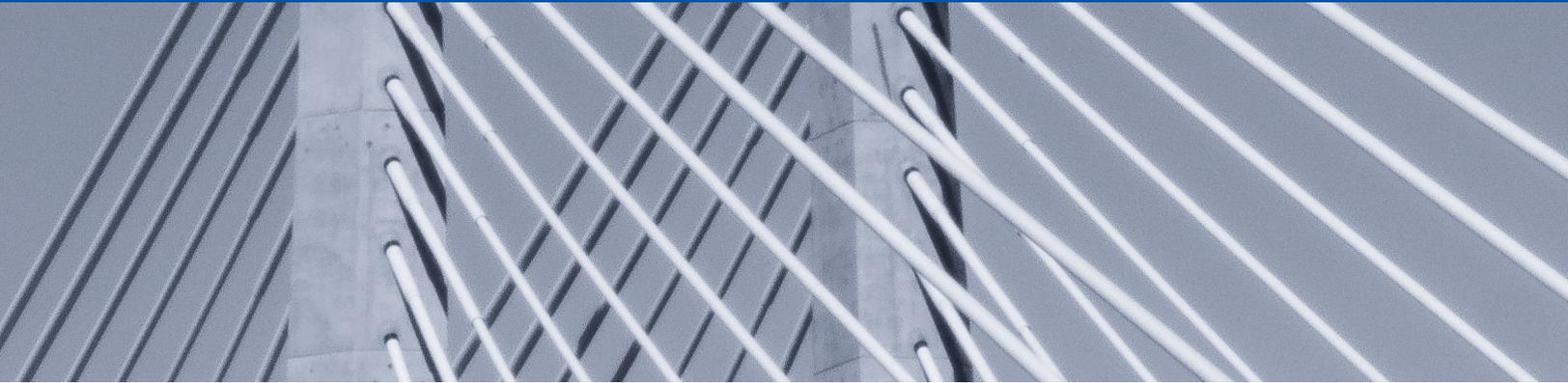


Medicaid Transformation Project Evaluation

Rapid-Cycle Report

September 30, 2020

CENTER FOR HEALTH SYSTEMS EFFECTIVENESS



Prepared for:

Washington State Health Care Authority



Medicaid Transformation Project Rapid-Cycle Report

Overview

This report describes activities related to CHSE's evaluation of Washington's Medicaid Transformation Project (MTP) from July 1 to September 30, 2020. In this period, we obtained and analyzed quantitative data to inform the Interim Evaluation Report - which will track the implementation of Medicaid transformation efforts through 2019 - and compared key performance outcomes in 2019 to a baseline period. We also continued qualitative data collection to inform ongoing evaluation analyses.

This report describes these key activities and progress toward milestones during this period.

Interim Evaluation Activities

During this reporting period, the evaluation team continued data collection and analysis necessary to prepare the draft Interim Evaluation Report due December 2020. We continued conducting interviews with key informants and began recruitment of hospitals and primary care practices for provider interviews. We analyzed interviews and documents related to ACH Health Improvement Projects. We received approval from the Washington State Institutional Review Board (WSIRB) to obtain administrative data needed from Washington State to complete analyses of Initiatives 1-4.

Key Informant Interviews

In June 2020 the qualitative team began conducting Round 2 interviews with Washington Accountable Communities of Health (ACHs) that are primarily focused on project implementation updates and changes that have occurred since Round 1 interviews were completed in 2019. Analysts are speaking with approximately two to three interviewees from each ACH. We have conducted or scheduled these interviews with the majority of the ACHs and anticipate completion in October 2020. The qualitative team began recruiting state-level interview participants in September 2020 and will interview informants with knowledge of Initiatives 1, 2, and 3 as well as Managed Care Organization (MCO) representatives this fall.

We began recruitment for provider organization interviews in July 2020, drawing from a prior provider organization survey to inform sampling. Sampling for interviewees is iterative in order that we may maximize learning and monitor when we reach saturation, the point at which no new findings emerge from additional data collection with provider organizations. Our sampling plan ensures variation on key organization characteristics, such as rural or urban location, Medicaid panel size, partnership status with an ACH, ACH region, and value-based payment efforts. To date, the qualitative team has interviewed five participants from provider organizations. Recruitment for these interviews has been slower than expected due to factors including the COVID-19 pandemic that has significantly affected health care provider organization capacity.

