

Medicaid Transformation Project

UPDATE ON STATEWIDE PERFORMANCE AND DOMAIN ONE IMPLEMENTATION PROGRESS

Rapid Cycle Report, June 2023

CENTER FOR HEALTH SYSTEMS EFFECTIVENESS



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Evaluation Overview

KEY FINDINGS

We have completed a full year of reporting since the March 2020 stay-at-home order was issued in Washington in response to the COVID-19 Public Health Emergency (PHE). The impact on several health outcomes was stark: rates of well-child visits, periodontal care, and cancer screenings demonstrated predictable declines across all member categories. Measures improved in the third and fourth quarters of 2021, with rates of in-person well-care for children approaching pre-PHE rates. This is also the first reporting period in which we see an improvement in statewide employment rates since the onset of the PHE.

We previously reported a dramatic downward trend in the use of emergency department and acute hospital care. We are now seeing a reversal in that trend, with rates of emergency department visits higher than the previous year. Most notably, members with severe mental illness received care in the emergency department at a rate three times that of the statewide average.

Finally, we continue to note disparities in health care access and quality among some populations 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 had higher rates of arrests.

Evaluation Progress

This Rapid Cycle Report presents a progress update on the independent external evaluation of Washington's Medicaid Transformation Project (MTP) for **April 1 to June 30, 2023**. In this report, we present evaluation findings, including:

- Performance **through March 2022**, including key indicators in ten measurement domains as well as an examination of equity and disparities among specific populations within measurement domains (see Section 2, p. 5).

In this reporting period (April to June 2023), the Independent External Evaluator completed the evaluation activities necessary to support the ongoing evaluation of MTP. These included:

Quantitative analysis of Medicaid data. The quantitative team obtained and analyzed administrative data, including Medicaid enrollment, encounters, and claims, through March 2022.

Qualitative analysis:

- The qualitative team is actively sampling for and recruiting behavioral health provider organization interviewees, tailoring interview guides, developing a codebook, and conducting interviews concurrently with data analysis.
- The qualitative team completed, submitted, and received WSIRB approval to begin actively sampling and recruiting participants to better understand the impact of the SMI/SED initiative.
- The qualitative team continues to analyze previously collected qualitative data. These ongoing analyses will be documented in the final evaluation report.
- The qualitative team is actively coding and analyzing data from the final round of ACH interviews.
- The team meets weekly to listen to audio recordings, analyze transcripts, and refine the codebook.

Next Steps in Evaluation

The qualitative team will continue recruiting, conducting interviews, and meeting weekly to analyze data for behavioral health provider organization interviews. The team will continue to recruit participants and analyze survey data to better understand the impact of the SMI/SED initiative. The findings from these interviews and surveys will be reported in the final evaluation report.

Medicaid Performance Measures Through March 2022

The MTP evaluation assesses the performance of Washington State's Medicaid system throughout the demonstration through analysis of administrative data, including Medicaid enrollment, encounters, and claims.

This report presents 44 performance measures across ten domains. A description of the methodology can be found within the [MTP Interim Evaluation Report](#).

Measurement domains include:

- 1 Social Determinants of Health. See page 9.
- 2 Access to Primary and Preventive Care. See page 11.
- 3 Reproductive and Maternal Health Care. See page 13.
- 4 Prevention and Wellness. See page 15.
- 5 Mental Health Care. See page 18.
- 6 Oral Health Care. See page 21.
- 7 Care for People with Chronic Conditions. See page 23.
- 8 Emergency Department, Hospital, and Institutional Care Use. See page 25.
- 9 Substance Use Disorder Care. See page 27.
- 10 Opioid Prescribing and Opioid Use Disorder Treatment. See page 29.

COVID-19 and Medicaid Performance Measures

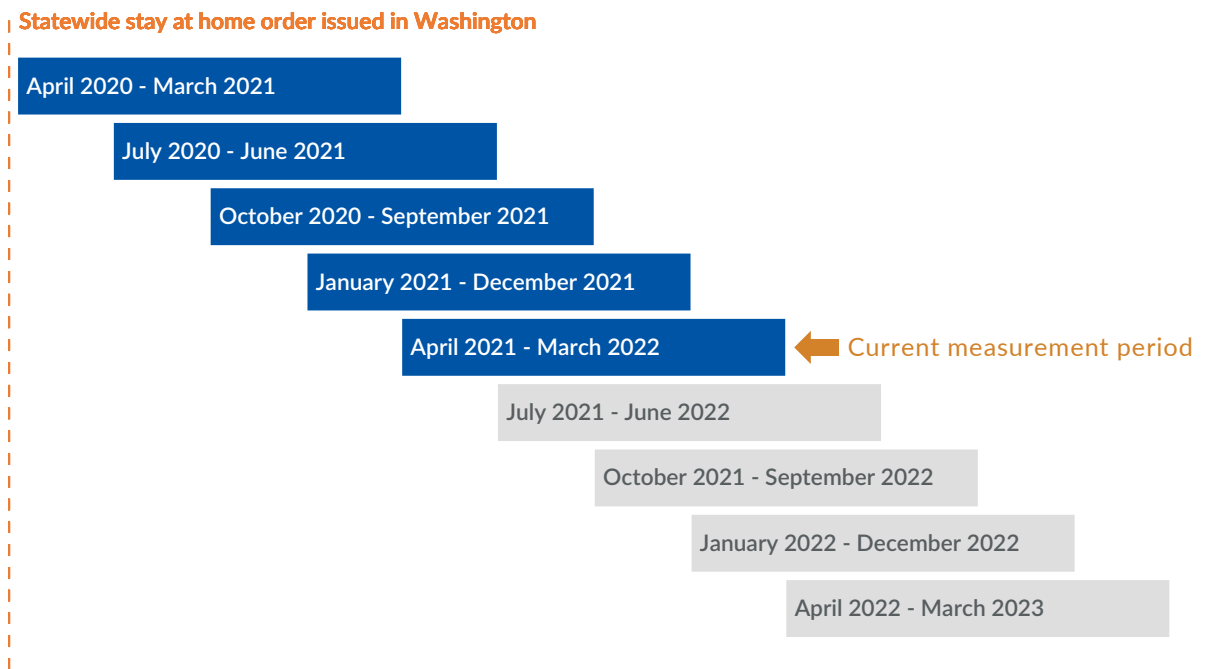
This report provides an ongoing assessment of the impacts of the COVID-19 Public Health Emergency (PHE) on Washington's Medicaid system. The report updates measures of health care access and quality from the [MTP Interim Evaluation Report](#), including new data through March 2022. We also provide a detailed look at each measure, disaggregated by priority subpopulations, including racial and ethnic groups, people living in rural areas, and people with serious mental illness.

We note several considerations:

- **This report provides information on how the COVID-19 PHE may have impacted access and quality.** Most rates reported here are based on data collected from April 2021 through March 2022. The COVID-19 PHE began in Washington State in late March 2020, prior to the start of this measurement period. This is the fifth Rapid Cycle Report that includes outcomes with measurement periods falling entirely after the onset of the PHE.

- **Health care claims and member enrollment data from March 2022 were the most recent data available at the time of this report.** Administrative data used to calculate the performance metrics, including Medicaid claims and other data, are typically available with a nine-month lag.
- **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 differ due to slight differences in the study population or in how rates were calculated.
- **To capture any impacts of the COVID-19 PHE, we display annual data with quarterly updates** beginning in December 2019. Due to the rolling annual nature of most measures, each quarterly update overlaps with data displayed in previous reports. All years are labeled by end date throughout this report.

