

2024 Edition — Quality of Care: Behavioral Health

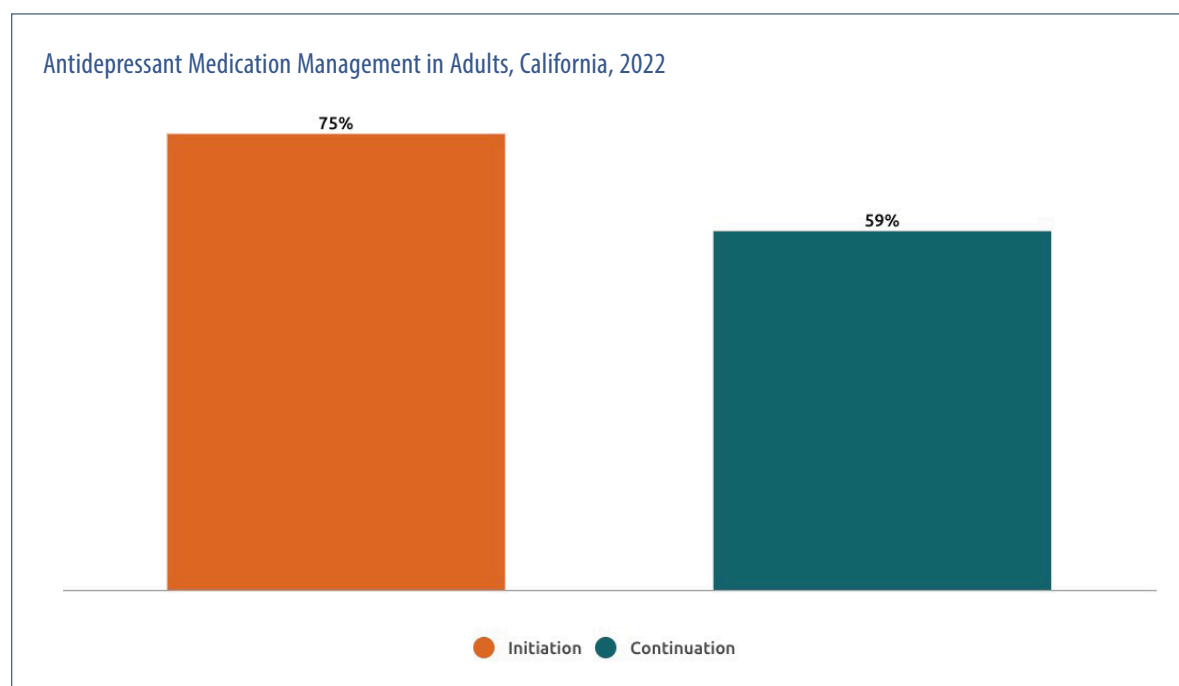
Jen Joynt, Independent Health Care Consultant

Over the last few decades, significant growth has occurred in the measurement and reporting of health care quality outcomes. As health care evolves, it is important to continue to monitor and report on the quality of care delivered to patients in California and across the US. This is part of a series of measures CHCF is publishing on the quality of care in our state. Topics range from maternal to end-of-life care and include measures on behavioral health, chronic conditions, and providers.

This set of quality measures focuses on behavioral health, including mental health and substance use.

California HMO and PPO health plans performed slightly better on the initiation of antidepressant medication treatment than on the continuation of that treatment for adults diagnosed with depression.

In 2022, 75% of California adults in HMO and PPO plans who were prescribed antidepressant medication took it for the first 12 weeks, and 59% remained on the medication six months following the start of treatment.