ACH Health Improvement Project Analyses

We developed matrices to analyze information about each of the eight ACH health improvement project areas. Round 1 state and ACH interview data as well as publicly available documents from 2019 were used to populate the matrices. We categorized information in order to observe emerging similarities and variation across project areas, preparing narratives to aid our team’s synthesis of these data. These narratives will provide context for, and aid interpretation of, our analysis of 2018 and 2019 performance metrics in project areas that will be presented in the Interim Evaluation Report.

Medicaid System Performance Analysis

Our evaluation of MTP Initiative 1 for the upcoming Interim Evaluation Report will include changes in outcomes for Washington State Medicaid members as a whole from the baseline year through 2019, as well as changes for certain sub-populations. This analysis will extend and update the 2017 and 2018 performance measures we reported in the MTP Baseline Evaluation Report for the first two years of the demonstration, to include additional data through 2019.

We will present 45 performance measures organized into ten domains as shown in Exhibit 1. Modifications to metrics presented in the Baseline Evaluation Report are indicated below.

Exhibit 1. Performance Metrics Used in the Evaluation

Domain	Baseline Evaluation Metrics	Change in Interim Metrics
SOCIAL DETERMINANTS OF HEALTH	<ul style="list-style-type: none"> Homelessness^{P4P} Employment Arrest Rate^{P4P} 	<ul style="list-style-type: none"> No change
ACCESS TO PRIMARY AND PREVENTIVE CARE	<ul style="list-style-type: none"> Children and Adolescents' Access to Primary Care^{P4P} Adults' Access to Primary Care 	<ul style="list-style-type: none"> No change
REPRODUCTIVE AND MATERNAL HEALTH CARE	<ul style="list-style-type: none"> Timely Prenatal Care^{NCQA,P4P} Effective Contraception^{P4P} Long-Acting Reversible Contraceptives Effective Contraception within 60 Days of Delivery^{P4P} 	<ul style="list-style-type: none"> Measures in this domain are reported for the period July 2018-June 2019 due to availability of data at time of publication
PREVENTION AND WELLNESS	<ul style="list-style-type: none"> Well-Child Visits in the First 15 Months ^{NCQA,P4P} Well-Child Visits Age 3 to 6 ^{NCQA,P4P} Immunizations for Children ^{NCQA,P4P} Body Mass Index Assessment for Adults^{NCQA} Chlamydia Screening for Women^{P4P} Cervical Cancer Screening ^{NCQA} Breast Cancer Screening ^{NCQA} Colorectal Cancer Screening 	<ul style="list-style-type: none"> Immunizations for Children metric for 2019 was not yet available at the time of publication

