

Evaluation of Integrated Managed Care in North Central

FINDINGS THROUGH March 2019

David Mancuso, PhD

Director, DSHS Research and Data Analysis Division
Facilities, Finance, and Analytics Administration

January 2020

Overview

- **Evaluation Questions**
- **Measurement Approach**
- **Findings**
 - Access to Care
 - Quality of Care
 - Coordination
 - Utilization
 - Social Outcomes

Evaluation Questions

- **Relative to the experience in other regions, is the shift to Integrated Managed Care in North Central associated with:**
 - Improved *access* to needed services including behavioral health treatment?
 - Improved *quality* and *coordination* of physical and behavioral health care?
 - Reduced potentially avoidable *utilization* of emergency department (ED), medical and psychiatric inpatient, and crisis services?
 - Improved beneficiary level of functioning and quality of life, as indicated by *social outcomes* such as:
 - ▶ Improved employment market outcomes,
 - ▶ Increased housing stability, and
 - ▶ Reduced criminal justice involvement?
 - Reduced *disparities* in access, quality, health service utilization, and social outcomes between Medicaid beneficiaries with serious mental illness and/or SUD, relative to other Medicaid beneficiaries?

Measurement Approach

- **Behavioral health integration changes how the state delivers Medicaid physical and behavioral health services through health plans, or county or state government agencies that performed health-plan functions such as:**
 - Building and maintaining a provider network
 - Authorizing services
 - Managing utilization
- **Our measurement approach leverages tools commonly used to assess relative health plan performance:**
 - HEDIS® (Healthcare Effectiveness Data and Information Set)
 - State-developed HEDIS®-like measures designed to fill measurement gaps in areas that are of particular importance to Medicaid clients with behavioral health needs
- **Difference-of-difference evaluation design: we compare changes in outcomes for Medicaid enrollees in North Central relative to the experience in the balance of the state**

Findings

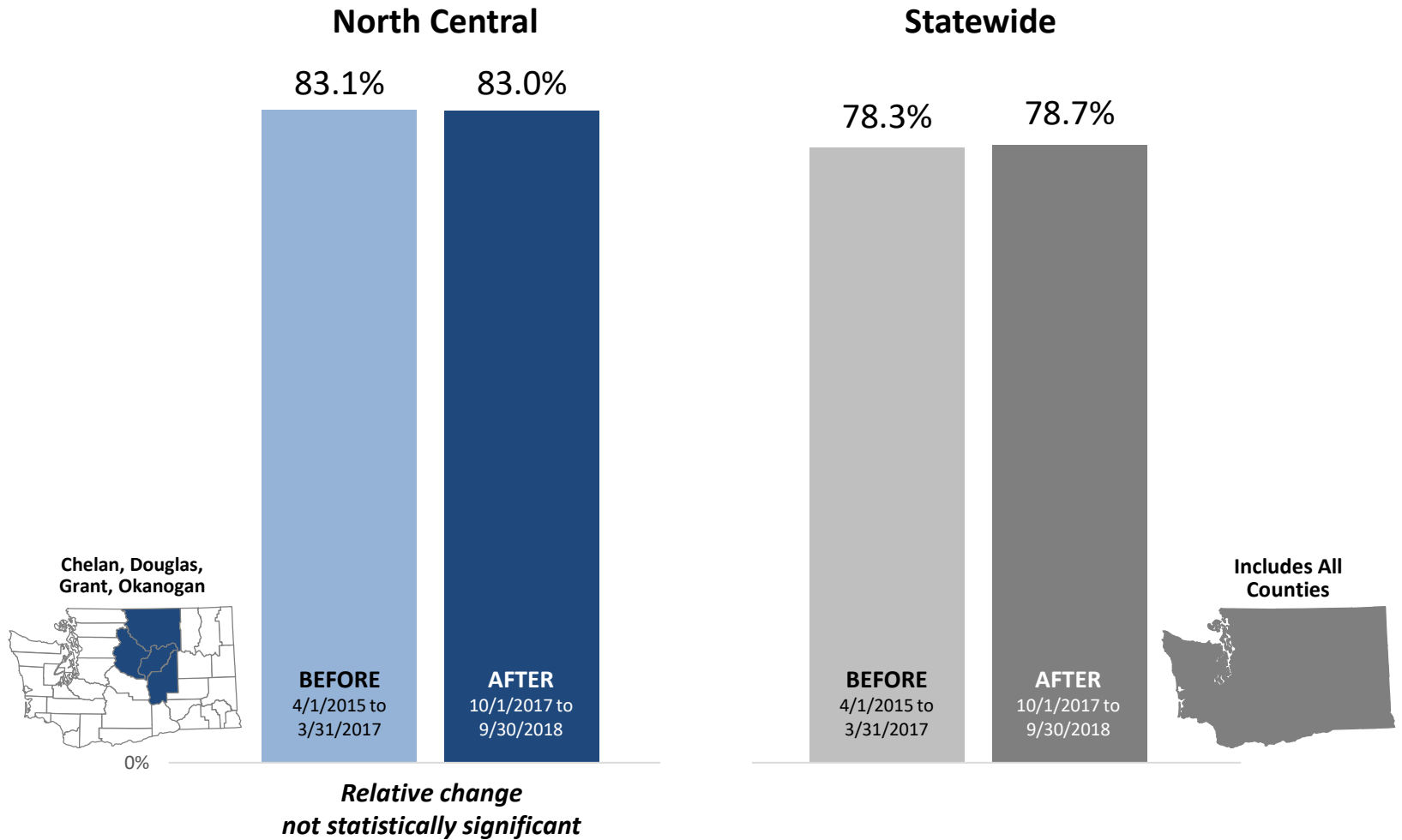
- **Comparison of relative change across 32 metrics**
- **Change measured from CY 2017 baseline period to 12-month period ending March 31, 2019**
- **Of the 32 outcome measures analyzed:**
 - 4 showed statistically significant relative improvement for Medicaid beneficiaries residing in the North Central region
 - 25 showed no significant difference between the North Central region and balance of state
 - 3 showed a statistically significant relative decline in the North Central region