Exhibit 2.1: The **current measurement period** is the fifth to fall entirely after the onset of the COVID-19 PHE in Washington State, but overlaps with prior measurement periods.



Summary of Findings: Medicaid System Performance

A summary of key changes in performance during the measurement period is presented in Exhibit 2.2, including observed improvements, worsening performance, and measures that exhibited little or no change.

Exhibit 2.2: Summary of Changes in Medicaid System Performance through March 2022.

Change in Measures	Description
Better	<ul style="list-style-type: none">• The rate of employment for Medicaid members improved over this measurement period to 49.7%, up 4.3 percentage points from the previous year.• The rate of prescriptions for controller medication for asthma improved 7.5 percentage points over the previous year.• Access to well-care visits for members ages 3 to 21 and well-child visits for children ages 3 to 11 improved over the previous year.• Periodontal exams and preventive or restorative dental services for adults demonstrated continued improvements over the previous year.
Mixed	<ul style="list-style-type: none">• Although we saw improvements to well-care 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 2.6 percentage points and immunizations for children falling 4.1 percentage points compared with the previous year.• Rates of care obtained in emergency departments and acute hospital settings varied widely among members of different racial and ethnic groups. Asian, Native Hawaiian and Pacific Islander, and Hispanic members were significantly less likely to receive care in these settings, while American Indian and Alaska Native, Black, and White members were much more likely to receive care in these locations than the statewide average.
Worse	<ul style="list-style-type: none">• We continue to note significant racial and ethnic disparities in access to care for substance use disorders. Black members accessed OUD treatment at rates 12.2 percentage points lower than the state average and 30-day follow-up after an ED visit for alcohol or drug use at a rate 11.1 percentage points lower than the state average.• American Indian and Alaska Native populations received breast cancer screening at a rate 12.9 percentage points lower than the statewide average.

How to Read this Report

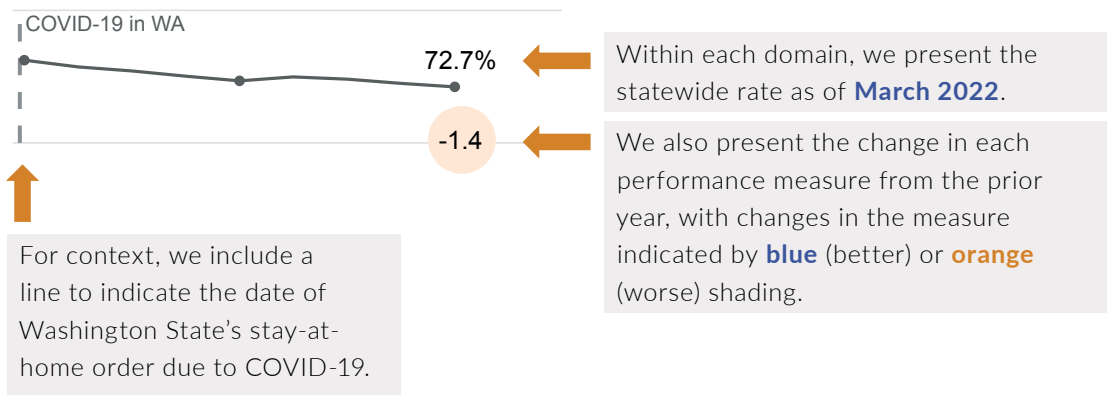
In the subsequent sections, we present detailed information on 44 performance measures organized into ten domains. An example of these measurement displays is provided below.

Graphs show outcomes for measurement periods spanning March 2020 through March 2022 unless otherwise noted.



Statewide rates for March 2020 to March 2022 and annual change for the most recent year

Adults' Access to Primary Care



In addition to these measures of change over time, we provide a detailed look at each measure disaggregated for priority subpopulations such as specific racial and ethnic groups, people in rural areas, and people with chronic health conditions. Some measures cannot be publicly reported due to small sample sizes, or are missing recent updates and are presented as "NA."



Statewide Rate by Health Condition and Geography, March 2022

Members with Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Well-Care Visits Ages 3 to 21	[2]	49.8%	39.0%	41.8%	42.8%
Adults' Access to Primary Care	[0]	87.1%	91.3%	74.3%	73.2%

← Worse than state average <
> Better than state average →

10%
5%
1%
<1%
1%
5%
10%

Social Determinants of Health

The methodology for calculating the rate of homelessness in Washington State has been adjusted since the last reporting period. Rates of homelessness reported here may differ from those previously reported.

The rate of employment for Medicaid members improved over this measurement period, while rates of homelessness and arrests were unchanged.

Statewide Rate for March 2020 to March 2022 and Annual Change for 2021 to 2022



Outcomes related to social determinants of health were worse for Medicaid members with serious mental illnesses and those with chronic health conditions. Members living in rural or high poverty communities had an employment rate that was better than the state average, while the rates of homelessness and arrest were mostly aligned with statewide rates.

Statewide Rate by Health Condition and Geography, March 2022

Members with Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Homelessness	[3] ↓	4.4%	8.3%	2.1%	3.6%
Employment (Age 18 to 64)	[0]	48.0%	43.0%	50.2%	52.2%
Arrest Rate (Age 18 to 64)	[1] ↓	5.3%	9.0%	3.7%	5.1%



American Indian and Alaska Native members saw worse outcomes related to social determinants of health, with a rate of homelessness approximately 2.5 percentage points higher than the state average. Black members also had worse outcomes for both homelessness and arrests.

Statewide Rate by Race, March 2022

American Indian/Alaska Native, Asian and Black Members

		AI/AN	Asian	Black
Homelessness	[3] ↓	5.4%	0.7%	4.7%
Employment (Age 18 to 64)	[0]	42.6%	49.2%	54.9%
Arrest Rate (Age 18 to 64)	[1] ↓	7.7%	1.1%	6.2%

↓ Lower is better

Arrest rates were lower for Native Hawaiian and Pacific Islander communities than the state average during this period. Hispanic, Native Hawaiian and Pacific Islander members experienced significantly better employment rates, with homelessness rates which were slightly better than the statewide average.

Statewide Rate by Race, March 2022

Native Hawaiian/Pacific Islander, Hispanic and White Members

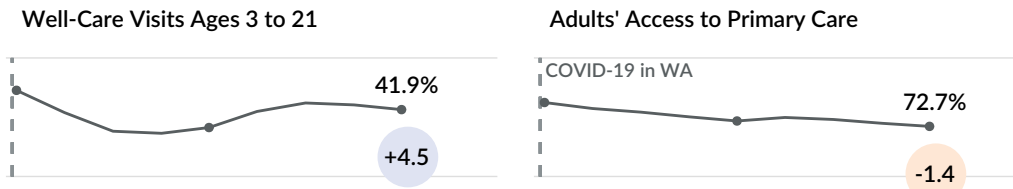
		HI/PI	Hispanic	White
Homelessness	[3] ↓	1.8%	1.4%	3.8%
Employment (Age 18 to 64)	[0]	56.1%	61.4%	46.0%
Arrest Rate (Age 18 to 64)	[1] ↓	2.8%	3.8%	4.3%

↓ Lower is better

Access to Primary and Preventive Care

Access to Primary and Preventive care for Medicaid members ages 3 to 21 improved over the prior year, while access for adults was slightly worse.

Statewide Rate for March 2020 to March 2022 and Annual Change for 2021 to 2022

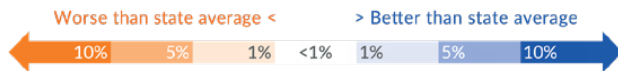


Adult Medicaid members with a chronic condition, serious mental illness, and those living in rural communities received better than average access to primary and preventive care during this period. Rates of well-care for members between the ages of 3 and 21 with serious mental illness were slightly worse than in the state overall.

