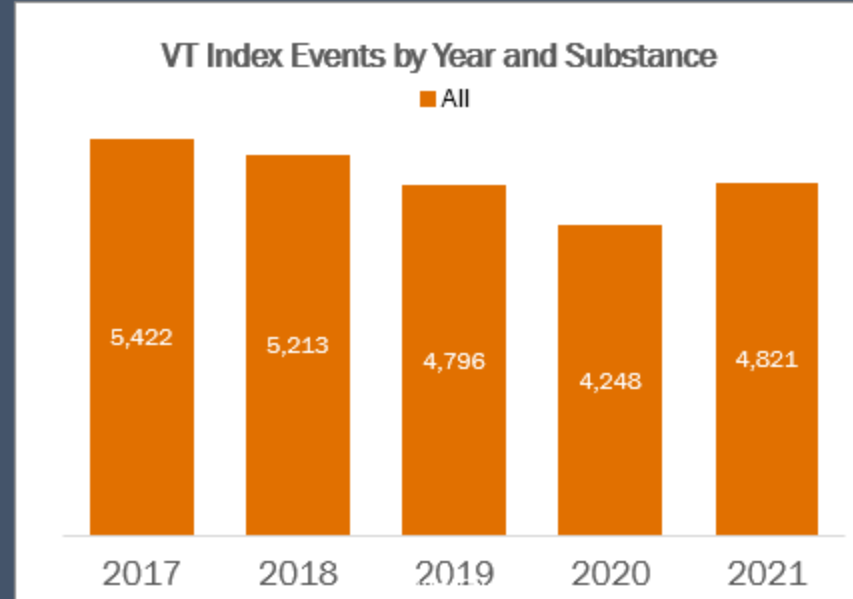
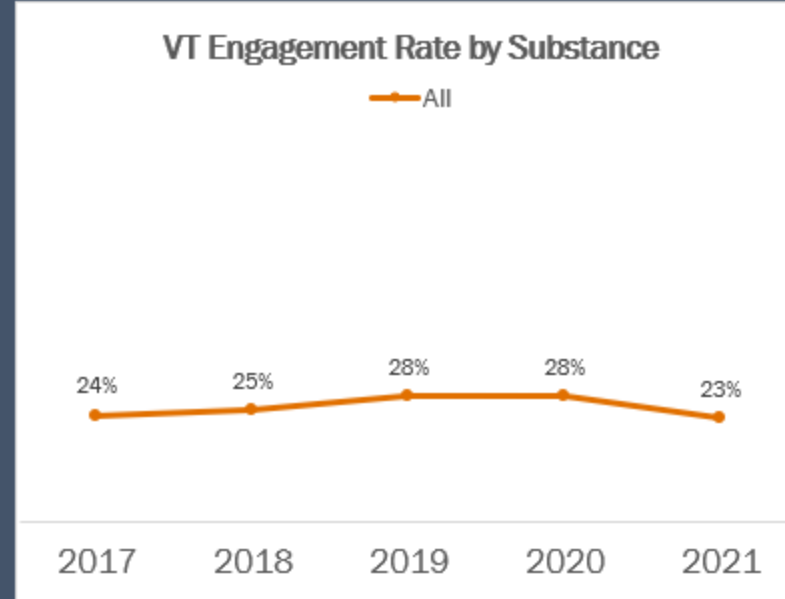
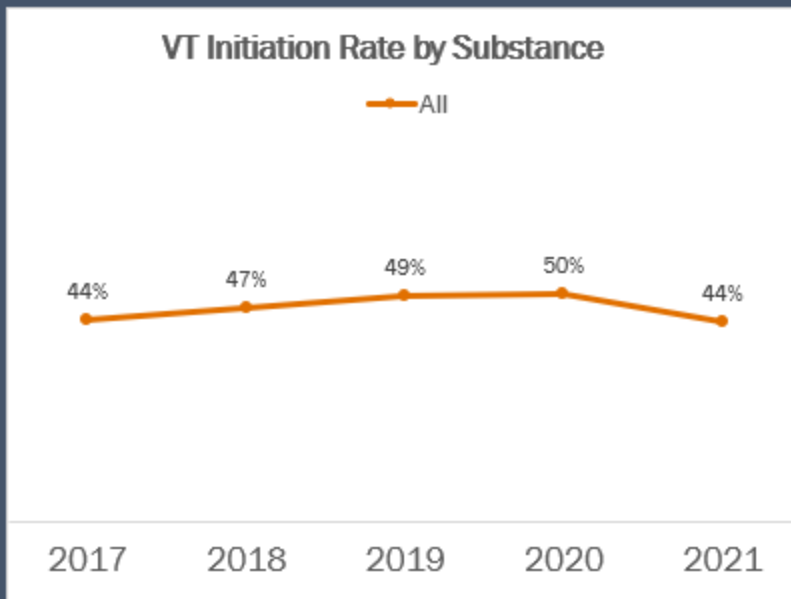
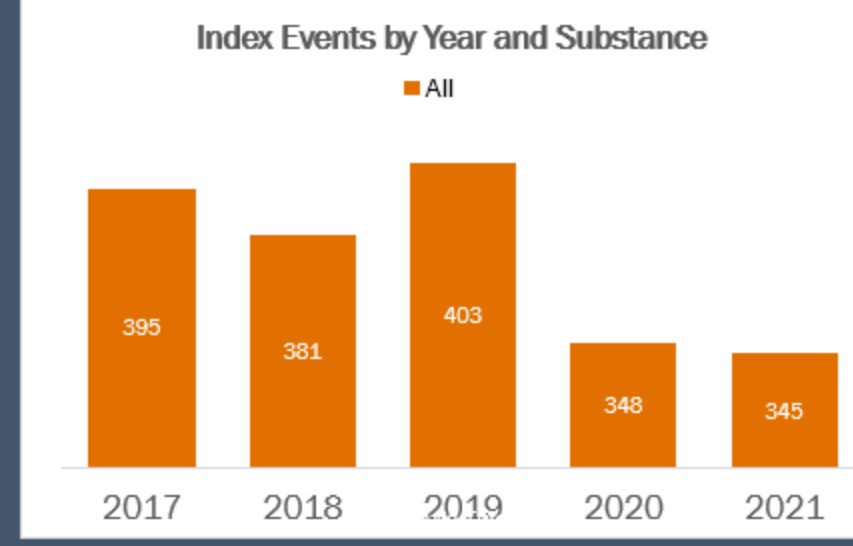
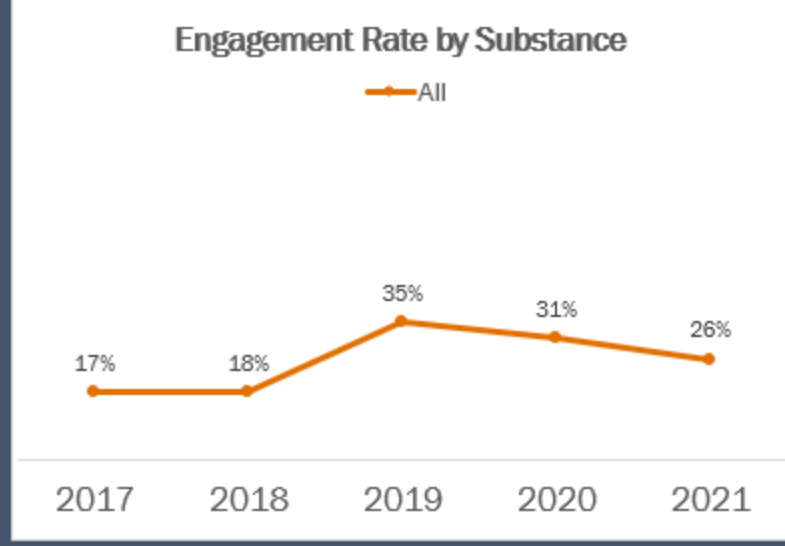
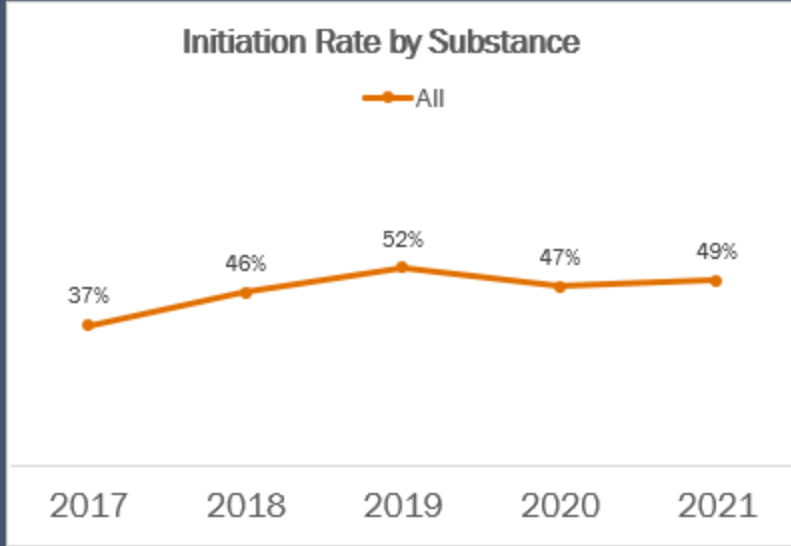
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BENNINGTON

ANNUAL RATES - ALL SUBSTANCES

Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



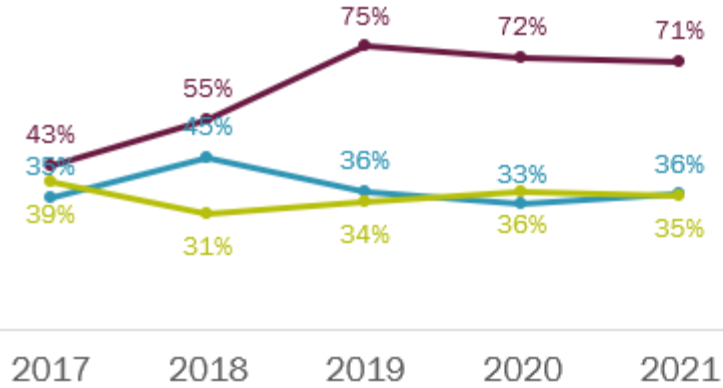
BENNINGTON

ANNUAL RATES - BY SUBSTANCE

Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing

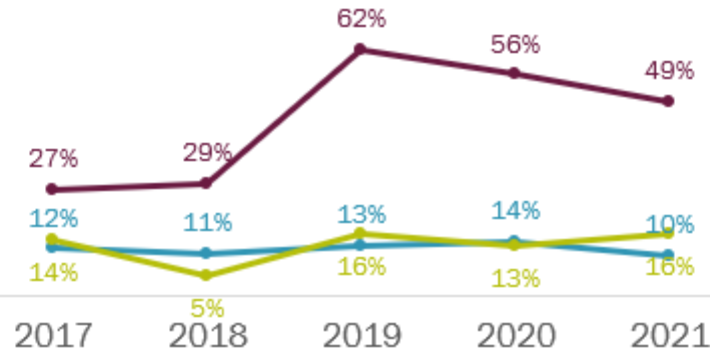
Initiation Rate by Substance

Alcohol Opioids Other



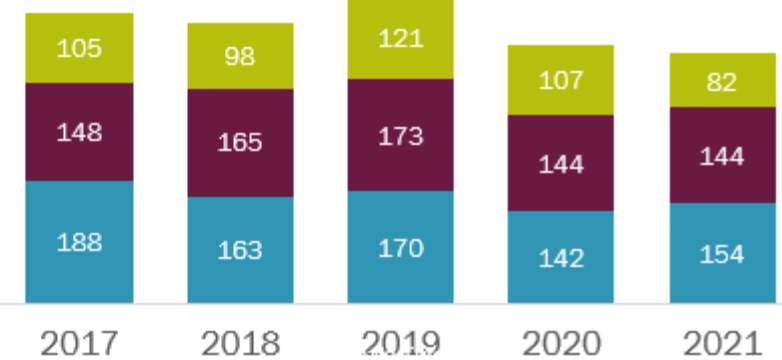
Engagement Rate by Substance

Alcohol Opioids Other



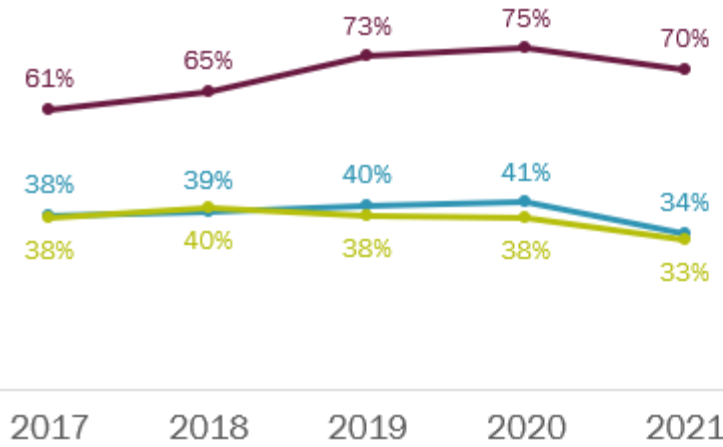
Index Events by Year and Substance

Alcohol Opioids Other



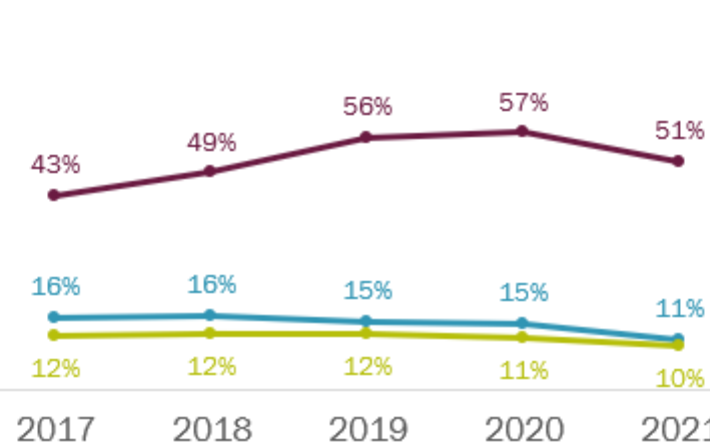
VT Initiation Rate by Substance

Alcohol Opioids Other



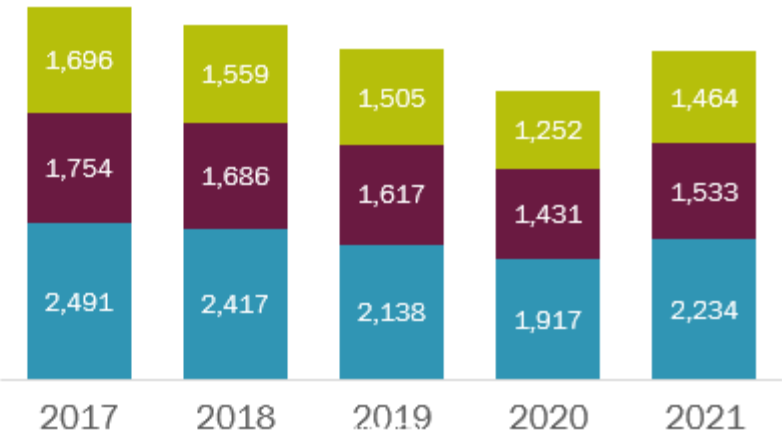
VT Engagement Rate by Substance

Alcohol Opioids Other



VT Index Events by Year and Substance

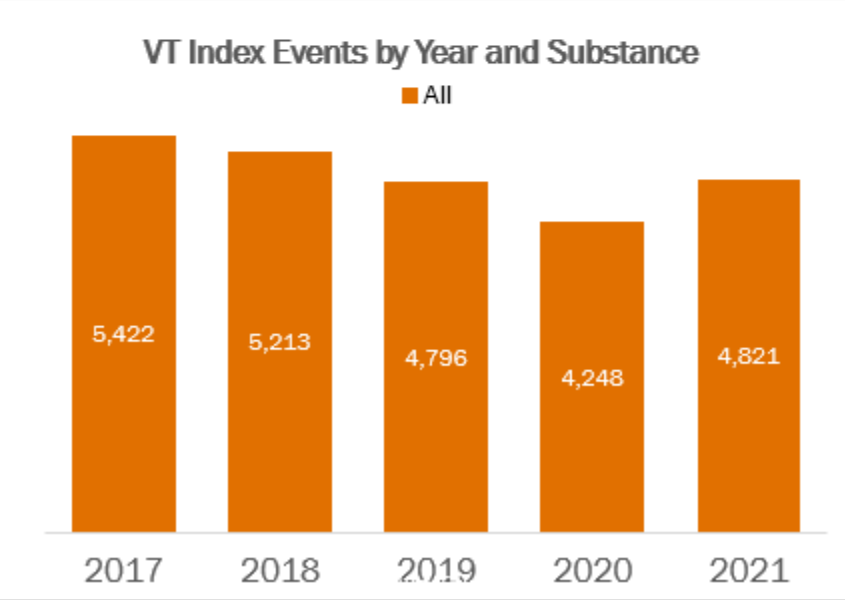
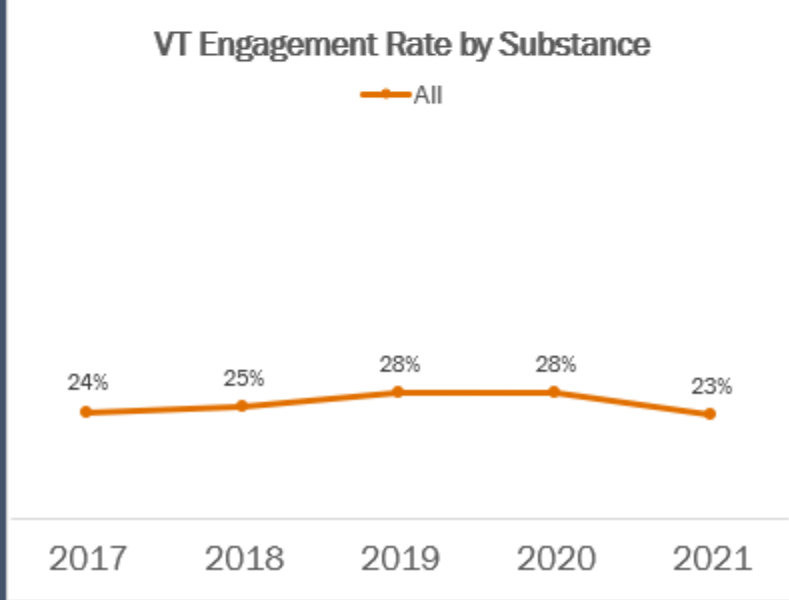
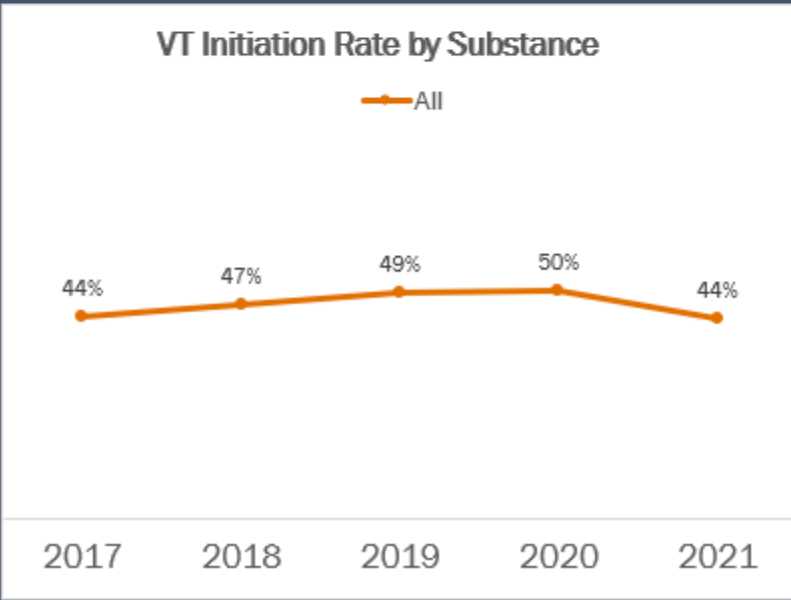
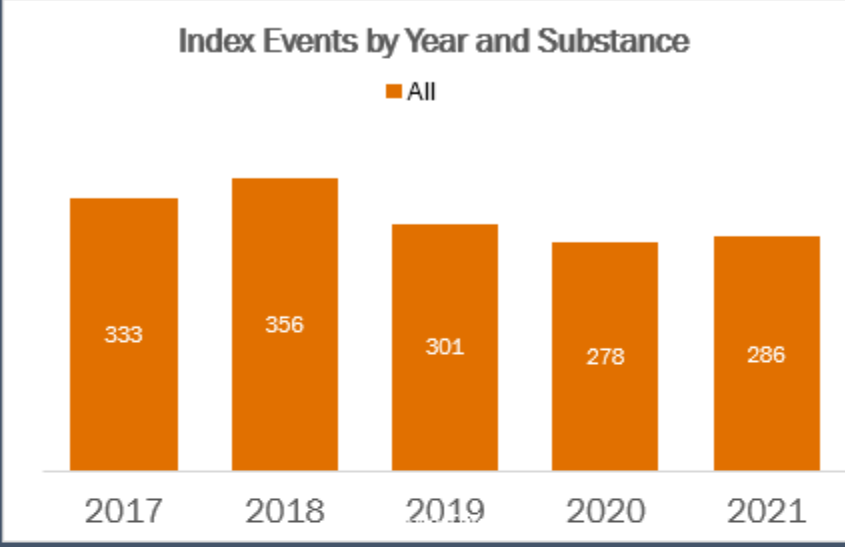
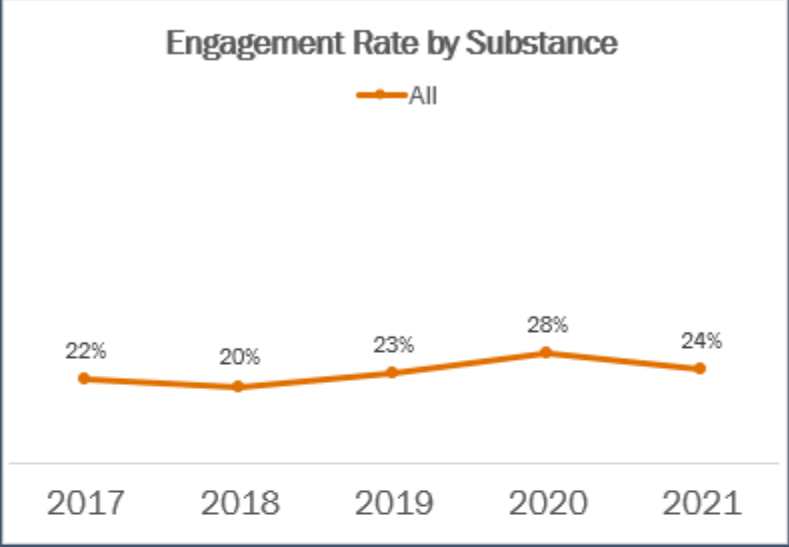
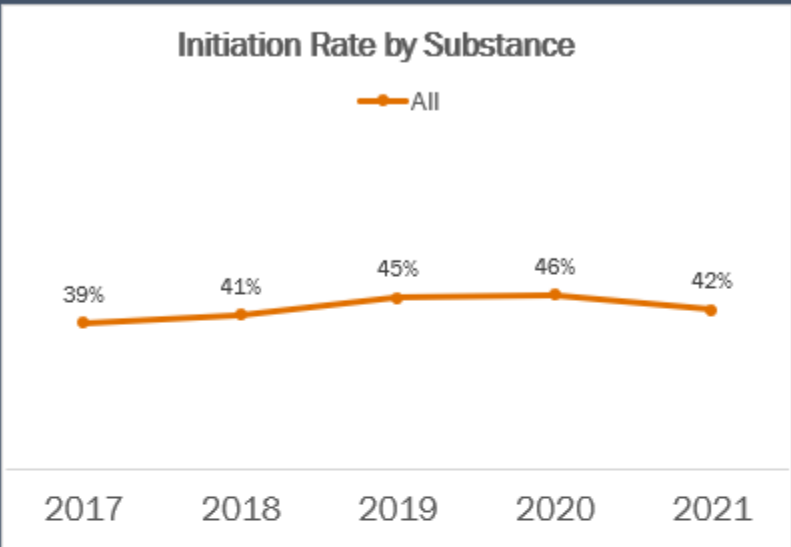
Alcohol Opioids Other



CALEDONIA

ANNUAL RATES - ALL SUBSTANCES

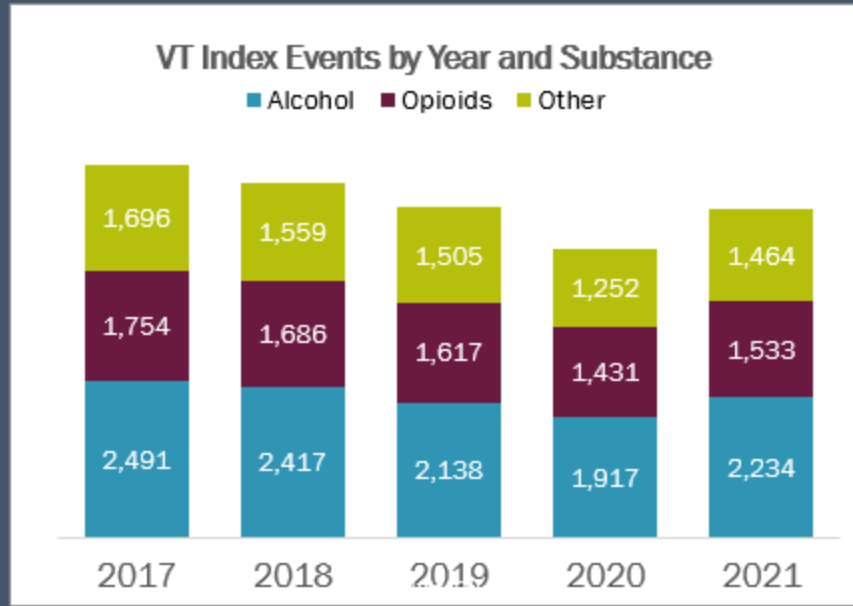
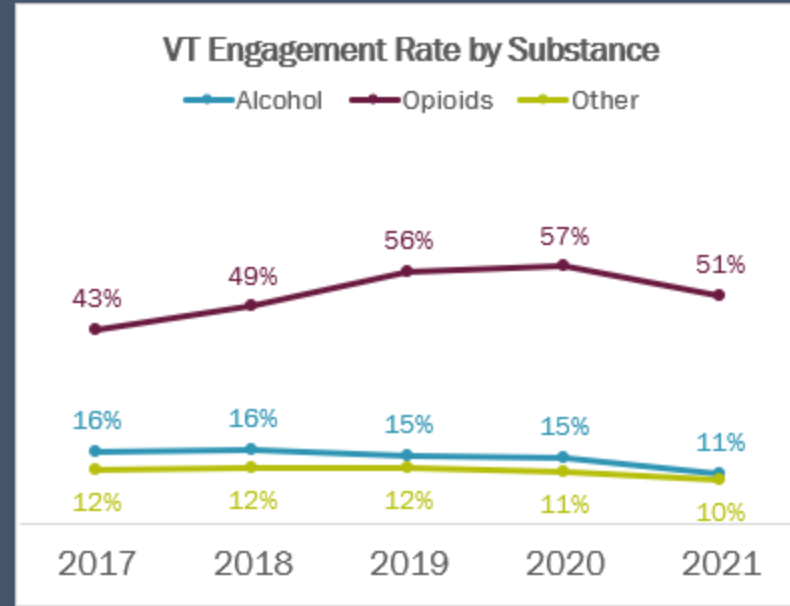
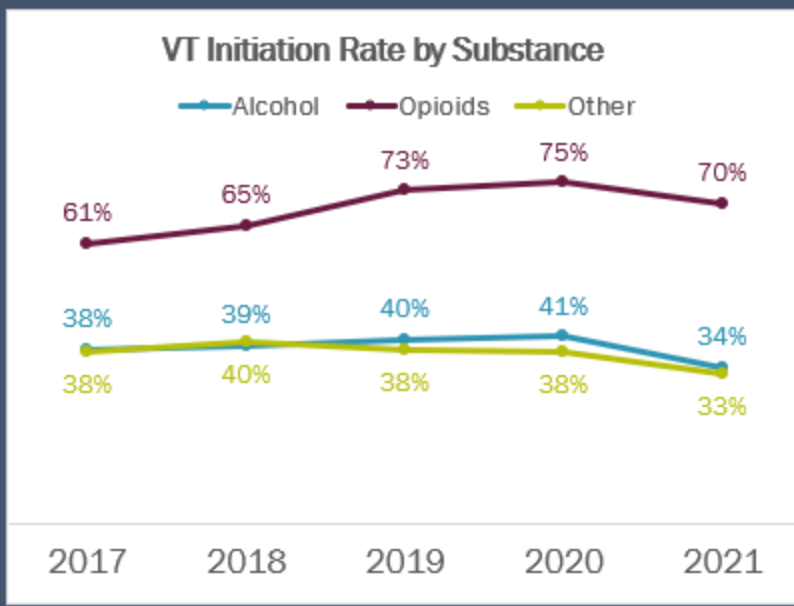
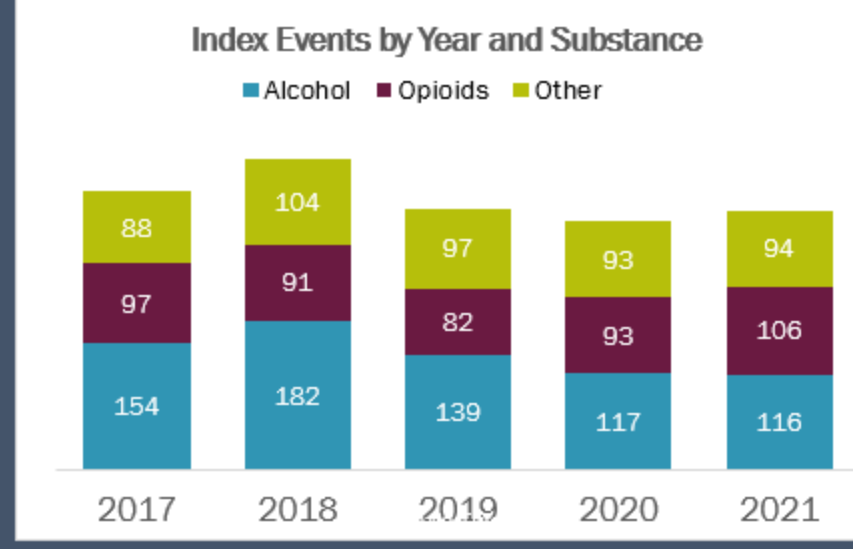
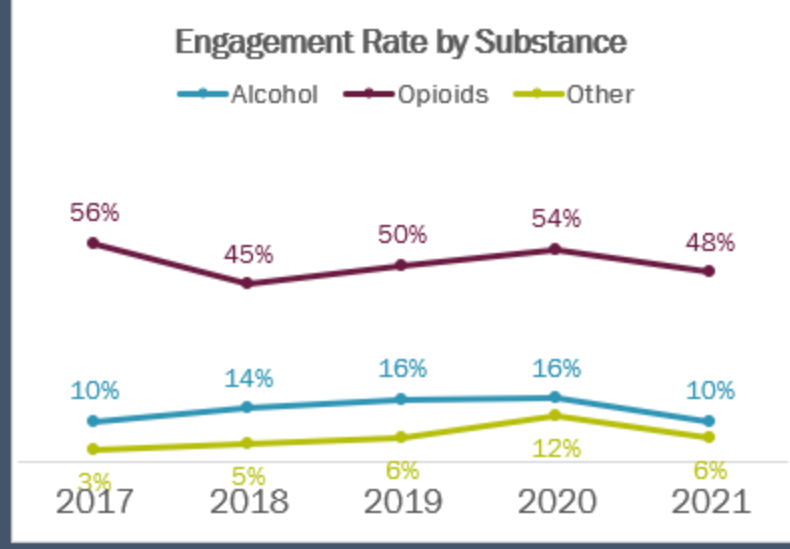
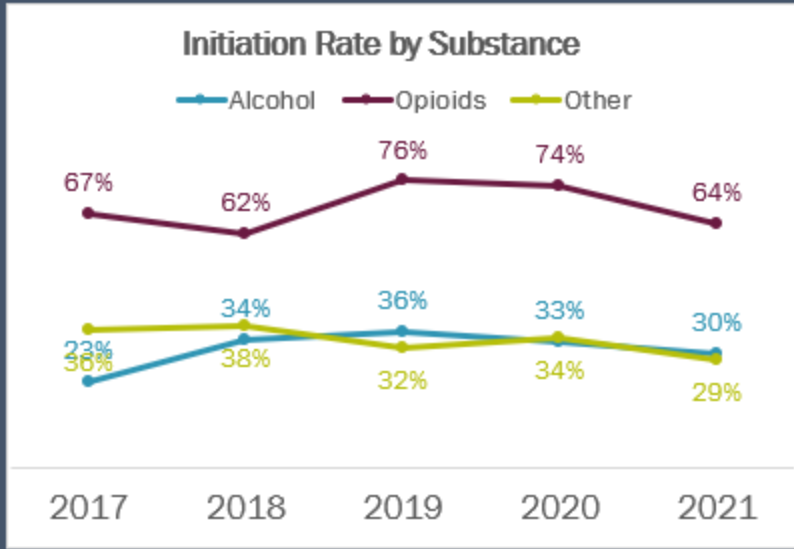
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