PART 1

Access to Care

Adults' Access to Preventive/Ambulatory Health Services (HEDIS®)

AGE 20 to 64

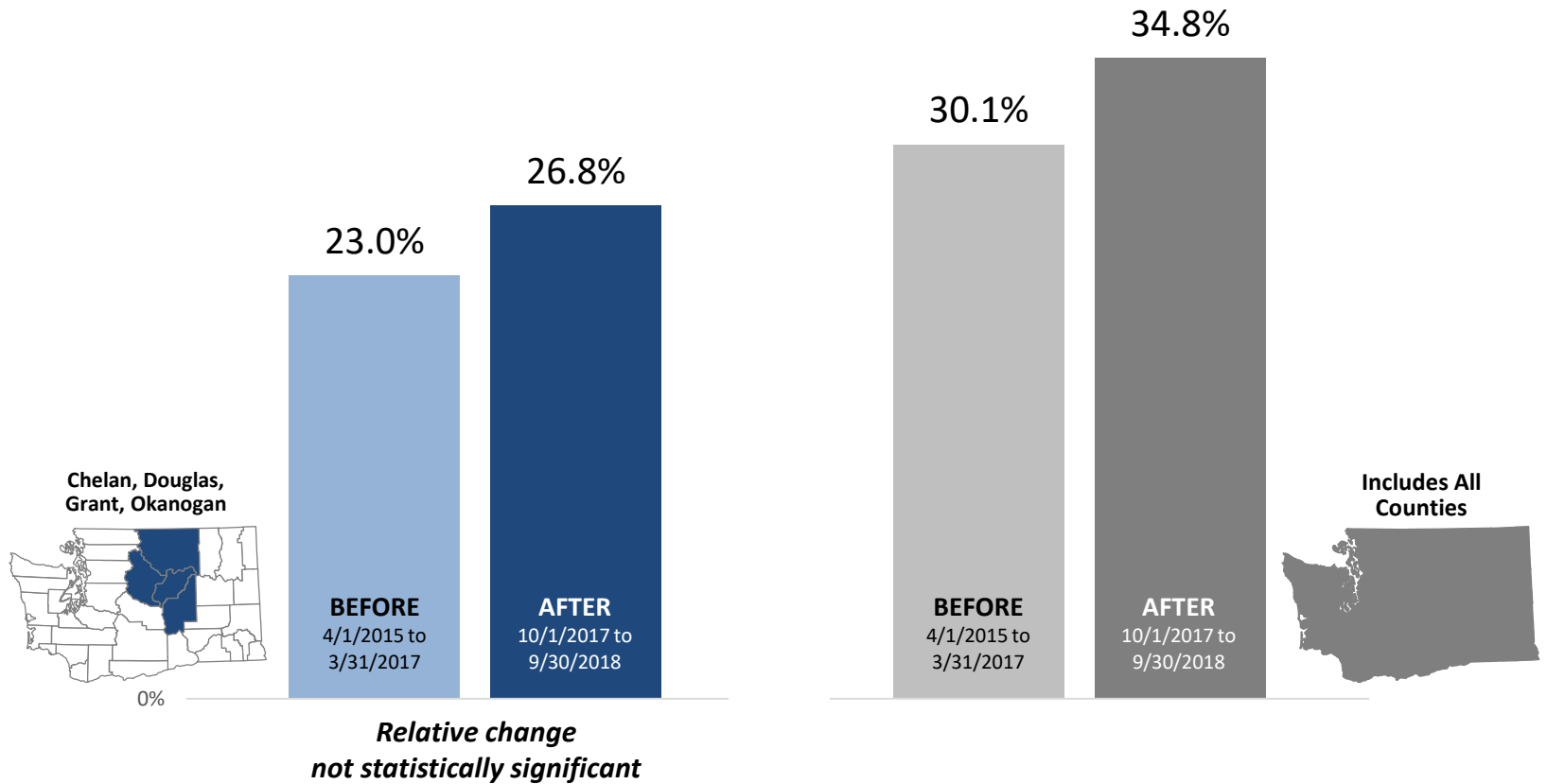


Substance Use Disorder Treatment Penetration