Exhibit 1 (continued). Performance Metrics Used in the Evaluation

Domain	Baseline Evaluation Metrics	Change in Interim Metrics
MENTAL HEALTH CARE	<ul style="list-style-type: none"> Mental Health Treatment Penetration^{P4P} Antidepressant Medication for Adults (12 Weeks)^{NCQA,P4P} Antidepressant Medication for Adults (6 Months)^{NCQA,P4P} Antipsychotic Medication for People with Schizophrenia^{NCQA} Diabetes Screening for People with Schizophrenia/ Bipolar Disorder 30-Day Follow-Up After ED Visit for Mental Illness^{NCQA,P4P} 30-Day Follow-Up After Hospitalization for Mental Illness^{NCQA,P4P} 30-Day Hospital Readmission for a Psychiatric Condition 	<ul style="list-style-type: none"> No change
ORAL HEALTH CARE	<ul style="list-style-type: none"> Preventive or Restorative Dental Services^{P4P} Topical Fluoride at a Medical Visit^{P4P} Periodontal Exam for Adults^{P4P} 	<ul style="list-style-type: none"> No change
CARE FOR PEOPLE WITH CHRONIC CONDITIONS	<ul style="list-style-type: none"> Controller Medication for Asthma^{NCQA,P4P} Eye Exam for People with Diabetes^{NCQA,P4P} Hemoglobin A1c Testing for People with Diabetes^{NCQA,P4P} Nephropathy Screening for People with Diabetes^{NCQA,P4P} Statin Medication for Cardiovascular Disease^{NCQA,P4P} 	<ul style="list-style-type: none"> No change
ED, HOSPITAL, AND INSTITUTIONAL CARE USE	<ul style="list-style-type: none"> Emergency (ED) Department Visit Rate^{P4P} Acute Hospital Use among Adults^{P4P} Hospital Readmission within 30 Days^{P4P} Ratio of Home and Community-Based Care Use to Nursing Facility Use 	<ul style="list-style-type: none"> Acute Hospital Use is updated to reflect new specification in the DSRIP Measurement Guide
SUBSTANCE USE DISORDER CARE	<ul style="list-style-type: none"> Substance Use Disorder (SUD) Treatment Penetration^{P4P} Alcohol or Other Drug (AOD) Treatment: Initiation^{NCQA} Alcohol or Other Drug (AOD) Treatment: Engagement^{NCQA} 30-Day Follow-Up After ED Visit for Alcohol/Drug Abuse/Dependence^{P4P} 	<ul style="list-style-type: none"> No change
OPIOID PRESCRIBING AND OPIOID USE DISORDER TREATMENT	<ul style="list-style-type: none"> People with an Opioid Prescription \geq 50mg MED^{P4P} People with an Opioid Prescription \geq 90mg MED^{P4P} People with an Opioid Prescription who were Prescribed a Sedative^{P4P} Opioid Use Disorder Treatment Penetration^{P4P} 	<ul style="list-style-type: none"> No change

^{P4P}: Pay-for-performance metric for at least one ACH health improvement project. ^{NCQA}: National 2018 Medicaid HMO rate available from National Center for Quality Assurance (National Center for Quality Assurance, n.d.).

See DSRIP Measurement Guide for a list of all changes in measure specifications for 2019. Available at <https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-metrics>

In this reporting period, we obtained administrative data needed for this analysis, and updated performance measures through 2019. Here we preview a selection of these measures that will be reported in the Interim Evaluation Report. A description of the methodology used in this analysis can be found within the MTP Baseline Evaluation Report at <https://www.hca.wa.gov/assets/program/iee-full-baseline-report.pdf>.

The following information should be considered when interpreting the metrics in this report:

- **Data from 2019 were the most recent data available at the time this report was prepared.** Administrative data used to calculate the performance metrics, including Medicaid and other data, are typically available with a nine-month lag. For example, we received complete administrative data from 2019 in August and September 2020.
- **These metrics reflect a period prior to the COVID-19 pandemic in Washington State.** Future reports will include metrics from periods when the COVID-19 outbreak caused widespread disruptions to the health care delivery system. The metrics presented in this report are unlikely to have been affected by the outbreak.
- **Rates presented by the State in other reports may differ from rates in this report.** Although we use performance metrics data from Washington State agencies for this report, metrics presented in other reports may have been calculated differently.
- **US rates from the NCQA cannot be directly compared to rates in this report.** To help understand performance of Washington State's Medicaid system, we include US rates published by the NCQA for Medicaid where available. These rates are based on data from a self-selected sample of diverse Medicaid managed care organizations across the US that report to NCQA, and are not necessarily comparable to our Washington State data.

► KEY FINDINGS

Analysis of changes in statewide performance metrics revealed that Washington State's Medicaid system saw **mixed or unchanged performance** across most domains of care from 2018 to 2019.

These results should be considered within the context of Washington State's goals for the Medicaid Transformation Project. 2019 represents the first "implementation" year of the demonstration, with many activities related to infrastructure development or change occurring during this period.

- *Performance generally improved in the areas of Substance Use Disorder Care and Opioid Use, Mortality and Treatment.*

- *Performance was mixed, with some metrics improving while others remained unchanged or worsened, in the following areas: Social Determinants of Health; Reproductive and Maternal Health Care; Prevention and Wellness; Behavioral Health Care; and Emergency Department, Hospital and Institutional Care Use.*
- *Performance was similar or unchanged from 2018 in Primary and Preventive Care, Oral Health Care, and Care for People with Chronic Conditions.*

These trends, as well as analyses for specific groups such as rural residents and people of color, will be examined in detail in the forthcoming Interim Evaluation Report. Future reports will also examine changes in performance metrics during later periods of the demonstration.

