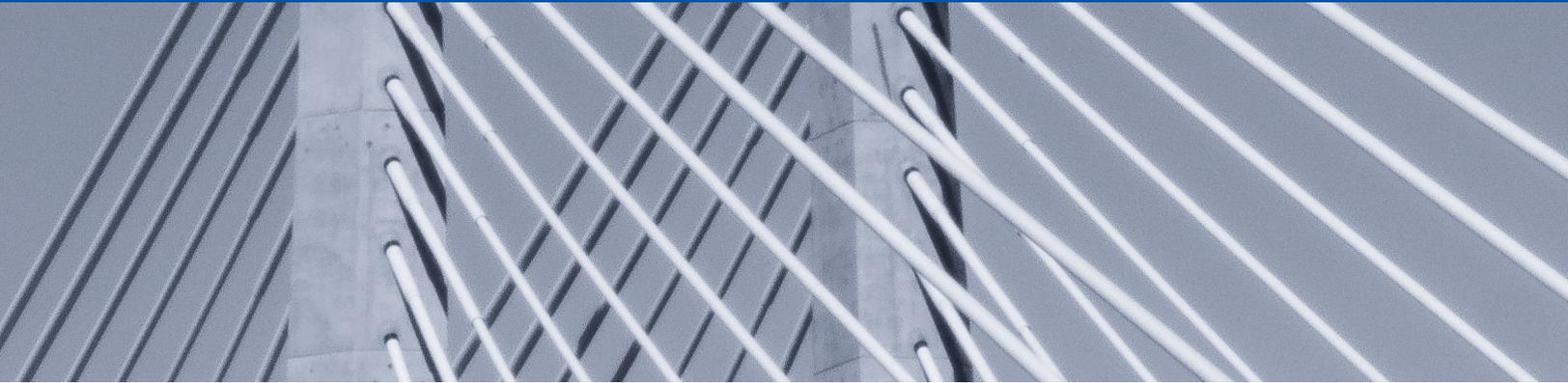


Medicaid Transformation Project Evaluation

Rapid-Cycle Report

April 17, 2020

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 State's Medicaid Transformation Project (MTP) from January 1 to March 31, 2020. In this period, CHSE delivered the Baseline Report, which describes the performance of Washington State's health system and its readiness for transformation as of 2019. In addition, we began member checking of Accountable Community of Health (ACH) case summaries that will be included in the final report, and we prepared a plan for sampling provider organizations across the state for qualitative interviews.

Following a summary of our accomplishments in this period, this report describes our sampling plan for provider organization interviews.

Accomplishments

In this reporting period, we finalized data analysis, data visualizations, and narrative for the Baseline Report and delivered the narrative report and quantitative Data Appendix to the State of Washington. In addition, we continued drafting ACH case summaries that will be appended to the final version of the Baseline Report, to be delivered by May 29. Case summaries present the demographics of Medicaid members within each ACH region and describe each ACH on key dimensions. They will be submitted to ACHs for feedback on factual aspects and interpretation, a process called *member checking*, and revised as needed before being appended to the final report.

Also in this reporting period, we developed a plan for sampling primary care practices and hospitals across the state for participation in qualitative interviews. Our qualitative and quantitative teams met to review the evaluation aims and research questions that depend on provider organization interviews, identify the kinds of variation needed in the sample in order to answer the research questions, and design an iterative sampling process to build the sample. The next section describes the kind of sample we intend to create and our planned sampling process.

Provider Organization Interview Sample Selection

This year, we will begin conducting interviews with representatives from a sample of primary care practices and hospitals across Washington State. The interviews will help us achieve the following goals for the MTP evaluation:

- Understand the factors that influence value-based payment (VBP) adoption, workforce capacity, and health information technology (HIT) use, as shown by our provider organization surveys
- Understand the kinds of changes that ACH partner organizations have made “on the ground” as a result of their MTP projects
- Help explain changes in performance metrics, as shown by our analysis of State administrative data

We will conduct interviews with representatives from approximately 35 practices and hospitals (hereafter sites). Selected sites will be required to have several of the desired attributes listed below. This section describes the kinds of variation we will aim to achieve in our sample and our method for building and adjusting the sample, which is called an *iterative sampling strategy*.

