

Medicaid Transformation Project Evaluation

Rapid-Cycle Report

September 30, 2019

CENTER FOR HEALTH SYSTEMS EFFECTIVENESS



Prepared for:

Washington State Health Care Authority



Medicaid Transformation Project Rapid-Cycle Report

Overview

This report covers activities from CHSE's evaluation of Washington's Medicaid Transformation Project (MTP) from July 1 to September 30, 2019. By the end of this period, CHSE had completed site visits and key informant interviews with 7 of 9 Washington State accountable communities of health (ACHs). Also in this period, we began descriptive analysis of ACH performance metrics for the state as a whole, specific subgroups of interest to policymakers, and ACHs. In addition, we developed a sampling plan for a survey of Washington State primary care practices that provide care for Medicaid enrollees; created the survey sample; and began administering practice surveys.

Following a summary of our accomplishments in this period, this report presents preliminary findings from interviews with ACH informants to date. We anticipate that the emphasis of the December rapid-cycle report will shift from progress reporting to presentation of findings, since we will have completed our first round of interviews with State and ACH informants and our descriptive analysis of performance metrics, and we will have started to synthesize findings from these activities in mixed-methods analysis sessions.

► KEY FINDINGS:

- *ACHs prioritized implementing their Domain 2 and 3 transformation projects in 2019. Their efforts included partner engagement, project selection, and contracting; technical assistance and learning opportunities; and development of processes for monitoring and evaluating projects. With an emphasis on Domain 2 and 3 projects, ACHs have dedicated less attention to Domain 1 activities.*
- *To support value-based payment (VBP), ACHs encouraged or financially incentivized partners to participate in the state's VBP survey. However, interview participants noted that they have little leverage to change VBP adoption.*
- *While some ACHs identified workforce capacity building as a future focus area, there have been limited ACH-led activities on developing career pathways and addressing workforce shortages and gaps.*
- *Some ACHs invested in health information technology (HIT) tools for care coordination and health information exchange (HIE), while others had not yet dedicated resources to such tools.*

Accomplishments

Foundational Tasks

In this reporting period, we prepared a detailed plan for bringing qualitative and quantitative data together to answer each of the evaluation's research questions (appended to this report). The plan may be used to guide the interpretation and synthesis of findings during mixed-methods analysis sessions throughout the life of the evaluation, and to help structure and write sections of evaluation reports.

Also in this reporting period, we obtained approval from the Washington State Institutional Review Board (WSIRB) to administer final versions of our hospital and primary care practice surveys; acquire and use detailed administrative data on health care spending, Long-Term Supports and Services (MTP Initiative 2), and Foundational Community Supports (MTP Initiative 3); and add personnel to assist with key informant interviews and survey administration.

Key Informant Interviews

Between January 2019 and September 2019, we interviewed 14 Washington State stakeholders (e.g., MTP leaders and administrators) and 49 ACH stakeholders (e.g., ACH leaders and staff, partners, board members, providers, managed care organization representatives, and others), and conducted site visits with 7 of 9 ACHs. In this reporting period, qualitative analysts continued to code data from these activities, produce analytic summaries from the coded data, meet regularly to discuss and interpret findings, and prepare materials that will inform the Baseline Report in March, 2020. Within the next 3 months, CHSE will conduct site visits with the two remaining ACHs, continue to code interview transcripts and develop analytic summaries, and begin comparing findings across ACHs.

Administrative Data Analysis

In this reporting period, we organized the detailed administrative data we received from the Washington State Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) at the end of the previous reporting period into relational database. We reviewed the contents of data tables from HCA and DSHS, and communicated with the agencies to resolve questions about data definitions and fields. We then developed an initial "staging" process for loading data files from the agencies into the database. The process includes steps to identify important subgroups for analysis and reporting in the data (e.g., Medicaid members by race/ethnicity, rural or urban zip code, and chronic medical condition or substance use disorder diagnosis). With the initial staging process completed and subgroups coded, we began creating descriptive plots of MTP performance metrics for the state as a whole, ACH regions, and subgroups. Within the next 3 months, we will complete descriptive analysis of Q2 2016 through Q4 2018 metrics data and synthesize this analysis with findings from key informant interviews to "tell the story" of Washington's Medicaid system in years before ACHs began implementing their health improvement projects.

Hospital and Primary Care Practice Surveys

In the prior reporting period, we finalized questionnaires for both hospital and primary care practice surveys, and we began contacting hospitals across Washington State to identify staff who should receive the survey. In this reporting period, we developed a detailed plan for sampling primary care practices and used the plan to select the sample of 275 practices to be contacted for the survey. The plan ensured that we sampled a sufficient number of practices in specific strata to compare practice-level changes among ACH regions, rural and urban regions, and ACH-partnering and non-partnering practices, as well as changes for the state as a whole. We used partnering provider rosters submitted by ACHs to HCA in July 2019 to identify practices working with ACHs on health improvement projects,

since these rosters represent the best available source of data on practices that are meaningfully partnering with ACHs. We detailed the sampling plan, along with description of the surveys' purpose, development, and administration, in a single document that we delivered to HCA.