CALEDONIA

ANNUAL RATES - BY SUBSTANCE

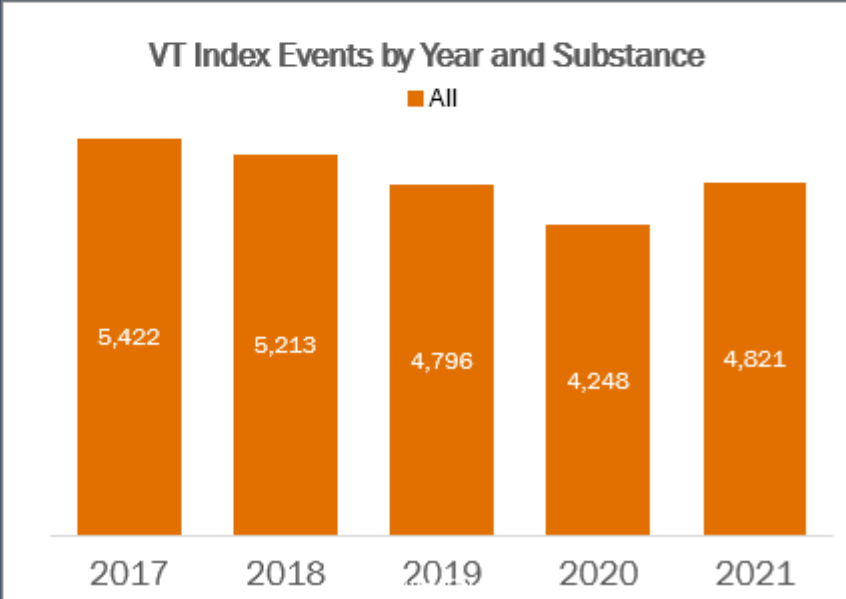
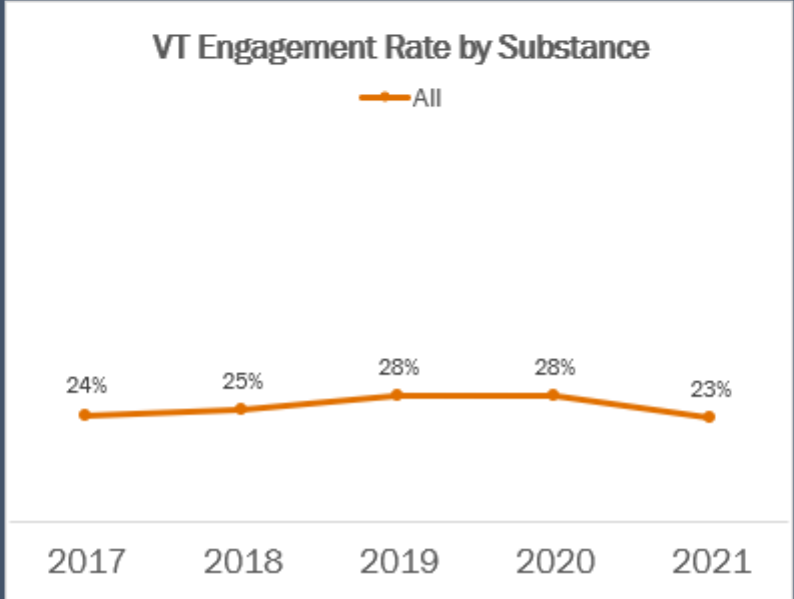
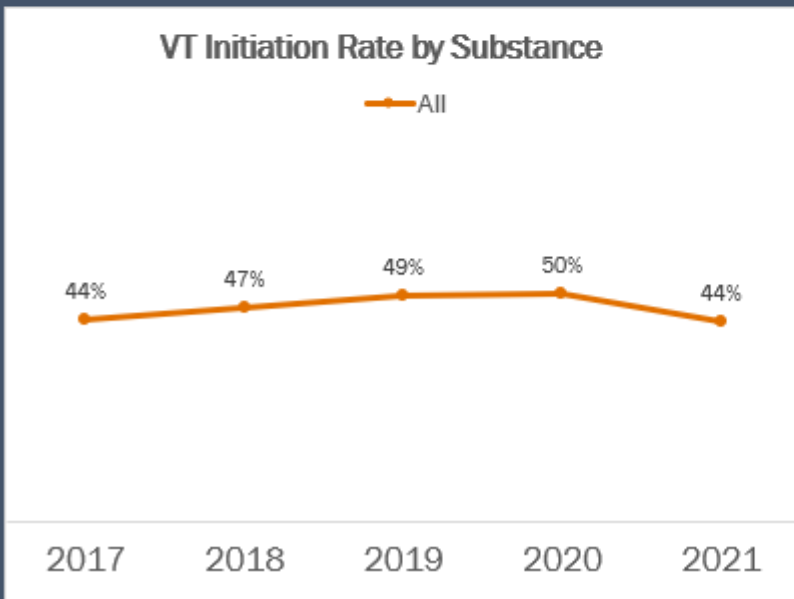
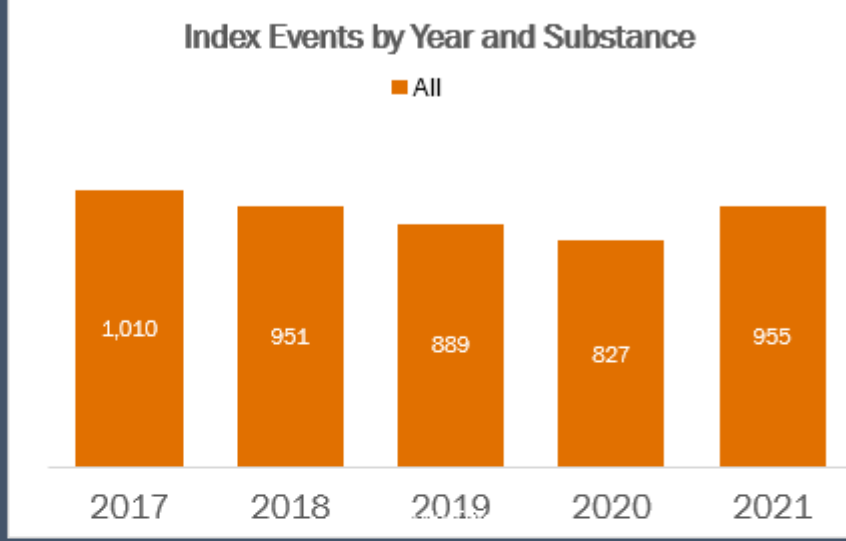
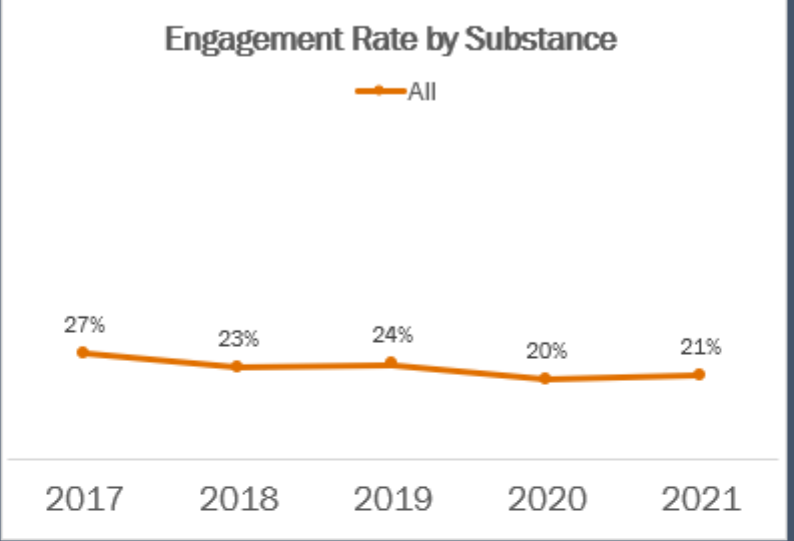
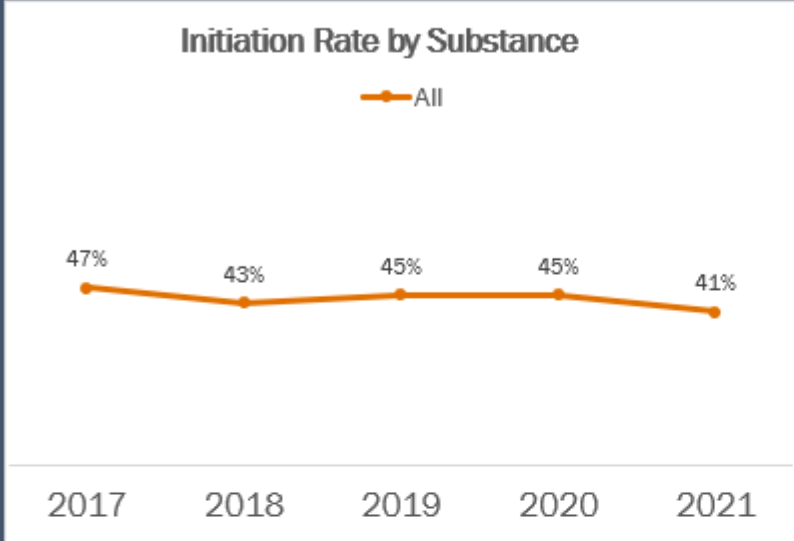
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CHITTENDEN

ANNUAL RATES - ALL SUBSTANCES

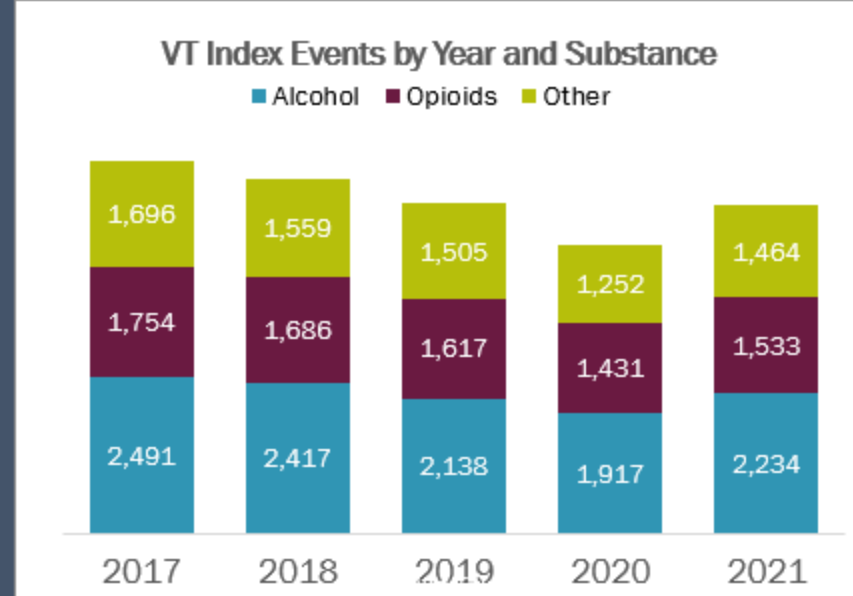
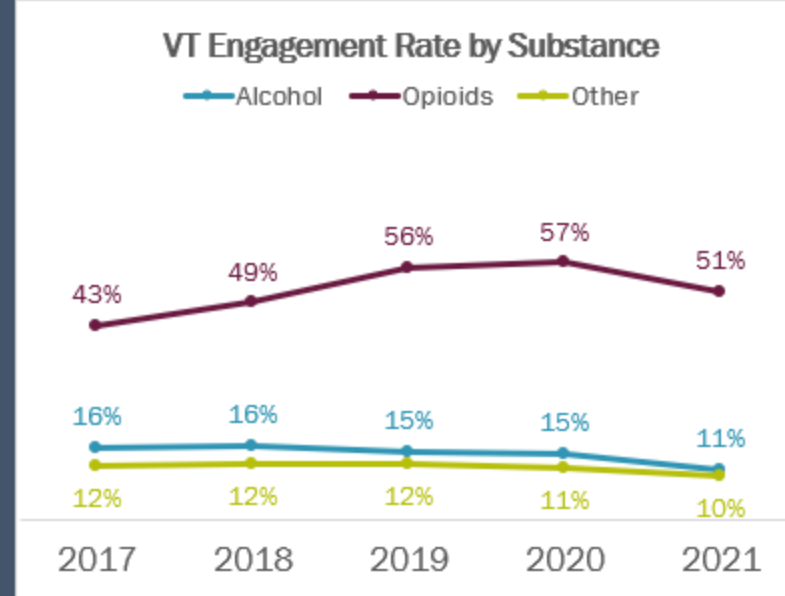
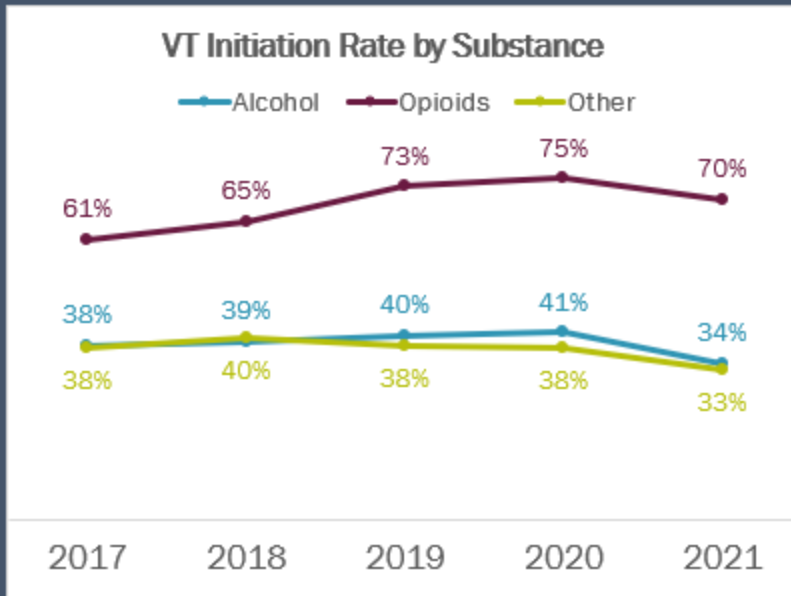
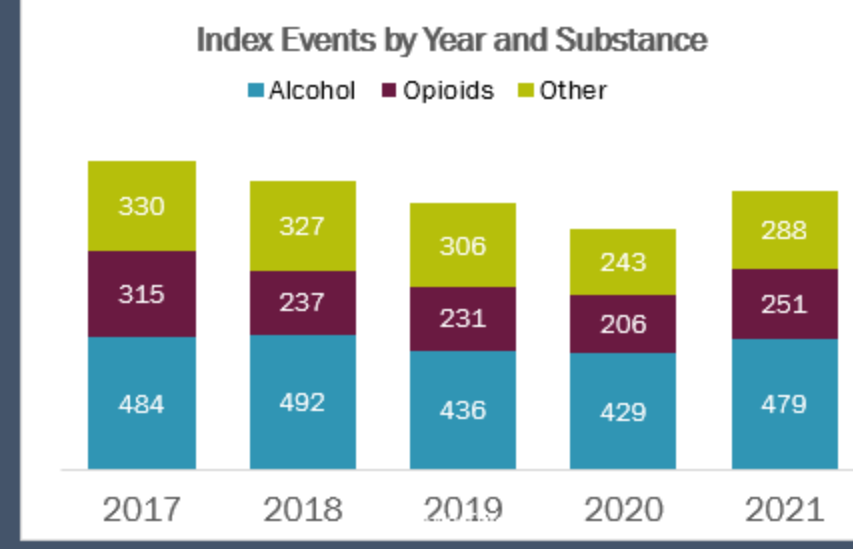
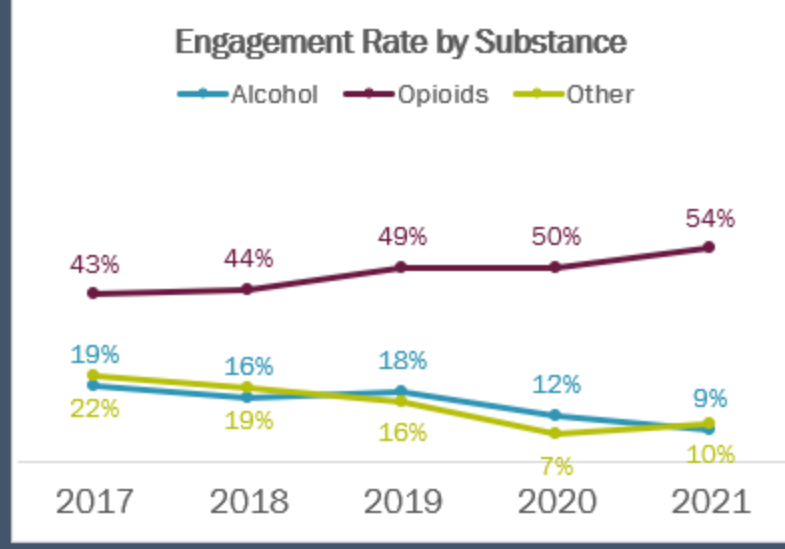
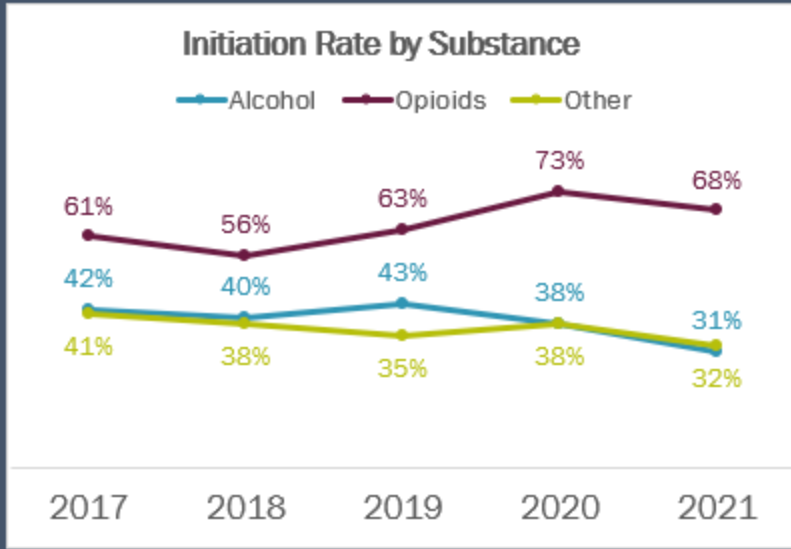
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



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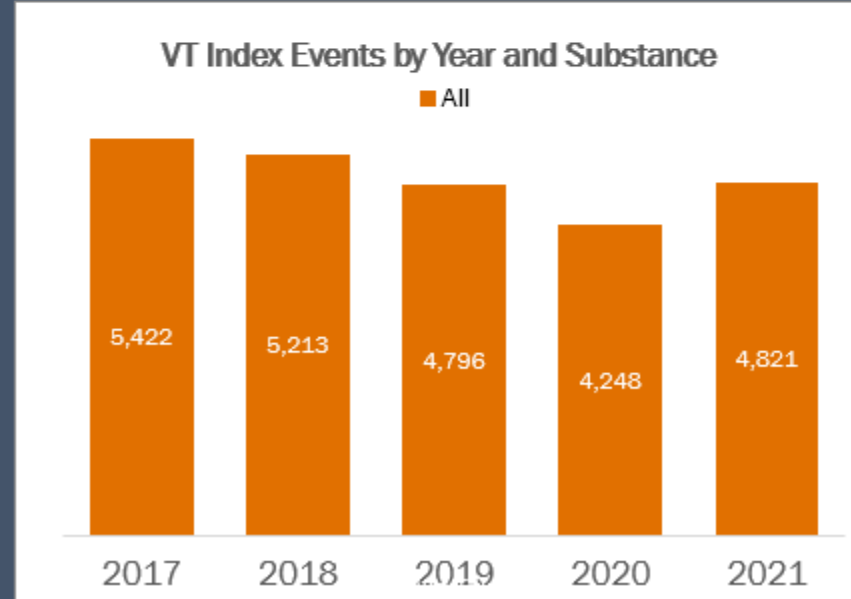
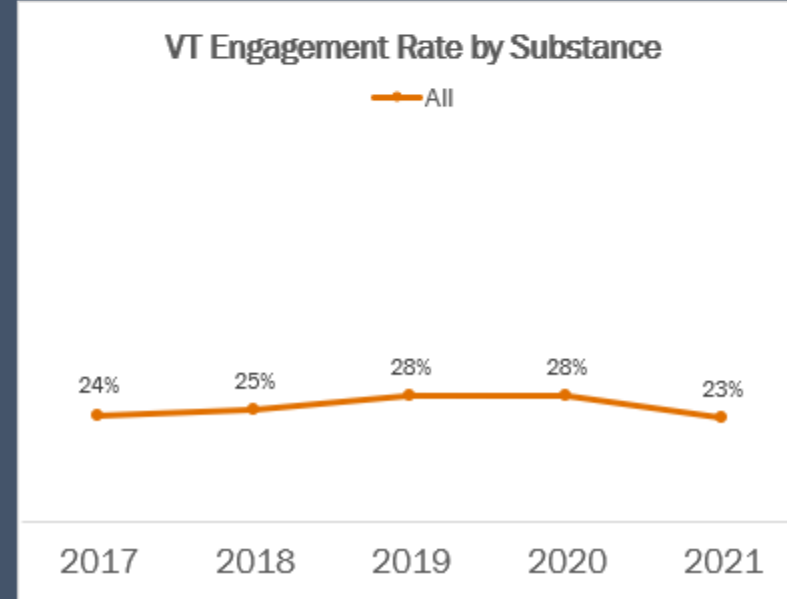
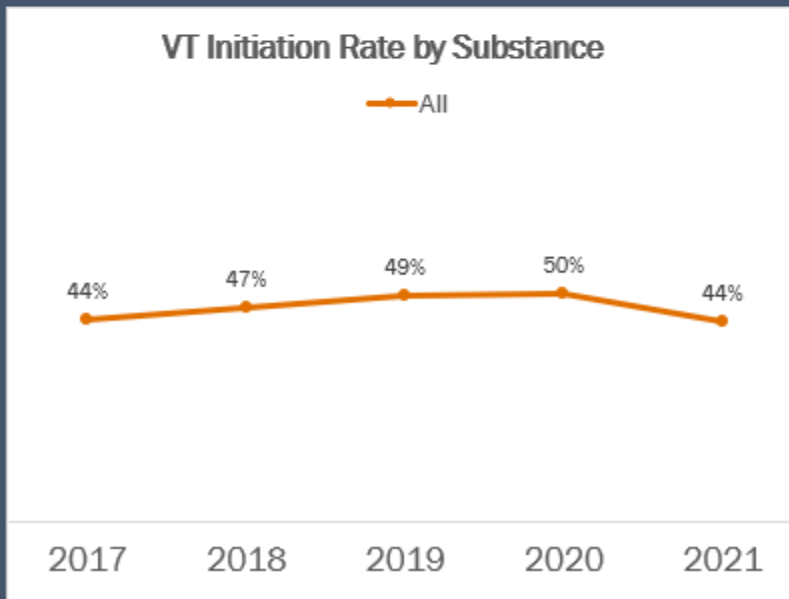
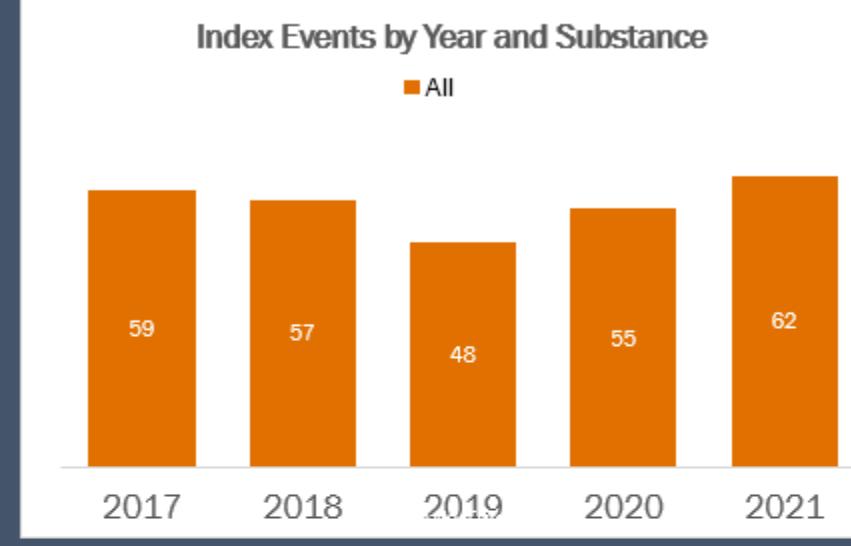
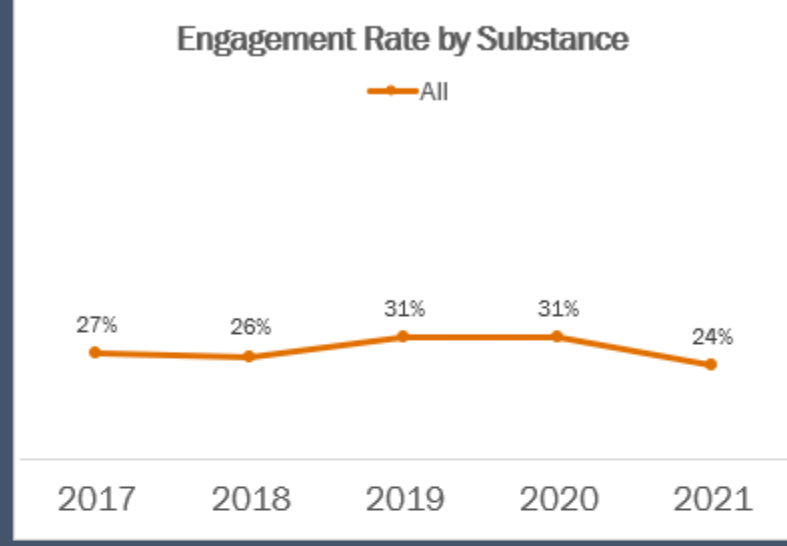
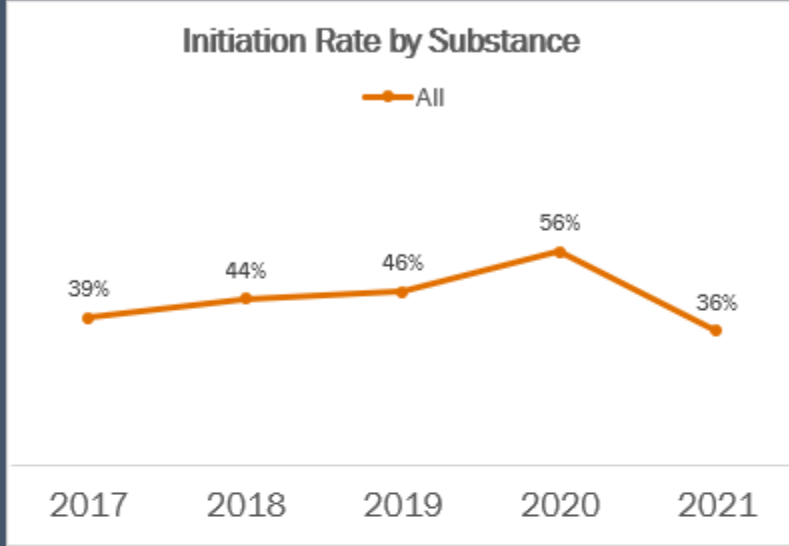
ANNUAL RATES - BY SUBSTANCE

Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



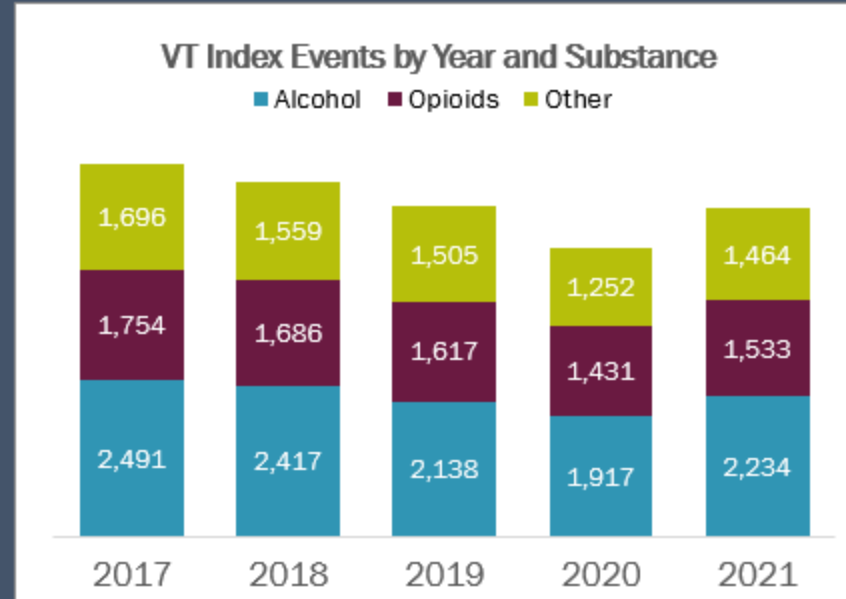
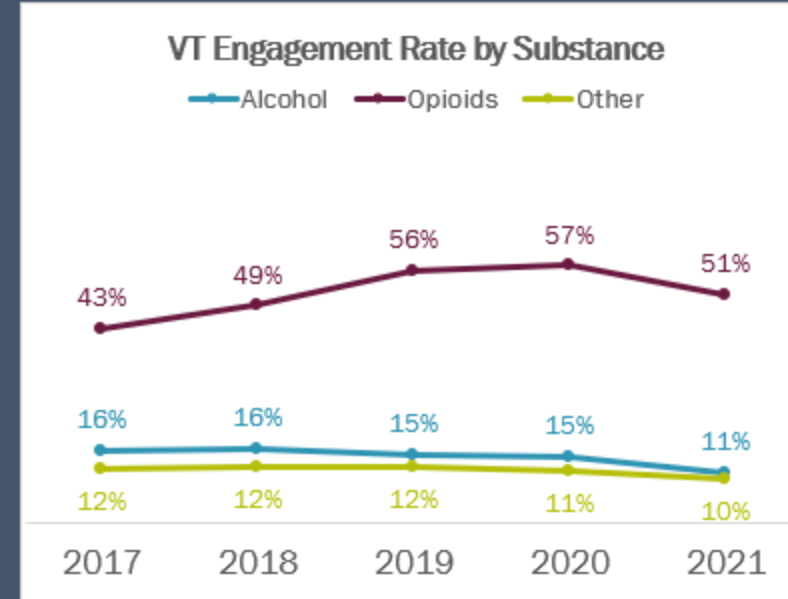
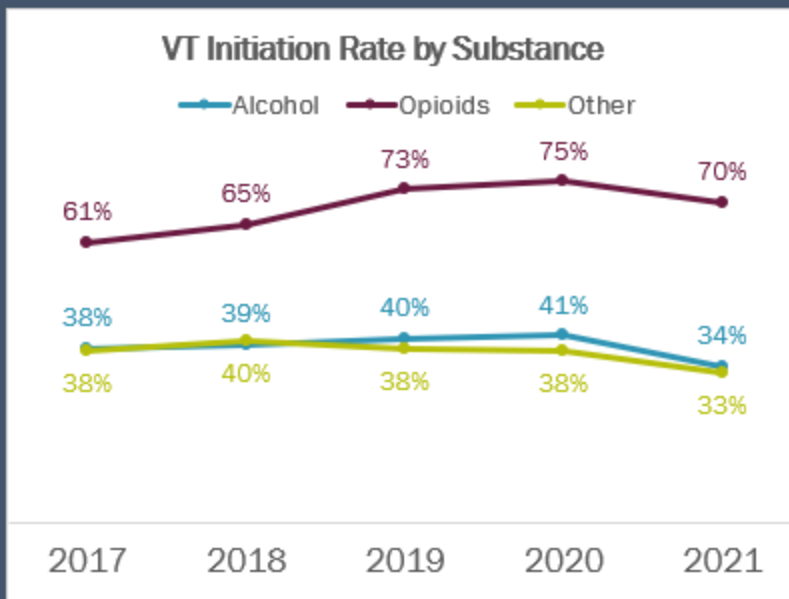
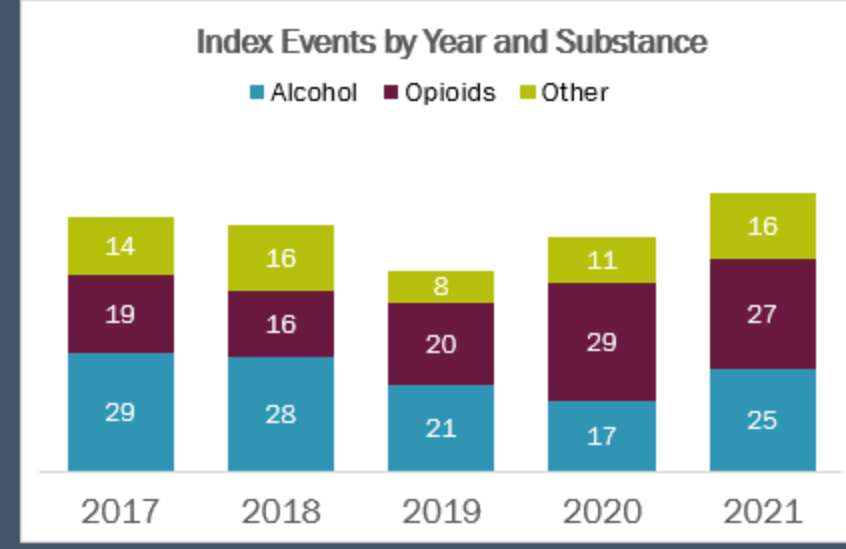
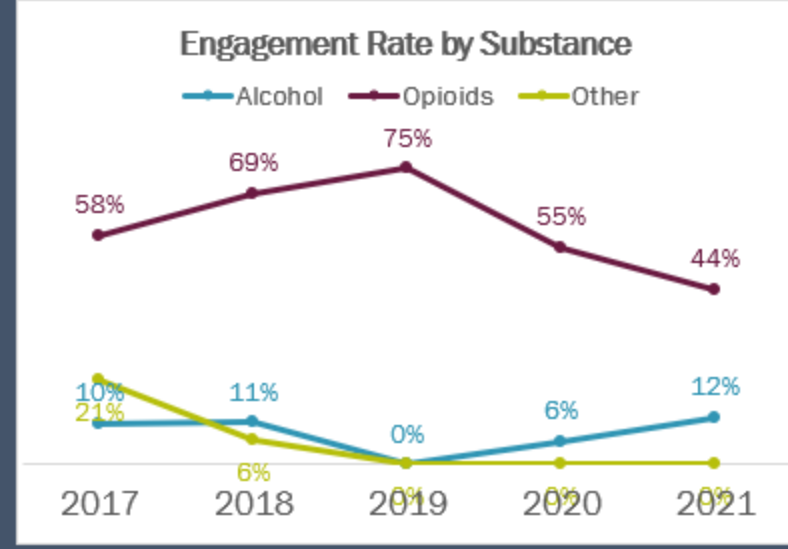
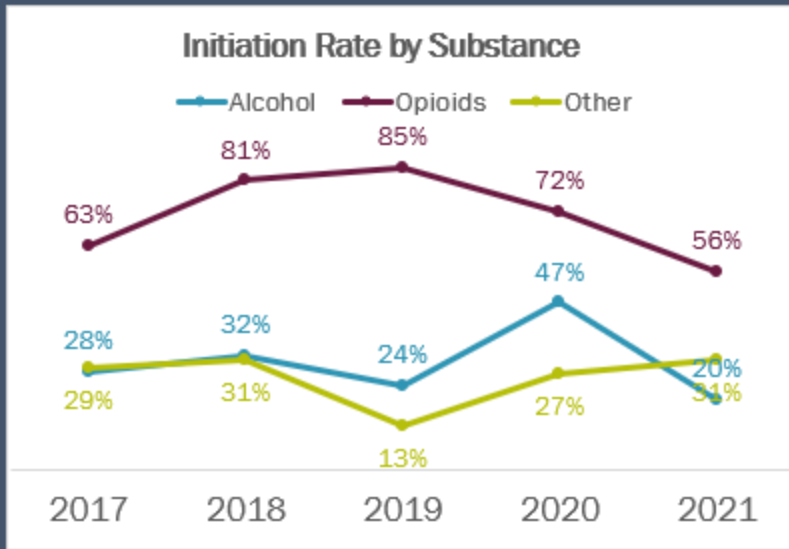
ANNUAL RATES - ALL SUBSTANCES

Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



ANNUAL RATES – BY SUBSTANCE

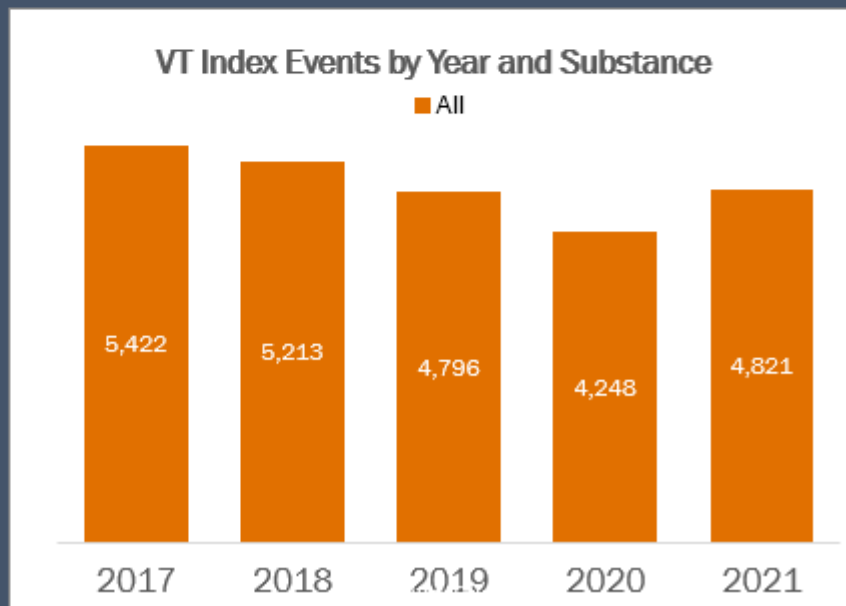
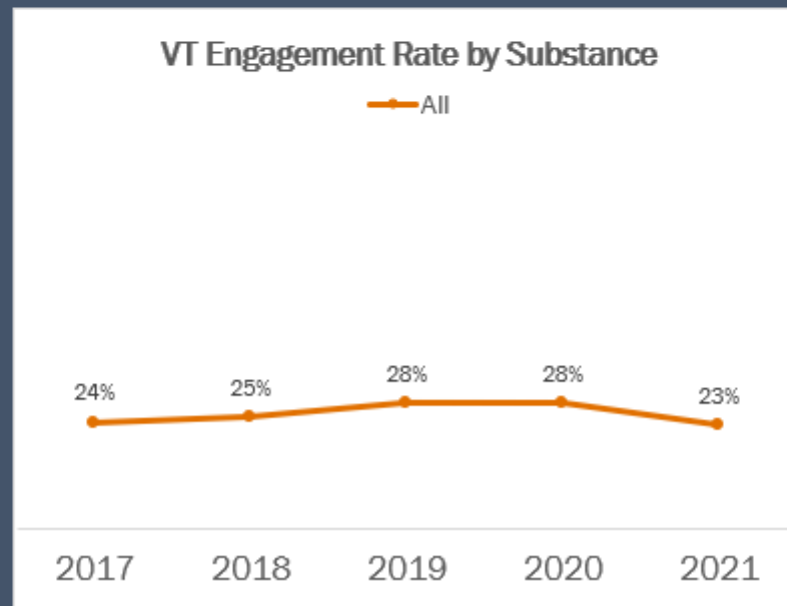
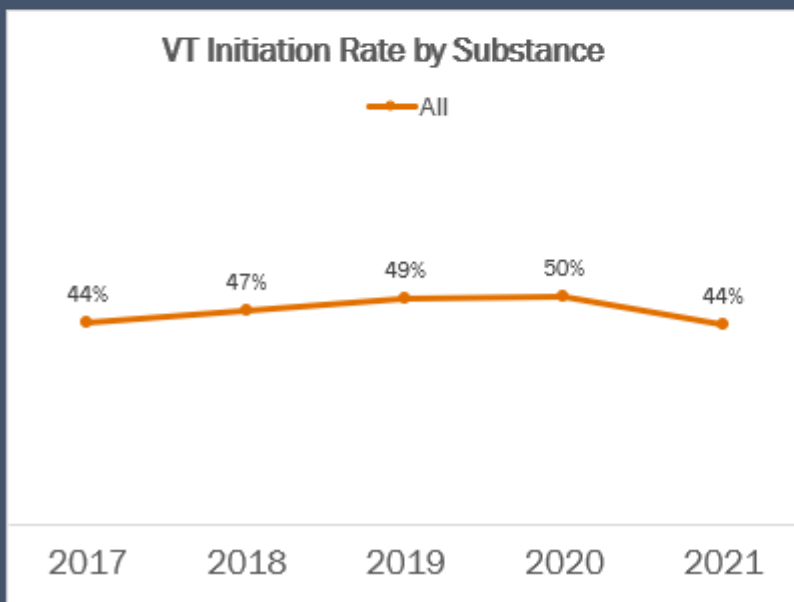
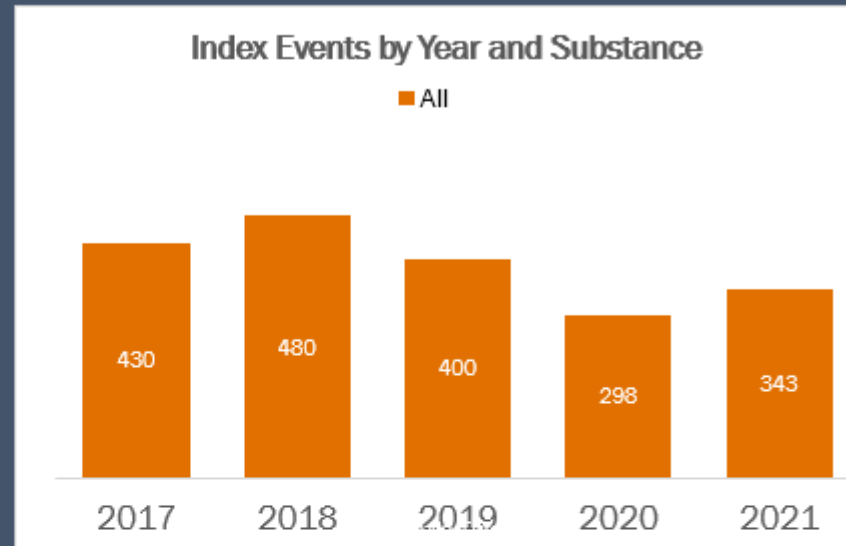
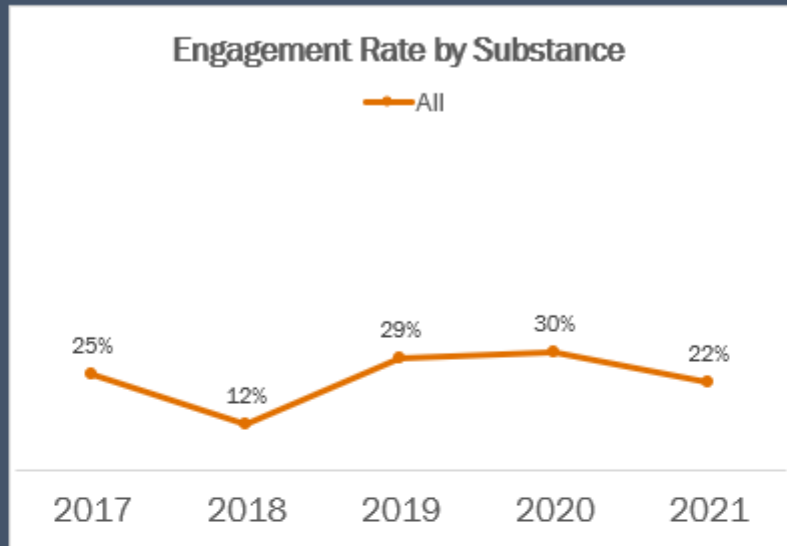
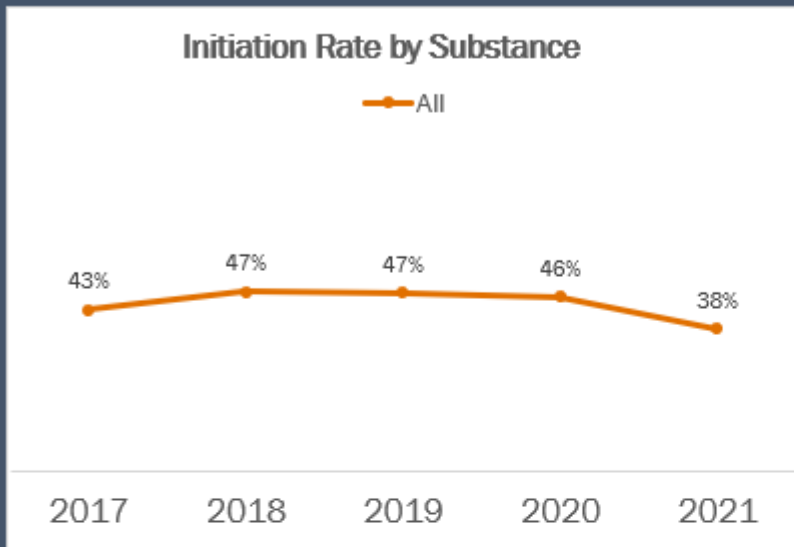
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



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ANNUAL RATES - ALL SUBSTANCES

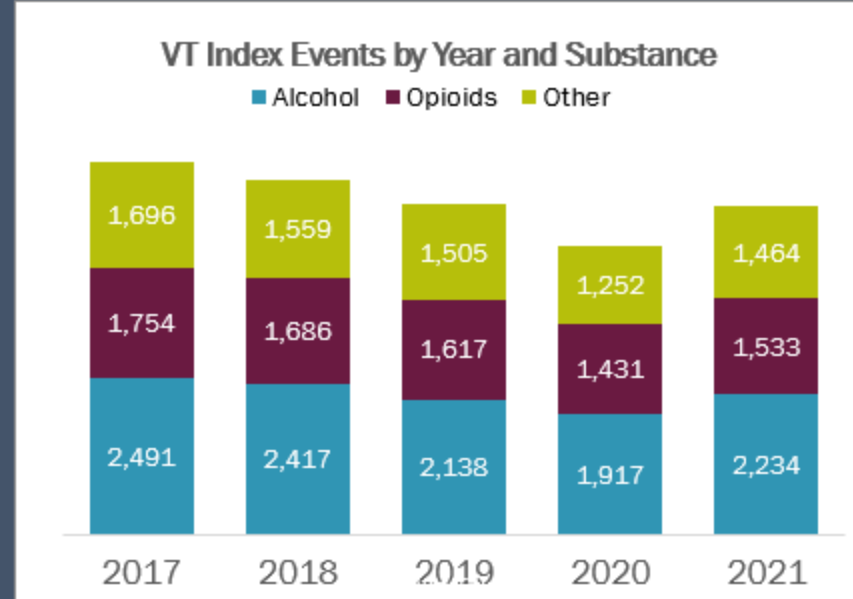
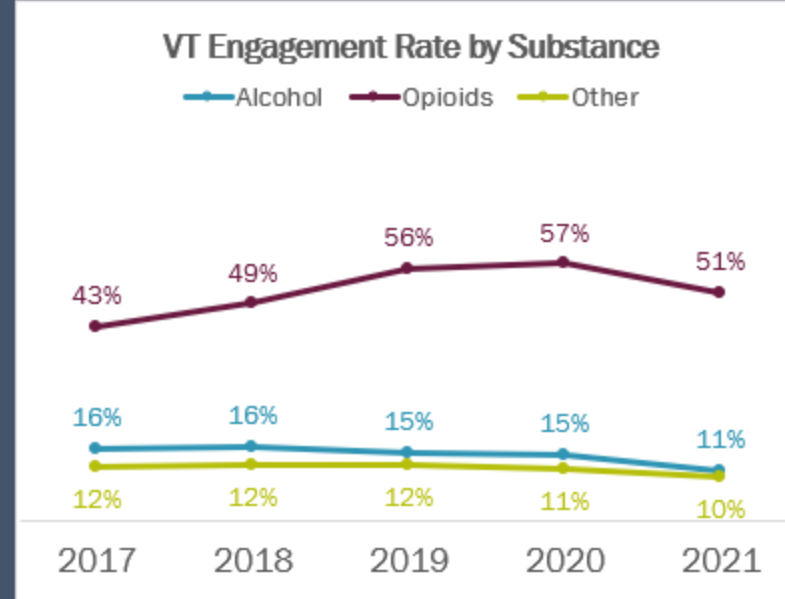
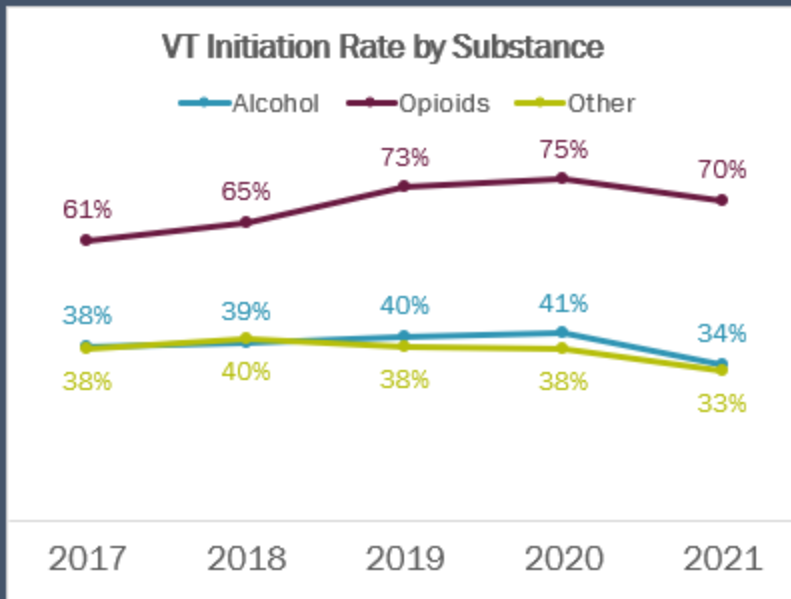
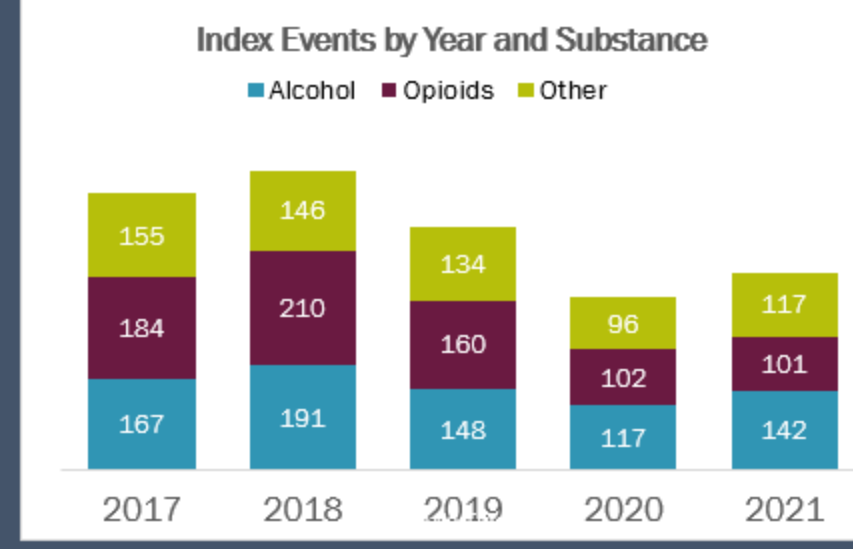
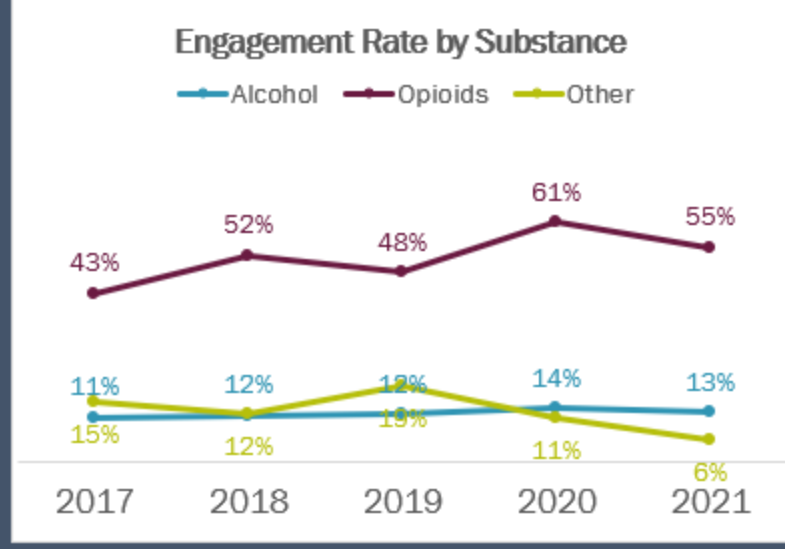
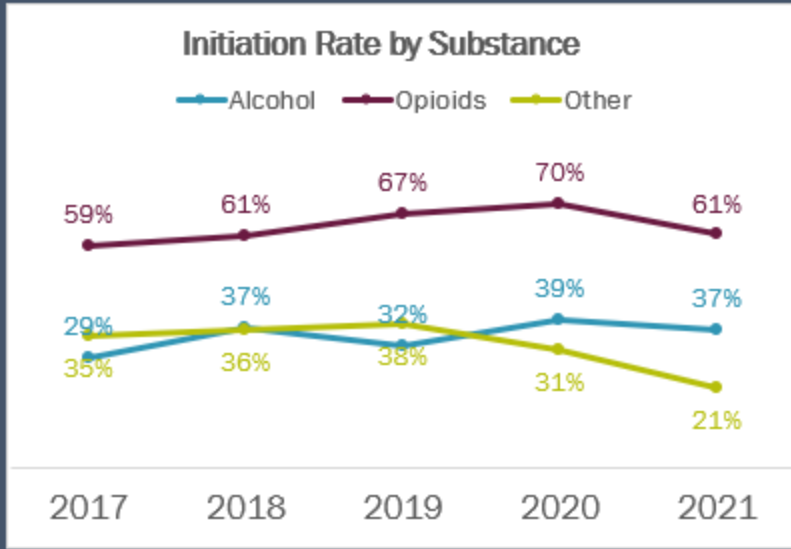
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ANNUAL RATES - BY SUBSTANCE