Statewide Rate by Health Condition and Geography, March 2022

Members with Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

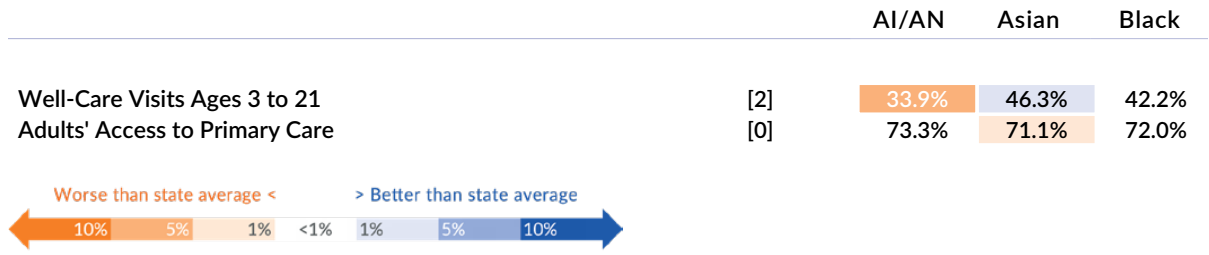
		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Well-Care Visits Ages 3 to 21	[2]	49.8%	39.0%	41.8%	42.8%
Adults' Access to Primary Care	[0]	87.1%	91.3%	74.3%	73.2%



Differences in outcomes among racial and ethnic groups in this domain were small compared with statewide averages, with a few exceptions. Well-care for Asian members ages 3 to 21 was better than the statewide average, and American Indian and Alaska Native members between the ages of 3 and 21 had worse access to well-care, and Native Hawaiian and Pacific Islander members had worse access to care for both children and adults.

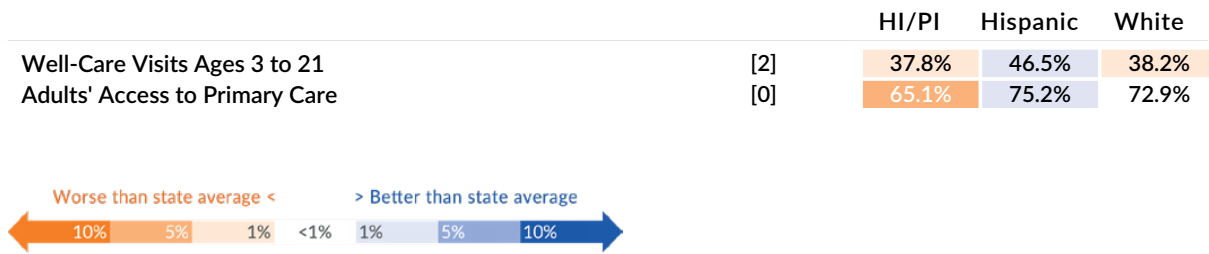
Statewide Rate by Race, March 2022

American Indian/Alaska Native, Asian, and Black Members



Statewide Rate by Race, March 2022

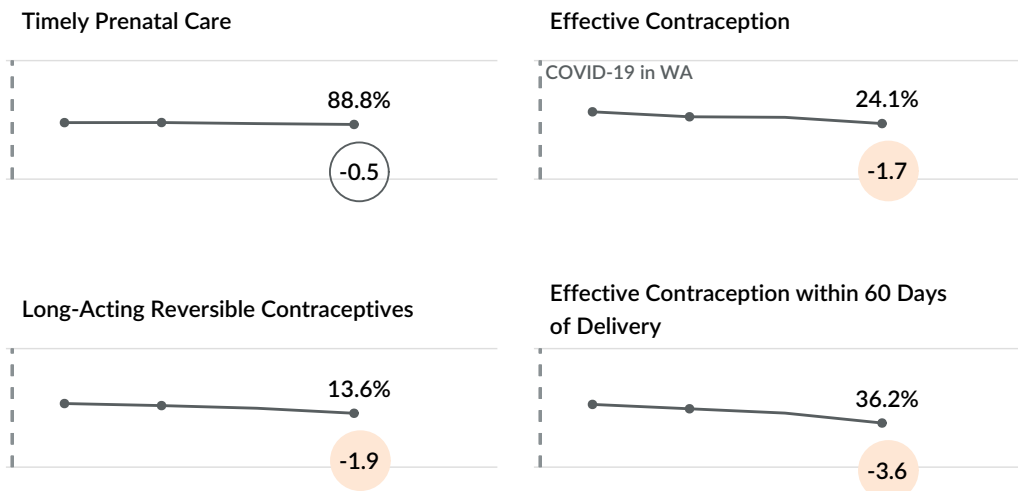
Native Hawaiian/Pacific Islander, Hispanic and White Members



Reproductive and Maternal Health Care

Because metrics in this domain are calculated from data updated only twice a year (as opposed to quarterly, like most metrics in this report), no updates were available for the most recent quarter in this domain. The rates and annual changes displayed here are the same as those from our prior report.

Statewide Rate for June 2020 to December 2021 and Annual Change for 2020 to 2021

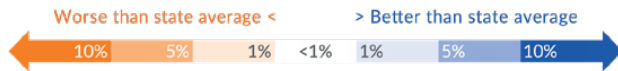


During the measurement period June 2020 to December 2021, reproductive and maternal healthcare outcomes were better than or closely aligned with statewide averages for Medicaid members with a chronic condition or serious mental illness and those living in rural or high poverty areas. Members with serious mental illness received slightly lower rates of timely prenatal care than the statewide average. All of these groups experienced better than average access to effective contraception.

Statewide Rate by Health Condition and Geography, December 2021

Members with Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Timely Prenatal Care	[1]	88.3%	86.6%	90.1%	88.7%
Effective Contraception	[1]	28.4%	29.9%	25.6%	24.7%
Long-Acting Reversible Contraceptives	[0]	13.6%	14.2%	15.2%	15.8%
Effective Contraception within 60 Days of Delivery	[1]	37.7%	40.5%	41.5%	39.5%

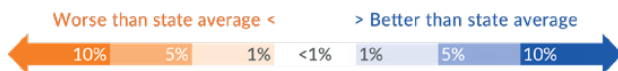


We previously noted racial and ethnic health disparities in reproductive and maternal health care during this measurement period. American Indian and Alaska Native members experienced better rates of access to long-acting reversible contraceptives than the state average. However, Black and Native Hawaiian and Pacific Islander members had worse outcomes for most metrics in this domain. Hispanic members' outcomes were somewhat better than statewide averages. Asian members experienced mixed outcomes, with better access to timely prenatal care but worse access to effective contraception than the statewide average.