After selecting the practice sample, we began contacting practices in the sample, and we continued contacting hospitals to administer the survey. We anticipate closing the survey at the end of November to provide sufficient time for follow-up with non-respondents and achieve high response rates. Depending on progress, we may pull responses before the survey closes in order to conduct preliminary analysis.

Findings from Key Informant Interviews

Overview

Our July rapid-cycle report focused on findings from interviews with Washington State agency informants conducted between January and April 2019. This report focuses on early findings from interviews with ACH informants conducted as of September 30, 2019.

Methods

Qualitative team members travel to ACH in-person for interviews; however, they conduct some interviews remotely using video conferencing software to accommodate ACH scheduling needs. Prior to each site visit, the team thoroughly reviews publicly available ACH materials (e.g., project plans, semi-annual reports, and the ACH website). The team uses this information to refine and tailor the interview guides and prepare for a planning call with ACH leaders. Typically, the team completes five to nine interviews at each site visit, with the exact number of interviews based on the ACH's size, number of selected health improvement projects, and organizational structure. The qualitative team works directly with each ACH to identify key participants to interview.

Interviews are recorded, professionally transcribed, de-identified, and entered into an ATLAS.ti (qualitative software) database. The qualitative team collectively developed and refined a code list, and qualitative analysts code the transcripts shortly after receipt from the transcriptionist. In addition, the qualitative team holds regular analysis meetings to thoroughly discuss, examine, and interpret the interview data. We present early findings from these analysis meetings below, and we plan to expand our presentation of findings in subsequent reports. In addition to summaries of interview data, the qualitative team produces analytic or "case" summaries of each ACH's characteristics and achievements based on review of publicly available materials and interview transcripts. These summaries facilitate the analysis process and will be used to inform future reports.

Domain 2 and 3 Projects

HCA's MTP Project Toolkit (September 2019) directs ACHs to implement evidence-based approaches or projects in three domains:

- **Domain 1: Health Systems and Community Capacity Building.** This domain includes value-based payment, the health workforce, and systems for population health management, defined as health information technology (HIT) and health information exchange (HIE).
- **Domain 2: Care Delivery Redesign.** This domain includes projects on bi-directional integration of physical and behavioral health care, community-based care coordination, transitional care, and diversion interventions.

- **Domain 3: Prevention and Health Promotion.** This domain includes projects on addressing the opioid crisis, reproductive and maternal or child health, access to oral health services, and chronic disease prevention and control.

ACHs prioritized implementing Domain 2 and 3 projects in 2019. Their efforts included partner engagement, partner project selection, contracting, providing technical assistance and learning opportunities to encourage project success, and developing processes for project monitoring and evaluation.

ACHs varied in their approach to project implementation. Some conceptualized their work as discrete project areas, while others attempted to align their projects and encourage holistic strategies to address multiple areas, including behavioral health integration, chronic disease, and care coordination. ACHs developed varied approaches for identifying and selecting contracted partners, and they used different methods for monitoring, evaluating, and supporting partners. Some ACHs' administrators used change plans to monitor partner progress on MTP activities; these change plans varied by ACH, but typically included partner expectations, metrics, and reporting milestones. Some ACHs were planning site visits, where ACH staff will visit partners on-site to assess their MTP projects and will observe and discuss activities and progress. These visits were typically in addition to partner change plans or partner-submitted self-reports outlining their activities and progress.

With an emphasis on partner engagement, contracting, and project implementation and support, ACHs dedicated less attention to Domain 1 activities.

Value-Based Payment

The primary strategy among ACHs for supporting value based payment (VBP) was encouraging or financially incentivizing partners to participate in the state's VBP survey. Some ACHs also offered technical assistance and training opportunities to partners to prepare for VBP adoption. For example, one ACH provided training and technical assistance from the National Association of Community Health Centers Payment Reform and Readiness Assessment Tool and the American Medical Association Steps Forward—Preparing Your Practice for Value-Based Care. However, since VBP contracting is negotiated between Managed Care Organizations (MCOs) and provider organizations, interview participants noted that increasing VBP adoption and contract arrangements was an area in which they had little leverage for change.

Workforce Capacity

ACH interviewees acknowledged the importance of building workforce capacity, and some ACHs identified workforce capacity building as a future focus area. ACHs that selected the Pathways Community HUB model for Project 2B reported addressing workforce capacity by expanding and supporting the Community Health Worker workforce. ACHs also provided training on topics such as opioid use, trauma-informed care, health equity, and others; however, there were limited ACH-led activities on developing career pathways and addressing workforce shortages and gaps (e.g., partnering with colleges and universities to develop workforce in unserved areas).

Health Information Technology and Exchange

ACHs used varied approaches to support HIT and HIE adoption in their regions. Participants reported that the Clinical Data Repository (CDR), the state database that consolidates clinical and claims data to present a unified view of a single patient, and OneHealthPort, a HIE designed to allow health care professionals to communicate and securely share patient medical information, have not been highly used by partners.

Some ACHs are actively investing in alternative tools such as Health Commons Network or Community Information Exchanges (CIEs), technology platforms that allows clinical and social service providers to share patient information, and care coordination tools like those used in the Pathways model, while other ACHs have not yet dedicated resources to HIT/HIE tools.

