

Independent external evaluator Rapid Cycle Monitoring Report 18

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

Report period: June 2023

Rapid Cycle Report 18: April 1–June 30, 2023

The Medicaid Transformation Project (MTP) independent external evaluator (IEE) submitted their quarterly rapid-cycle report on June 13, 2023. Their report covers April 1 through June 30, 2023, and presents findings on Washington State’s Medicaid system performance through March 2022.

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 March 2022.

Qualitative analysis of Medicaid data

- 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.

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

Washington State’s Medicaid system performance

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.

Summary of changes in Medicaid system performance

Better

- 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

- 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

- 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.

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 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