AGE 10 to 64

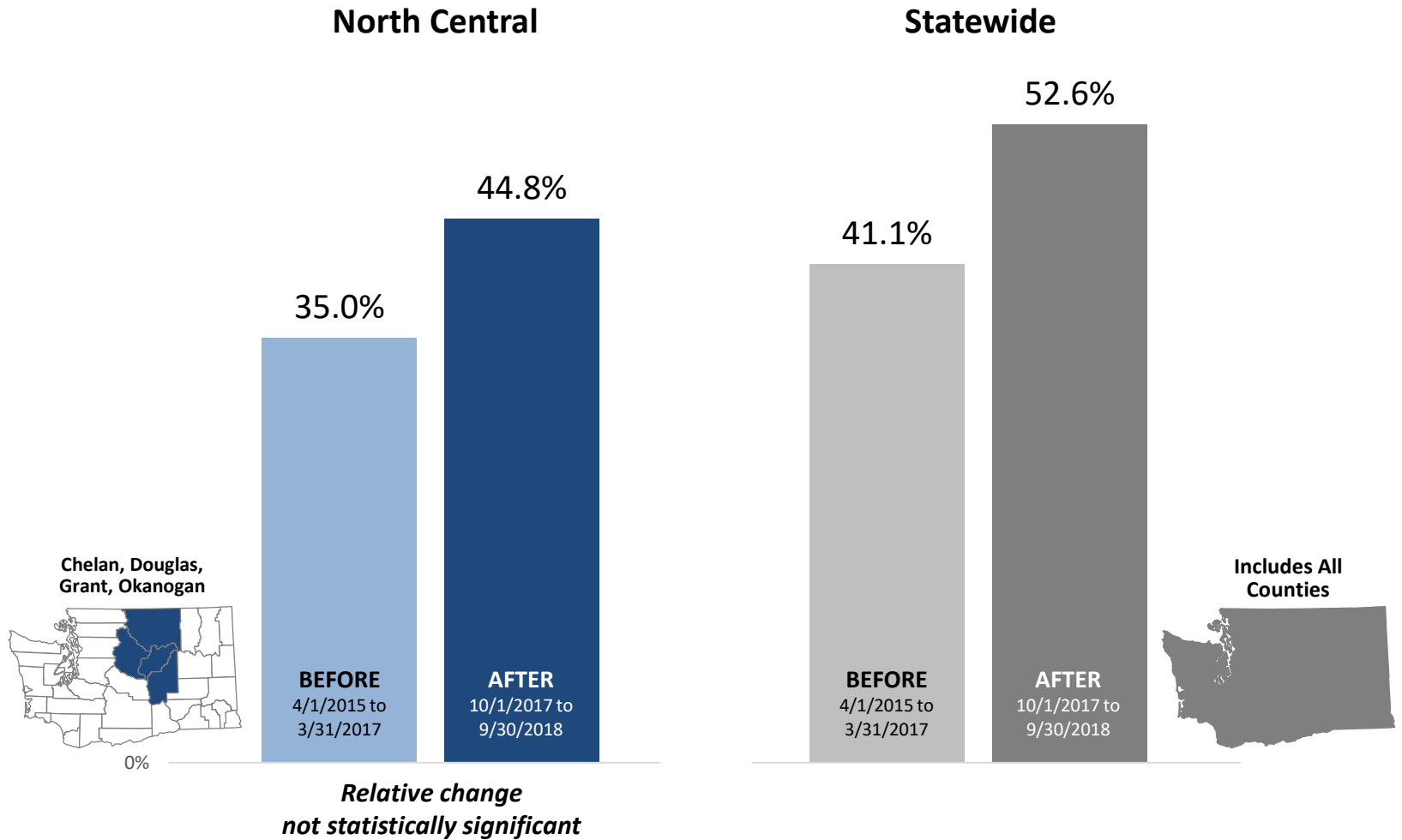
North Central

Statewide



Medication Treatment for Opioid Use Disorder

AGE 18 to 64

