

# Independent external evaluator Rapid Cycle Monitoring Report 17

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

Report period: March 2023

## Rapid Cycle Report 17: January 1–March 31, 2023

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The Medicaid Transformation Project (MTP) independent external evaluator (IEE) submitted their quarterly rapid-cycle report on March 10, 2023. Their report covers January 1 through March 31, 2023, and presents findings on Washington State’s Medicaid system performance through December 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 December 2021.

### Qualitative analysis of Medicaid data

- Continued 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 and is assisting in preparing materials for an IRB amendment for Initiative 5 by developing qualitative data collection tool.
- Actively sampling for and recruiting behavioral health provider organization interviewees, tailoring interview guides, developing a codebook, and conducting interviews concurrently with data analysis.
- The team meets 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 fourth measurement period falling entirely after the statewide stay-at-home order was issued in Washington. 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.

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. Although well child visit rates have improved, immunization rates for children have declined.

We previously reported a dramatic downward trend in rates of care received in emergency departments and acute hospital settings. We are now seeing a reversal in that trend, with the rate of care received in Emergency Departments now higher than the previous year.

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 higher rates of arrest.

## Summary of changes in Medicaid system performance

### Better

- 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. 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.
- We saw improvements in access to **mental health care**, particularly access to antidepressants for adults at both 12 weeks and 6 months post-diagnosis.
- Statewide access to **periodontal exams** improved 11 percentage points over the previous year, with Hispanic members experiencing notably better access than the state average.

### Mixed

- 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 2.9 percentage points and immunizations for children falling 4.1 percentage points compared with the previous year.
- Most care for people with chronic conditions remained relatively flat during this reporting period, with the exception of **controller medication** for asthma which improved. However, disparities in this domain persist for American Indian and Alaska Natives who had less access to diabetes care, controller medication for asthma, and statin medication for cardiovascular disease.
- While care received in acute hospital settings fell statewide, rates of **emergency department visits** increased over this period for the first time since the onset of the PHE.

### Worse

- Disparities in quality and access to care persisted during this reporting period, with American Indian, Alaska Native, 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.
- American Indian and Alaska Native members experienced worse access to **well-care visits** for members ages 3-21. Hawaiian and Pacific Islander members experienced worse rates of well care across all ages measured.
- Asian, Black, Native Hawaiian and Pacific Islander, and Hispanic members also experienced less access to care for **substance use disorders** than in the state overall. Notably, Black members needing OUD treatment experienced that care at a rate that was 10.2% less than the state average.

## Upcoming IEE activities

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.