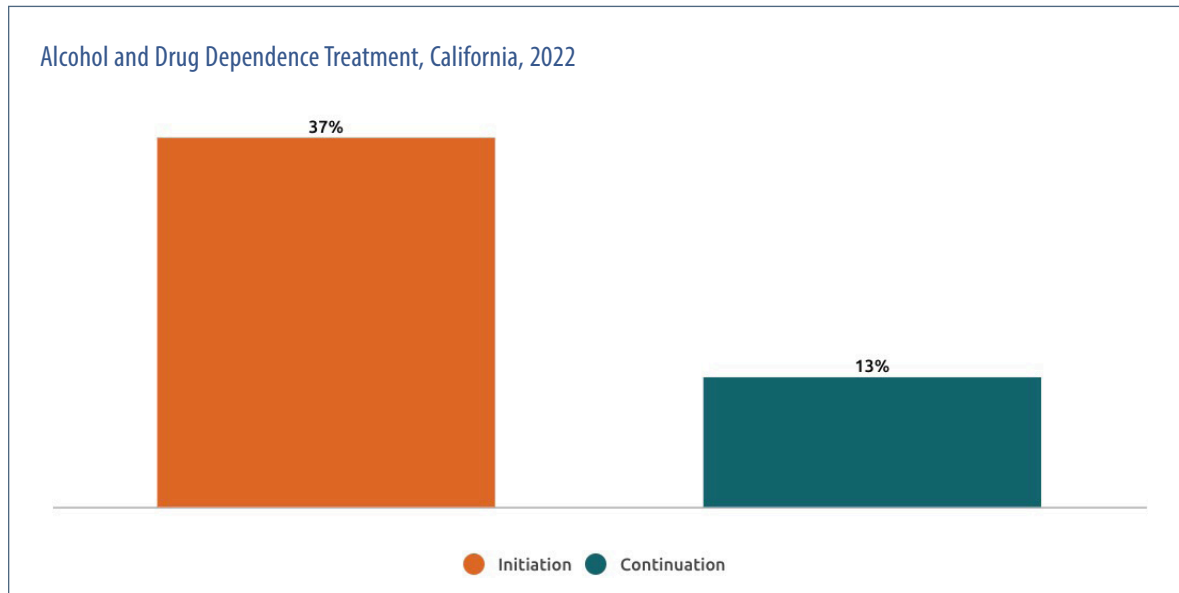


Notes: California data are based on the average performance of the 10 largest HMOs and six largest PPOs in the state. *Initiation* is percentage of adults age 18+ diagnosed with depression who were newly treated with antidepressant medication and remained on their antidepressant medication for the first 12 weeks following the start of treatment. *Continuation* is percentage of adults age 18+ who were newly treated with antidepressant medication and remained on antidepressant medication for six months following the start of treatment.

Source: "California Health Plans Compared to Health Plans Nationwide," California Office of the Patient Advocate.

In California, few HMO and PPO patients with an alcohol or drug dependence diagnosis received treatment services.

Only 37% of adolescent and adult health plan patients diagnosed with alcohol or drug dependence in California started treatment services within 14 days of being diagnosed. And only 13% of health plan patients had treatment services within 14 days and received at least two follow-up treatment services within 30 days of the initial treatment.