Sample Variation

We will aim to build a sample that meets the following goals:

Include ACH partner and non-partner sites from each ACH region: We will select at least one ACH partner site and at least one non-partner site from each ACH region, focusing on sites that responded to Round 1 of our provider organization survey. For regions where we received a limited number of survey responses, we will use lists from the Washington State All-Payer Claims Database (WA-APCD) and ACH Partnering Provider Rosters to expand our selection of partner and non-partner sites.

Attempt to represent all Domain 2 and 3 projects: Among all ACH partner sites, we will attempt to include sites working on each of the eight health improvement projects in Domains 2 and 3, as indicated on ACH Partnering Provider Rosters. Given resource constraints, it may be infeasible to select a site that is working on each project in *each ACH region*, but more feasible to build a sample that represents the full set of Domain 2 and 3 projects across *all* regions.

Ensure that the total sample includes variation in VBP adoption, ownership type, and size: We will ensure that the entire sample includes at least one practice with the following characteristics:

- At least one contract with downside risk, defined as a payment arrangement in Health Care Payment Learning & Action Network (LAN) Category 3B, 4A, or 4B, in 2018
- No VBP contracts or only LAN Category 2C in 2018
- An increase in VBP arrangements (i.e., moving from “no” to “yes” on at least one LAN category) from 2016 to 2018
- No increase in VBP arrangements from 2016 to 2018
- Physical address in an urban zip code and rural zip code in 2018
- Each size category and ownership type (e.g. clinician-owned practice, hospital/health system-owned practice, federally qualified health center, etc.)

If possible, include variation on HIT use. After prioritizing variations described above, we will attempt to include sites that varied on the following characteristics, based on the Round 1 survey:

- Ability to view patients' health risk scores
- Ability to view patients' social determinants of health information
- Ability to view clinical and claims-based outcome measures
- Ability to share care plans with outside organizations
- Ability to exchange health information with social-service organizations

In contrast with most of the HIT capabilities we asked about on our survey, these capabilities were relatively uncommon. For example, 65 percent of practices reported the ability to view patients' health risk scores, and 42 percent reported the ability to share care plans with outside organizations. We

will monitor representation of practices with these capabilities as we build our sample and include additional practices to create variation as needed.

We do not intend to sample based on workforce shortages, as shortages were prevalent in all ACH regions; however, we plan to ask workforce related questions during interviews.

Iterative Sampling Strategy

To build a sample with the above characteristics, we plan to use an iterative sampling strategy, and we may modify our approach as we learn new information. This means our team will move between selecting some sites for interviews, conducting interviews and analyzing the data, and then using insights from interviews to inform subsequent sample selection. The process of moving between selection, data collection, and analysis will allow our team to purposively select subsequent sites and participants to ensure we learn from a full range of ideas and perspectives. In addition, this approach will allow us to monitor progress toward saturation, the point at which no new findings emerge from additional data collection.

We will begin by selecting practices and repeat this process with hospitals. A mixed-methods team will meet to review the list of potential practices within an ACH region. The group will prioritize a small number of practices from the list using the selection criteria above and identify a set of alternative practices to invite to an interview if needed. The qualitative team will invite those practices to an interview and monitor the characteristics of those that accept. For practices that responded to the survey, we will reach out to the person that completed the survey; for practices that did not respond to the survey and were selected from the WA-APCD list or ACH Provider Rosters, we will attempt to recruit the correct person for an interview using publicly-available contact information (e.g., a public-facing company website). As with our Round 1 provider organization survey, we may also engage ACH key informants to help connect us to sites in their regions.

Following the initial interviews, the mixed-methods team will discuss findings and revise the sampling criteria as needed to achieve needed variation. We will monitor for saturation and continue this process until we have selected and interviewed sites from all ACH regions.