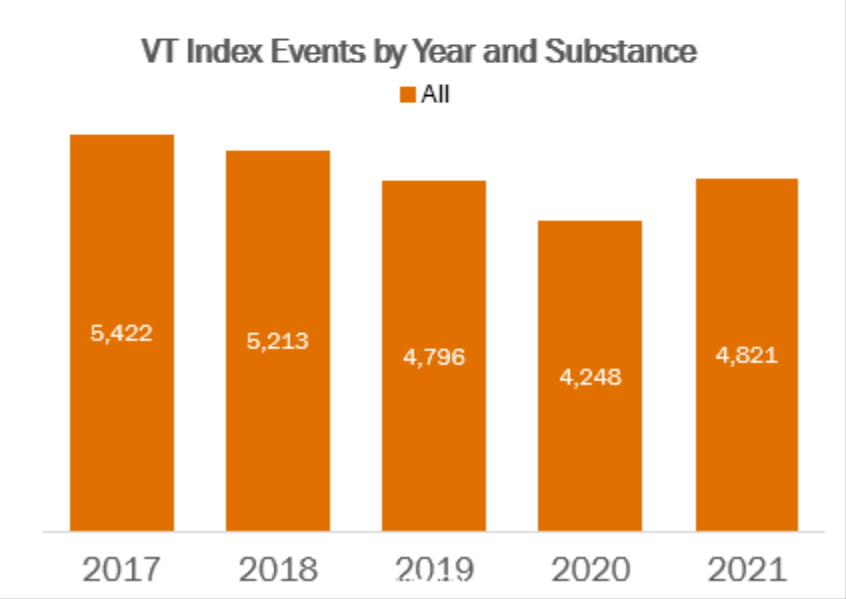
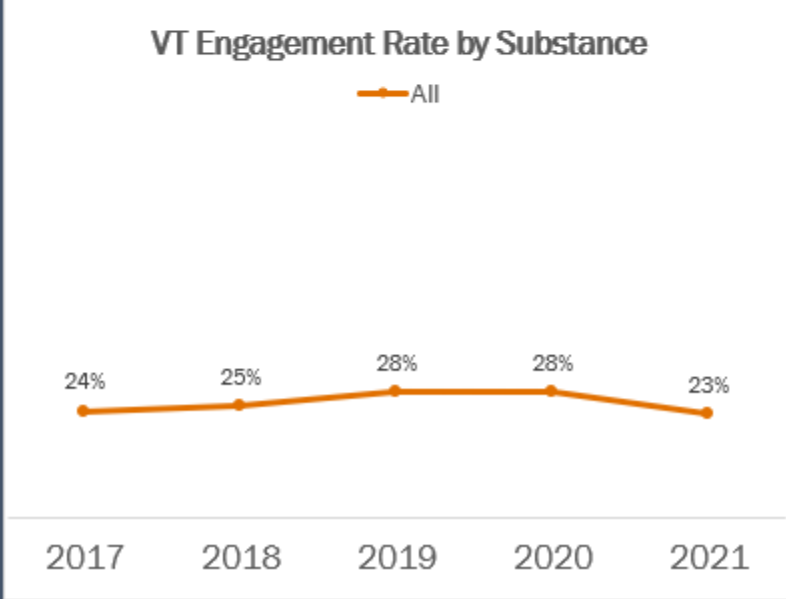
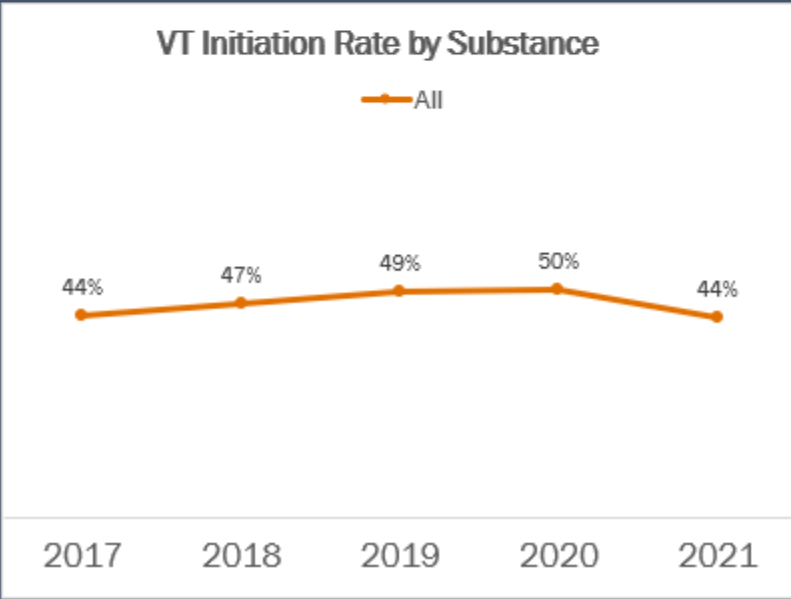
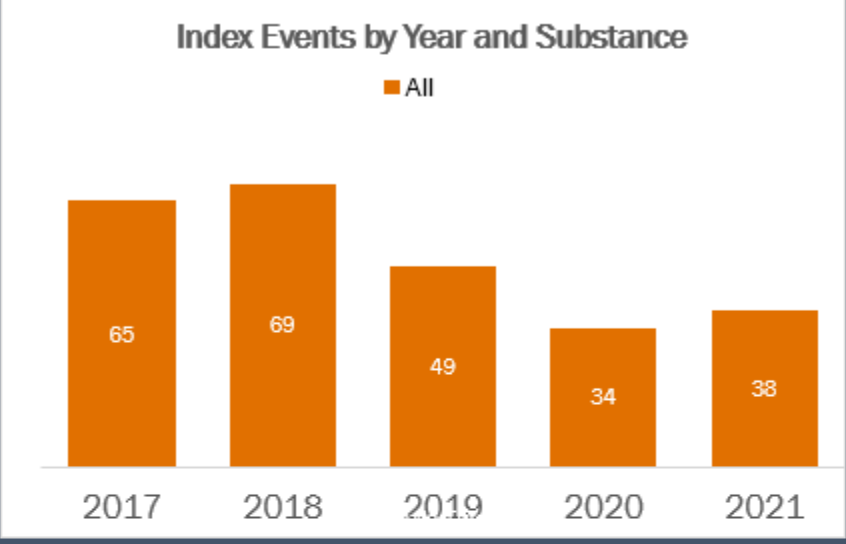
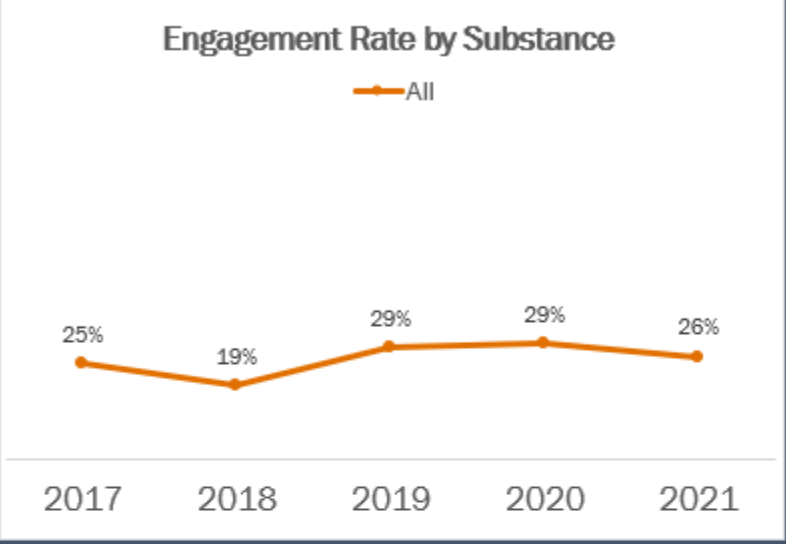
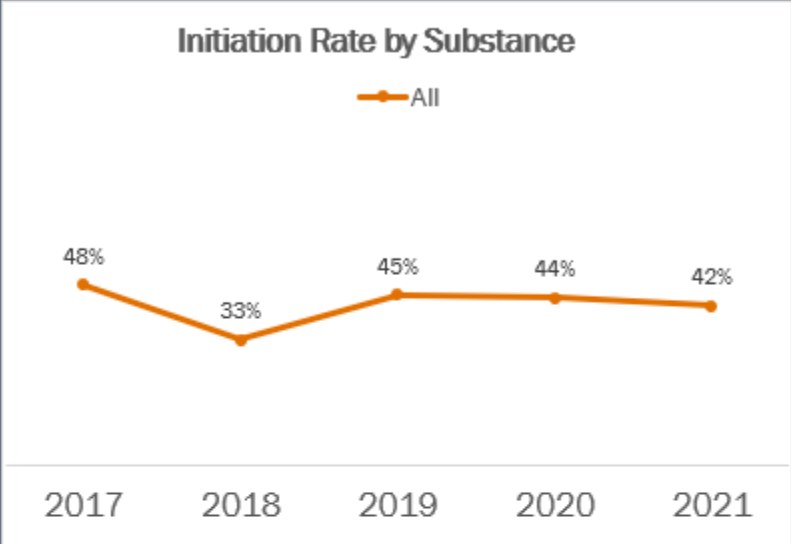
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



GRAND ISLE

ANNUAL RATES - ALL SUBSTANCES

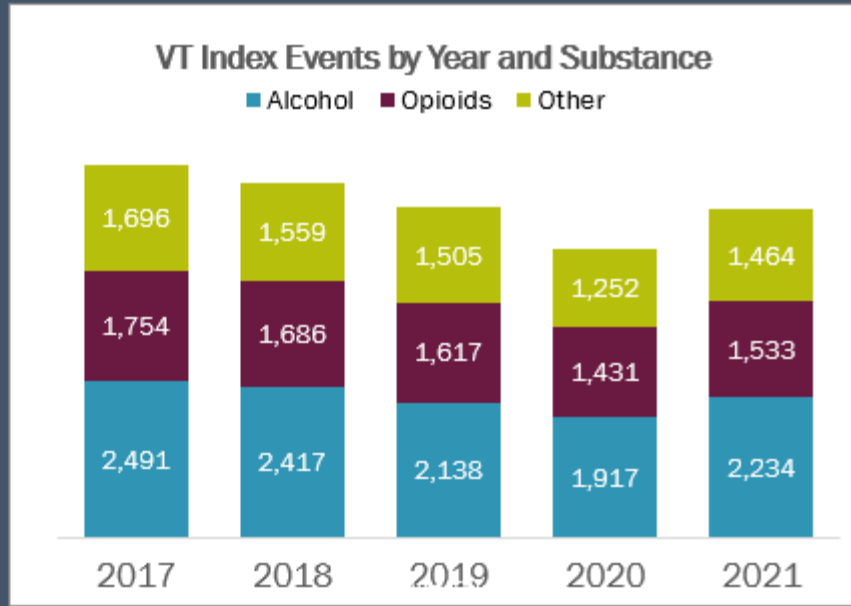
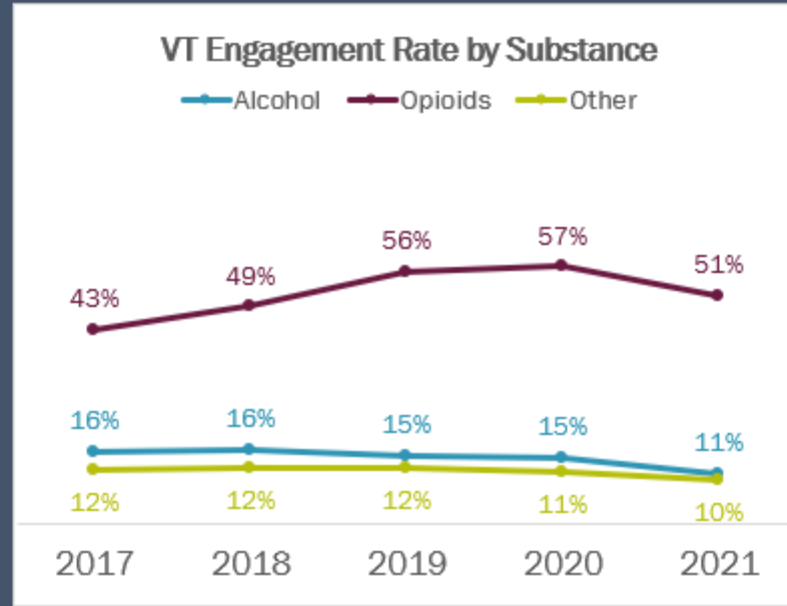
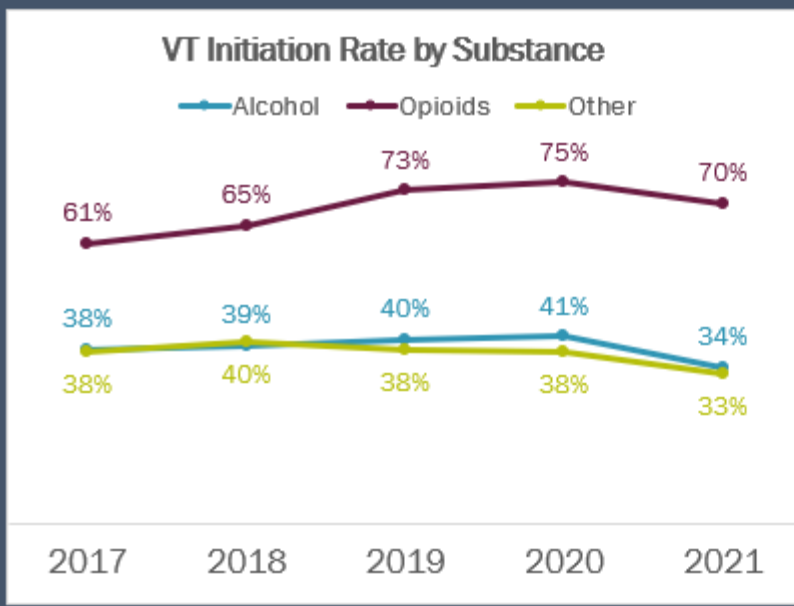
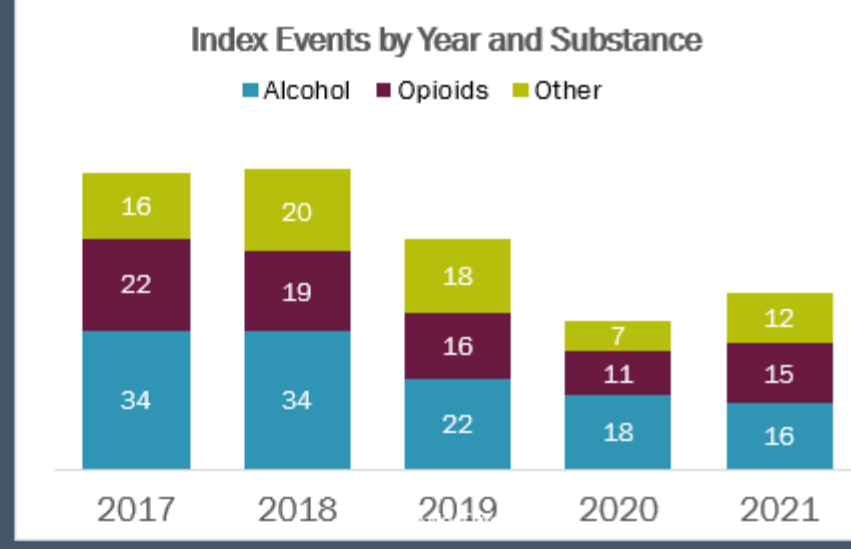
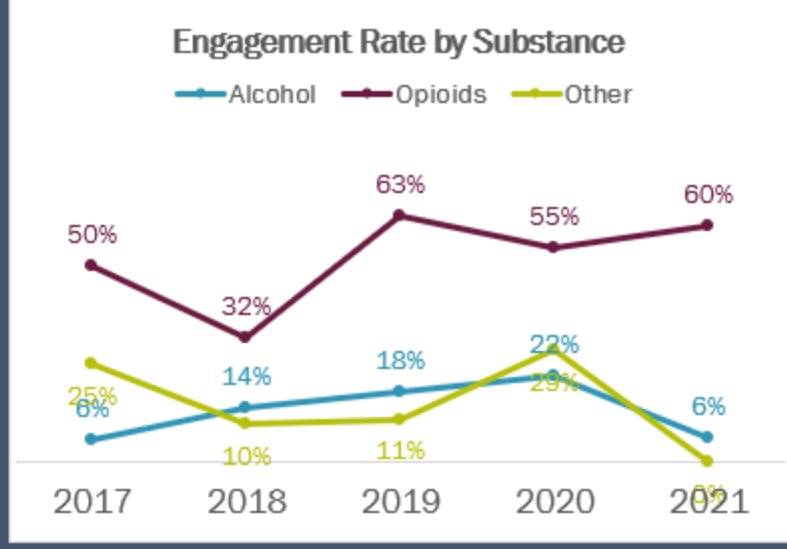
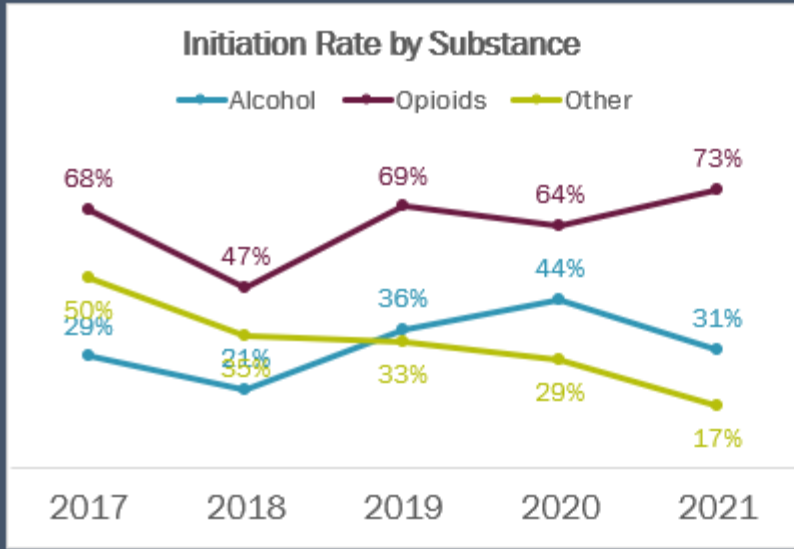
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



GRAND ISLE

ANNUAL RATES - BY SUBSTANCE

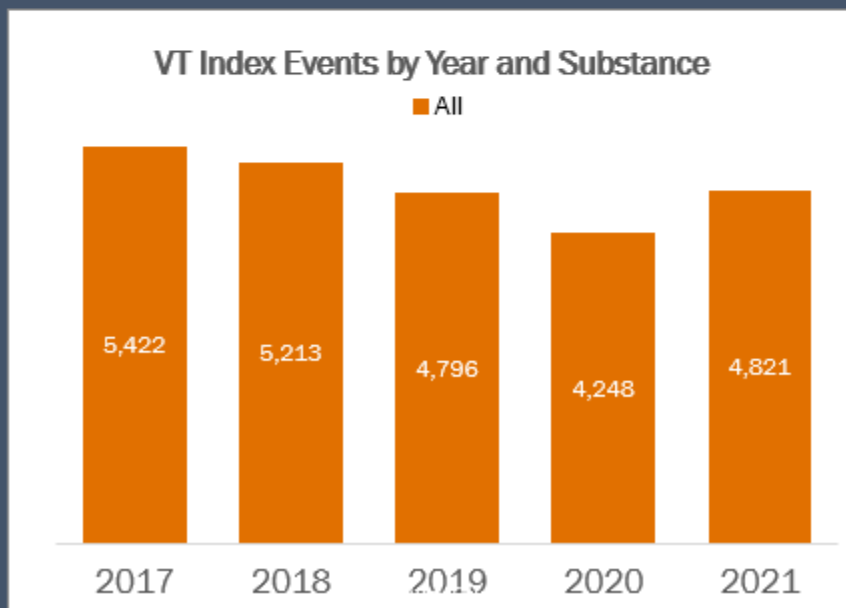
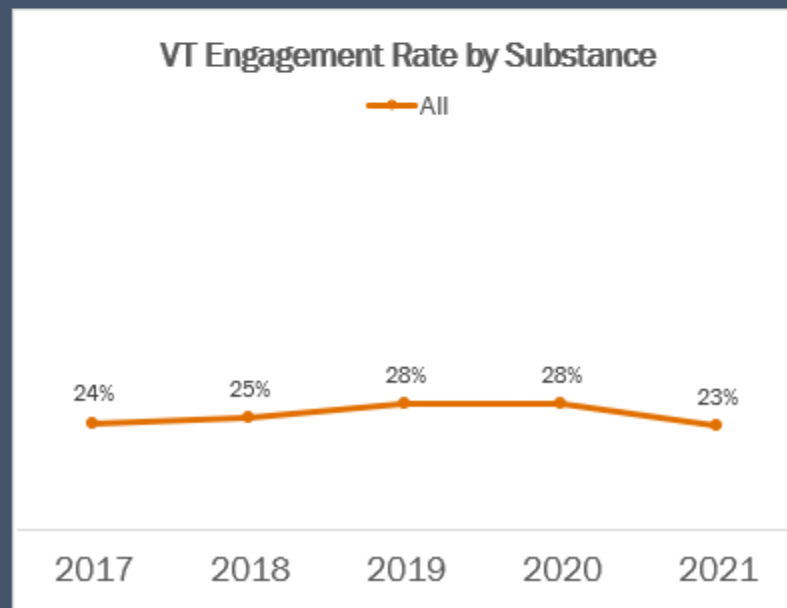
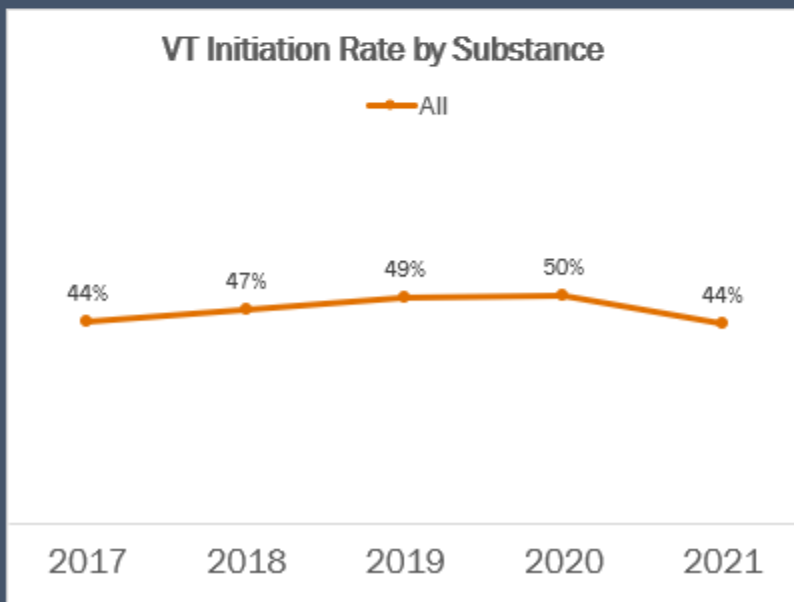
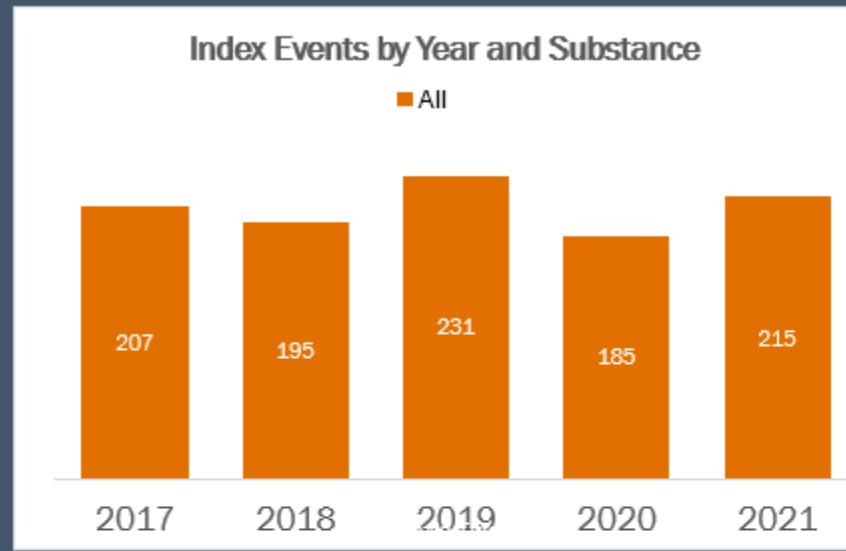
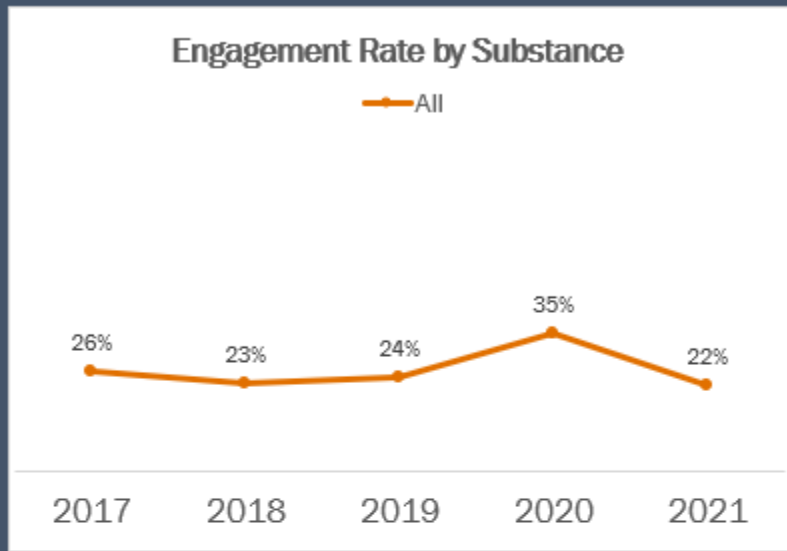
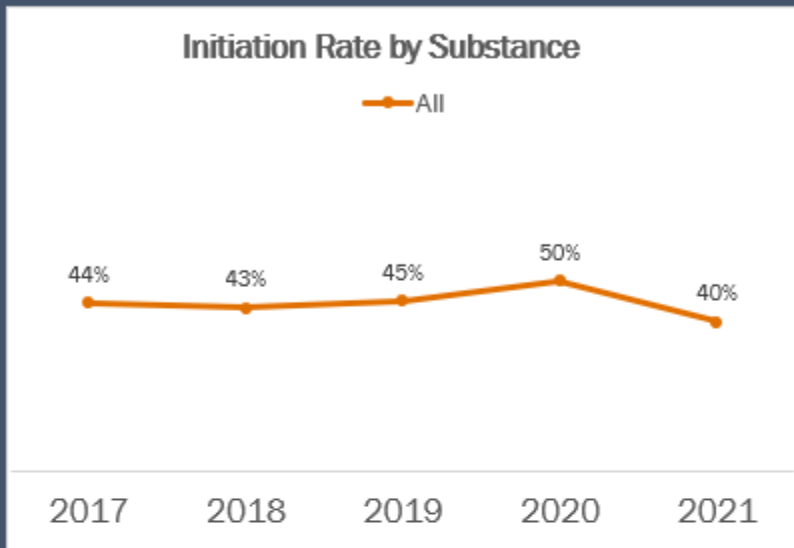
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LAMOILLE

