

Medicaid Transformation Project Evaluation

OHSU CENTER FOR HEALTH SYSTEMS EFFECTIVENESS

RAPID-CYCLE REPORT

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December 31, 2018



MEDICAID TRANSFORMATION PROJECT

Rapid-Cycle Report

Overview

This report covers activities from CHSE's evaluation of Washington's Medicaid Transformation Project (MTP) from October 1 to December 31, 2018. In this period, CHSE continued outreach to key stakeholders and analysis of ACH documents initiated in the third quarter of 2018. We also worked with HCA and DSHS on plans for quantitative analysis of all MTP initiatives and evaluation of Washington State's substance use disorder (SUD) amendment, and we developed data collection instruments for interviews and surveys to be carried out in future periods. Importantly, we obtained IRB approval for our initial study application, meaning we can move forward with key informant interviews in early 2019. Although we have no substantially new findings this reporting period, we anticipate new results from interviews in the next period.

Accomplishments

CHSE carried out the following tasks in this reporting period:

FOUNDATIONAL TASKS

- **We continued outreach to inform key stakeholders about the evaluation.** This included an introductory meeting with Myers & Stauffer, the Independent Assessor for MTP, on October 15, and a presentation of our evaluation plan to HCA and DSHS leadership on November 14.
- **Representatives of our qualitative and quantitative teams attended HCA's Medicaid Transformation Learning Symposium on October 24.** We collected detailed field notes on all sessions, which we will use to complete program summaries and "case studies" (see below).
- **We obtained IRB approval for our initial study application.** The Washington State IRB (WSIRB) approved our initial application submitted on June 12. WSIRB and OHSU's IRB executed a reliance agreement transferring oversight of the evaluation to WSIRB, and we obtained approval from OHSU's IRB for the transfer. IRB approval will enable us to begin qualitative interviews in early 2019, and to apply for an IRB amendment needed to carry out other evaluation activities (see below).

DOCUMENT ANALYSIS

- **We continued foundational document analysis by analyzing ACHs' October 2018 implementation reports.** As with project plans and July 2018 Semi-Annual Reports, we organized information from the implementation reports into a "matrix" that captures key variables about ACHs' projects and partner organizations (e.g., responsibilities of partners; how ACHs are aligning projects and avoiding duplication; progress on VBP, HIT, and workforce transformation).
- **We began developing standard analytic templates for summarizing and synthesizing information found in ACHs' reports and websites.** This information will be used to create

a case study for each ACH, which will be updated regularly as we learn more through interviews and other data sources. In addition, we began developing an analytic summary of the MTP program at large.

QUALITATIVE INTERVIEWS

- **We finalized the interview guide for State of Washington key informants, whom we plan to interview in early 2019.** In addition, we drafted a provider organization interview guide for primary care clinics and hospitals, which we plan to begin interviewing in the third quarter of 2019. We will submit the drafts to the WSIRB in mid-January as part of a planned application for IRB amendment.
- **Our qualitative team selected analytic frameworks to inform our data collection tools and guide qualitative analysis.** These include RE-AIM (Reach, effectiveness, adoption, implementation, and maintenance), an implementation science framework used by our qualitative team for prior evaluations; and NIRN (National Implementation Research Network), a framework that incorporates organizational drivers that may be especially important for analyzing data from MTP.

ADMINISTRATIVE DATA ANALYSIS

- **We conferred with State of Washington experts to identify administrative data that will be needed for quantitative assessments of ACHs' health improvement projects.** We reviewed each ACH's October 2018 Implementation Report to identify target populations ACHs expect to serve with health improvement projects. We then proposed specific variables needed to identify the target populations in State administrative data. On October 12 and November 30, we facilitated meetings with HCA and DSHS to discuss the availability of data needed to create these variables, as well as data needed to create statistical control variables and stratify results from our analyses. The list of variables will be used to identify specific data elements from State record systems that will be included in the planned application for IRB amendment (i.e., in "Appendices G" submitted by State agencies).
- **We identified administrative data needed for quantitative assessments of MTP Initiatives 2 and 3, and drafted analytic plans for these initiatives.** Members of our quantitative team met with long-term supports and services experts from DSHS to better understand outreach, eligibility, and enrollment processes for MTP Initiative 2, enabling us to specify variables needed for Initiative 2 analysis. As with variables needed for analysis of ACHs' projects, these variables will be used to identify specific data elements from State record systems that will be included in the planned application for IRB amendment.