Statewide Rate by Race, December 2021

American Indian/Alaska Native, Asian, and Black Members

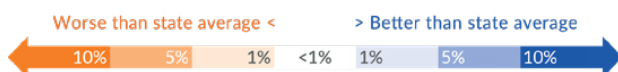
		AI/AN	Asian	Black
Timely Prenatal Care	[1]	80.5%	93.8%	86.7%
Effective Contraception	[1]	22.8%	21.1%	22.2%
Long-Acting Reversible Contraceptives	[0]	15.2%	11.3%	11.4%
Effective Contraception within 60 Days of Delivery	[1]	36.9%	31.4%	30.4%



Statewide Rate by Race, December 2021

Native Hawaiian/Pacific Islander, Hispanic and White Members

		HI/PI	Hispanic	White
Timely Prenatal Care	[1]	79.1%	91.5%	88.2%
Effective Contraception	[1]	18.2%	25.1%	24.9%
Long-Acting Reversible Contraceptives	[0]	11.2%	18.2%	12.1%
Effective Contraception within 60 Days of Delivery	[1]	28.4%	44.0%	35.0%

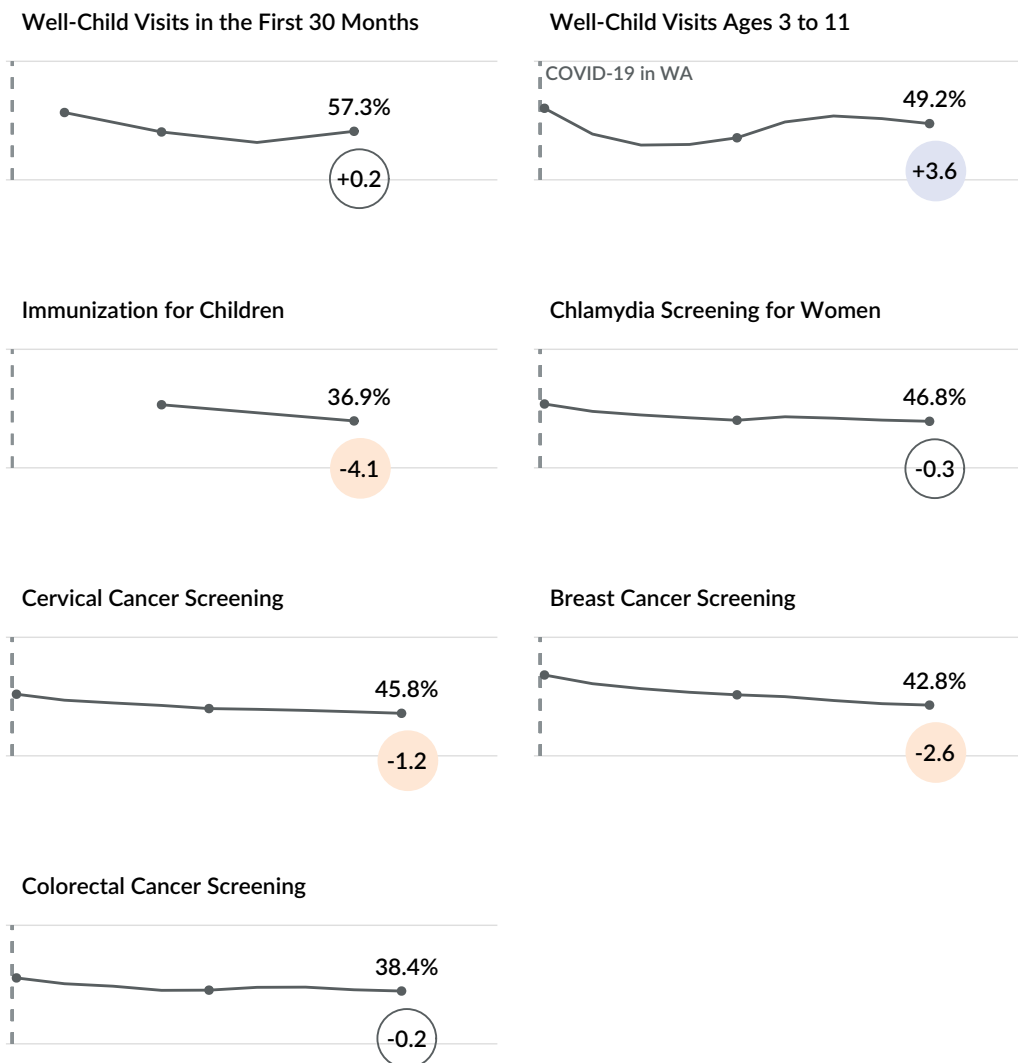


Prevention and Wellness

Because data on childhood immunization rates are updated annually, and rates of well-child visits in the first 30 months of life are updated two times a year, these outcomes were unavailable for the most recent quarter.

Well-child visits for Medicaid members ages 3 to 11 improved over the measurement period. All other preventive measures in this domain remained stable or decreased slightly.

Statewide Rate for March 2020 to March 2022 and Annual Change for 2021 to 2022



Medicaid members living with a chronic health condition or serious mental illness received better than average rates of well-child visits and cancer screening. Members living in rural areas had slightly worse access to chlamydia screening and colorectal cancer screening. Those living in high poverty areas, on the other hand, had the same or better than average prevention and wellness measures, with the exception of colorectal cancer screening, which was slightly worse than the statewide average.

Statewide Rate by Health Condition and Geography, March 2022

Members with Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Well-Child Visits in the First 30 Months	[1]	NA	NA	NA	NA
Well-Child Visits Ages 3 to 11	[1]	61.5%	56.5%	48.8%	50.6%
Immunization for Children	[1]	NA	NA	NA	NA
Chlamydia Screening for Women	[1]	46.8%	50.6%	42.1%	49.8%
Cervical Cancer Screening	[0]	50.2%	50.4%	45.4%	46.3%
Breast Cancer Screening	[0]	48.4%	44.0%	42.2%	42.1%
Colorectal Cancer Screening	[0]	44.3%	46.0%	36.8%	37.1%

Access to preventive care was markedly worse among American Indian and Alaska Native members compared to statewide averages. Black members also experienced lower rates of preventive care in all measured areas except for chlamydia and cervical cancer screening, which were higher than the statewide rate. Hispanic and Asian members received prevention and wellness care at a greater rate than the statewide averages for most measures within this domain.

Statewide Rate by Race, March 2022

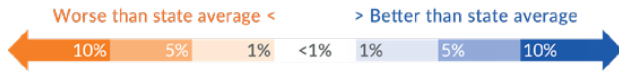
American Indian/Alaska Native, Asian, and Black Members

		AI/AN	Asian	Black
Well-Child Visits in the First 30 Months	[1]	NA	NA	NA
Well-Child Visits Ages 3 to 11	[1]	40.6%	54.1%	48.0%
Immunization for Children	[1]	NA	NA	NA
Chlamydia Screening for Women	[1]	46.1%	46.1%	54.2%
Cervical Cancer Screening	[0]	37.8%	49.5%	47.6%
Breast Cancer Screening	[0]	29.9%	53.2%	37.3%
Colorectal Cancer Screening	[0]	29.3%	47.6%	36.7%