ANNUAL RATES - ALL SUBSTANCES

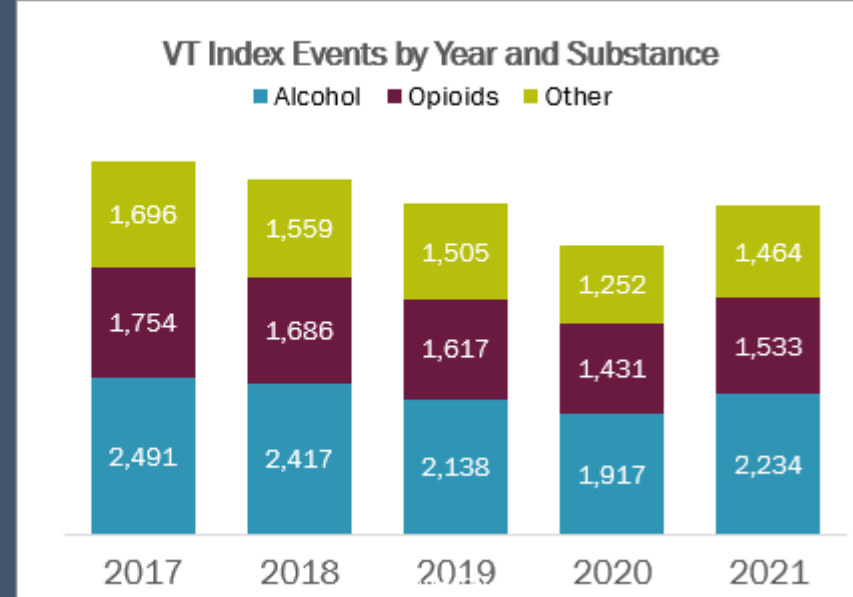
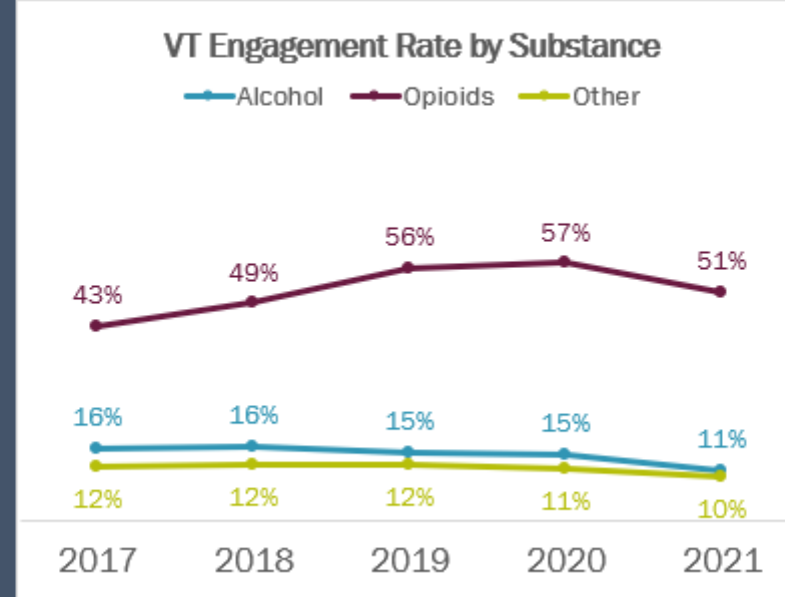
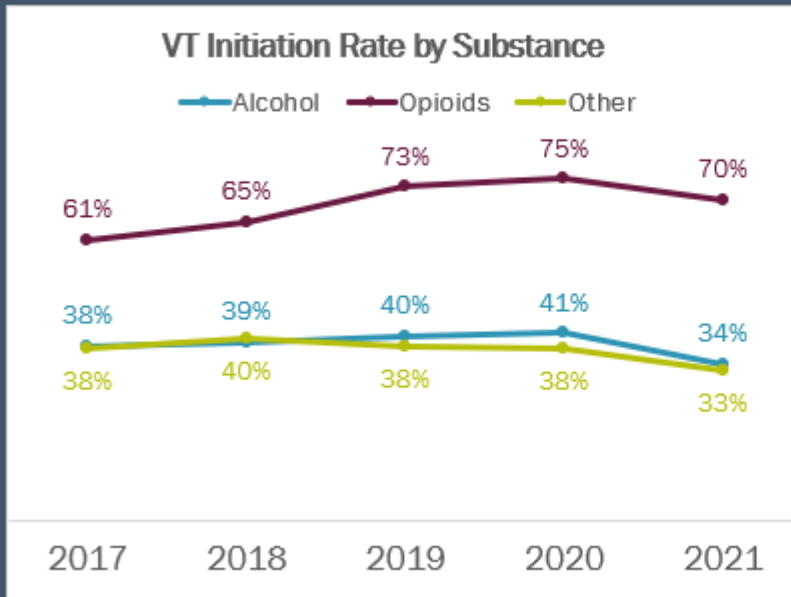
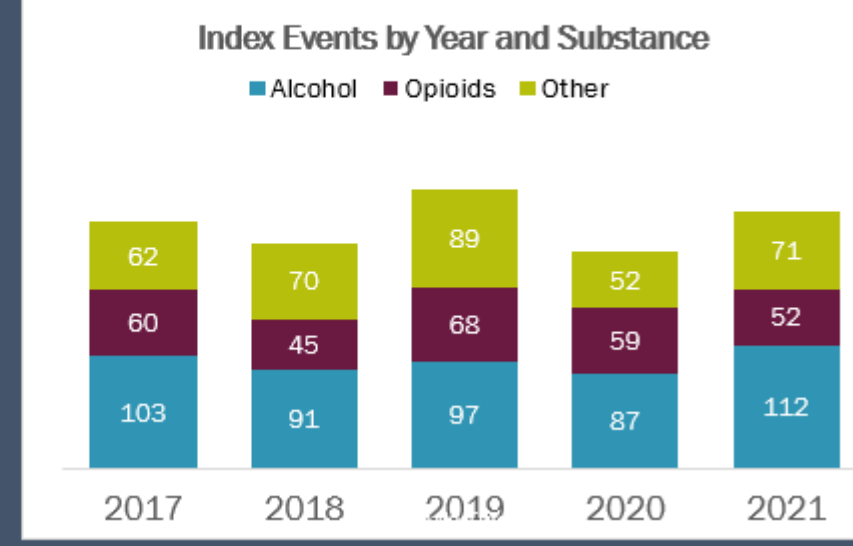
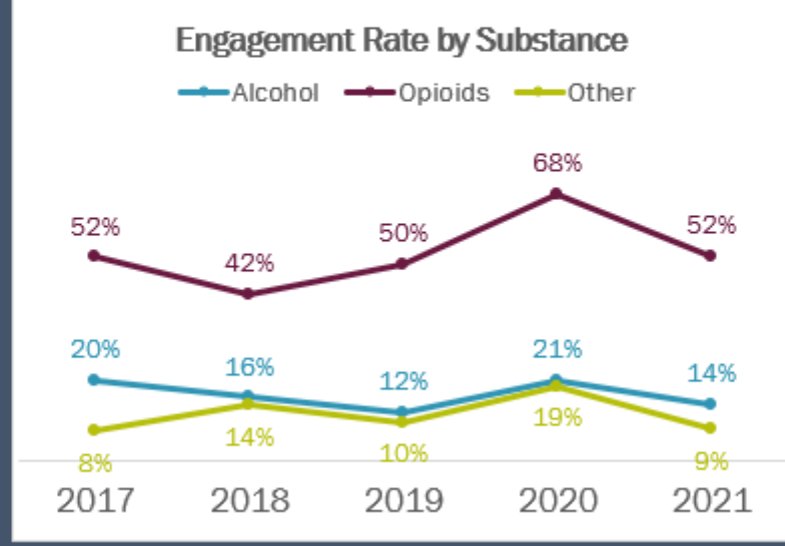
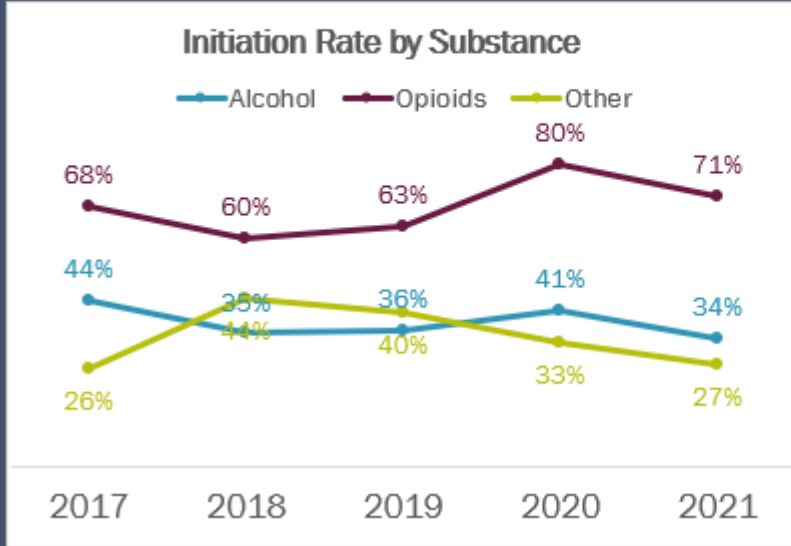
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LAMOILLE

ANNUAL RATES - BY SUBSTANCE

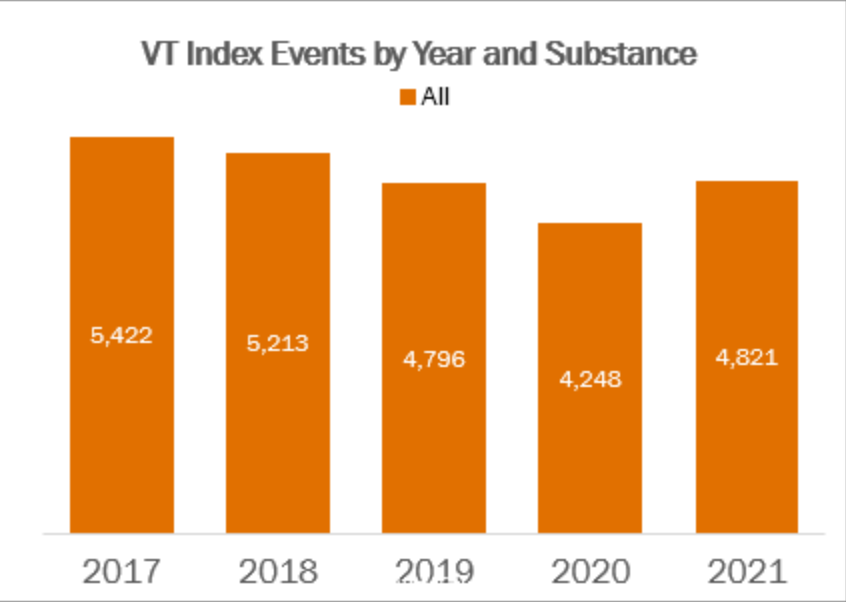
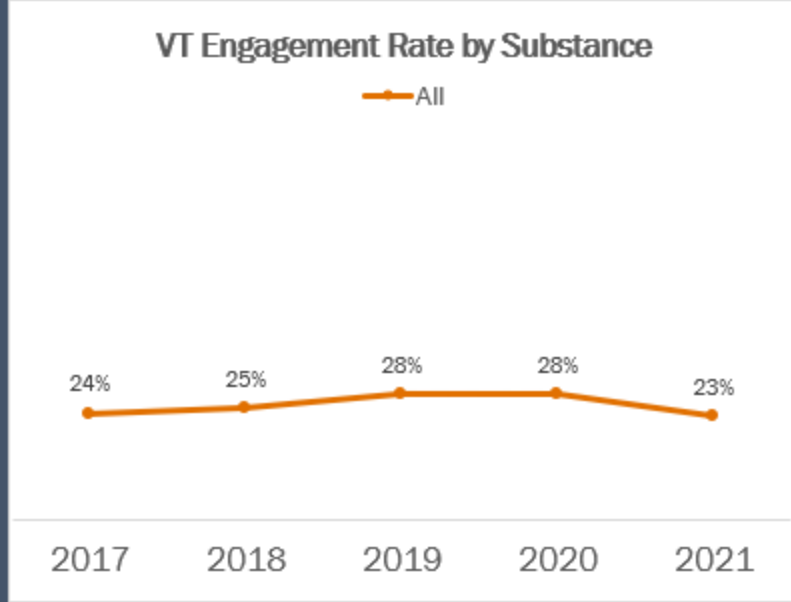
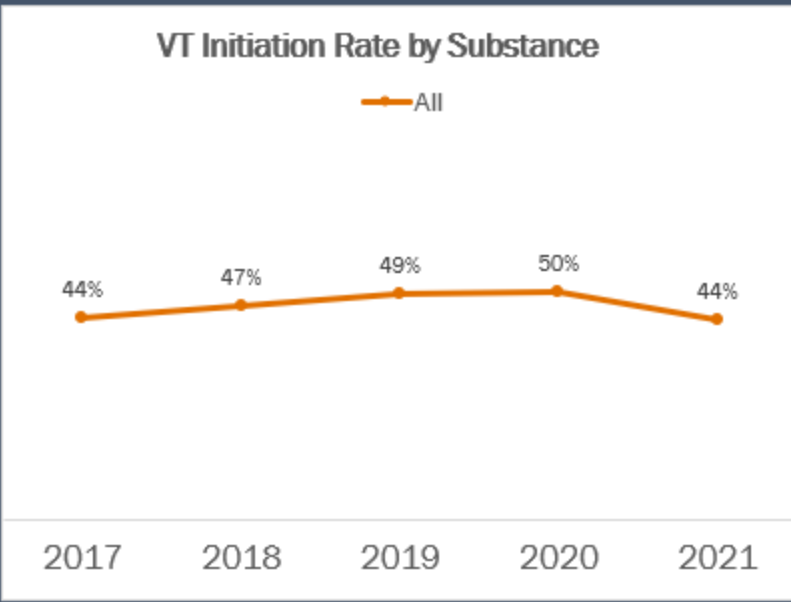
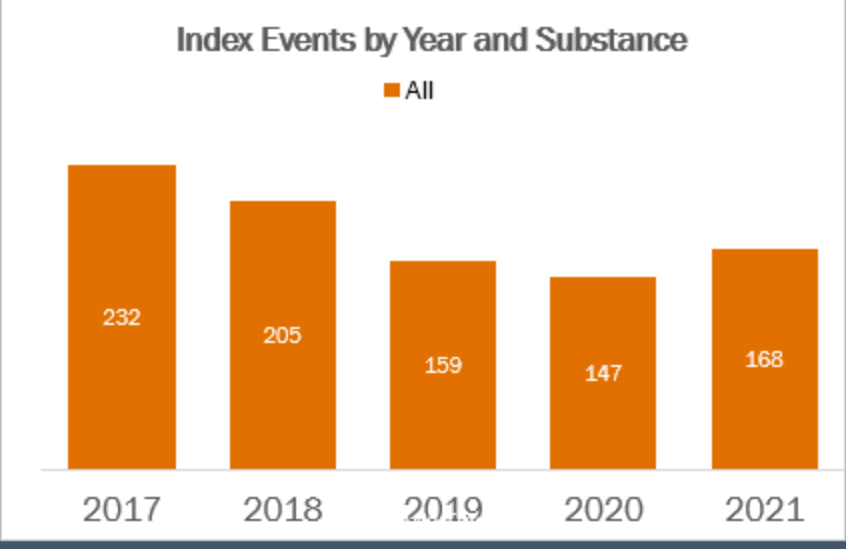
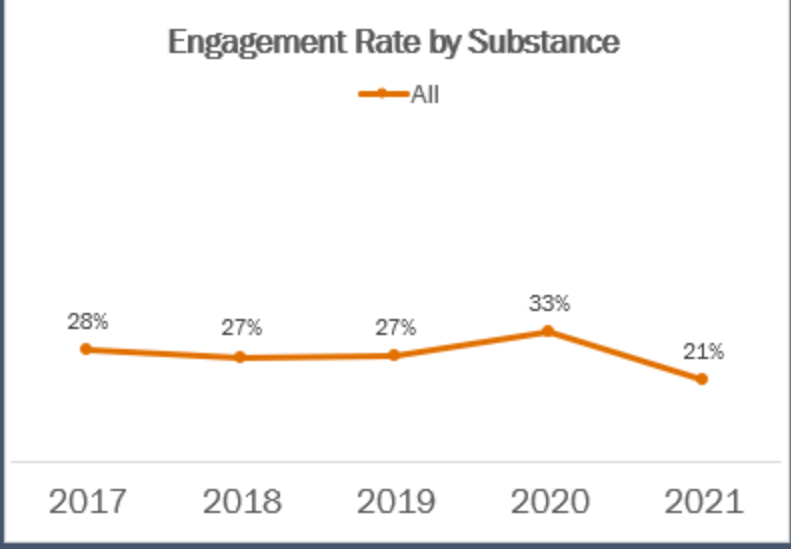
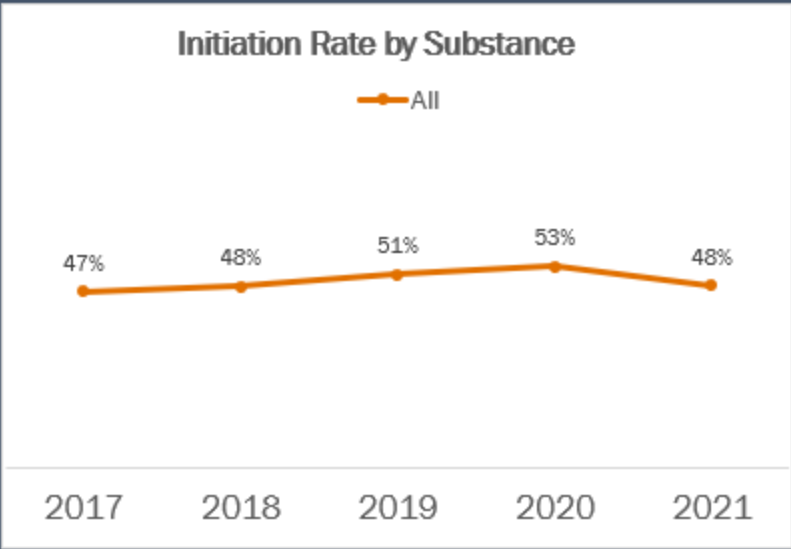
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



ORANGE

ANNUAL RATES - ALL SUBSTANCES

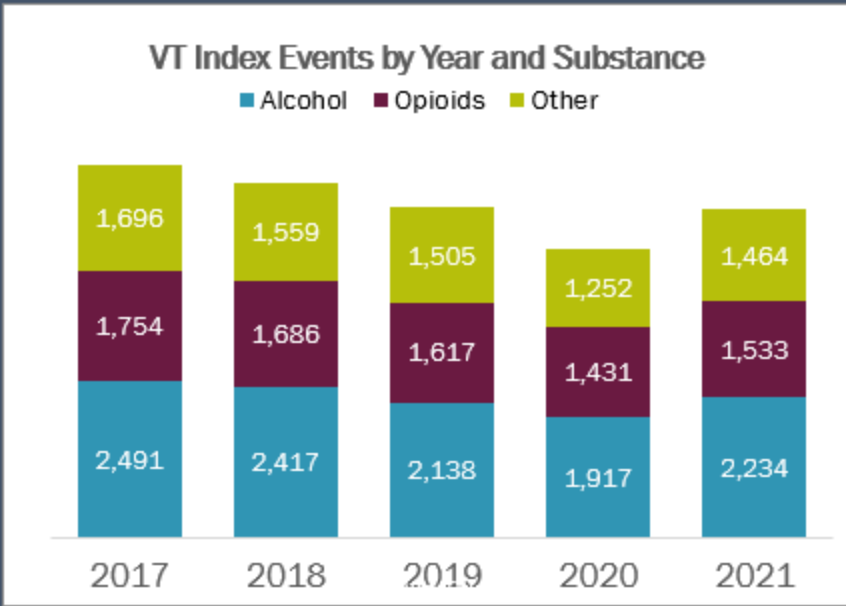
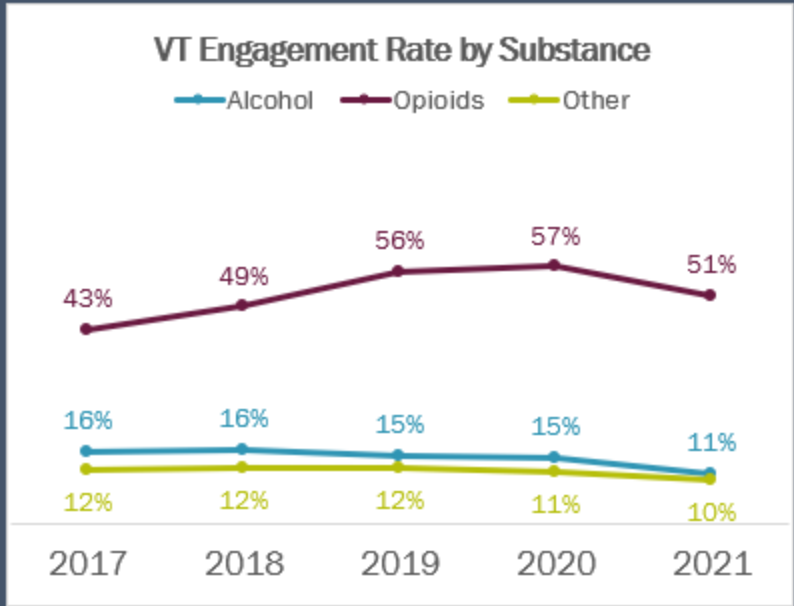
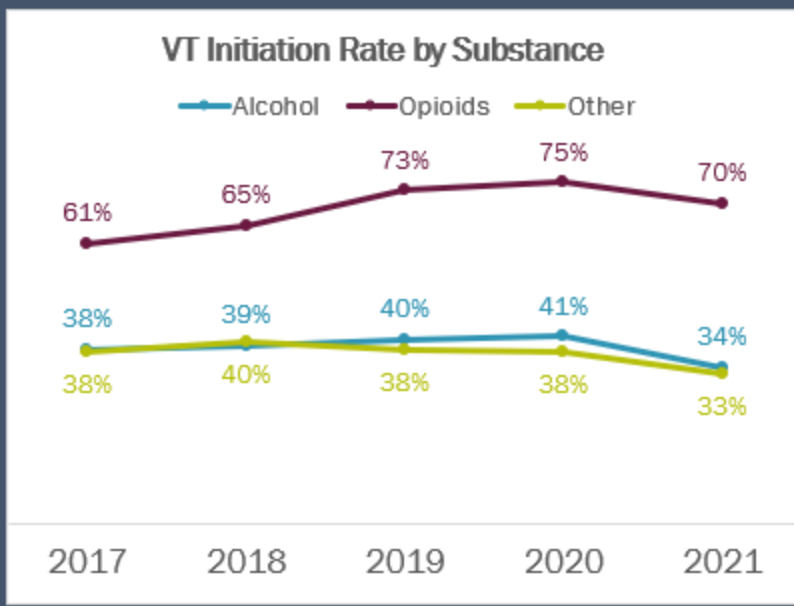
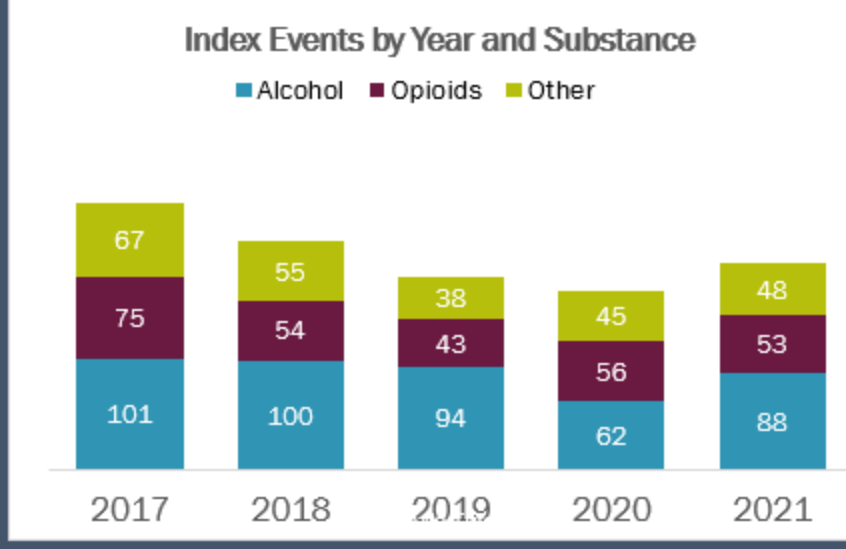
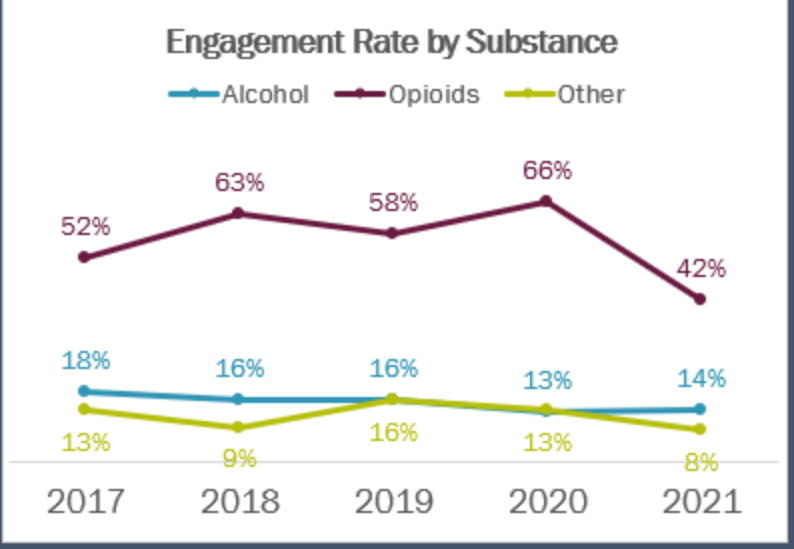
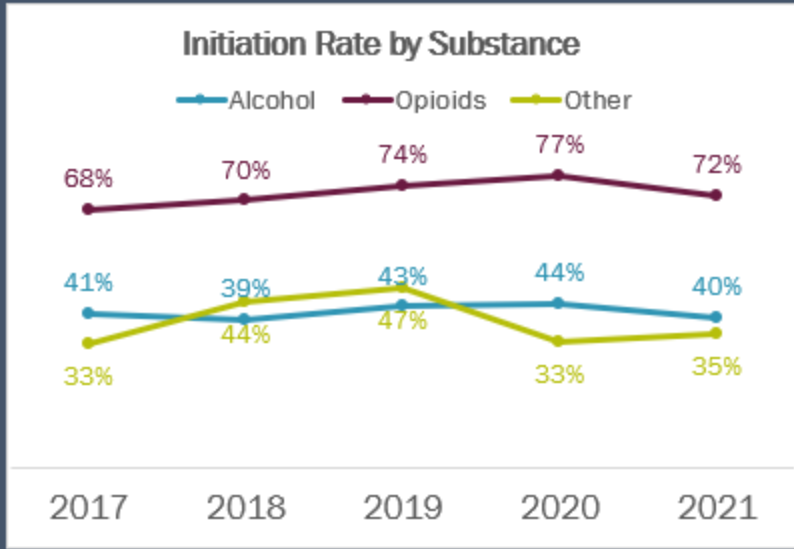
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ORANGE

ANNUAL RATES - BY SUBSTANCE

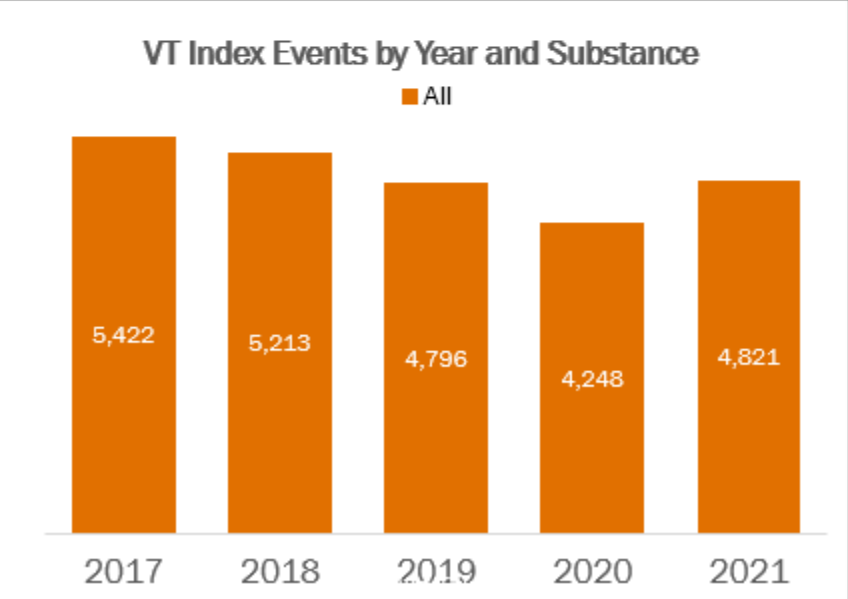
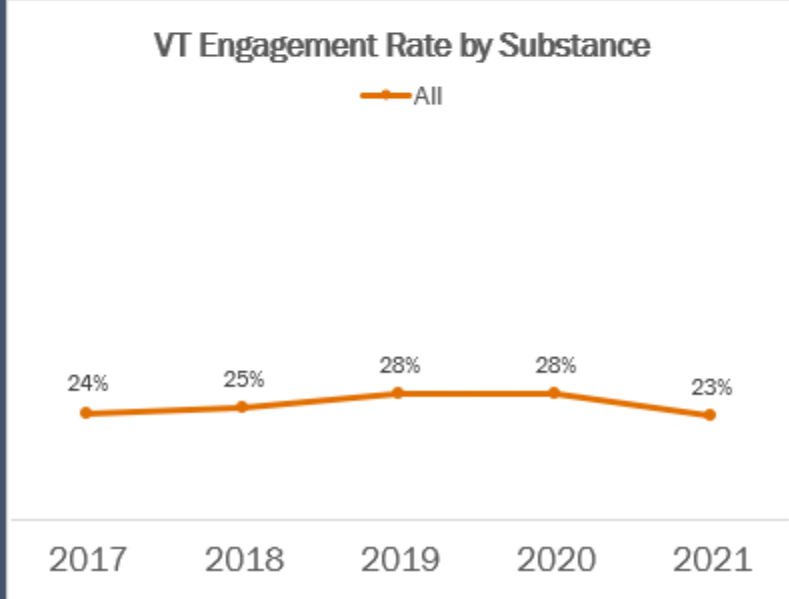
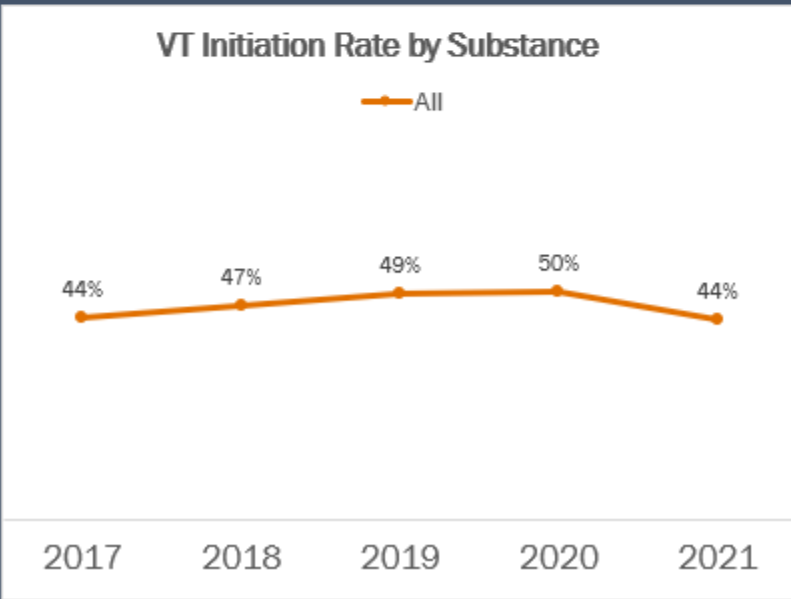
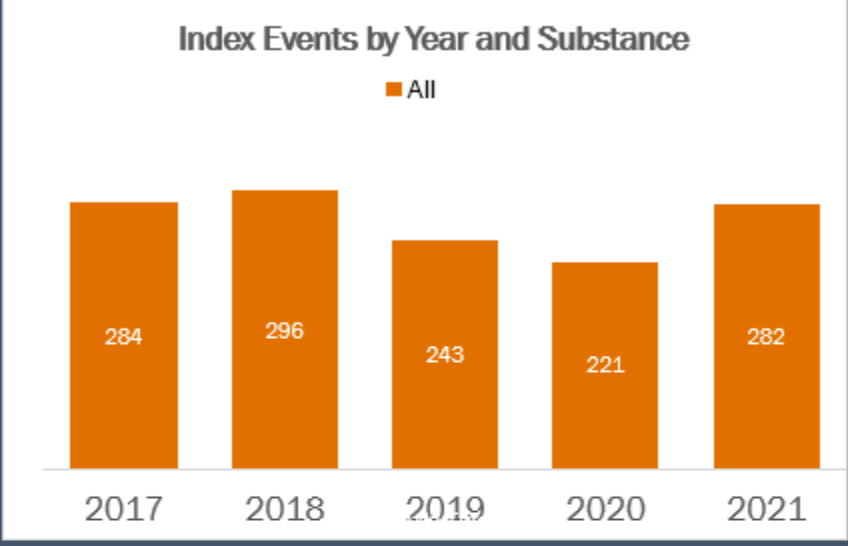
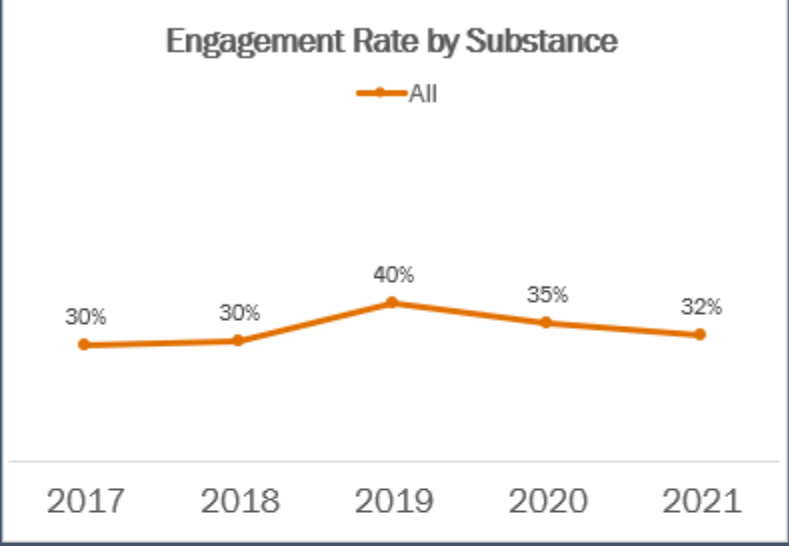
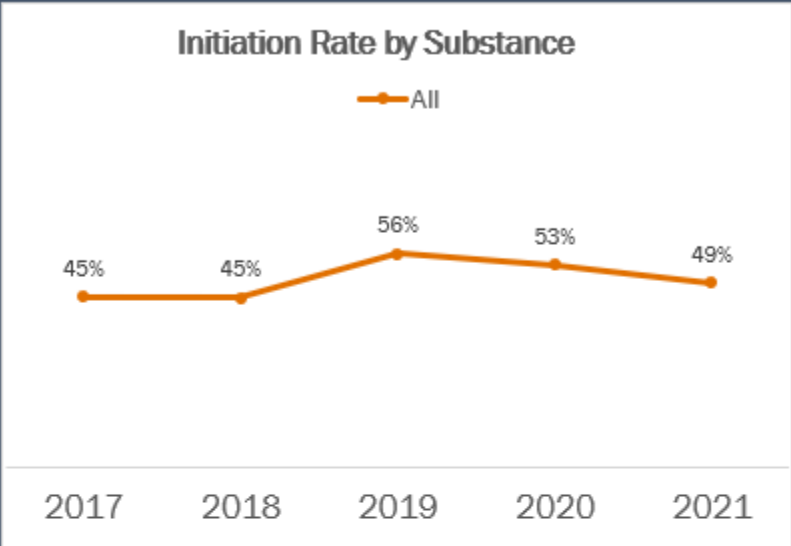
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ORLEANS