Bringing Results Together for the MTP Evaluation

The MTP evaluation is intended to answer a variety of research questions (RQs) using qualitative and quantitative data from multiple sources. This document proposes specific methods and timelines for synthesizing the data to answer each RQ based on when the data and results will be available. It is meant to be used together with the proposed MTP Timeline (Excel document) to guide how and when we will bring results together.

This document is organized by research aim (excluding Aim 9: Provide Rapid-Cycle Implementation Support). For each aim, it presents RQs under the aim; data and results that will be used to answer the RQs; methods that will be used to answer the RQs using different kinds of data and results (if applicable); and the approximate timeline for answering the RQs. (The MTP Timeline presents more detailed timelines for evaluation tasks, results, analysis sessions, and reports.)

This document describes three methods for bringing results together:

- **Expansion:** Use one kind of method to answer questions raised by another kind of method (e.g., use in-depth qualitative interviews to identify underlying factors driving trends in quantitative data.)
- **Convergence:** Use different kinds of methods to answer the same question, either by comparing results to see if they agree (triangulation) or by merging data sets (merger).
- **Complementarity:** Use different kinds of methods to answer a related question or set of questions purposes of evaluation (e.g., use quantitative data to evaluate outcomes and qualitative data to evaluate process) or provide different perspectives on the same question (e.g., use qualitative data to provide depth of understanding and quantitative data to provide breadth of understanding).

This document could be used by reviewing the RQs and methods for bringing results together in advance of mixed-methods analysis sessions, and distributing results to answer the RQs to our respective teams prior to each session. The document may also help teams focus their analyses and organize their results for presentation. For example, the qualitative team may choose to develop analytic codes aligned with the RQs and organize the themes they identify from interviews for presentation to the larger group.

Aim 1: Access Overall Medicaid System Performance under the Delivery System Reform Incentive Payment (DSRIP) Program

Research Question and Source*	Data and Results	Synthesis	Timeline
<p>RQ1.1: To what extent did quantitative measures of access, quality, social outcomes, and expenditures change from baseline to program periods for the state overall, ACH regions, and subgroups?</p>	<p>Administrative data analysis: Change in statewide accountability metrics and ACH performance metrics for the state overall, ACH regions, and subgroups (race/ethnicity, urban/rural, etc.) including descriptive plots and regression-adjusted pre-post estimates</p>	<p>NA</p>	<p>HCA will provide updated data every Nov (through end of prior calendar year) and May (through end of prior fiscal year). We expect to update descriptive plots every Dec and Jun, and to update regression analysis every following Mar and Sep. The Oct 2019 mixed-methods session will focus on early results (i.e., trends through Q2 2018), with each subsequent session examining updates.</p>
<p>RQ1.2: What contextual factors explain changes in performance statewide, by geographic region, and among populations of interest?</p>	<p>Key Informant Interviews: Description of ACH regions, partners, communications, projects, data systems, quality goals, and ACHs' relationships with other ACHs, contractors, and other entities</p> <p>Practice and Hospital Surveys: Quantitative indicators of VBP adoption, care coordination, integration, workforce capacity, and HIT use</p> <p>Practice and Hospital Interviews: Practice and hospital characteristics, MTP involvement, and MTP readiness</p>	<p>Expansion: Use contextual factors from interviews and surveys, and practice-level changes from practice and hospital surveys and interviews, to help explain changes in metrics.</p> <p>Convergence (merger): Evaluate correlation between selected ACH characteristics coded from interviews (explanatory variables) and selected statewide accountability metrics or ACH performance metrics (dependent variables); evaluate correlation between selected VBP, workforce, and HIT indicators from surveys aggregated at the ACH region level (explanatory variables) and selected statewide accountability metrics or ACH performance metrics (dependent variables).**</p>	<p>Results from key informant interviews will be available Nov 2019, Jul 2020, Dec 2020, and Jun 2021.</p> <p>Results from practice and hospital surveys will be available Nov 2019 and May 2021.</p> <p>Results from practice and hospital interviews will be available Jun 2020, Oct 2020, and Jul 2021.</p> <p>All mixed-methods analysis sessions will address this question using expansion, starting with the Jan 2020 session.</p> <p>Sessions in Oct 2020, Jan 2021, Oct 2021, and Jan 2022 will address this question using convergence (merger) since sufficient longitudinal data will be available relatively late in the evaluation.</p>

* In this table, RQ1.1, 1.2, and 1.3 from the proposal were consolidated into RQ1.1, and RQ1.4 was renamed RQ1.2.

** Merging these data sets is an aspirational goal, and will depend on multiple factors related to collecting, cleaning, and analyzing the individual data sets.