PROVIDER ORGANIZATION SURVEY

- **We drafted provider organization survey instruments for primary care clinics and hospitals.** After several rounds of internal drafts, we met with State experts on October 22 to review the draft survey items, and we incorporated feedback from the meeting into advanced drafts. The drafts will be included in the planned application for IRB amendment, and will be used for cognitive testing with a sample of OHSU clinic managers and hospital administrators in early 2019.

SUD AMENDMENT EVALUATION

- **We drafted an evaluation design for the recently approved SUD amendment to Washington State's Medicaid waiver.** The amendment allows Washington State to receive federal matching funds for stays to treat SUD or OUD beyond 15 days in an institution for mental diseases (IMD). To draft the evaluation design, we carried out background research

on IMD waivers across the U.S. and engaged in discussion with HCA and DSHS experts to understand the IMD policy landscape prior to the SUD amendment. The evaluation design includes detailed research questions, a statistical approach, and outcome metrics to be used in analysis. Following delivery of the initial draft on November 21, CHSE worked with HCA and DSHS to refine the evaluation plan for submission to CMS in January 2019.

- **We began drafting a proposal for the midpoint assessment of the SUD amendment, which is required for delivery to CMS in December 2020.** The proposal includes details on how CHSE would assess State's progress toward SUD amendment milestones and performance measure targets, provide an update on the budget neutrality of the amendment, and provide recommendations for improving implementation of the amendment, as well as details on how CHSE would work with SUD stakeholders to conduct the assessment. CHSE delivered the proposal on December 21.

Key Decisions and Actions

We anticipate the following work within the next rapid-cycle reporting period:

- **Key informant interviews:** In early January, we will begin recruiting State agency informants for the first round of key informant interviews. We plan to include results from these interviews in the March 2019 rapid-cycle report.
- **Confidentiality agreement:** We will work with WSIRB to obtain all needed signatures on the confidentiality agreement, which will enable us to access administrative data specified in our initial IRB application. We plan to receive the data by secure file transfer protocol and begin organizing them into an evaluation database as soon as the agreement has been executed.
- **IRB amendment:** We will submit an application for an IRB amendment by January 18. The amendment will include:
 - » Revisions needed to carry out provider organization surveys. These include draft surveys to be used in cognitive testing; invitations for clinic managers and hospital administrators to participate in testing; and any revisions to the application narrative needed to describe survey testing, the provider organization lists that will be used to create the survey sample, or the sampling method.
 - » Materials needed to carry out provider organization interviews. These include draft interview guides and invitations to participate in interviews.
 - » Any revisions to the narrative needed to describing additional administrative data (beyond the data specified in our initial application) that we plan to receive from State agencies. We will work with HCA, DSHS, and other State agencies as needed to obtain Appendices G specifying additional administrative data.
 - » Addition of study team members who have joined the evaluation since the initial application.
- **ACH target populations and attribution:** We will propose approaches to attributing Medicaid members to ACHs, and to defining target populations for ACHs' projects, by January 14 and 22, respectively. Subsequently, we will work with HCA and DSHS to collect feedback on the target population approach from ACHs.
- **Provider organization survey:** We will carry out cognitive testing of survey instruments. In addition, we will begin preparing materials to administer the survey (e.g., web or mail questionnaires), and begin analyzing provider organization lists to create the sample.