ANNUAL RATES - ALL SUBSTANCES

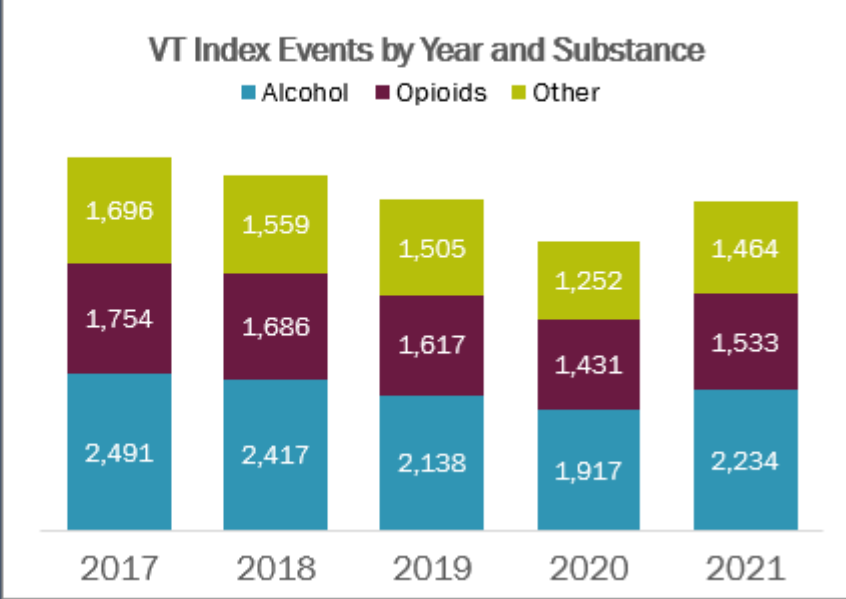
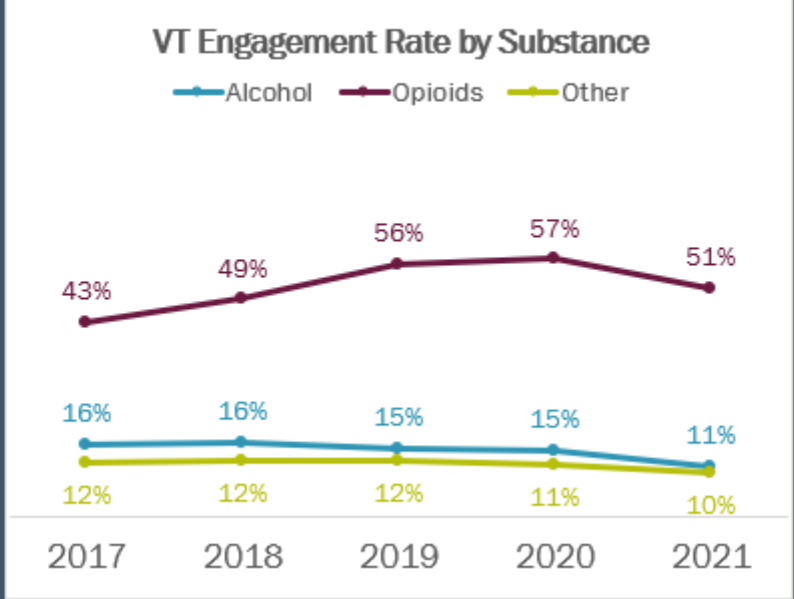
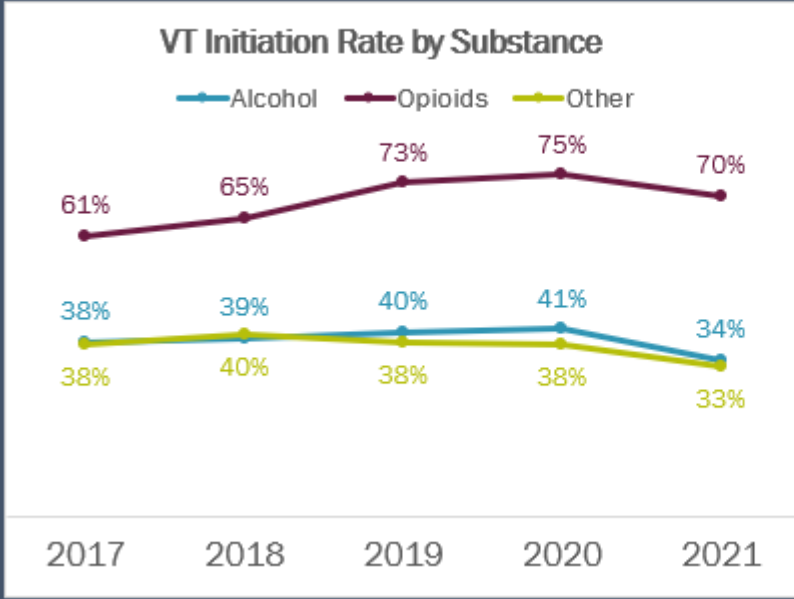
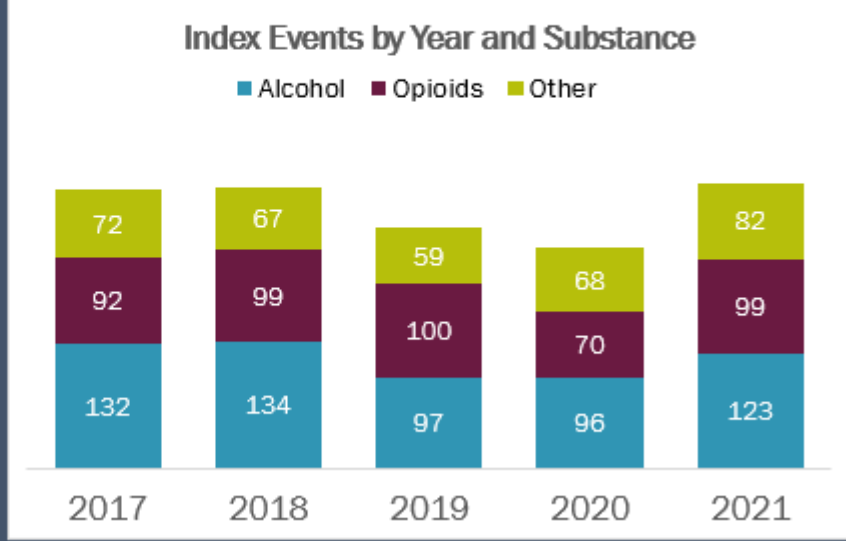
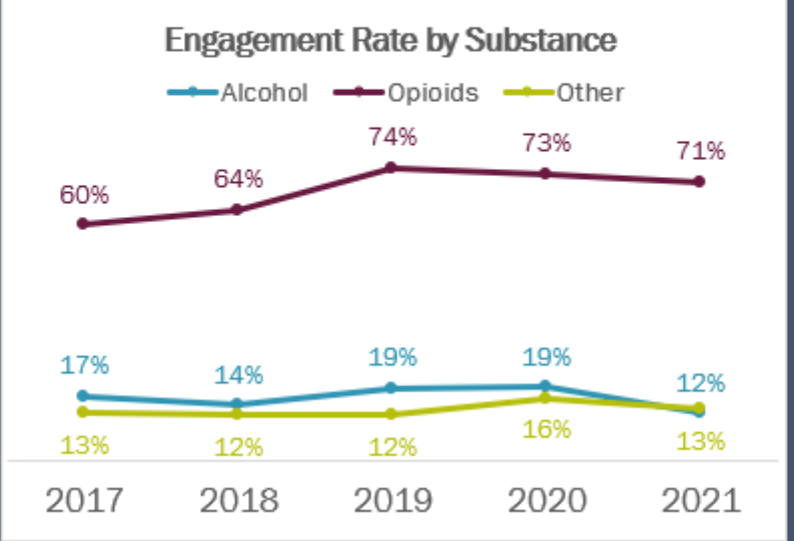
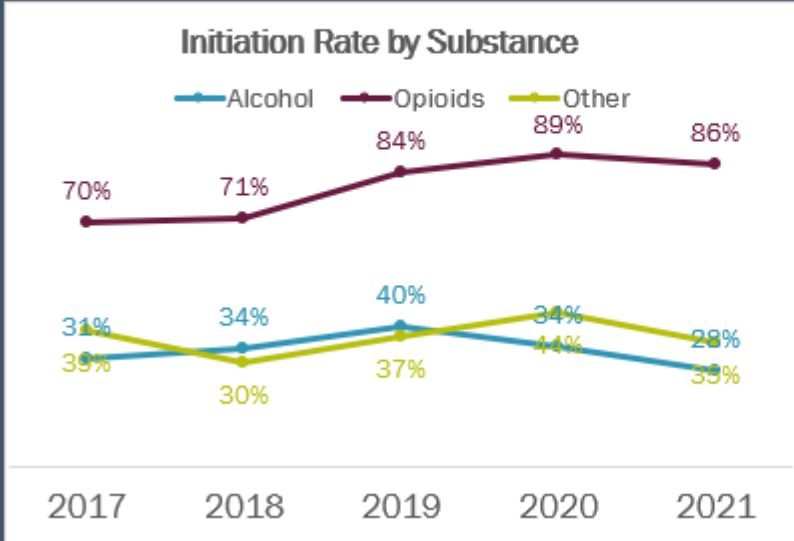
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ORLEANS

ANNUAL RATES - BY SUBSTANCE

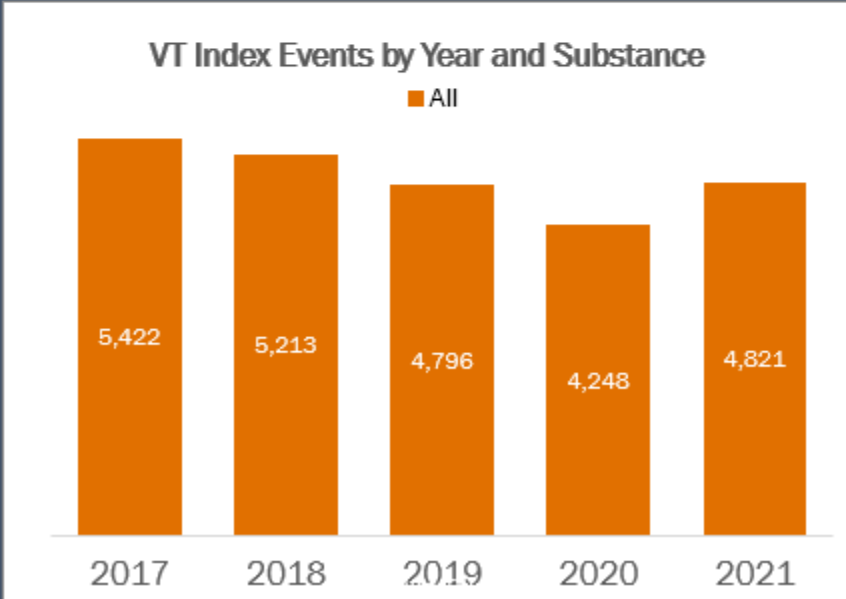
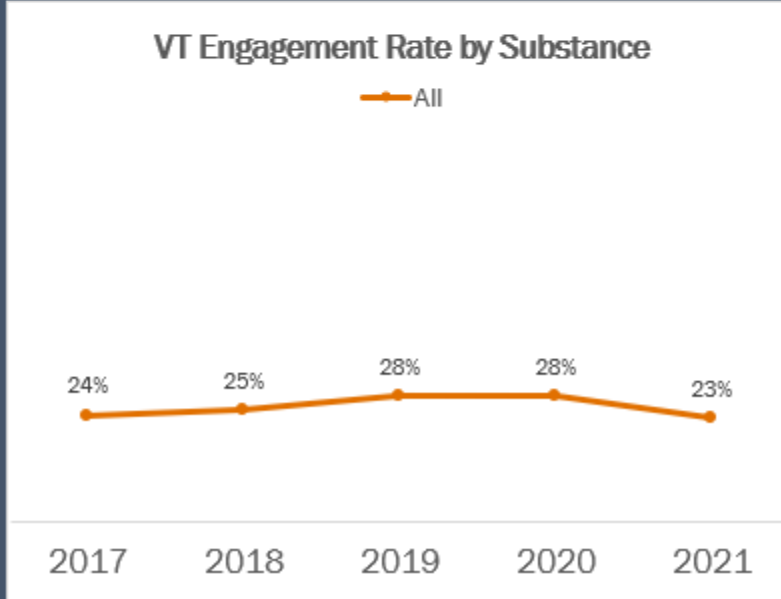
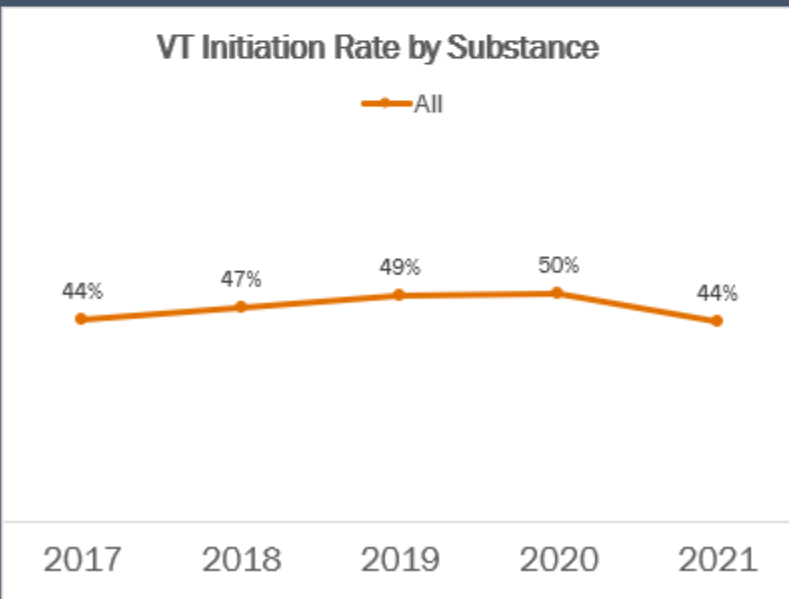
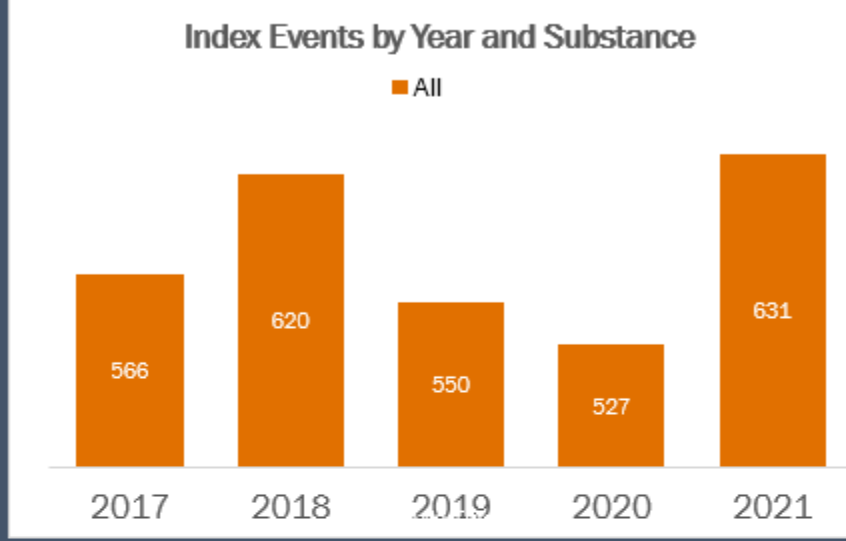
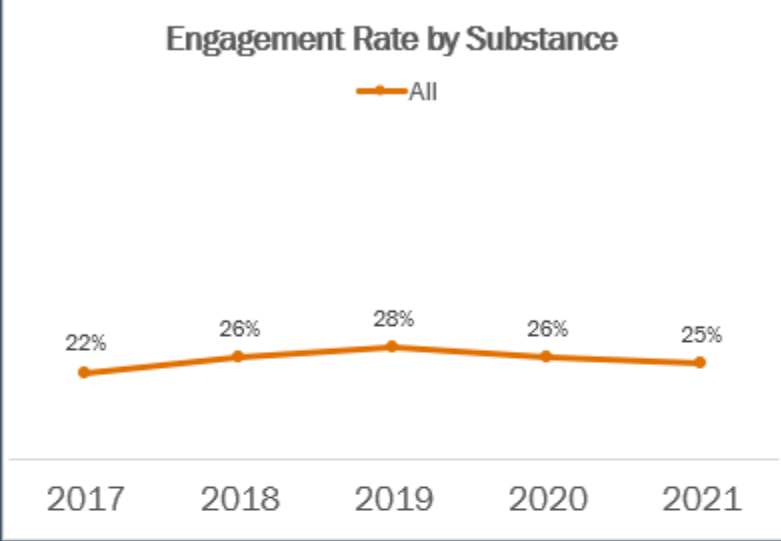
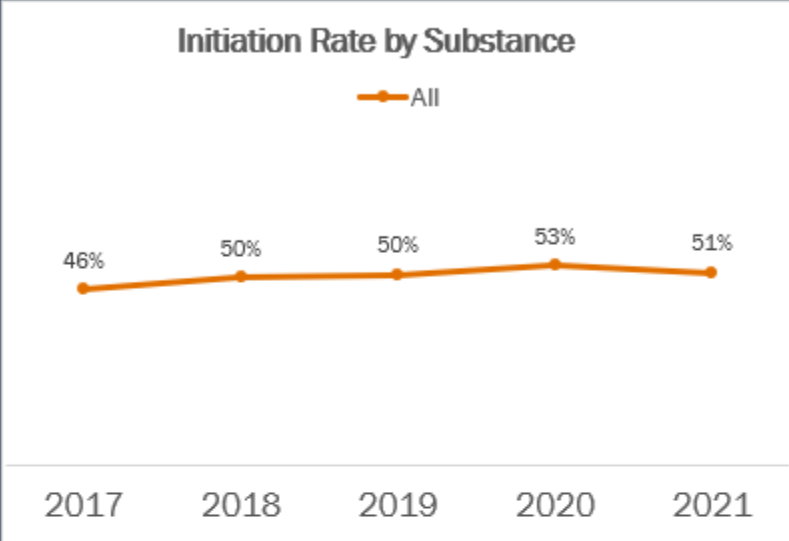
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



RUTLAND

ANNUAL RATES - ALL SUBSTANCES

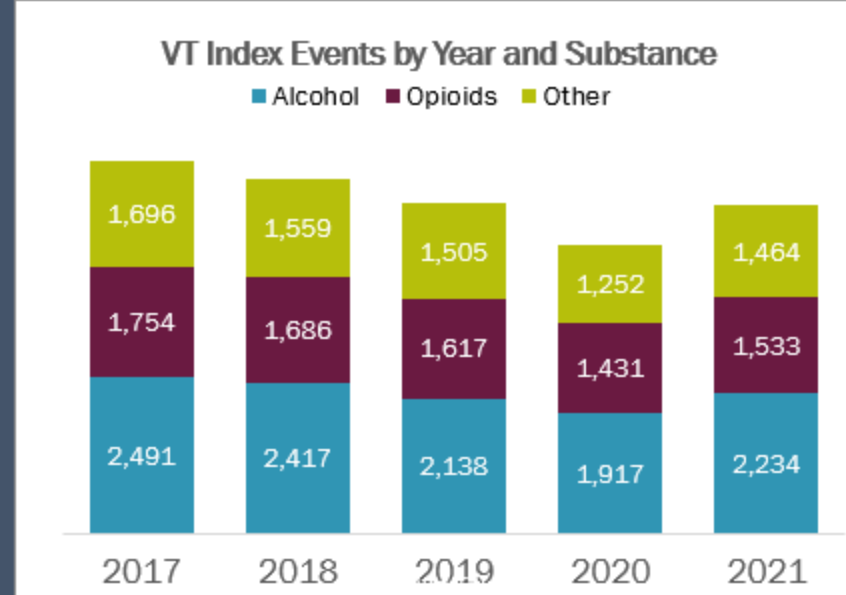
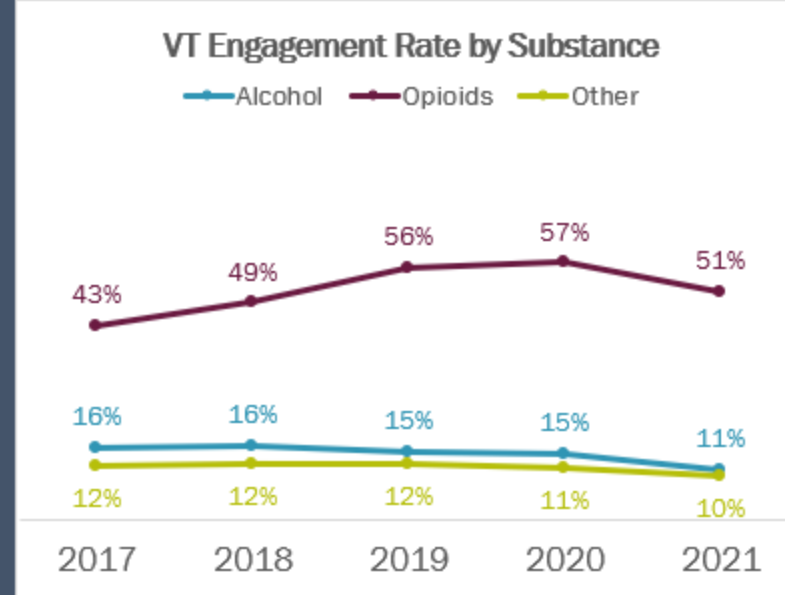
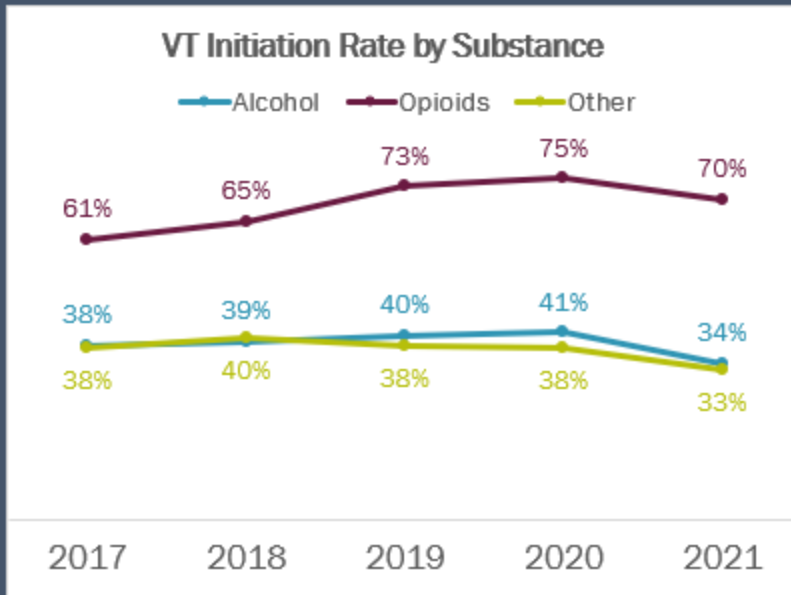
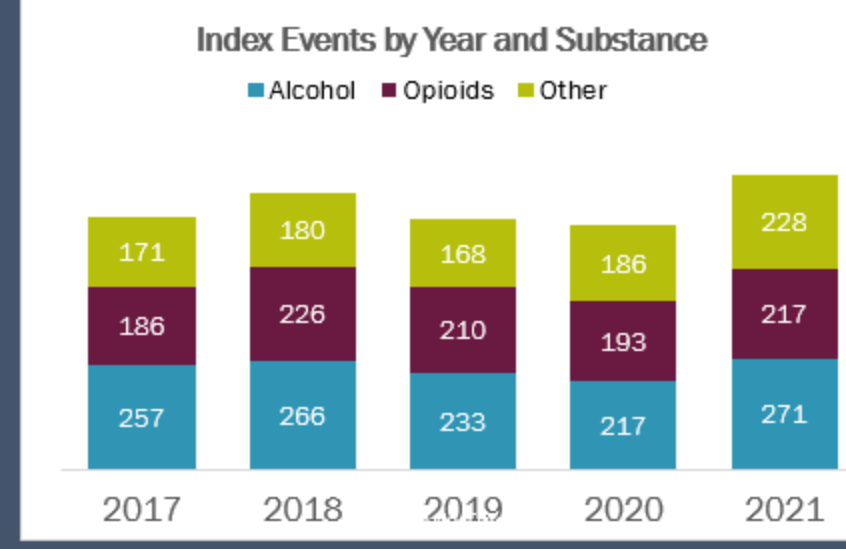
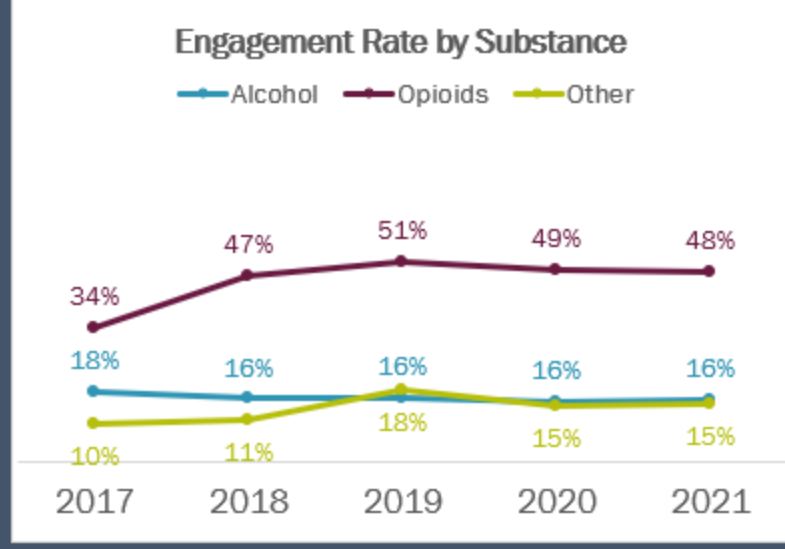
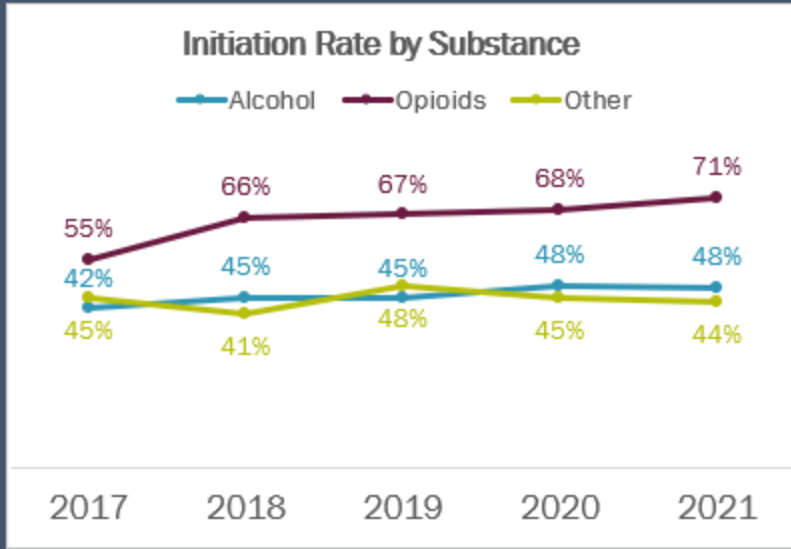
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RUTLAND