Aim 2: Assess Progress toward Meeting Value-Based Payment (VBP) Penetration Targets

Research Question and Source*	Data and Results	Synthesis	Timeline
RQ2.1: To what extent did participation in VBP arrangements increase from the baseline periods to subsequent periods, for all types of VBP and specific types of VBP?	Practice and Hospital Surveys: Quantitative indicators of VBP adoption	NA	Results from practice and hospital surveys will be available Nov 2019 and May 2021. Mixed-methods analysis sessions in Jan 2020 and Jul 2021 will address this question.
RQ2.2: What kinds of factors facilitated or impeded VBP adoption among Medicaid MCOs and provider organizations?	Key Informant Interviews: Changes associated with VBP Practice and Hospital Surveys: Quantitative indicators of workforce capacity and HIT use Practice and Hospital Interviews: Readiness for VBP, factors that facilitated or impeded VBP	Complementarity: Use barriers and facilitators described in interviews and practice-level changes reported on surveys to develop a complete picture of factors that facilitated or impeded VBP adoption.	Results from key informant interviews will be available Nov 2019, Jul 2020, Dec 2020, and Jun 2021. Results from practice and hospital interviews will be available Jun 2020, Oct 2020, and Jul 2021. Mixed-methods analysis sessions in Jan 2020, Jul 2020, Oct 2020, Jan 2021, Jul 2021, and Oct 2021 will address this question.
RQ2.3: What kinds of delivery system or practice-level changes were associated with participation in VBP arrangements?	Key Informant Interviews: Factors that facilitated or impeded VBP Practice and Hospital Surveys: Quantitative indicators of care coordination, integration, and HIT use Practice and Hospital Interviews: Changes resulting from VBP	Complementarity: Use delivery-system-wide changes described in key informant interviews, and practice-level changes reported on practice and hospital surveys and interviews, to develop a complete picture of changes associated with VBP adoption.	See above for results timeline. Mixed-methods analysis sessions in Jan 2020, Jul 2020, Oct 2020, Jan 2021, Jul 2021, and Oct 2021 will address this question.
RQ2.4: To what extent were VBP arrangements in general, or specific types of VBP arrangements, associated with improvement on performance measures?	Administrative data analysis: Change in ACH performance metrics for state overall and ACH regions Practice and Hospital Surveys: Quantitative indicators of VBP adoption Practice and Hospital Interviews: Changes resulting from VBP	Convergence (merger): Evaluate correlation between VBP indicators from surveys aggregated at the state and ACH level (explanatory variables) and selected statewide accountability metrics and ACH performance metrics (dependent variables).* Convergence (triangulation): Compare analysis above with changes resulting from VBP described in practice and hospital interviews to understand whether VBP arrangements were associated with change in metrics.	See above for results timeline. Mixed-methods analysis session in Jul 2021 and Oct 2021 will address this question since sufficient longitudinal data will be available relatively late in the evaluation.

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Aim 3: Assess the impact of MTP on the development of workforce capacity needed to support health system transformation

Research Question and Source	Data and Results	Synthesis	Timeline
<p>RQ3.1: Prior to MTP, what was perceived workforce capacity across the state? In which positions and regions was capacity adequate, and where did shortages exist?</p>	<p>Practice and Hospital Surveys: Quantitative indicators of workforce capacity (i.e., difficulty hiring or retaining needed staff)</p> <p>Key informant interviews: Description of workforce capacity before MTP</p>	<p>Convergence (triangulation): Compare quantitative indicators of workforce capacity from surveys with description of workforce capacity from key informant interviews to determine whether results “agree.”</p>	<p>Results from key informant interviews will be available Nov 2019, Jul 2020, Dec 2020, and Jun 2021.</p> <p>Results from practice and hospital surveys will be available Nov 2019 and May 2021.</p> <p>Mixed-methods analysis sessions in Jan 2020, Oct 2020, Jan 2021, and Jul 2021 will address this question.</p>
<p>RQ3.2: How has MTP changed demand for certain personnel or training? To what extent can those demands be met? With MTP implementation, where do shortages exist?</p>	<p>Practice and Hospital Surveys: Quantitative indicators of workforce capacity (i.e., difficulty hiring or retaining needed staff)</p> <p>Practice and hospital interviews: Description of how MTP has affected organization’s workforce needs and approach</p>	<p>Convergence (triangulation): Compare quantitative indicators of workforce capacity from surveys and description of workforce capacity from practice and hospital interviews to determine whether results “agree.”</p> <p>Complementarity: Use quantitative indicators of workforce capacity from surveys to paint a broad quantitative picture of changes in demand and shortages; Use description of workforce capacity from practice and hospital interviews to paint a deep qualitative picture of changes in demand and shortages at the practice level.</p>	<p>Results from practice and hospital interviews will be available Jun 2020, Oct 2020, and Jul 2021.</p> <p>See above for practice and hospital results timeline.</p> <p>Mixed-methods analysis sessions in Jul 2020, Jan 2021, Jul 2021, and Oct 2021 will address this question.</p>
<p>RQ3.3: Are there regulatory, informational, or financial barriers to meeting workforce needs?</p>	<p>Practice and Hospital Interviews: Description of factors influencing organization’s ability to address workforce needs</p> <p>Key informant interviews: Description of policies that may be fostering or hindering workforce capacity</p>	<p>Convergence (triangulation): Compare description of barriers from practice and hospital interviews with description of barriers from key informant interviews to determine whether results “agree.”</p>	<p>See above for results timeline.</p> <p>Mixed-methods analysis sessions in Jul 2020, Oct 2020, Jan 2021, Jul 2021, and Oct 2021 will address this question.</p>
<p>RQ3.4: What gaps exist in competencies or skills for the existing workforce in areas such as physical and behavioral health integration and VBP?</p>	<p>Practice and Hospital Interviews: Description of gaps among existing workforce</p>	<p>NA</p>	<p>See above for results timeline.</p> <p>Mixed-methods analysis sessions in Jul 2020, Jan 2021, and Oct 2021 will address this question</p>