Statewide Rate by Race, March 2022

Native Hawaiian/Pacific Islander, Hispanic, and White Members

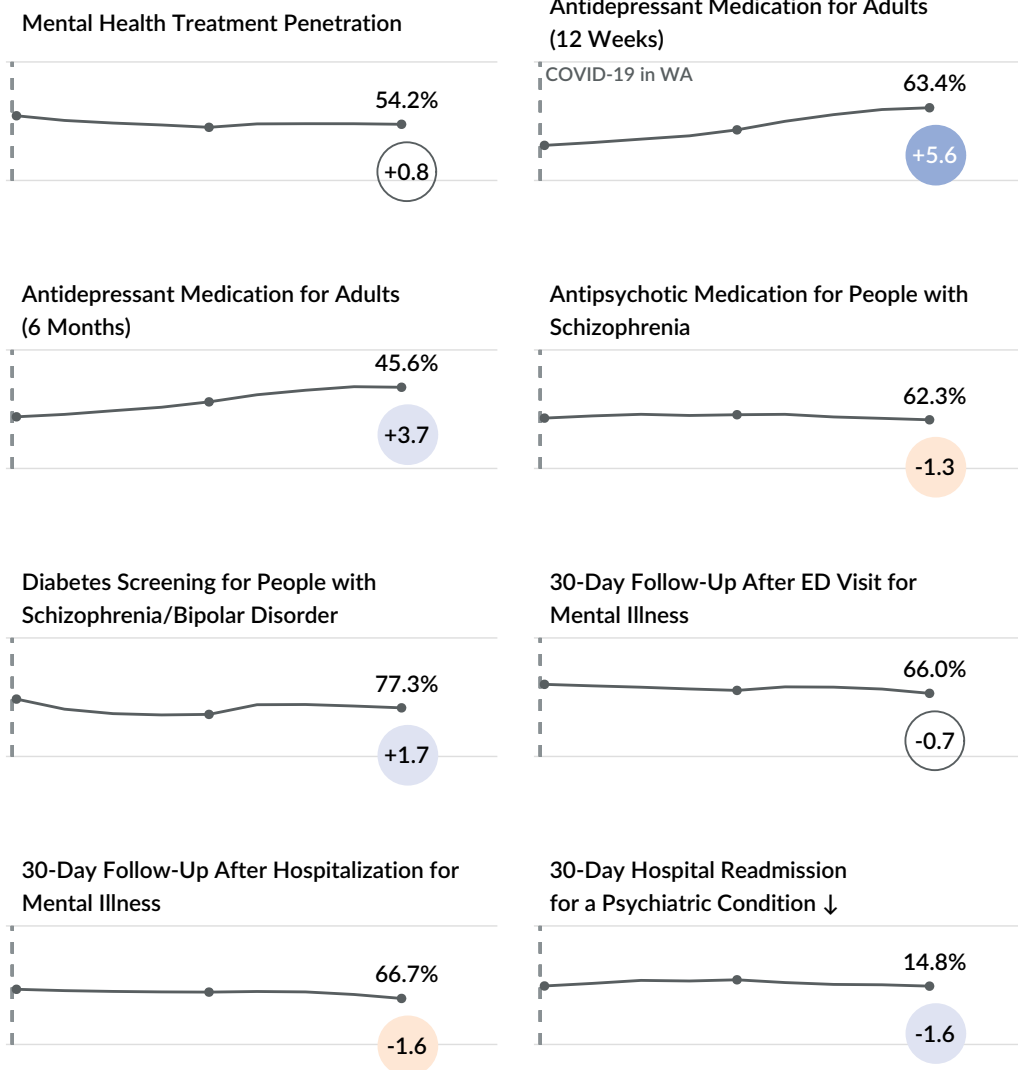
		HI/PI	Hispanic	White
Well-Child Visits in the First 30 Months	[1]	NA	NA	NA
Well-Child Visits Ages 3 to 11	[1]	43.2%	54.6%	45.9%
Immunization for Children	[1]	NA	NA	NA
Chlamydia Screening for Women	[1]	49.2%	50.3%	43.4%
Cervical Cancer Screening	[0]	41.8%	52.7%	44.1%
Breast Cancer Screening	[0]	44.5%	52.7%	40.9%
Colorectal Cancer Screening	[0]	35.6%	43.7%	37.4%



Mental Health Care

Measures related to mental health care remained stable or improved compared to the previous year, with the exception of 30-day follow-up after hospitalization for mental illness and antipsychotic medication for people with schizophrenia, each of which declined slightly. Notably, rates of antidepressant medication management for adults improved during this period, as did diabetes screening for members with schizophrenia or bipolar disorder.

Statewide Rate for March 2020 to March 2022 and Annual Change for 2021 to 2022



Outcomes in this domain for members with chronic conditions were similar to statewide averages. Follow-up care after an ED visit or hospitalization for mental illness was better among Medicaid members living in rural communities. Members living in high poverty areas experienced worse access to antidepressant and antipsychotic medications when indicated.

Statewide Rate by Health Condition and Geography, March 2022

Members with Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Mental Health Treatment Penetration	[3]	55.9%	75.6%	52.5%	54.4%
Antidepressant Medication for Adults (12 Weeks)	[1]	63.4%	60.7%	63.1%	60.3%
Antidepressant Medication for Adults (6 Months)	[1]	45.6%	44.1%	44.4%	42.0%
Antipsychotic Medication for People with Schizophrenia	[0]	62.3%	62.3%	63.2%	60.0%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	77.4%	77.6%	79.7%	77.6%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	66.5%	70.2%	71.1%	64.0%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	67.2%	69.4%	70.2%	65.9%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	14.8%	16.1%	13.6%	14.8%

Outcomes related to mental health treatment were generally better for White members, while most outcomes were worse among all other racial groups, with some exceptions. For example, Asian members received antipsychotic medication for schizophrenia at a much higher rate than the state average and received better than average follow-up care after a hospitalization for mental illness. However, follow-up care after an ED visit or hospitalization for mental illness was markedly worse among American Indian and Alaska Native members. Black members had worse outcomes for all metrics in this domain, reflecting continued inequities in care.

Statewide Rate by Race, March 2022

American Indian/Alaska Native, Asian, and Black Members

		AI/AN	Asian	Black
Mental Health Treatment Penetration	[3]	53.4%	50.1%	52.5%
Antidepressant Medication for Adults (12 Weeks)	[1]	53.4%	63.5%	53.7%
Antidepressant Medication for Adults (6 Months)	[1]	36.6%	46.8%	35.9%
Antipsychotic Medication for People with Schizophrenia	[0]	54.9%	75.0%	53.6%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	76.7%	69.3%	75.4%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	56.5%	67.6%	61.2%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	58.4%	74.8%	60.9%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	12.9%	17.5%	17.2%

Statewide Rate by Race, March 2022

Native Hawaiian/Pacific Islander, Hispanic, and White Members

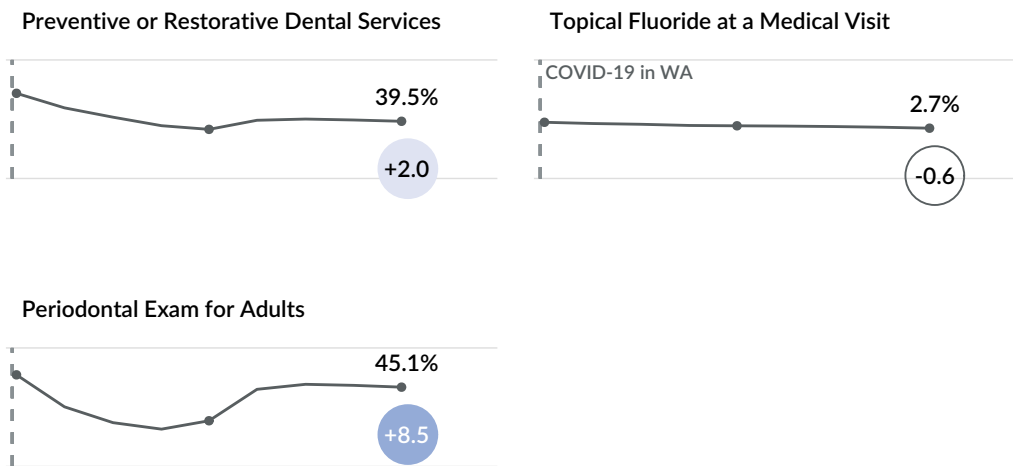
		HI/PI	Hispanic	White
Mental Health Treatment Penetration	[3]	49.1%	54.2%	54.9%
Antidepressant Medication for Adults (12 Weeks)	[1]	60.2%	57.0%	66.4%
Antidepressant Medication for Adults (6 Months)	[1]	42.2%	37.9%	48.8%
Antipsychotic Medication for People with Schizophrenia	[0]	60.6%	57.2%	64.6%
Diabetes Screening for People with Schizophrenia/Bipolar Disorder	[0]	76.0%	79.2%	77.6%
30-Day Follow-Up After ED Visit for Mental Illness	[3]	56.6%	66.6%	67.9%
30-Day Follow-Up After Hospitalization for Mental Illness	[3]	64.4%	63.9%	69.1%
30-Day Hospital Readmission for a Psychiatric Condition	[0] ↓	16.3%	13.9%	14.5%

Worse than state average < > Better than state average
 10% 5% 1% <1% 1% 5% 10% ↓ Lower is better

Oral Health Care

Periodontal exams and preventive or restorative dental services for adults demonstrated continued improvements over the previous year, while topical fluoride at a medical visit remained unchanged.