ANNUAL RATES - BY SUBSTANCE

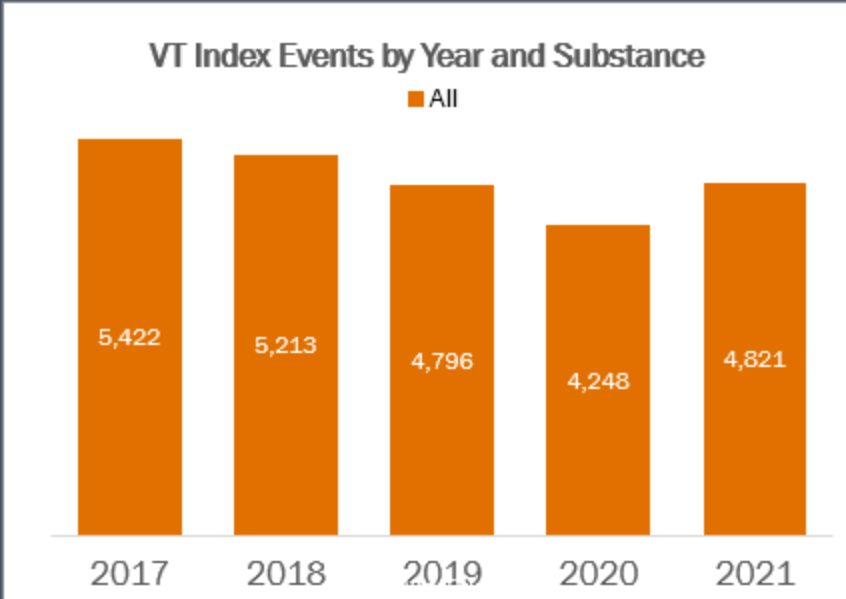
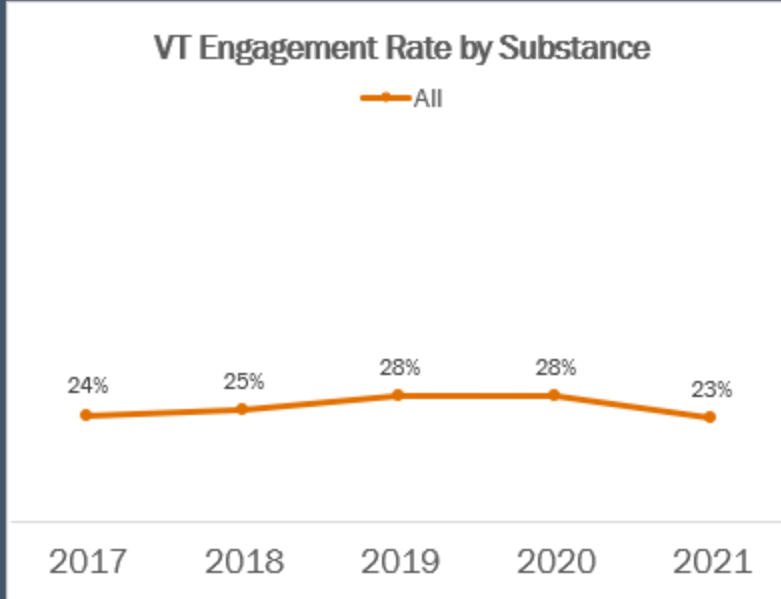
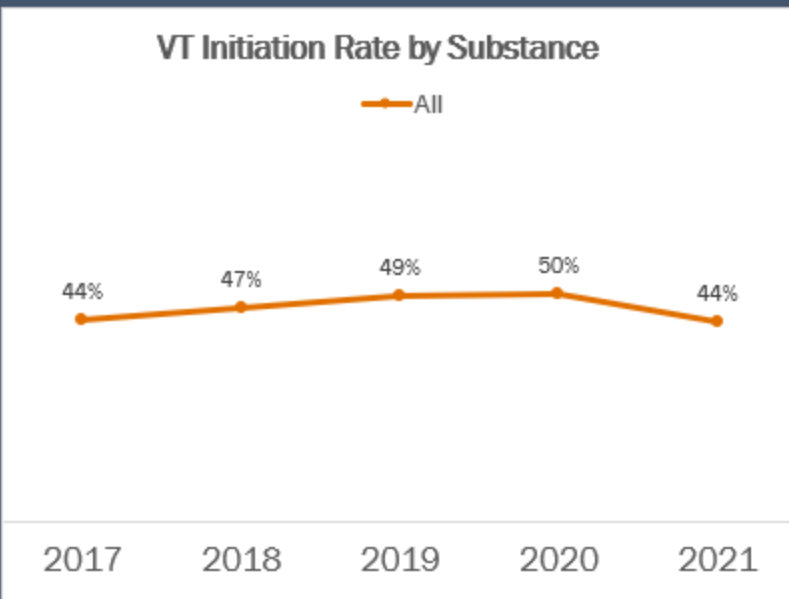
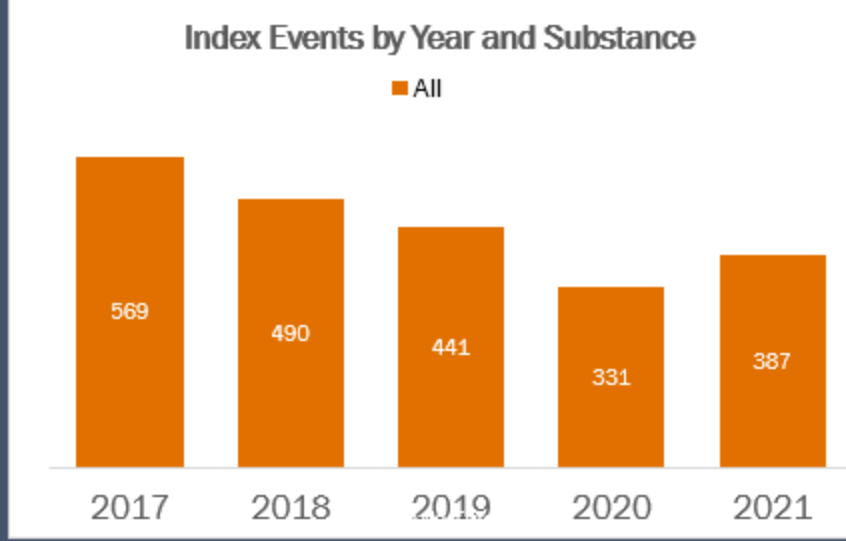
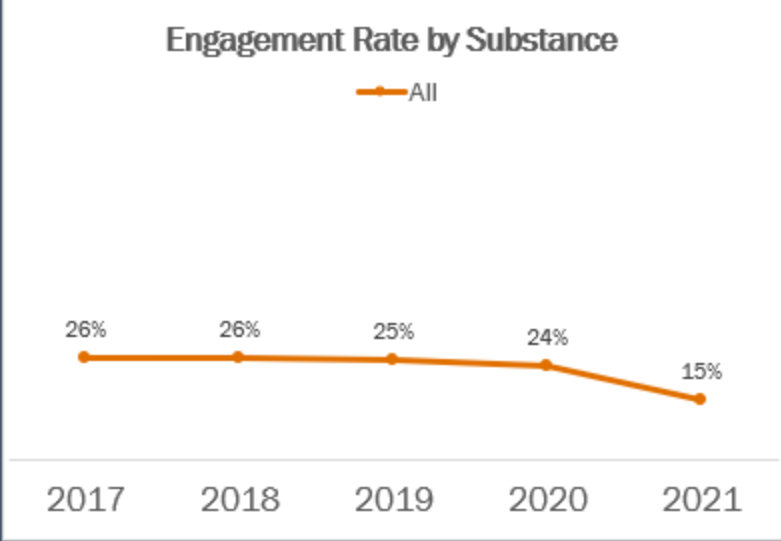
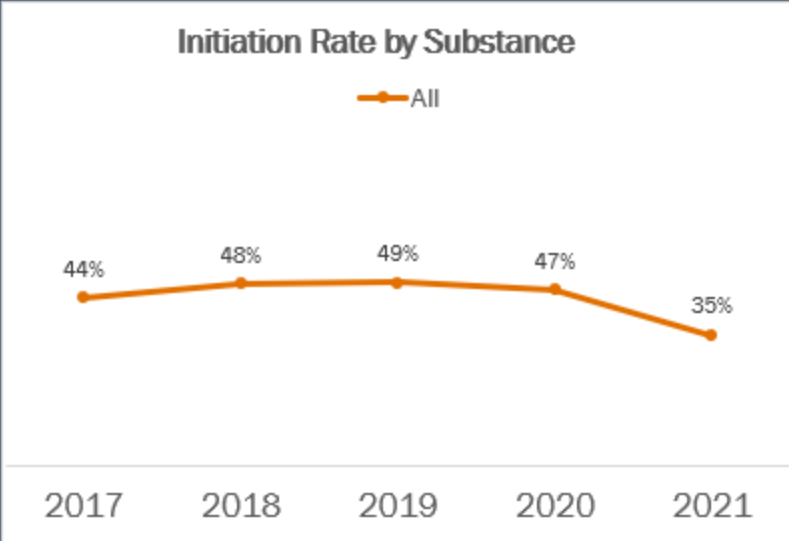
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



WASHINGTON

ANNUAL RATES - ALL SUBSTANCES

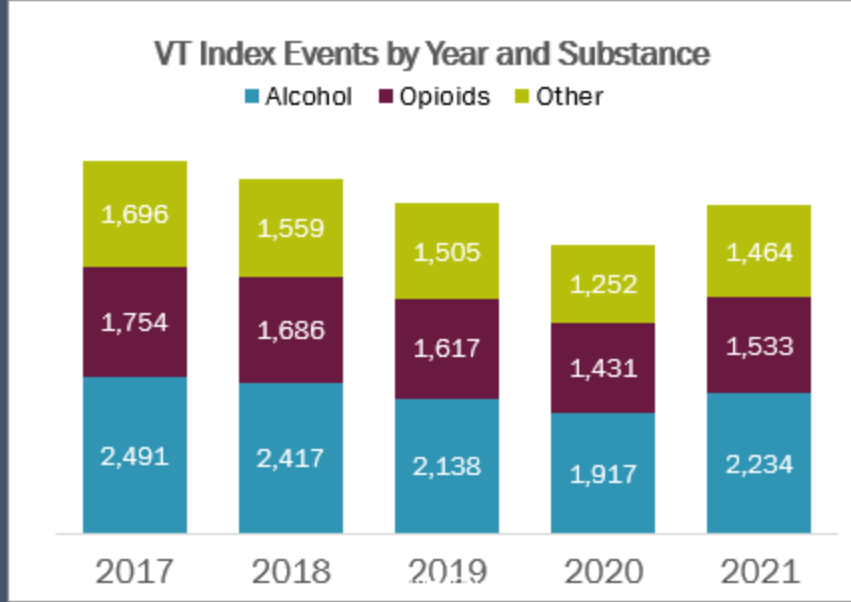
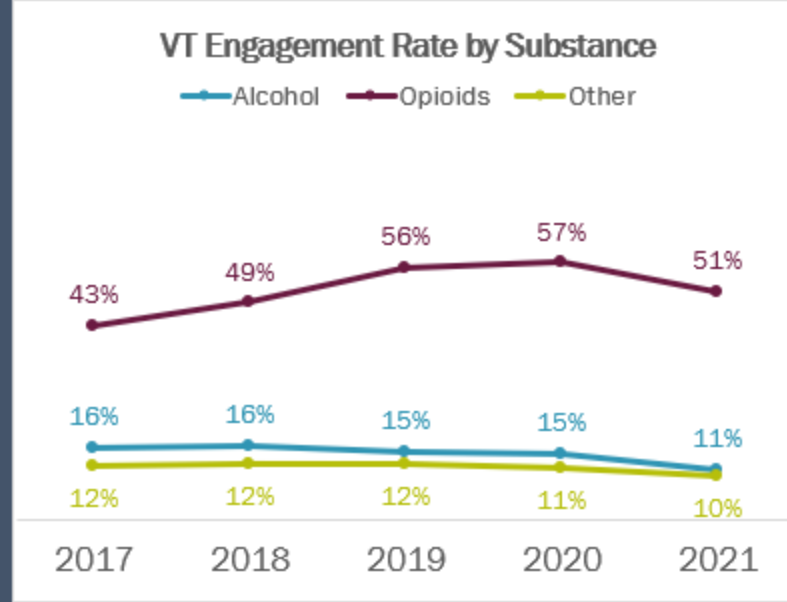
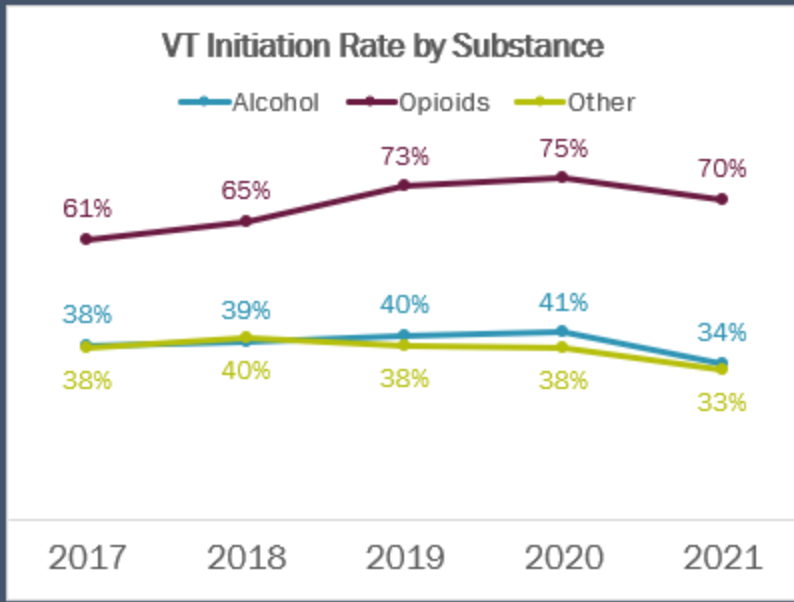
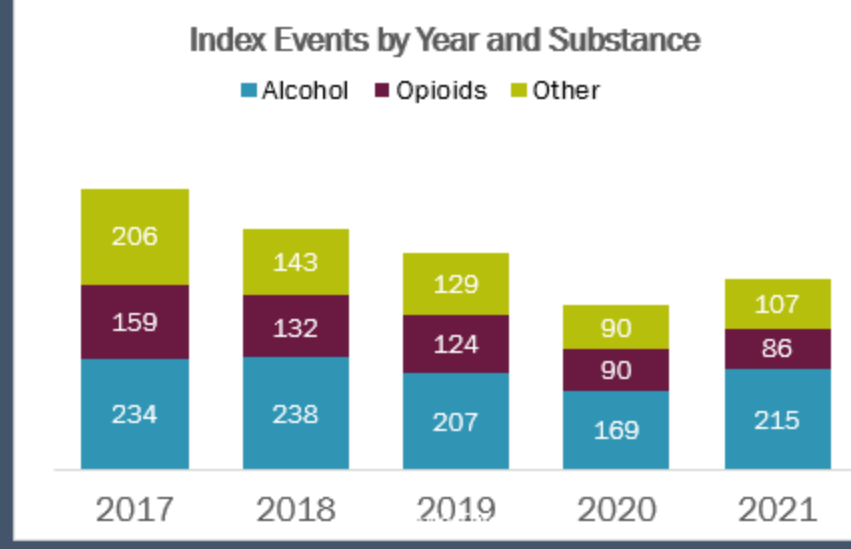
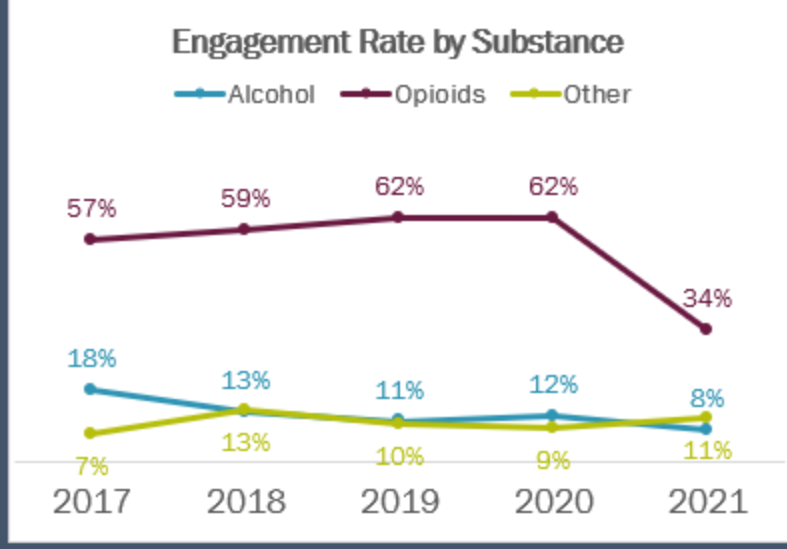
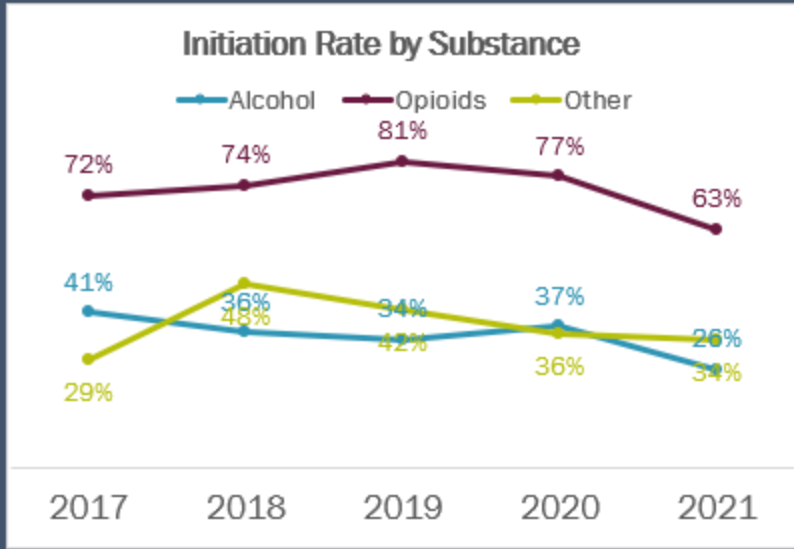
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



WASHINGTON

ANNUAL RATES - BY SUBSTANCE

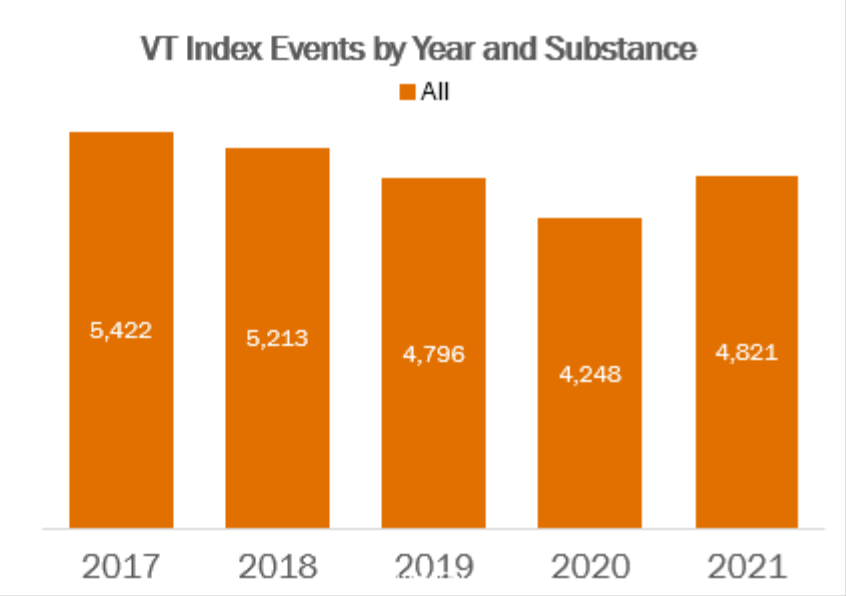
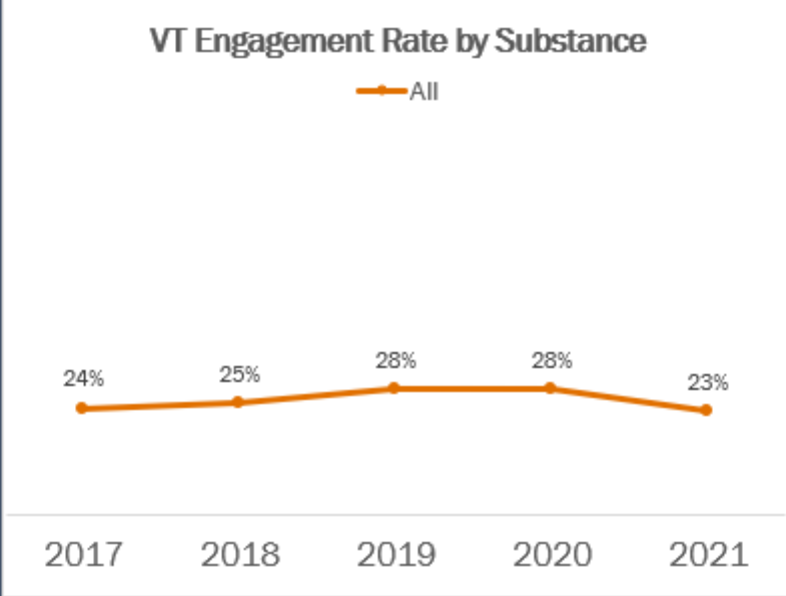
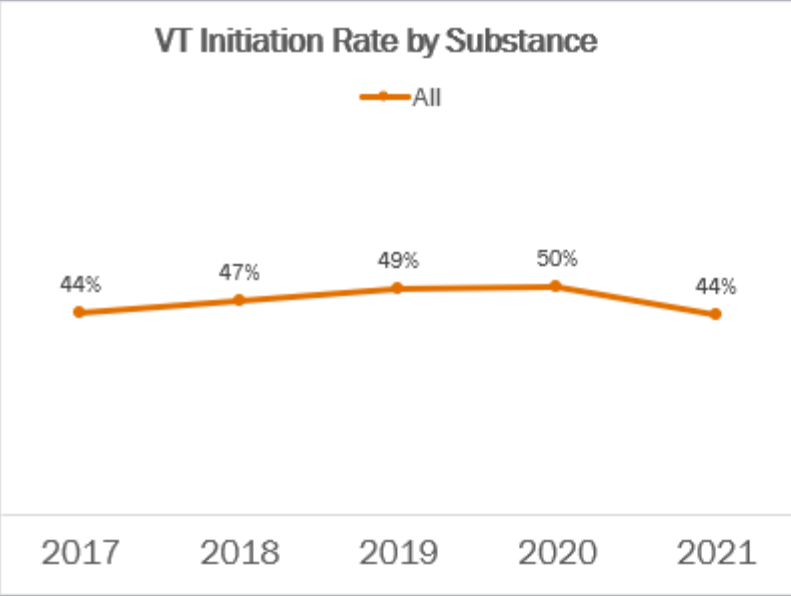
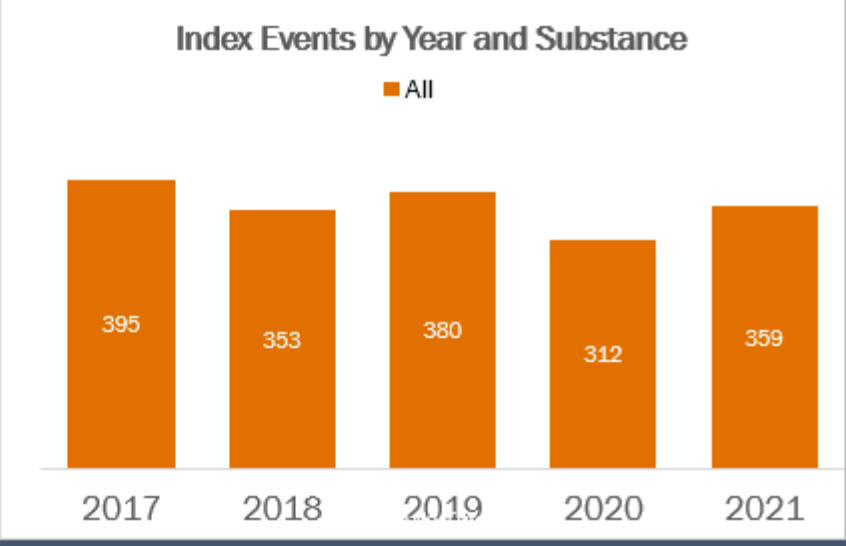
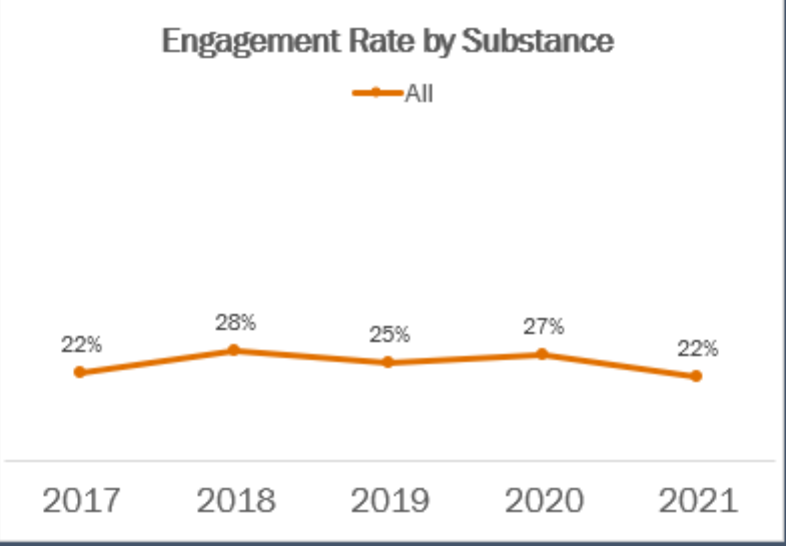
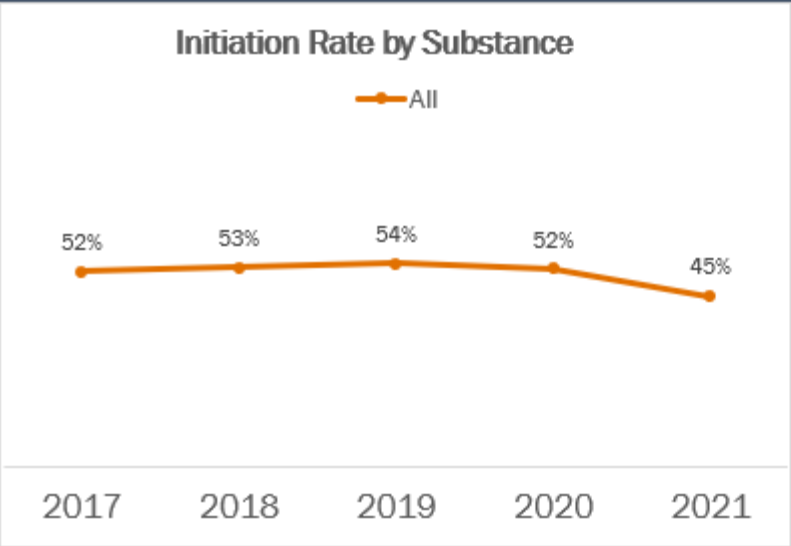
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