Aim 3: Assess the impact of MTP on the development of workforce capacity needed to support health system transformation (continued)

Research Question and Source	Data and Results	Synthesis	Timeline
RQ3.4: What gaps exist in competencies or skills for the existing workforce in areas such as physical and behavioral health integration and VBP?	Practice and Hospital Interviews: Description of gaps among existing workforce	NA	See above for results timeline. Mixed-methods analysis sessions in Jul 2020, Jan 2021, and Oct 2021 will address this question.
RQ3.5: How has MTP changed demand for certain competencies or skills among the existing workforce?	Practice and Hospital Interviews: Description of gaps among existing workforce	NA	See above for results timeline. Mixed-methods analysis sessions in Jul 2020, Jan 2021, and Oct 2021 will address this question.
RQ3.6: What kinds of partners do provider organizations need “at the table” to address workforce shortages or gaps in competencies or skills? Who is missing?	Practice and Hospital Interviews: Description of external support organization has received and needs	NA	See above for results timeline. Mixed-methods analysis sessions in Jul 2020, Jan 2021, and Oct 2021 will address this question.
RQ3.7: Are there capacity issues in education or training that impact provider organizations’ ability to address workforce shortages or gaps in skills or competencies?	Practice and Hospital Interviews: Description of factors influencing organization’s ability to address workforce needs	NA	See above for results timeline. Mixed-methods analysis sessions in Jul 2020, Jan 2021, and Oct 2021 will address this question.

Aim 4: Assess the Impact of MTP on Provider Adoption and Use of Health Information Technology (HIT)

Research Question	Data and Results	Synthesis	Timeline
<p>RQ4.1: To what extent did MTP affect the use of HIT, including interoperable health information exchanges (HIEs)?</p>	<p>Practice and hospital surveys: Quantitative indicators of HIT use</p> <p>Practice and hospital interviews: Effect of MTP on organization's use of HIT</p>	<p>Convergence (triangulation): Compare quantitative indicators of HIT use from surveys with description of HIT adoption from practice and hospital interviews to determine whether results “agree.”</p> <p>Expansion: Use description of MTP's effect on HIT use from practice and hospital interviews to help determine whether changes in quantitative indicators of HIT use from surveys were due to MTP or other factors.</p>	<p>Results from practice and hospital surveys will be available Nov 2019 and May 2021.</p> <p>Results from practice and hospital interviews will be available Jun 2020, Oct 2020, and Jul 2021.</p> <p>Mixed-methods analysis sessions in Jul 2020, Jan 2021, Jul 2021, and Oct 2021 will address this question.</p>
<p>RQ4.2: To what extent are HIT and HIEs able to promote care coordination, targeted services, quality improvement, and other MTP goals?</p>	<p>Key informant interviews: Use of HIT to support care delivery</p> <p>Practice and hospital interviews: What organization is able to accomplish with HIT</p> <p>Practice and hospital surveys: Quantitative indicators of HIT use</p> <p>Administrative data analysis: Change in ACH performance metrics for state overall and for ACH regions</p>	<p>Convergence (triangulation): Compare description of HIT accomplishments from key informant, hospital, and practice interviews to determine whether results “agree.”</p> <p>Convergence (merger): Evaluate correlation between quantitative indicators of HIT use from surveys aggregated at the state and ACH level (explanatory variables) and selected statewide accountability metrics and ACH performance metrics related to care coordination (dependent variables).*</p>	<p>Results from key informant interviews will be available Nov 2019, Jul 2020, Dec 2020, and Jun 2021.</p> <p>Metrics data will be updated biannually, with full results available in Mar and Sep.</p> <p>Mixed-methods analysis sessions in Jan 2020, Jul 2020, Oct 2020, Jan 2021, Jul 2021, and Oct 2021 will address this question using convergence (triangulation).</p> <p>Sessions in Jul 2021 and Oct 2021 will address this question using convergence (merger) since sufficient longitudinal data will be available relatively late in the evaluation.</p>

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Aim 4: Assess the Impact of MTP on Provider Adoption and Use of Health Information Technology (HIT) (continued)