Statewide Rate for March 2020 to March 2022 and Annual Change for 2021 to 2022

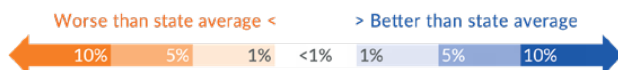


Members with serious mental illness and those living with a chronic health condition experienced worse outcomes in preventive or restorative dental services. In contrast, those living in rural or high poverty areas had higher rates of such services compared to the statewide average.

Statewide Rate by Health Condition and Geography, March 2022

Members with Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Preventive or Restorative Dental Services	[1]	37.8%	33.7%	43.6%	42.2%
Topical Fluoride at a Medical Visit	[1]	3.9%	2.8%	1.7%	2.3%
Periodontal Exam for Adults	[2]	46.1%	44.3%	46.6%	44.7%



Disparities in access to oral health care by race and ethnicity persisted this quarter, with all members except for Asian and Hispanic members generally experiencing slightly worse access to oral healthcare than average. Hispanic members fared better than all groups for access to exams and preventive or restorative dental services.

Statewide Rate by Race, March 2022

American Indian/Alaska Native, Asian, and Black Members

		AI/AN	Asian	Black
Preventive or Restorative Dental Services	[1]	36.7%	39.1%	38.1%
Topical Fluoride at a Medical Visit	[1]	2.4%	2.8%	2.7%
Periodontal Exam for Adults	[2]	40.4%	52.5%	43.9%

Worse than state average < > Better than state average

10% 5% 1% <1% 1% 5% 10%

Statewide Rate by Race, March 2022

Native Hawaiian/Pacific Islander, Hispanic, and White Members

		HI/PI	Hispanic	White
Preventive or Restorative Dental Services	[1]	33.6%	51.1%	34.0%
Topical Fluoride at a Medical Visit	[1]	3.4%	2.2%	3.1%
Periodontal Exam for Adults	[2]	45.1%	48.4%	42.7%

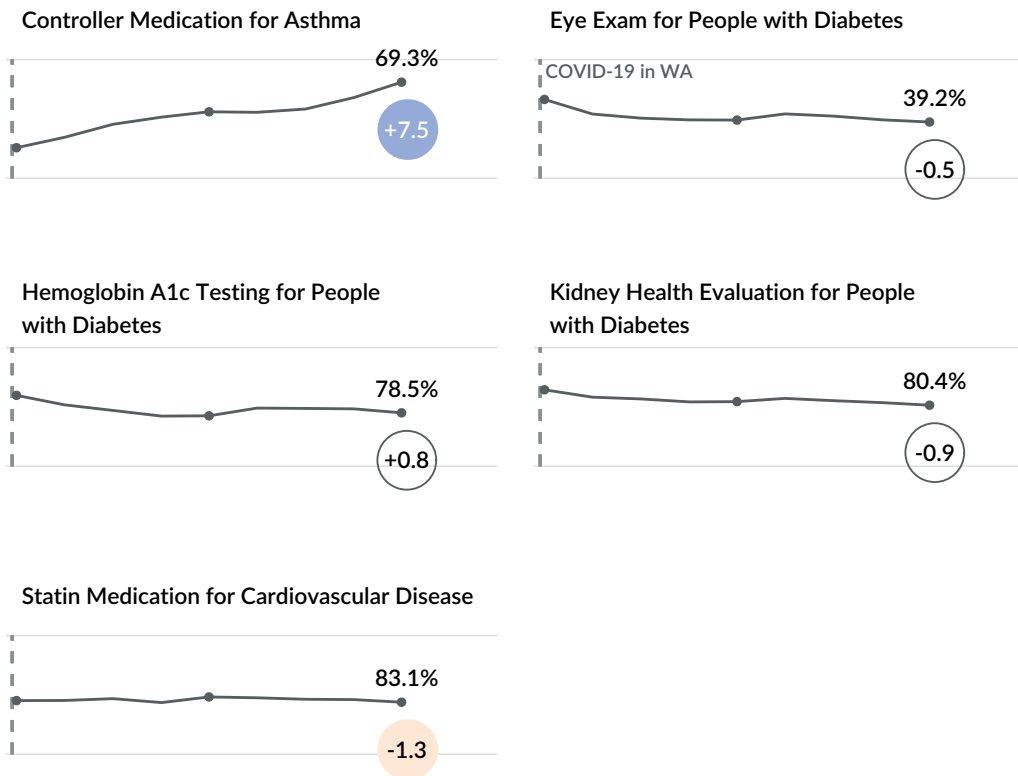
Worse than state average < > Better than state average

10% 5% 1% <1% 1% 5% 10%

Care for People with Chronic Conditions

Outcomes relating to care for Medicaid members with chronic conditions improved or remained stable over the measurement period, with the exception of statin medication for cardiovascular disease, which dipped slightly. The rate of prescriptions for controller medication for asthma improved 7.5 percentage points over the previous year.

Statewide Rate for March 2020 to March 2022 and Annual Change for 2021 to 2022

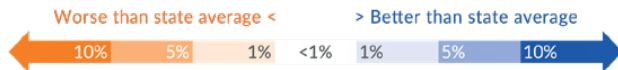


Outcomes for members with chronic health conditions aligned closely with the state overall in this domain. However, members with serious mental illness experienced worse outcomes for all measures except kidney health evaluation for people with diabetes, which was on par with the statewide average.

Statewide Rate by Health Condition and Geography, March 2022

Members with Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Controller Medication for Asthma	[2]	69.6%	68.9%	65.2%	67.6%
Eye Exam for People with Diabetes	[2]	39.6%	37.9%	39.8%	40.2%
Hemoglobin A1c Testing for People with Diabetes	[2]	78.9%	77.3%	82.2%	78.2%
Kidney Health Evaluation for People with Diabetes	[2]	80.8%	81.0%	81.9%	80.6%
Statin Medication for Cardiovascular Disease	[1]	83.2%	80.9%	82.9%	82.5%

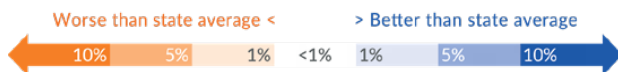


There are notable disparities in this domain among American Indian and Alaska Native members, who received controller medication for asthma at a rate 16.2 percentage points lower than the statewide average. Black members fared worse for all measures in this domain. However, Asian and Hispanic members' outcomes were generally better than state averages. These trends represent a continuation of previously reported disparities in care for people with chronic conditions.