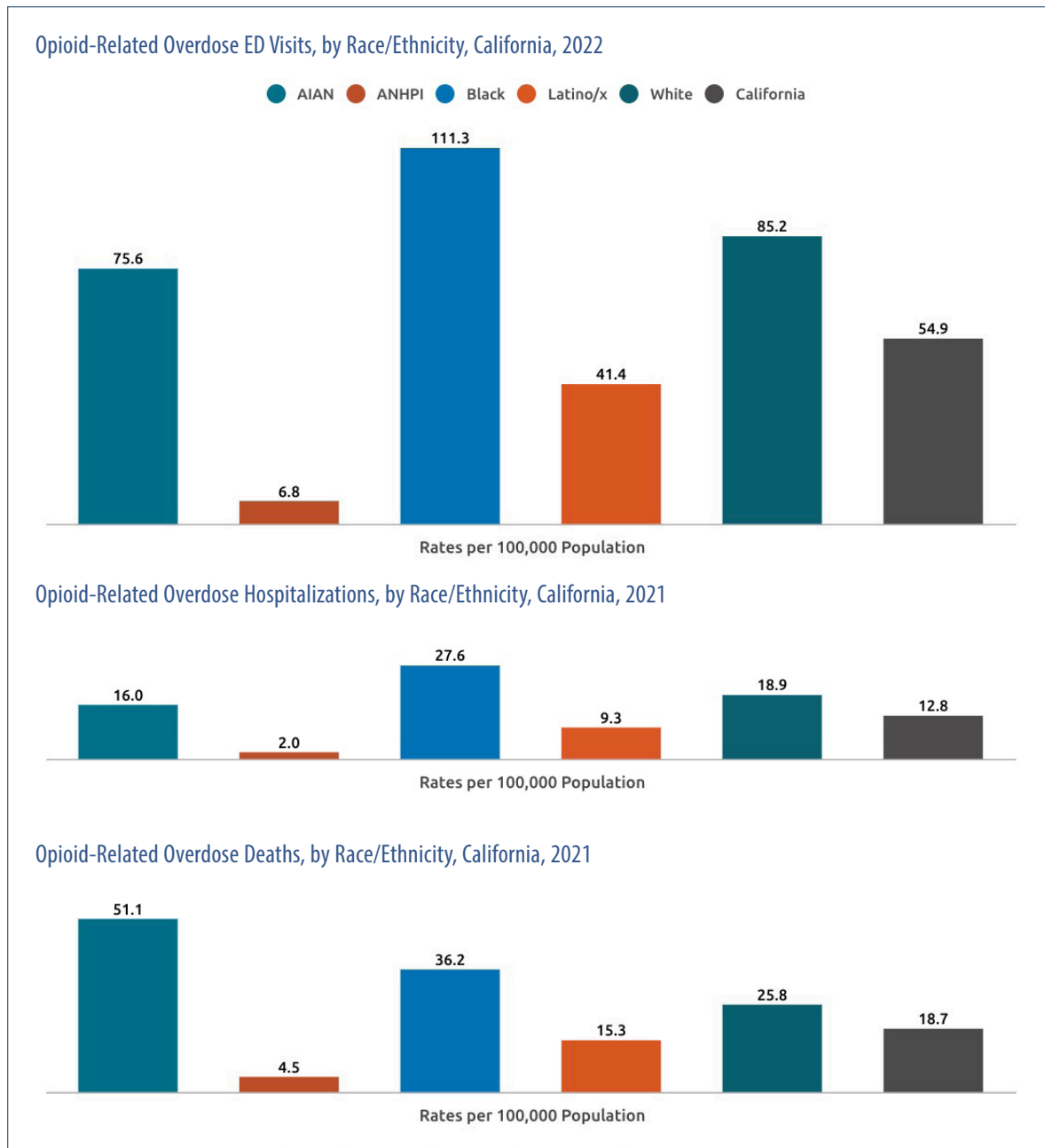
Notes: California data are based on the average performance of the 10 largest HMOs and six largest PPOs in the state. *Initiation* is the percentage of adolescent or adult health plan patients who have an alcohol or other drug dependence diagnosis and started treatment services within 14 days of being diagnosed. *Continuation* is the percentage of adolescent or adult health plan patients with an alcohol or other drug dependence diagnosis who had initial treatment within two weeks of diagnosis and had at least two follow-up treatment services within 30 days of initial treatment.

Source: "California Health Plans Compared to Health Plans Nationwide," California Office of the Patient Advocate.

Opioid-related overdose emergency department (ED) visits, hospitalizations, and deaths varied by race/ethnicity.

In 2022, American Indian and Alaska Native Californians had a higher rate of deaths from an opioid overdose than Californians of other races/ethnicities. Black Californians had the highest rates of ED visits and hospitalizations related to an opioid overdose.

See charts on page 3.



Notes: Rates are age-adjusted. Emergency department (ED) visits and hospitalizations caused by nonfatal acute poisoning due to the effects of all opioid drugs, regardless of intent. Includes deaths caused by opioids such as prescription opioid pain relievers, heroin, and opium; does not include deaths related to chronic use of drugs. *AIAN* is American Indian and Alaska Native. *ANHPI* is Asian, Native Hawaiian, and Pacific Islander. Source uses *Black/African American*, *Hispanic/Latino*, and *Native American/Alaska Native*.

Source: "California Opioid Overdose Surveillance Dashboard," California Dept. of Public Health, last updated March 4, 2024.

The companion Excel data file, which provides these data and more, as well as links to each data source, is available for download below. These materials are part of CHCF's California Health Care Almanac, an online clearinghouse for key data and analyses describing the state's health care landscape. See our entire collection of current and past editions of Quality of Care at www.chcf.org/collection/quality-care-almanac.