Research Question	Data and Results	Synthesis	Timeline
<p>RQ4.3: Which areas of HIT and HIE have received the largest investments? How have these investments changed care for patients?</p>	<p>Practice and hospital surveys: Quantitative indicators of HIT investment</p> <p>Key informant interviews: Areas of greatest HIT investment</p> <p>Practice and hospital interviews: Areas of greatest HIT investment since MTP, new staff or partners engaged for HIT</p>	<p>Convergence (triangulation): Compare quantitative indicators of HIT investment from surveys with description of investment from key informant, practice, and hospital interviews to determine whether results “agree.”</p> <p>Convergence (merger): Evaluate correlation between quantitative indicators of HIT investment from surveys aggregated at the state and ACH level (explanatory variables) and selected statewide accountability metrics and ACH performance metrics related to patient care (dependent variables).*</p>	<p>See above for results timeline.</p> <p>Mixed-methods analysis sessions in Jan 2020, Jul 2020, Oct 2020, Jan 2021, Jul 2021, and Oct 2021 will address this question using convergence (triangulation).</p> <p>Sessions in Jul 2021 and Oct 2021 will address this question using convergence (merger) since sufficient longitudinal data will be available relatively late in the evaluation.</p>
<p>RQ4.4: What are the largest barriers or challenges to using HIT for care coordination, care transition, and quality improvement?</p>	<p>Key informant interviews: Unmet HIT needs, prominent aspects of implementing HIT</p> <p>Practice and hospital interviews: Support received for HIT, support needed for HIT, and policies that would facilitate information exchange</p>	<p>Convergence (triangulation): Compare description of HIT needs from key informant, practice, and hospital interviews to determine whether results “agree.”</p>	<p>See above for results timeline.</p> <p>Mixed-methods analysis sessions in Jul 2020, Oct 2020, Jan 2021, Jul 2021, and Oct 2021 will focus on this question.</p>

* Merging these data sets is an aspirational goal, and will depend on multiple factors related to collecting, cleaning, and analyzing the individual data sets.

Aim 5: Measure Project-Level Impacts at State and ACH Levels

Research Questions*	Data and Results	Synthesis	Timeline
RQ5.1: To what extent were specific projects associated with improvements in measures of access, quality, expenditures and related outcomes for project target populations overall and subgroups?	<p>Administrative data analysis: Change in ACH performance metrics among project's target population vs comparison group for target population overall and subgroups (e.g., race/ethnicity, urban/rural) including descriptive plots and regression-adjusted difference-in-differenced estimates.</p>	NA	HCA will provide updated data every Nov (through end of prior calendar year) and May (through end of prior fiscal year). We expect to update regression analysis every following Mar and Sep. Mixed-methods analysis sessions in Oct 2020, Apr 2021, and Oct 2021 will examine these results.
RQ5.2: What contextual factors explain the extent to which projects either achieved or failed to achieve the performance improvements they were designed to affect?	<p>Key informant interviews: External factors that may have affected performance measures, other questions</p> <p>Practice and Hospital Surveys: Quantitative indicators of care coordination, integration, workforce capacity, and HIT use</p> <p>Practice and Hospital Interviews: Readiness and factors affecting readiness to work on projects, other questions</p>	<p>Expansion: Use contextual factors from key informant, practice, and hospital interviews, and quantitative indicators of practice-level change from practice and hospital surveys, to help explain changes in ACH performance metrics for specific projects.</p> <p>Convergence (merger): Evaluate correlation between selected ACH, practice, and hospital characteristics coded from key informant interviews, practice and hospital surveys, or practice and hospital interviews, aggregated at the ACH level (explanatory variables) and selected ACH performance metrics for specific projects (dependent variables).**</p>	<p>Results from key informant interviews will be available Nov 2019, Jul 2020, Dec 2020, and Jun 2021.</p> <p>Results from practice and hospital surveys will be available Nov 2019 and May 2021.</p> <p>Results from practice and hospital interviews will be available Jun 2020, Oct 2020, and Jul 2021.</p> <p>Mixed-methods analysis sessions in Oct 2020, Jan 2021, Apr 2021, and Jul 2021 will focus on this question using expansion.</p> <p>Sessions in Jul 2021 and Oct 2021 will address this question using convergence (merger) since sufficient longitudinal data will be available relatively late in the evaluation.</p>
RQ5.3: To what extent do the State's ACH incentive payments promote effective project selection and implementation?	<p>Key informant interviews: Perceived association between certain projects, incentive payments, and change in performance measures</p> <p>Practice and Hospital Interviews: Experience with incentive payments</p>	Convergence (triangulation): Compare perceptions of incentive payment system from key informant, practice, and hospital interviews to determine whether results "agree."	<p>See above for data timeline.</p> <p>Mixed-methods analysis sessions in Jul 2020, Oct 2020, Jan 2021, Jul 2021, and Oct 2021 will address this question.</p>
RQ5.4: To what extent were projects in each area implemented with fidelity to selected models of care?	Practice and Hospital Interviews: Extent to which project followed a certain model of care	NA	Mixed-methods analysis sessions in Jul 2020, Jan 2021, and Oct 2021 will address this question.

* In this table, RQ5.1, 5.2, and 5.3 from the proposal were consolidated into RQ1.1, and RQ5.4 through 5.9 were renamed RQ5.2. through 5.7.

** Merging these data sets is an aspirational goal, and will depend on multiple factors related to collecting, cleaning, and analyzing the individual data sets.

