Washington State Health Care Authority

Independent external evaluator Rapid Cycle Monitoring Report 16

Oregon Health Science University, Center for Health System Effectiveness (CHSE)

Report period: December 2022

Rapid Cycle Report 16: October 1–December 31, 2022

The Medicaid Transformation Project (MTP) independent external evaluator (IEE) submitted their quarterly rapid-cycle report on December 19, 2022. Their report covers October 1 through December 31, 2022, and presents findings on Washington State's Medicaid system performance through September 2021.

The IEE report also includes key performance indicators in 10 measurement domains as well as an examination of equity and disparities among specific populations within measurement domains. The full report is available on the Health Care Authority (HCA) website.

This document highlights the findings from the IEE's report.

Quantitative analysis of Medicaid data

The quantitative team obtained and analyzed administrative data, including Medicaid enrollment, encounters, and claims through September 2021.

Qualitative analysis of Medicaid data

- Continued to analyze previously collected qualitative data; these ongoing analyses will be documented in the final evaluation report.
- Actively coding and analyzing data from the final round of Accountable Community of Health (ACH) interviews.
- The qualitative team's institutional review board (IRB) amendment submission to interview behavioral health provider organizations was approved.
- Actively sampling for and recruiting behavioral health provider organization interviewees, tailoring interview guides, developing a codebook, and conducting interviews along with data analysis. During this reporting period, the IEE team met weekly to listen to audio recordings, analyze transcripts, and refine the codebook.

Key findings (extracted directly from the IEE's report)

Washington State's Medicaid system performance

> This is the third measurement period, which falls entirely after the statewide stay-at-home order was issued in Washington. Some measures of quality and access to care began to rebound after the impacts of the COVID-19 Public Health Emergency (PHE). Rates of well-child visits for children over the age of three and well-care visits for members under 21 improved substantially compared with the previous year, regaining much of the ground lost following the beginning of the PHE. Rates of periodontal exams for adults show a similar pattern, with substantial increases during this reporting period, following sharp declines during the first year of the PHE.
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> However, we also observed persistently lower rates for several outcome metrics that declined during the early months of the PHE. Most notably, adults' access to primary care and rates of cancer screenings remain low, showing further declines during this reporting period compared with the previous year. We previously reported a dramatic downward trend in rates of care received in emergency departments and acute hospital settings. While reducing care in these settings would usually be viewed as a

positive trend, in this context, it is likely attributable to barriers to access resulting from the PHE. Decreases in care received in these settings have leveled off in more recent reporting periods but have not yet rebounded to pre-PHE levels.

Finally, we continue to note disparities in health care access and quality among subpopulations examined in this report. Asian and Black members continue to receive lower rates of follow-up care after an emergency department visit for alcohol or other drug use and have less access to substance use disorder treatment than other groups. American Indian and Alaska Native members experienced markedly worse access to well-child visits, cancer screenings, mental health care, and care related to chronic conditions, alongside higher rates of emergency department utilization and acute hospitalization. Members living with a chronic health condition or a serious mental illness were more likely to experience homelessness and unemployment, and higher rates of arrest.

Summary of changes in Medicaid system performance

Better

- Access to **well-care visits** for members ages 3 to 21 improved by 6.9 percentage points over the previous year, while rates of well-child visits for children over 3 climbed 7.2 percentage points. Decreases in this type of care represented some of the most notable impacts of the PHE but have nearly rebounded to pre-PHE levels in this reporting period. New data on rates of well-child visits in the first 30 months of life were not available for this reporting period.
- We saw improvements to several metrics of access to **mental health care**, including a decline in 30-day hospital readmissions for a psychiatric condition.
- Statewide access to **periodontal exams** for adults improved almost 10 percentage points from a low point at the onset of the PHE, with Hispanic members experiencing notably better access than the state average.

Mixed

- Although we saw improvements to well-care and well-child visits, other metrics of access to **primary and preventive care** and **prevention and wellness** declined during this period, with rates of breast cancer screening falling by 3 percentage points compared with the previous year.
- Most care for people with chronic conditions remained relatively flat during this reporting period, but access to **controller medication for asthma** improved somewhat. However, disparities in this domain persist for American Indian (AI) and Alaska Natives (AN) who had less access to diabetes care, controller medication for asthma, and statin medication for cardiovascular disease.
- Although **emergency department visits** and care received in **acute hospital settings** fell statewide, these trends may reflect continued barriers to access resulting from the COVID-19 pandemic.

Worse

- Disparities in quality and access to care persisted during this reporting period, with AI/AN and Black members experiencing worse access to **mental health care** and notably higher rates of utilization in **emergency departments** and **acute hospital settings** compared with statewide averages.

- Asian, Black, Native Hawaiian and Pacific Islander, and Hispanic members also saw less access to care for **substance use disorders** than observed in the state overall.

Upcoming IEE activites

The IEE qualitative team will continue recruiting, conducting interviews, and meeting weekly to analyze data for behavioral health provider organization interviews. The IEE will report the findings from these interviews in the final evaluation report.