How to Read the Results

This section describes how to interpret the tables in the following sections. We use results from Primary and Preventive Care, one of our ten domains, as an example.

Each table presents metrics related to one of ten domains of care. The first column presents the statewide average for each metric in 2019.

This column shows the national average for Medicaid managed care organizations in 2018, if available. Data were obtained from the National Center for Quality Assurance.

Statewide Rates, 2018-2019 Change, and US Comparison

Statewide rate in 2019, statewide change from 2018 to 2019, and US average in 2018

Children and Adolescents' Access to Primary Care
Adults' Access to Primary Care

	2019 Statewide	2018-2019 Change	2018 US Average
Children and Adolescents' Access to Primary Care	[2] 90.8 %	0.5 %	NA
Adults' Access to Primary Care	[0] 78.4 %	0.5 %	NA

The middle column shows the change in the rate for each metric from 2018 to 2019. Shades of **blue** indicate the metric improved and shades of **orange** indicate the metric worsened. For example, Adults' Access to Primary Care increased by 0.5 percentage points from 2018 to 2019. A higher rate is better for this metric, so the change is shaded blue.



A key at the bottom of the table explains the table shading.

A down arrow next to a metric means a lower rate is better.

Numbers in brackets show the number of ACH health improvement projects for which the metric is a pay-for-performance metric. For example, Adults' Access to Primary Care is a P4P metric for two projects.

Social Determinants of Health

Statewide Rates, 2018-2019 Change, and US Comparison

Statewide rate in 2019, statewide change from 2018 to 2019, and US average in 2018

		2019 Statewide	2018-2019 Change	2018 US Average
Homelessness	[3] ↓	3.4 %	0.2 %	NA
Employment (Age 18 to 64)	[0]	45.1 %	-4.6 %	NA
Arrest Rate (Age 18 to 64)	[1] ↓	3.9 %	0.0 %	NA

Access: Primary and Preventive Care

Statewide Rates, 2018-2019 Change, and US Comparison

Statewide rate in 2019, statewide change from 2018 to 2019, and US average in 2018

		2019 Statewide	2018-2019 Change	2018 US Average
Children and Adolescents' Access to Primary Care	[2]	90.8 %	0.5 %	NA
Adults' Access to Primary Care	[0]	78.4 %	0.5 %	NA

Quality: Reproductive and Maternal Health Care

Statewide Rates, 2018-2019 Change, and US Comparison

Statewide rate in June 2019, statewide change from July 2018 to June 2019, and US average in 2018

		2019 Statewide	2018-2019 Change	2018 US Average
Timely Prenatal Care	[1]	86.6 %	1.1 %	81.5 %
Effective Contraception	[1]	28.5 %	-0.6 %	NA
Long-Acting Reversible Contraceptives	[0]	16.1 %	0.9 %	NA
Effective Contraception within 60 Days of Delivery	[1]	40.7 %	-0.1 %	NA



↓ Lower is better [3] Projects where this metric is pay-for-performance (P4P)

Quality: Prevention and Wellness

Statewide Rates, 2018-2019 Change, and US Comparison

Statewide rate in 2019, statewide change from 2018 to 2019, and US average in 2018

		2019 Statewide	2018-2019 Change	2018 US Average
Immunizations for Children	[1]	NA	NA	46.9 %
Well-Child Visits in the First 15 Months	[1]	70.0 %	2.1 %	62.8 %
Well-Child Visits Age 3 to 6	[1]	66.7 %	1.5 %	72.1 %
Body Mass Index Assessment for Adults	[0]	36.3 %	3.4 %	86.6 %
Chlamydia Screening for Women	[1]	51.0 %	-0.4 %	58.1 %
Cervical Cancer Screening	[0]	50.8 %	-0.1 %	59.3 %
Breast Cancer Screening	[0]	50.5 %	0.0 %	58.4 %
Colorectal Cancer Screening	[0]	41.9 %	0.8 %	NA

Quality: Behavioral Health Care

Statewide Rates, 2018-2019 Change, and US Comparison

Statewide rate in 2019, statewide change from 2018 to 2019, and US average in 2018