Statewide Rate by Race, March 2022

American Indian/Alaska Native, Asian, and Black Members

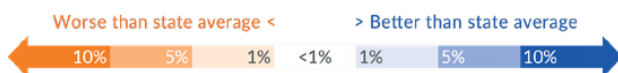
		AI/AN	Asian	Black
Controller Medication for Asthma	[2]	53.1%	75.0%	66.5%
Eye Exam for People with Diabetes	[2]	34.9%	48.7%	35.5%
Hemoglobin A1c Testing for People with Diabetes	[2]	74.5%	86.3%	75.3%
Kidney Health Evaluation for People with Diabetes	[2]	81.5%	83.2%	78.8%
Statin Medication for Cardiovascular Disease	[1]	77.3%	90.0%	79.9%



Statewide Rate by Race, March 2022

Native Hawaiian/Pacific Islander, Hispanic, and White Members

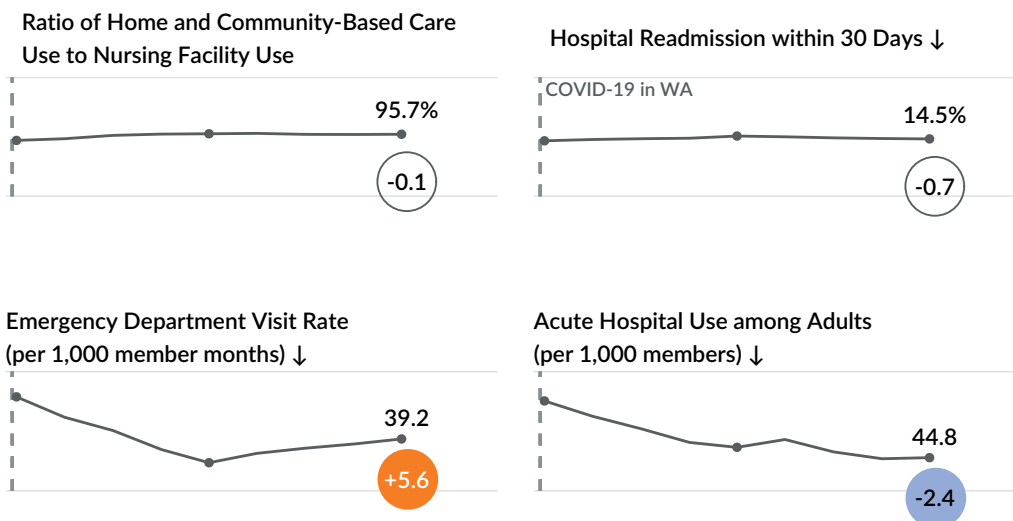
		HI/PI	Hispanic	White
Controller Medication for Asthma	[2]	74.7%	71.5%	69.4%
Eye Exam for People with Diabetes	[2]	38.5%	42.8%	37.8%
Hemoglobin A1c Testing for People with Diabetes	[2]	76.6%	80.2%	78.0%
Kidney Health Evaluation for People with Diabetes	[2]	82.8%	80.1%	80.3%
Statin Medication for Cardiovascular Disease	[1]	87.5%	85.3%	82.8%



Emergency Department, Hospital, and Institutional Care Use

The emergency department visit rate for Medicaid members continued to increase over this measurement period, while acute hospital use among adults continued to fall. The ratio of home and community-based care use to nursing facility use and hospital readmissions within 30 days remained constant.

Statewide Rate for March 2020 to March 2022 and Annual Change for 2021 to 2022



Members with chronic conditions or serious mental illness continued to receive care in EDs and acute hospital settings much more frequently than the statewide average, likely due to poorer overall health status and higher care needs. Members living in communities with high poverty rates also received care more frequently in these settings, while such utilization was lower than average for those living in rural communities.

Statewide Rate by Health Condition and Geography, March 2022

Members with Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	95.7%	96.5%	96.3%	95.2%
Hospital Readmission within 30 Days	[3] ↓	14.8%	19.2%	11.5%	15.4%
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	62.9	119.7	38.0	46.7
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	69.9	100.0	42.1	48.0

↓ Lower is better

Rates of care obtained in EDs and acute hospital settings varied widely among members of different racial and ethnic groups. Asian, Native Hawaiian and Pacific Islander, and Hispanic members were significantly less likely to receive care in these settings, while American Indian and Alaska Native, Black, and White members were much more likely to receive care in these locations compared to the statewide average.

Statewide Rate by Race, March 2022

American Indian/Alaska Native, Asian, and Black Members

		AI/AN	Asian	Black
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	93.0%	96.9%	95.6%
Hospital Readmission within 30 Days	[3] ↓	16.4%	14.9%	17.5%
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	53.4	17.7	51.0
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	54.9	22.0	51.7

↓ Lower is better

Statewide Rate by Race, March 2022

Native Hawaiian/Pacific Islander, Hispanic, and White Members

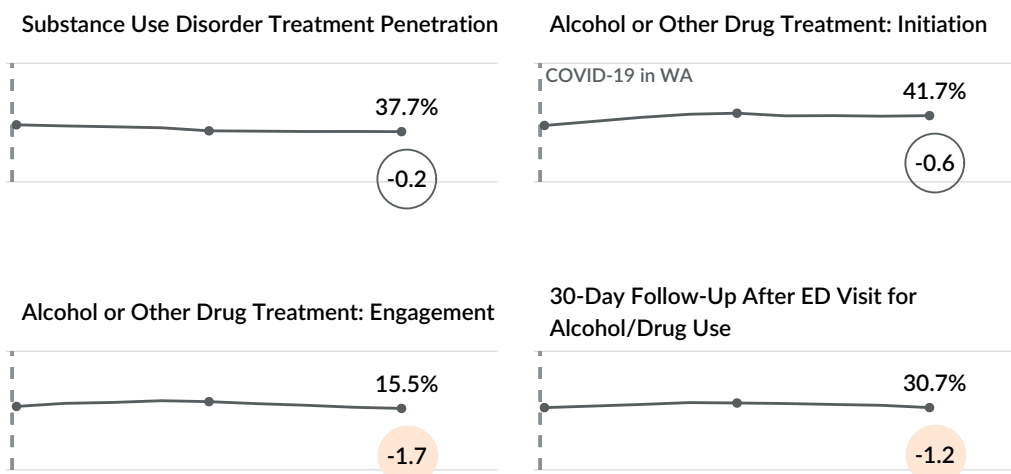
		HI/PI	Hispanic	White
Ratio of Home and Community-Based Care Use to Nursing Facility Use	[0]	96.4%	95.3%	95.9%
Hospital Readmission within 30 Days	[3] ↓	11.1%	12.1%	14.6%
Emergency Department Visit Rate (per 1,000 member months)	[8] ↓	32.1	36.7	41.9
Acute Hospital Use among Adults (per 1,000 members)	[5] ↓	42.5	30.7	51.1

↓ Lower is better

Substance Use Disorder Care

Measures related to substance use disorder (SUD) treatment and care remained relatively unchanged from the prior year, with a slight decrease in treatment engagement and 30-day follow-up after an ED visit for alcohol or drug use.

Statewide Rate for March 2020 to March 2022 and Annual Change for 2021 to 2022

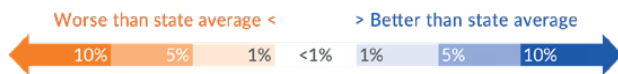


Outcomes for members with serious mental illness were mostly better than the state average in this domain, while those with chronic health conditions experienced care in line with the state overall. Members living in rural areas experienced lower rates of treatment initiation for alcohol or other drug use.