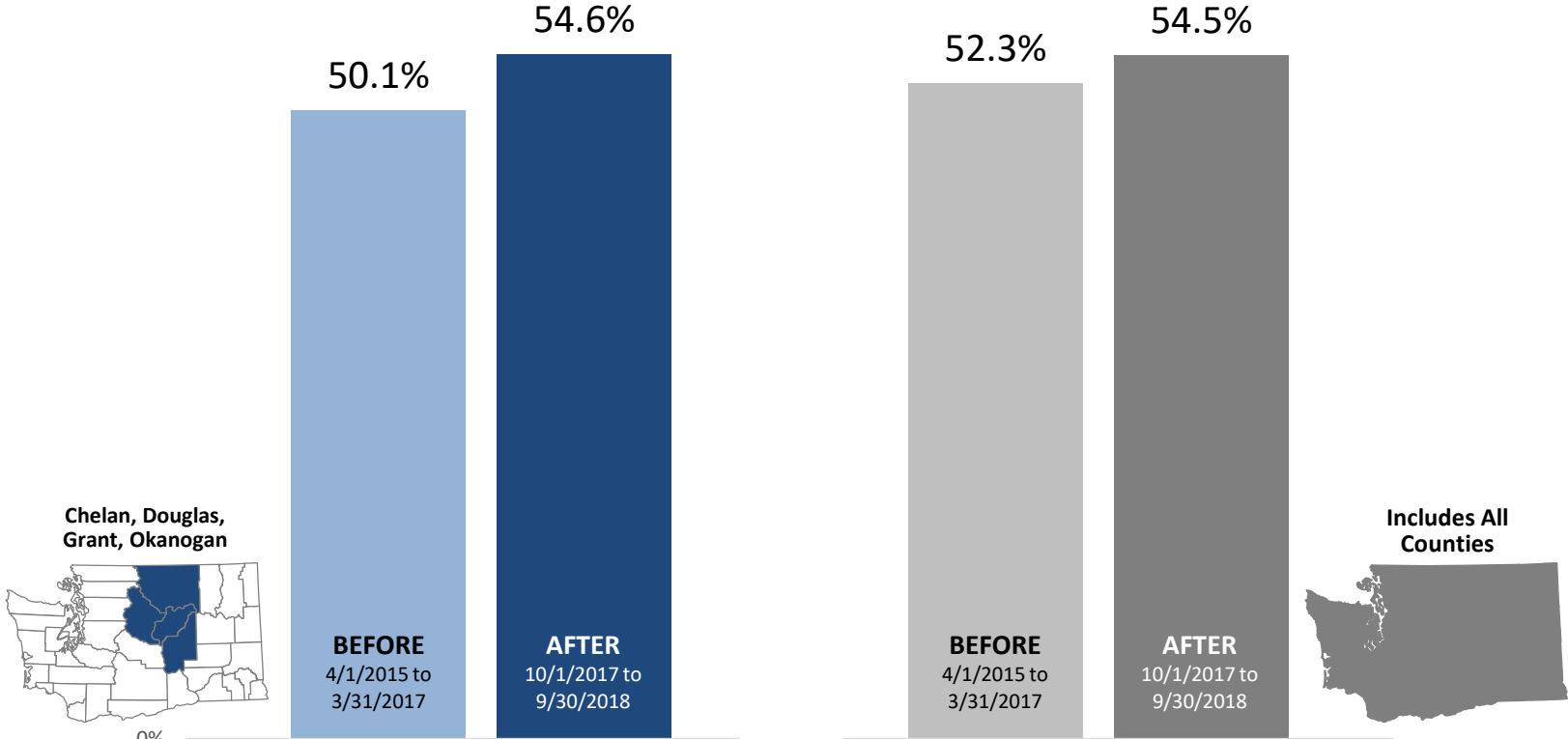


Mental Health Service Penetration - Broad Definition

AGE 6 to 64

North Central

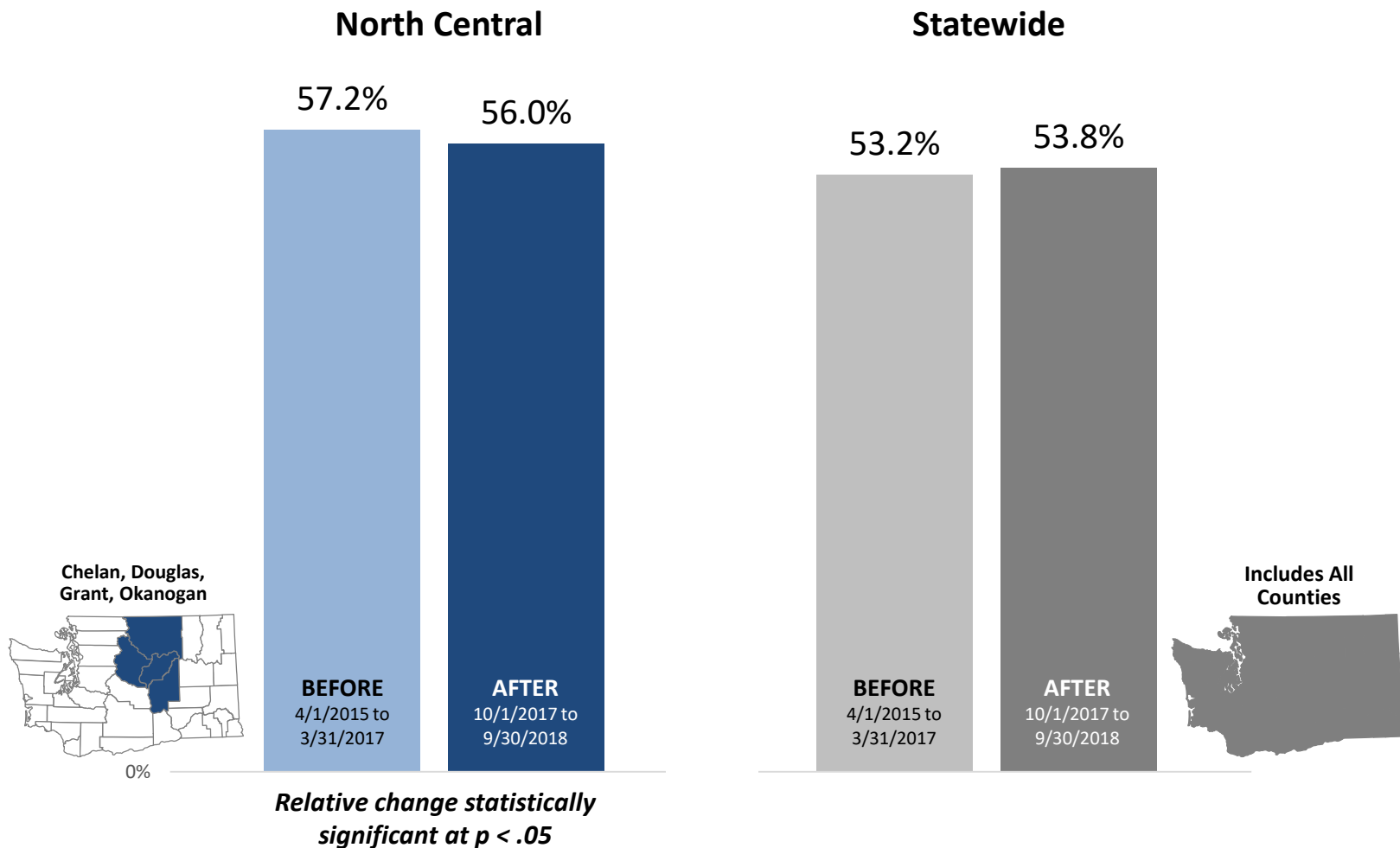
Statewide