Aim 5: Measure Project-Level Impacts at State and ACH Levels (continued)

Research Question*	Data and Results	Synthesis	Timeline
RQ5.5: To what extent did projects in each area expand provider-related capacity?	<p>Key informant interviews: Impact of MTP on workforce availability, help required to meet workforce needs of MTP</p> <p>Practice and Hospital Surveys: Quantitative indicators of workforce capacity</p> <p>Practice and Hospital Interviews: Steps to address workforce needs, factors influencing workforce needs, external support to enhance workforce capacity</p>	<p>Convergence (triangulation): Compare description of specific projects' impact on practices' and hospitals' ability to meet workforce needs from key informant, practice, and hospital interviews to determine whether results "agree."</p> <p>Convergence (merger): Evaluate correlation between ACH, practice, or hospital participation in specific projects (explanatory variable) and quantitative indicators of workforce capacity from surveys aggregated at the ACH level (e.g., was participation in a specific project correlated with provider capacity at practices and hospitals in the area?).**</p>	<p>See above for data timeline.</p> <p>Mixed-methods analysis sessions in Jul 2020, Oct 2020, Jan 2021, Jul 2021, and Oct 2021 will address this question using convergence (triangulation).</p> <p>Sessions in Jul 2021 and Oct 2021 will focus on this question using merger. At this time, data from all rounds of surveys and interviews will be available, providing sufficient longitudinal data to answer this question.</p>
RQ5.6: To what extent did projects in each area expand HIT-related capacity?	<p>Key informant interviews: Experience with HIT as it relates to MTP</p> <p>Practice and Hospital Surveys: Quantitative indicators of HIT use</p> <p>Practice and Hospital Interviews: Description of HIT infrastructure, effect of MTP on use of HIT, external support for HIT</p>	<p>Convergence (triangulation): Compare description of specific projects' impact on practices' and hospitals' HIT capacity from key informant, practice, and hospital interviews to determine whether results "agree."</p> <p>Convergence (merger): Evaluate correlation between ACH, practice, or hospital participation in specific projects (explanatory variable) and quantitative indicators of HIT use from surveys aggregated at the ACH level (e.g., was participation in a specific project correlated with HIT use at practices and hospitals in the area?).**</p>	<p>See above for data timeline.</p> <p>Mixed-methods analysis sessions in Jul 2020, Oct 2020, Jan 2021, Jul 2021, and Oct 2021 will address this question using convergence (triangulation).</p> <p>Sessions in Jul 2021 and Oct 2021 will focus on this question using merger. At this time, data from all rounds of surveys and interviews will be available, providing sufficient longitudinal data to answer this question.</p>

* In this table, RQ5.1, 5.2, and 5.3 from the proposal were consolidated into RQ1.1, and RQ5.4 through 5.9 were renamed RQ5.2. through 5.7.

** Merging these data sets is an aspirational goal, and will depend on multiple factors related to collecting, cleaning, and analyzing the individual data sets.

Aim 5: Measure Project-Level Impacts at State and ACH Levels (continued)

Research Question*	Data and Results	Synthesis	Timeline
<p>RQ5.7: To what extent did projects in each area accelerate adoption of VBP?</p>	<p>Key informant interviews: Factors influencing VBP adoption</p> <p>Practice and Hospital Surveys: Quantitative indicators of VBP adoption</p> <p>Practice and Hospital Interviews: Overall experience with VBP, experience with VBP outside MTP, external support for HIT</p>	<p>Convergence (triangulation): Compare description of specific projects' impact on VBP adoption to meet workforce needs from key informant, practice, and hospital interviews to determine whether results "agree."</p> <p>Convergence (merger): Evaluate correlation between ACH, practice, or hospital participation in specific projects (explanatory variable) and quantitative indicators of VBP adoption from surveys aggregated at the ACH level (e.g., was participation in a specific project correlated with VBP adoption by practices and hospitals in the area?).**</p>	<p>See above for data timeline.</p> <p>Mixed-methods analysis sessions in Jul 2020, Oct 2020, Jan 2021, Jul 2021, and Oct 2021 will address this question using convergence (triangulation).</p> <p>Sessions in Jul 2021 and Oct 2021 will address this question using convergence (merger) since sufficient longitudinal data will be available relatively late in the evaluation.</p>

* In this table, RQ5.1, 5.2, and 5.3 from the proposal were consolidated into RQ1.1, and RQ5.4 through 5.9 were renamed RQ5.2. through 5.7.

** Merging these data sets is an aspirational goal, and will depend on multiple factors related to collecting, cleaning, and analyzing the individual data sets.

Aim 6: Assess Implementation and Impact of Long-Term Supports and Services (LTSS)