Statewide Rate by Health Condition and Geography, March 2022

Members with Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

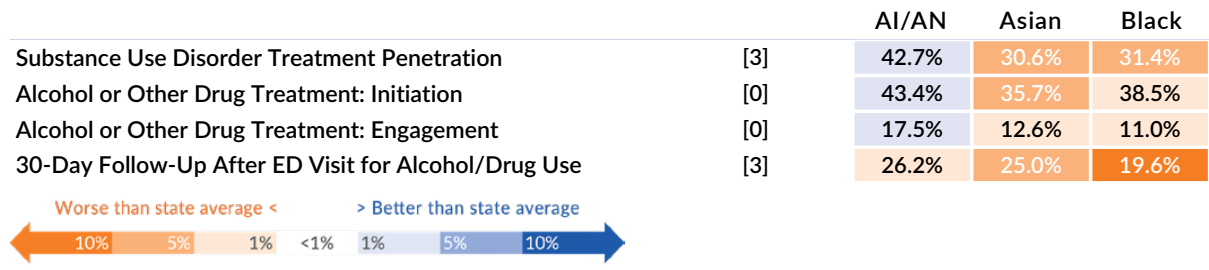
		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
Substance Use Disorder Treatment Penetration	[3]	37.1%	40.6%	35.9%	37.5%
Alcohol or Other Drug Treatment: Initiation	[0]	41.7%	43.2%	39.5%	41.5%
Alcohol or Other Drug Treatment: Engagement	[0]	15.2%	15.5%	14.8%	15.2%
30-Day Follow-Up After ED Visit for Alcohol/Drug Use	[3]	30.8%	35.0%	30.3%	31.2%



American Indian and Alaska Native members experienced better than average access to SUD care across most measures, with the exception of 30-day follow-up after ED visit. In contrast, Asian, Black, Hispanic and Native Hawaiian, and Pacific Islander members experienced worse access to SUD treatment. The greatest disparities were seen in follow-up care after an ED visit for alcohol or other drug use and SUD penetration. Black members experienced 30-day follow-up after an ED visit for alcohol or drug use at a rate 11.1 percentage points lower than the state average.

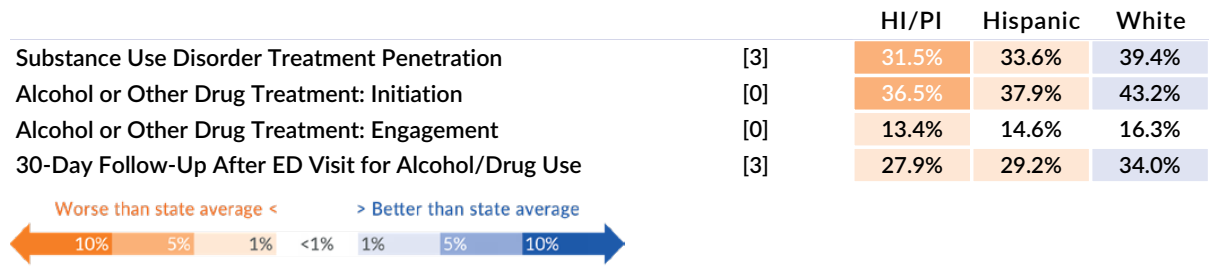
Statewide Rate by Race, March 2022

American Indian/Alaska Native, Asian, and Black Members



Statewide Rate by Race, March 2022

Native Hawaiian/Pacific Islander, Hispanic, and White Members



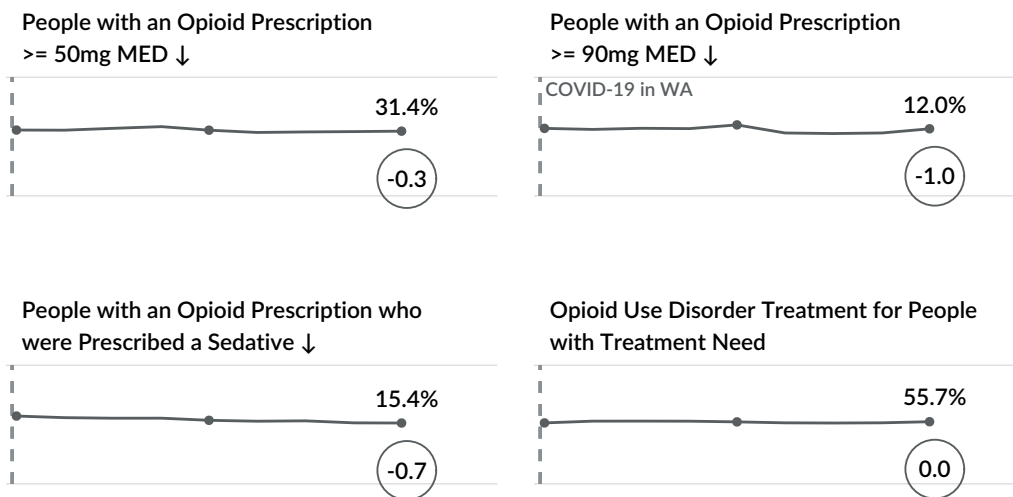
Opioid Prescribing and Opioid Use Disorder Treatment

Three of the four outcome metrics in this domain are based on data from just one quarter, in contrast to most outcome measures presented in this report, which are based on a full year of data. Only the metric for OUD treatment is calculated from a full year of data.

The methodology for calculating the rate of opioid use disorder (OUD) treatment in Washington State has been adjusted since the last reporting period and may differ here from those previously reported.

Statewide outcomes related to most opioid use disorder (OUD) measures in this domain represent minimal change from the previous reporting period.

Statewide Rate for March 2020 to March 2022 and Annual Change for 2021 to 2022



Compared to the statewide average, members with serious mental illness experienced worse outcomes for concurrent prescriptions of opioids and sedatives. Those living in high poverty areas fared better than the state averages for limiting high-dosage opioid prescriptions and for receiving an opioid while also prescribed a sedative.

Statewide Rate by Health Condition and Geography, March 2022

Members with Chronic Health Conditions or Serious Mental Illness and Members Living in Rural or High Poverty Areas

		Health Condition		Geographic Area	
		Chronic	SMI	Rural	High Poverty
People with an Opioid Prescription >= 50mg MED	[1] ↓	31.3%	32.0%	30.0%	28.5%
People with an Opioid Prescription >= 90mg MED	[1] ↓	11.9%	11.9%	11.1%	10.7%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	15.5%	24.4%	16.3%	14.6%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	55.4%	54.2%	55.8%	55.4%



Notable racial and ethnic disparities persist in this domain, with all non-White Medicaid members experiencing less access to OUD treatment compared with the state average. Black members were the most severely affected, accessing treatment at rates more than 12.2 percentage points lower than the state average. Rates of high-dose opioid prescribing were also higher among Black members than all other groups and the state average. In contrast, Hispanic members had better outcomes relative to state averages for most measures in this domain.

Statewide Rate by Race, March 2022

American Indian/Alaska Native, Asian, and Black Members

		AI/AN	Asian	Black
People with an Opioid Prescription >= 50mg MED	[1] ↓	29.8%	17.7%	38.9%
People with an Opioid Prescription >= 90mg MED	[1] ↓	10.7%	NA	15.2%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	14.6%	17.7%	10.4%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	52.8%	54.0%	43.5%



Statewide Rate by Race, March 2022

Native Hawaiian/Pacific Islander, Hispanic, and White Members

		HI/PI	Hispanic	White
People with an Opioid Prescription >= 50mg MED	[1] ↓	24.1%	25.0%	31.4%
People with an Opioid Prescription >= 90mg MED	[1] ↓	NA	8.2%	11.9%
People with an Opioid Prescription who were Prescribed a Sedative	[1] ↓	NA	13.4%	15.9%
Opioid Use Disorder Treatment for People with Treatment Need	[3]	47.7%	53.1%	57.9%