Relative change statistically significant at $p < .05$

Cervical Cancer Screening (HEDIS®)

AGE 21 to 64

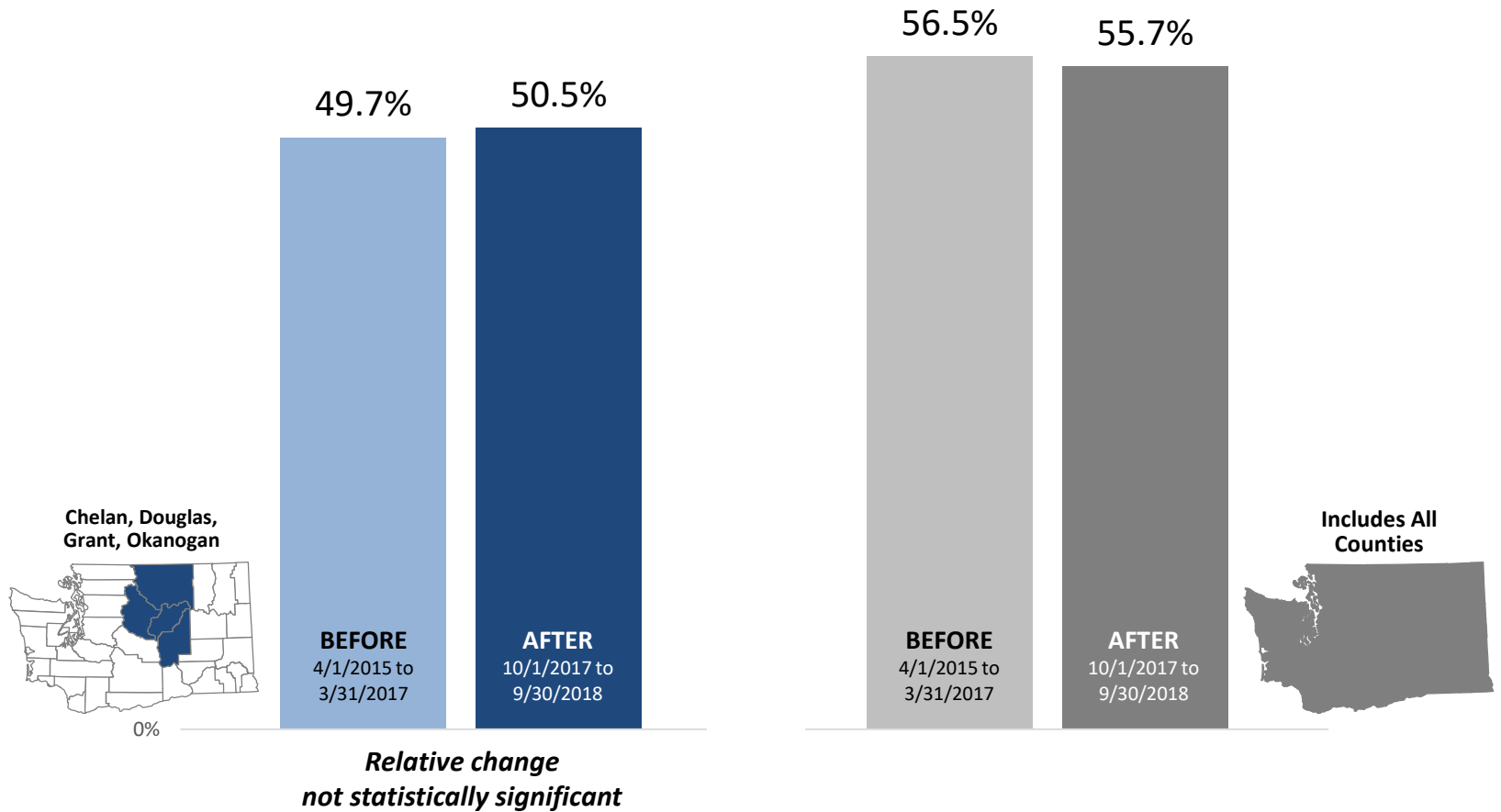


Chlamydia Screening in Women (HEDIS®)