WINDHAM

ANNUAL RATES - ALL SUBSTANCES

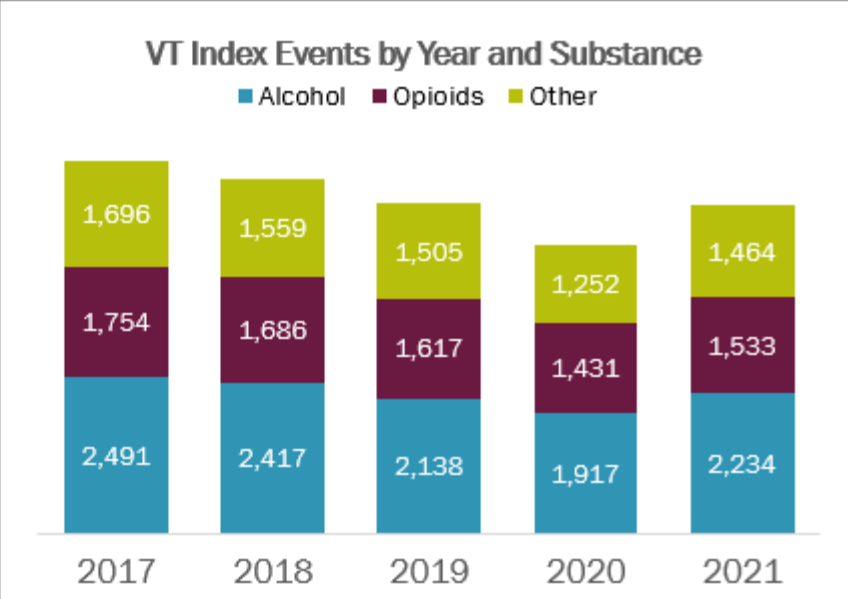
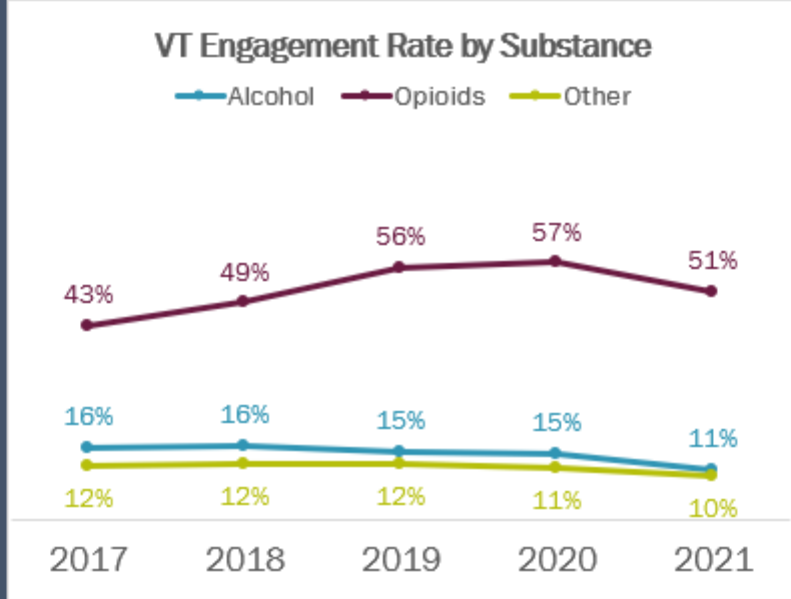
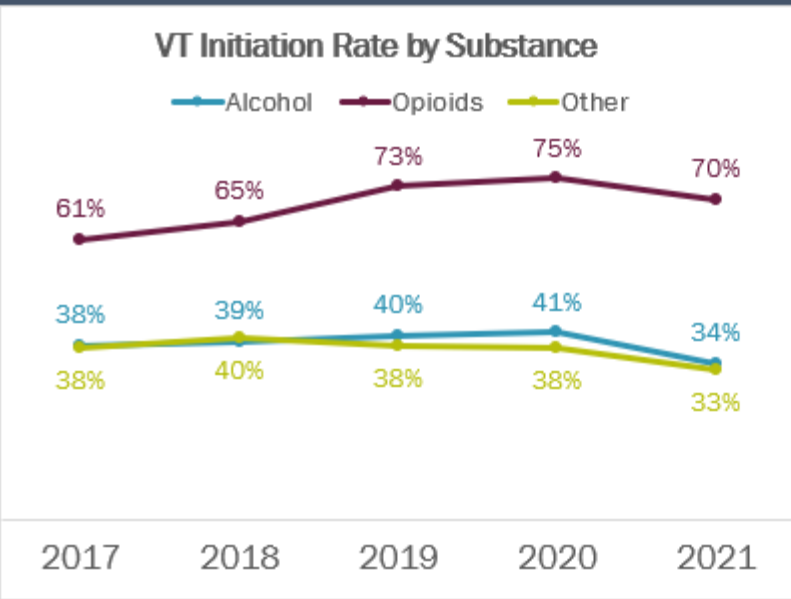
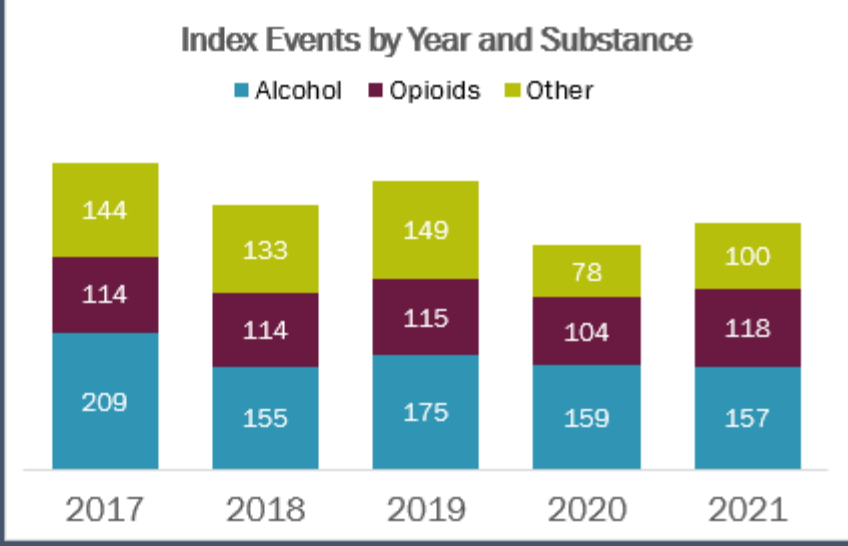
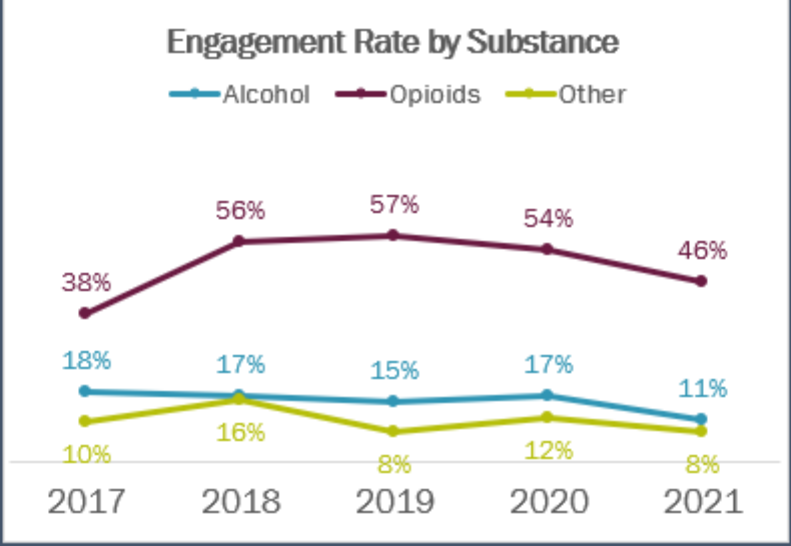
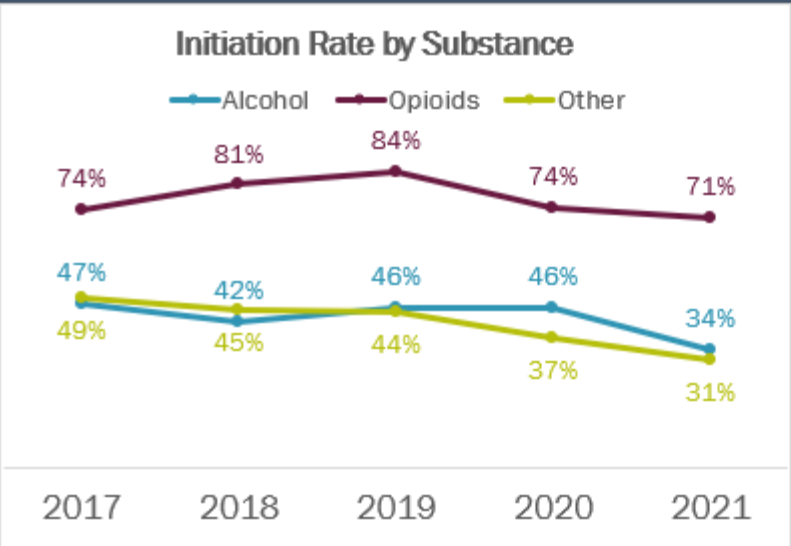
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



WINDHAM

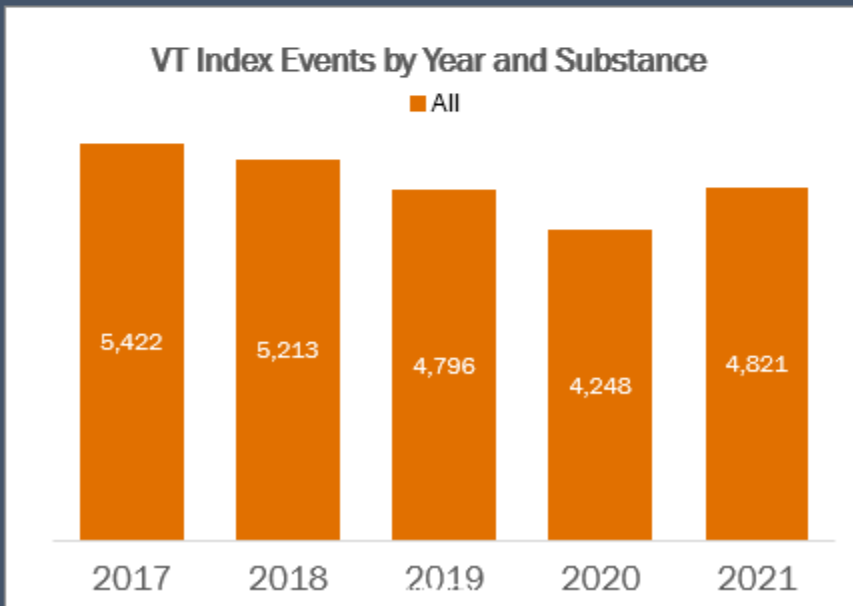
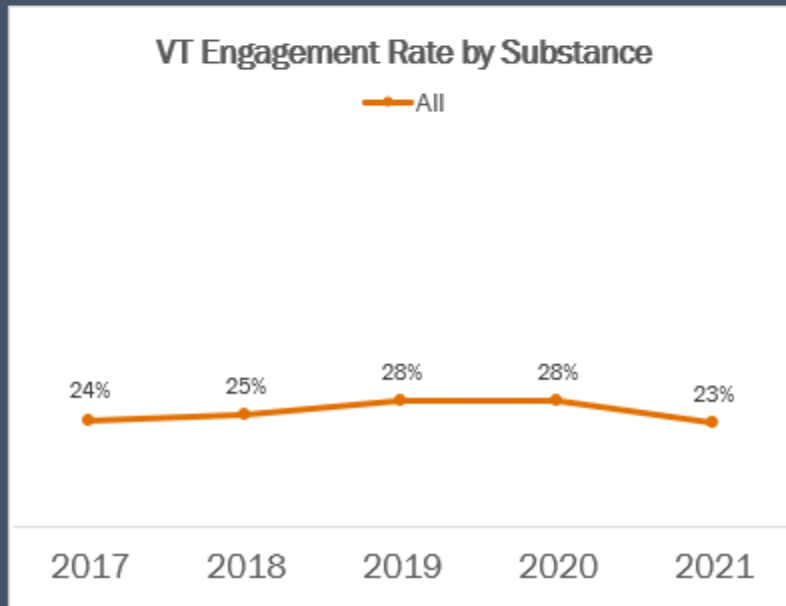
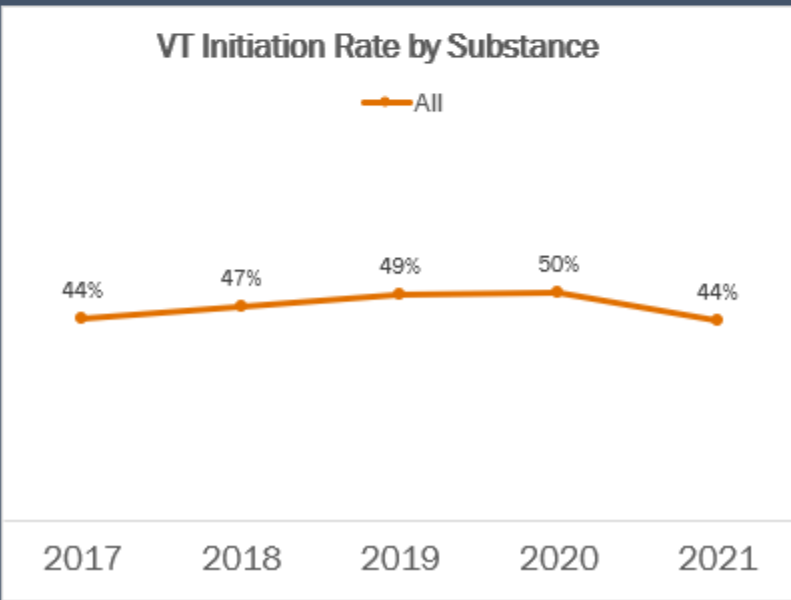
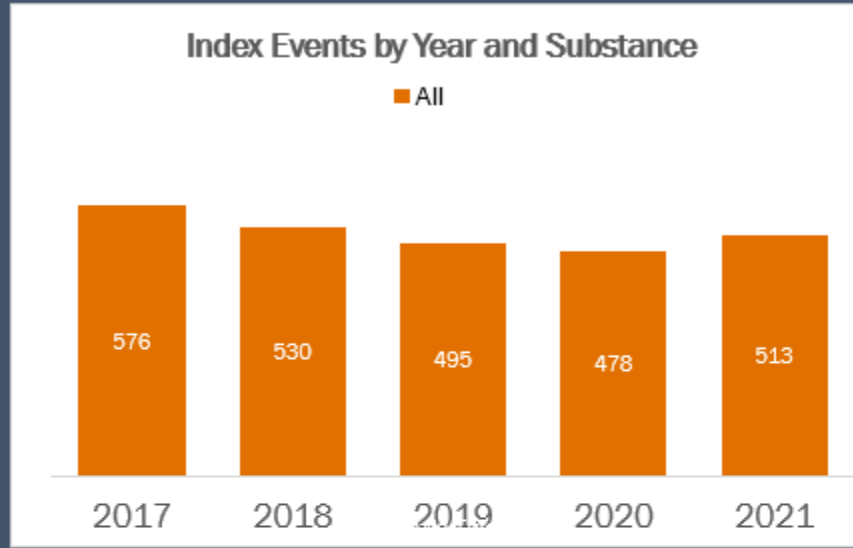
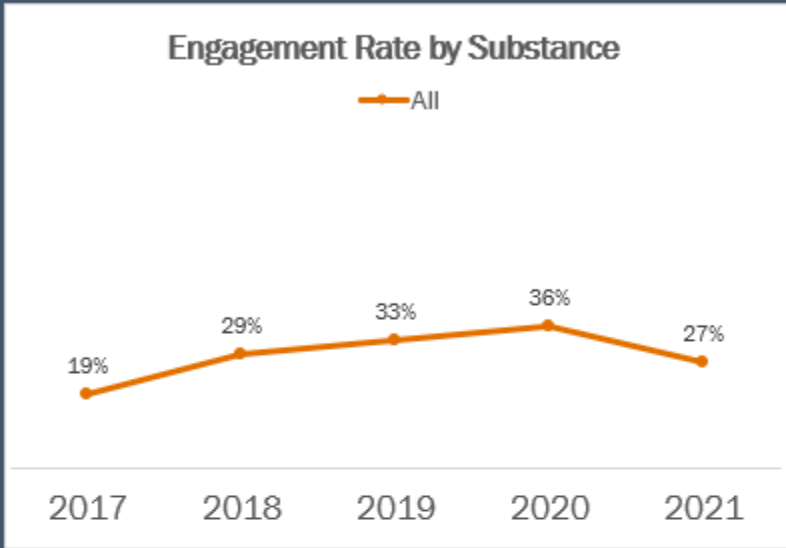
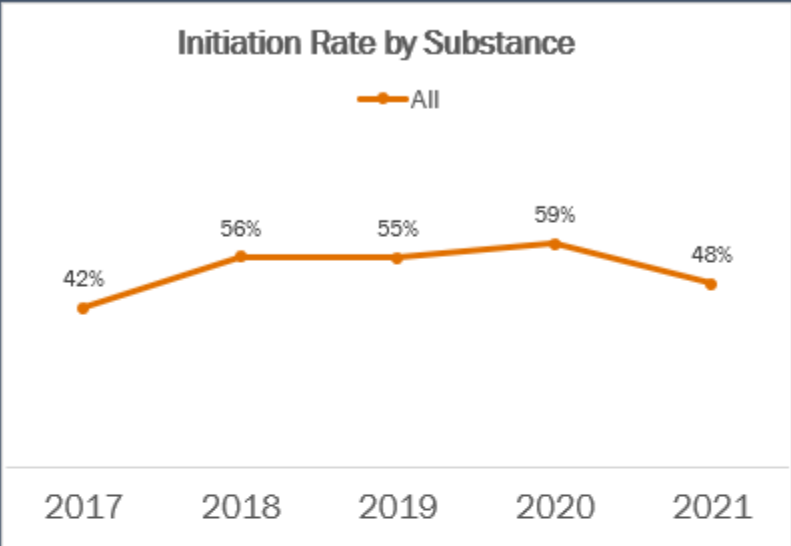
ANNUAL RATES - BY SUBSTANCE

Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



ANNUAL RATES - ALL SUBSTANCES

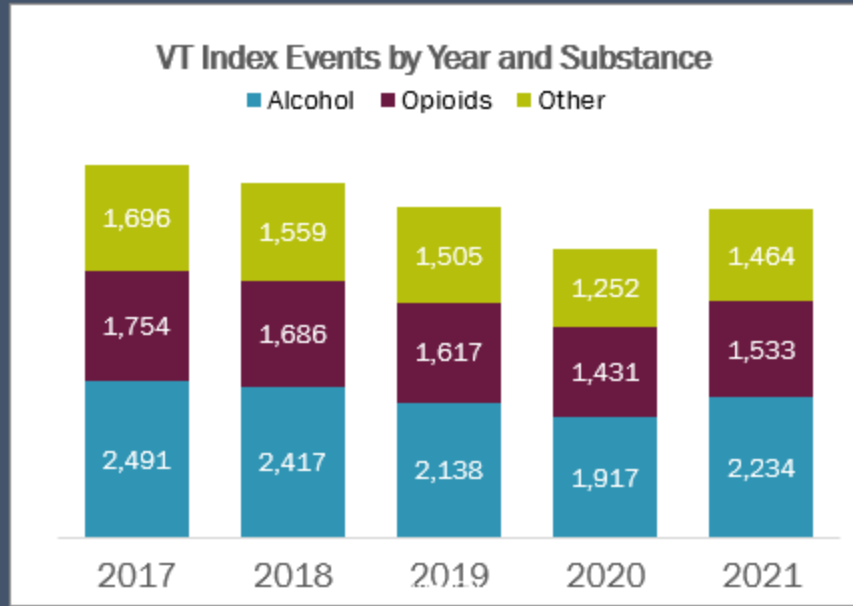
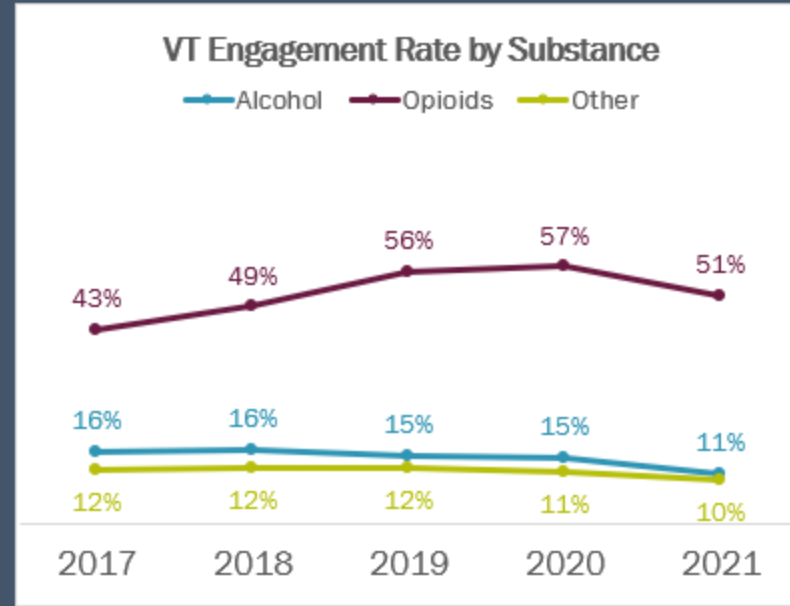
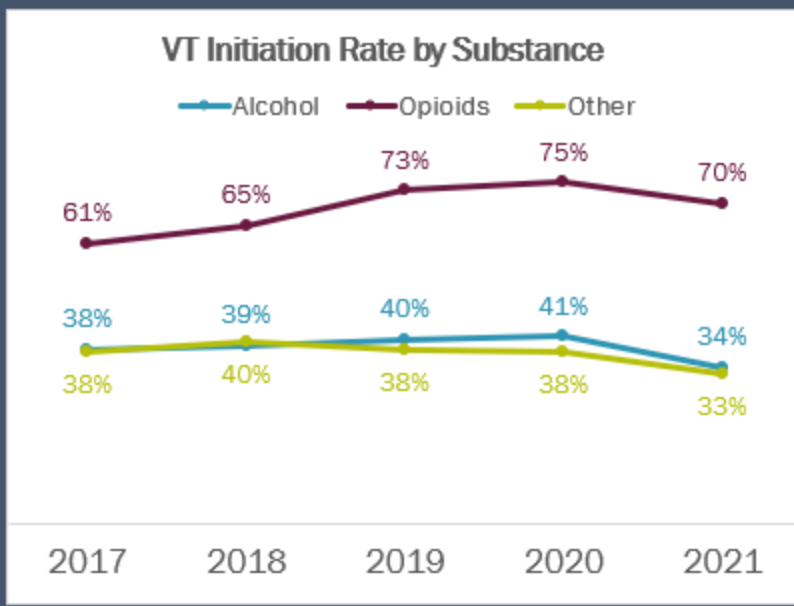
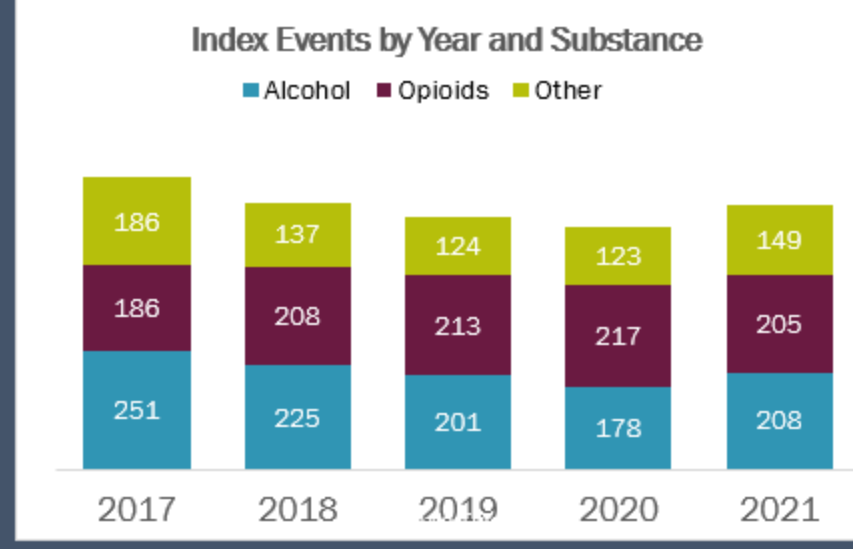
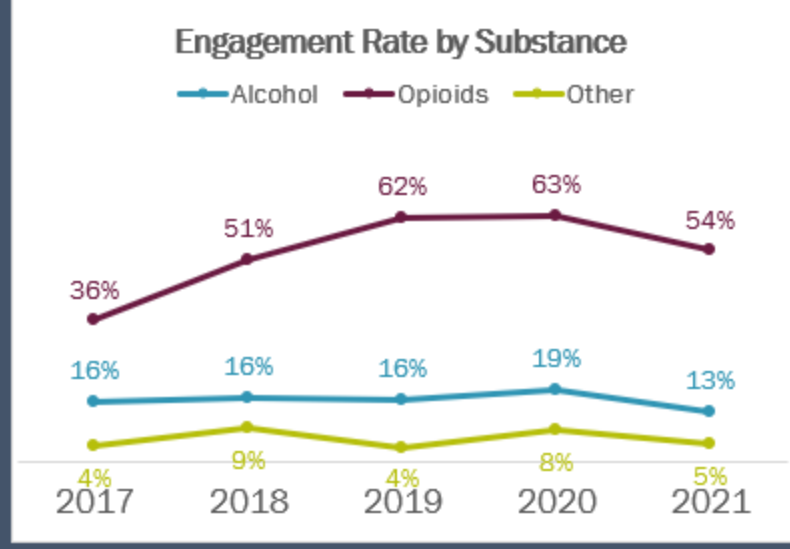
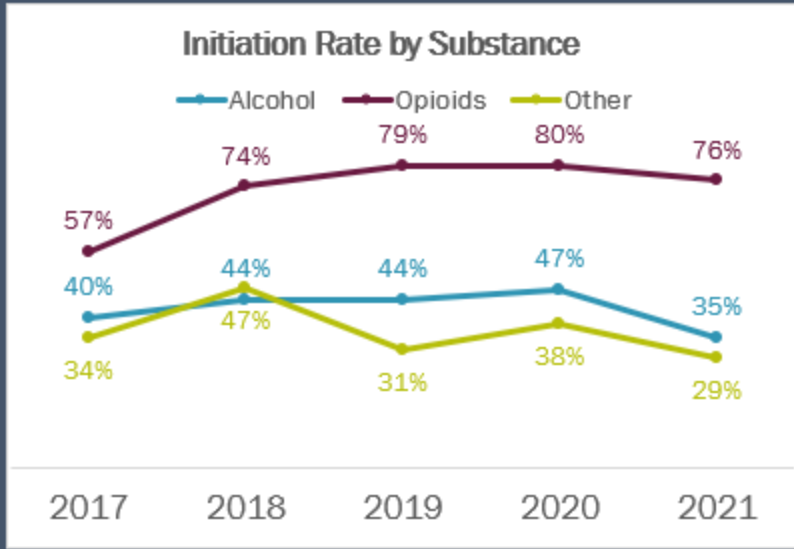
Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



WINDSOR

ANNUAL RATES - BY SUBSTANCE

Source: Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing



Detailed data notes and measure descriptions

Data Notes

- The data source for the initiation and engagement calculations presented is Medicaid claims.
- The year of the data presented in this document refers to the year the services were provided. Please note that this is different than how Healthcare Effectiveness Data Information Set (HEDIS) data are reported. HEDIS 2022 data is based on 2021 claims.
- Medicaid data are used because it includes claims that span multiple provider and services types, allowing the calculations to be made across providers and systems.
- “Other” used to describe substances in this report include any drug other than alcohol or opioids. This includes but is not limited to substances such as cocaine/crack, methamphetamines, cannabis, etc.
- The county calculations are based on the Medicaid recipient’s county of residence.
- Vermont modified the measure specifications to accommodate VT-specific billing mechanisms.
- IET is used widely to monitor treatment for substance use disorders:
 - CMS’ Core Quality Measure Set for Medicaid Adults
 - Vermont Medicaid’s Global Commitment Core Measure Set
 - VMNG ACO payment measure
 - Vermont’s Substance Abuse 1115 Waiver
 - All Payer Model measure
 - Former Medicaid ACO Shared Savings Program measure
 - Blueprint annual report measure

Data Details

[Learn more about the IET measures](#) and [access this Medicare and Medicaid technical assistance resource](#).

Definitions used for IET are modified annually to reflect the intent of the measure and coding changes

Index Event: Medicaid patients who were diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency during a visit between January 1 and November 14 of the measurement period.

- New episode = Medicaid patients with a previous active diagnosis of alcohol, opioid or other drug abuse or dependence in the 60 days prior to the first episode of alcohol or drug dependence
- Exclude patients whose hospice care overlaps the measurement period

Initiation: Initiation of treatment includes either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis (index event)

Engagement: Engagement in ongoing treatment includes two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention (i.e., engagement for these members cannot be satisfied with medication treatment alone).

Vermont modifications due to unique billing mechanisms and coding

In Vermont Medicaid, medication for opioid use disorder (MOUD) in hubs is currently billed as one unit per month. The HEDIS IET specification looks for one service within 14 days of index event to count as initiation and two services within 34 days of initiation for engagement. An adjustment to the IET rate was used to count the multiple visits each week occurring at the hubs. Also, VT billing codes for behavioral health residential substance use disorder treatment facilities do not match the IET measure, so for this measure are counted as sub-acute facility visits.

Please note that treatment services are offered through Community Health Teams and Spoke Staff that may not be reflected in these numbers because the funding mechanism for these teams does not require the generation of a service claim. Since the measure is based on Medicaid claims data, the numbers likely under-represent the rates of initiation and engagement in treatment.



Thank you!

Questions?

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Web: www.healthvermont.gov

Social: [@healthvermont](https://twitter.com/healthvermont)