Research Question and Source	Data and Results	Synthesis	Timeline
RQ6.1: What are the effects of modifying eligibility criteria and benefit packages for long-term services and supports?	Administrative data analysis: Change in LTSS metrics among Initiative 2 target population, including MAC and TSOA recipients, which may include regression-adjusted pre-post and difference-in-difference estimates	NA	We expect that HCA will provide initial data in Aug 2019, with updates every Nov and May. We expect to update regression analysis every following Mar and Sep. Mixed-methods analysis sessions in Jan 2020, Oct 2020, Apr 2021, and Oct 2021 will examine these results.
RQ6.2: Do caregivers show change from baseline to 6-month follow-up in survey/self-report measures of caregiving burden, physical and mental health status, and quality of life?	Administrative data analysis: Change in LTSS metrics among Initiative 2 target population, including MAC and TSOA recipients, which may include regression-adjusted pre-post and difference-in-difference estimates	NA	See above.
RQ6.3: Do care receivers, including TSOA individuals without unpaid caregivers, show change from baseline to 6-month follow-up in survey/self-report measures of physical and mental health status and quality of life?	Administrative data analysis: Change in LTSS metrics among Initiative 2 target population, including MAC and TSOA recipients, which may include regression-adjusted pre-post and difference-in-difference estimates	NA	See above.
RQ6.4: Are caregivers and care receivers satisfied with their experience with the program?	Administrative data analysis: Change in LTSS metrics among Initiative 2 target population, including MAC and TSOA recipients, which may include regression-adjusted pre-post and difference-in-difference estimates	NA	See above.
RQ6.5: Do MAC program participants show similar health outcomes to comparable recipients of traditional Medicaid LTSS services?	Administrative data analysis: Change in LTSS metrics among Initiative 2 target population, including MAC and TSOA recipients, which may include regression-adjusted pre-post and difference-in-difference estimates	NA	See above.
RQ6.6: Following implementation of the MAC and TSOA programs, are Medicaid-paid LTSS cost trends lower than expected based on forecasts derived from baseline Medicaid-paid LTSS utilization rates and the observed changes in per capita costs and the composition of the Washington State population?	Administrative data analysis: Difference between actual and forecast cost trends	NA	We will work with HCA and DSHS to determine the timeline for this analysis.

Aim 7: Assess Implementation and Impact of Foundational Community Supports (FCS)

Research Question	Data and Results	Synthesis	Timeline
RQ7.1: Do community transition services (CTS) or community support services (CSS) reduce homelessness and increase housing stability?	Administrative data analysis: Change in FCS metrics among Initiative 3 target population, which may include regression-adjusted pre-post and difference-in-difference estimates	NA	We expect that HCA will provide initial data in Aug 2019, with updates every Nov and May. We expect to update regression analysis every following Mar and Sep. Mixed-methods analysis sessions in Jan 2020, Oct 2020, Apr 2021, and Oct 2021 will examine these results.
RQ7.2: Do Supported Employment—Individual Placement and Support (IPS) services increase employment rates and earnings levels?	Administrative data analysis: Change in FCS metrics among Initiative 3 target population, which may include regression-adjusted pre-post and difference-in-difference estimates	NA	See above.
RQ7.3: Do CTS, CSS, or IPS services reduce the risk of criminal justice involvement?	Administrative data analysis: Change in FCS metrics among Initiative 3 target population, which may include regression-adjusted pre-post and difference-in-difference estimates	NA	See above.
RQ7.4: Do CTS, CSS, or IPS services reduce health service utilization and costs, including ED visits, inpatient admissions, or institutional LTSS utilization and overall Medicaid expenditures?	Administrative data analysis: Change in FCS metrics among Initiative 3 target population, which may include regression-adjusted pre-post and difference-in-difference estimates	NA	See above.
RQ7.5: Is receipt of CTS, CSS, or IPS services associated with increased engagement in other supportive preventative care, mental health or substance use treatment services?	Administrative data analysis: Change in FCS metrics among Initiative 3 target population, which may include regression-adjusted pre-post and difference-in-difference estimates	NA	See above.
RQ7.7: Does FCS use HIT to support eligibility determinations, service delivery, or electronic health information exchange?	Key informant interviews: Interviews with state and ACH leaders may provide information on how FCS use HIT	NA	Results from key informant interviews will be available Nov 2019, Jul 2020, Dec 2020, and Jun 2021.
RQ7.8: Do the components of FCS show fidelity to adopted evidence-based models of care?	Key informant interviews: Interviews with state and ACH leaders may provide information on fidelity of FCS components to evidence-based models	NA	See above for data timeline.

Aim 8: Assess Impact of the Substance Use Disorder (SUD) Amendment to Washington State's Medicaid Waiver

Research Question	Data and Results	Synthesis	Timeline
RQ8.1: Does the demonstration increase access to and utilization of SUD treatment services?	Administrative data analysis: Change in measures of initiation and engagement in treatment; adherence to treatment; and provider availability	NA	We expect full results to be available in Sep 2020, with updates in the following Mar and Sep of each year.
RQ8.2: Does the receipt of SUD services improve appropriate physical health care use?	Administrative data analysis: Change in measures of ED and inpatient visits for SUD; access to physical health care; preventable readmissions	NA	We expect full results to be available in Sep 2020, with updates in the following Mar and Sep of each year.
RQ8.3: Are rates of opioid-related overdose deaths impacted by the demonstration?	Administrative data analysis: Change in measures opioid use and deaths due to opioid use	NA	We expect full results to be available in Sep 2020, with updates in the following Mar and Sep of each year.
RQ8.4: What was the impact on total expenditures and expenditures for SUD-related services?	Administrative data analysis: Compare change in costs for Medicaid members with SUD and those without SUD over time	NA	We expect full results to be available in Sep 2020, with updates in the following Mar and Sep of each year.