		2019 Statewide	2018-2019 Change	2018 US Average
Mental Health Treatment Penetration	[3]	54.9 %	0.3 %	NA
Antidepressant Medication for Adults (12 Weeks)	[1]	53.4 %	2.6 %	53.5 %
Antidepressant Medication for Adults (6 Months)	[1]	38.0 %	2.7 %	37.9 %
Antipsychotic Medication for People with Schizophrenia	[0]	63.0 %	-1.6 %	59.8 %
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	79.9 %	0.4 %	NA
30-Day Follow-Up After ED Visit for Mental Illness	[3]	67.6 %	-7.0 %	54.8 %
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	67.7 %	-6.6 %	56.8 %
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	14.2 %	1.4 %	NA



↓ Lower is better [3] Projects where this metric is pay-for-performance (P4P)

Quality: Oral Health Care

Statewide Rates, 2018-2019 Change, and US Comparison

Statewide rate in 2019, statewide change from 2018 to 2019, and US average in 2018

		2019 Statewide	2018-2019 Change	2018 US Average
Preventive or Restorative Dental Services	[1]	48.1 %	0.9 %	NA
Topical Fluoride at a Medical Visit	[1]	4.5 %	0.1 %	NA
Periodontal Exam for Adults	[2]	51.0 %	0.3 %	NA

Quality: Care for People with Chronic Conditions

Statewide Rates, 2018-2019 Change, and US Comparison

Statewide rate in 2019, statewide change from 2018 to 2019, and US average in 2018

		2019 Statewide	2018-2019 Change	2018 US Average
Controller Medication for Asthma	[2]	53.0 %	0.5 %	37.8 %
Eye Exam for People with Diabetes	[2]	45.9 %	0.1 %	57.4 %
Hemoglobin A1c Testing for People with Diabetes	[2]	83.4 %	0.7 %	87.8 %
Nephropathy Screening for People with Diabetes	[2]	84.8 %	0.1 %	89.9 %
Statin Medication for Cardiovascular Disease	[1]	83.5 %	0.3 %	76.3 %

Quality: Emergency Department, Hospital, and Institutional Care Use

Statewide Rates, 2018-2019 Change, and US Comparison

Statewide rate in 2019, statewide change from 2018 to 2019, and US average in 2018

		2019 Statewide	2018-2019 Change	2018 US Average
Emergency Department Visit Rate	[8] ↓	50.3	0.6	NA
Acute Hospital Use among Adults	[5] ↓	59.2	0.5	NA
Hospital Readmission within 30 Days	[3] ↓	13.4 %	0.7 %	NA
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	93.3 %	0.6 %	NA



↓ Lower is better [3] Projects where this metric is pay-for-performance (P4P)

Quality: Substance Use Disorder Care

Statewide Rates, 2018-2019 Change, and US Comparison

Statewide rate in 2019, statewide change from 2018 to 2019, and US average in 2018

		2019 Statewide	2018-2019 Change	2018 US Average
Substance Use Disorder Treatment Penetration	[3]	37.3 %	2.9 %	NA
Alcohol or Other Drug Treatment: Initiation	[0]	38.8 %	2.0 %	42.8 %
Alcohol or Other Drug Treatment: Treatment	[0]	15.5 %	0.7 %	14.0 %
30-Day Follow-Up After ED Visit for Alcohol/Drug Abuse/Dependence	[3]	30.2 %	5.2 %	19.2 %

Opioid Use, Mortality, and Treatment

Statewide Rates, 2018-2019 Change, and US Comparison

Statewide rate in 2019, statewide change from 2018 to 2019, and US average in 2018

		2019 Statewide	2018-2019 Change	2018 US Average
People with an Opioid Prescription >= 50mg MED	[1] ↓	31.7 %	-1.3 %	NA
People with an Opioid Prescription >= 90mg MED	[1] ↓	12.3 %	-1.8 %	NA
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	17.3 %	-2.1 %	NA
Opioid Use Disorder Treatment for People with Treatment Need	[3]	58.0 %	7.0 %	NA



↓ Lower is better [3] Projects where this metric is pay-for-performance (P4P)