AGE 18 to 24

North Central

Statewide



PART 2

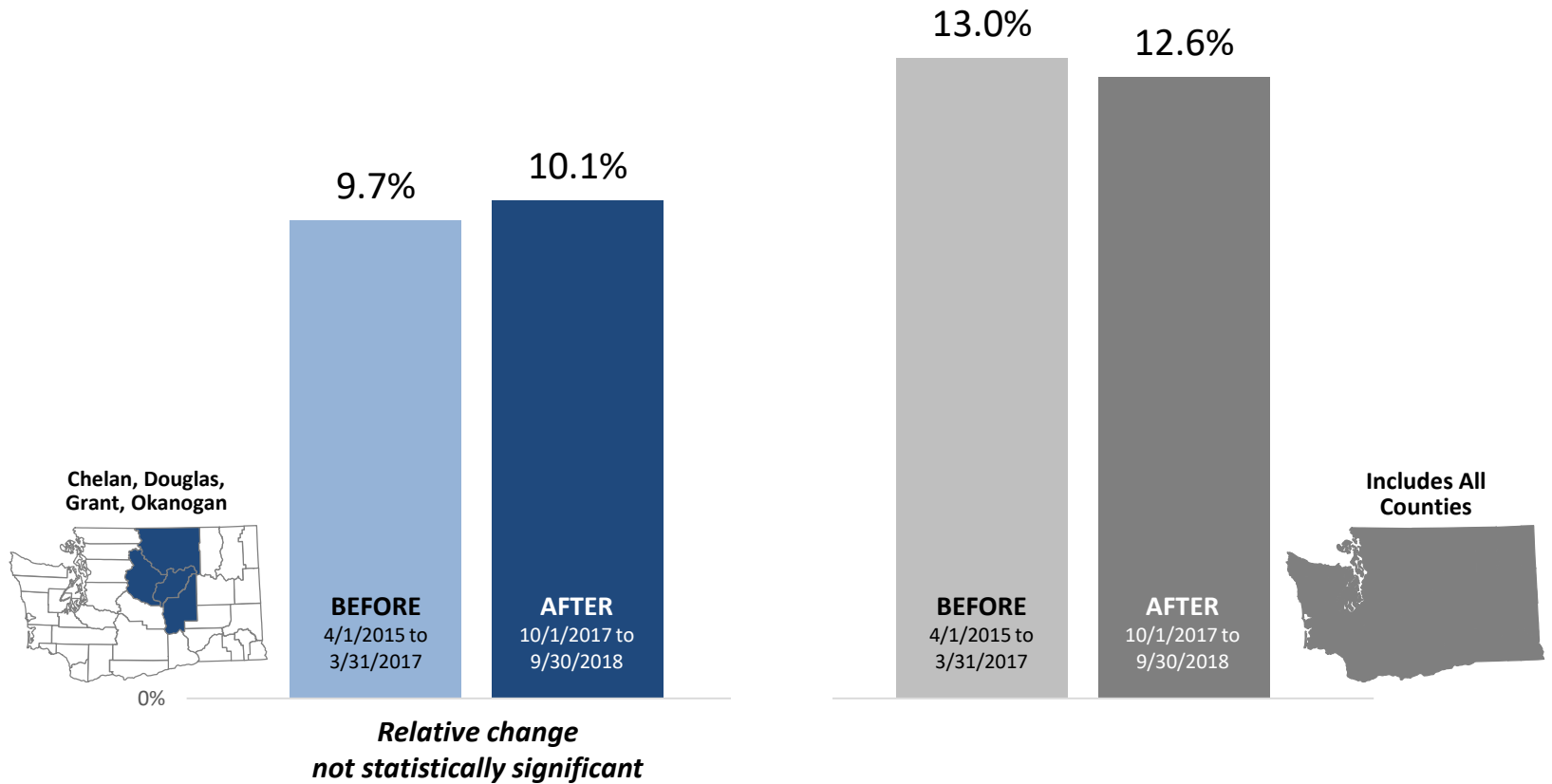
Quality of Care

All-Cause 30-Day Readmission (HEDIS®)

AGE 18 to 64

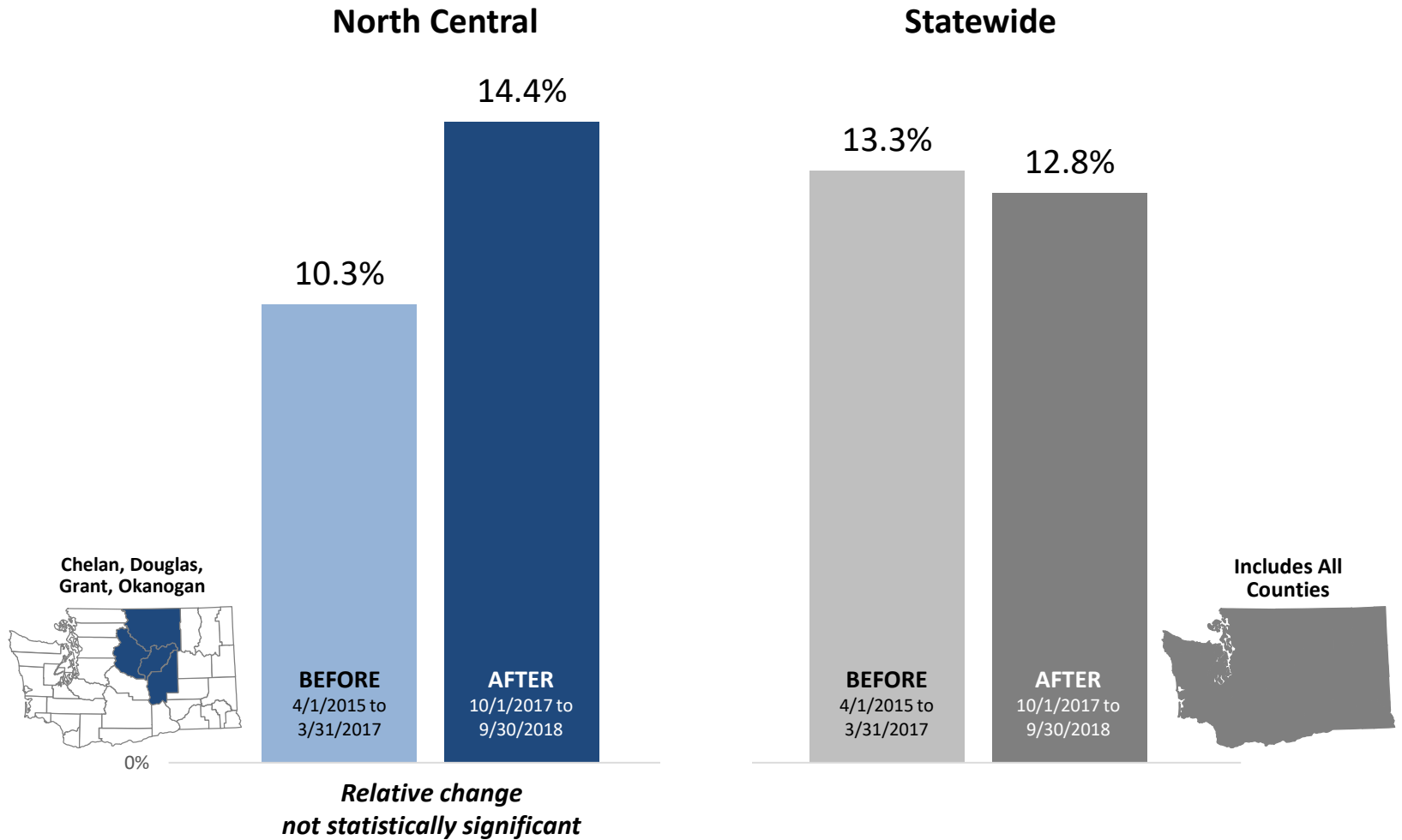
North Central

Statewide



Psychiatric 30-Day Readmission (HEDIS®)

AGE 6 to 64

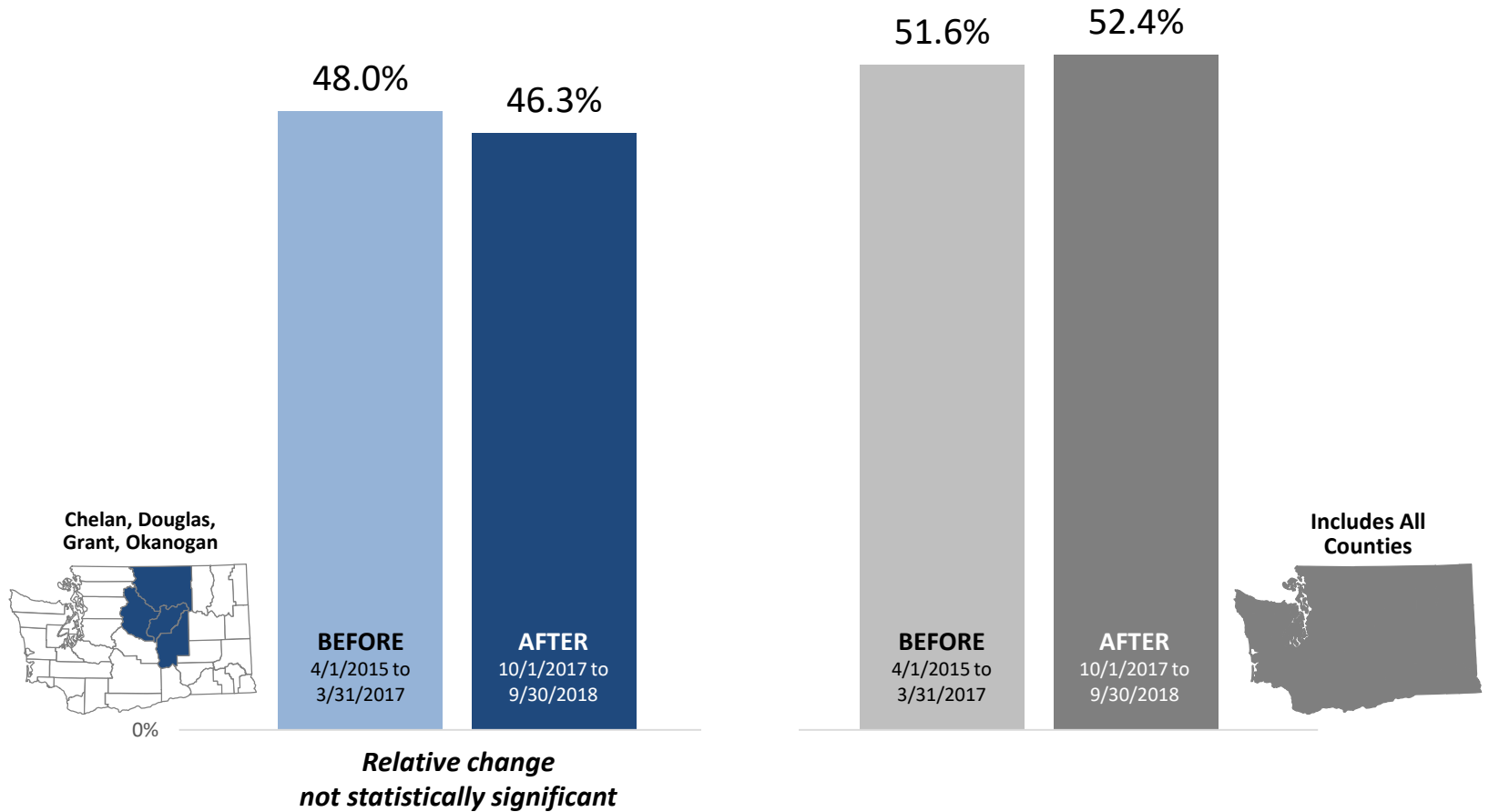


Antidepressant Medication Management Acute Phase Treatment (HEDIS®)

AGE 18 to 64

North Central

Statewide

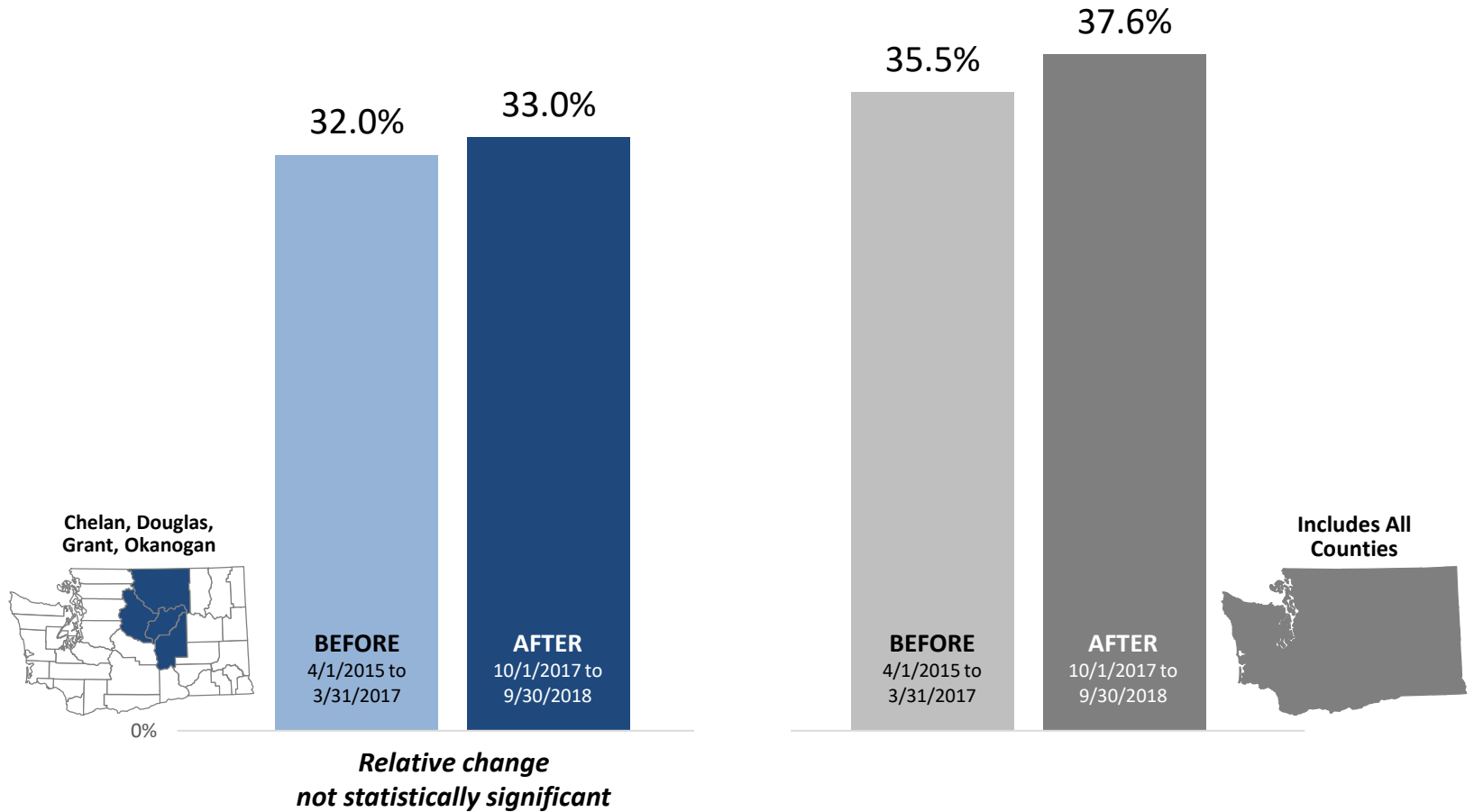


Antidepressant Medication Management Continuation Phase Treatment (HEDIS®)

AGE 18 to 64

North Central

Statewide

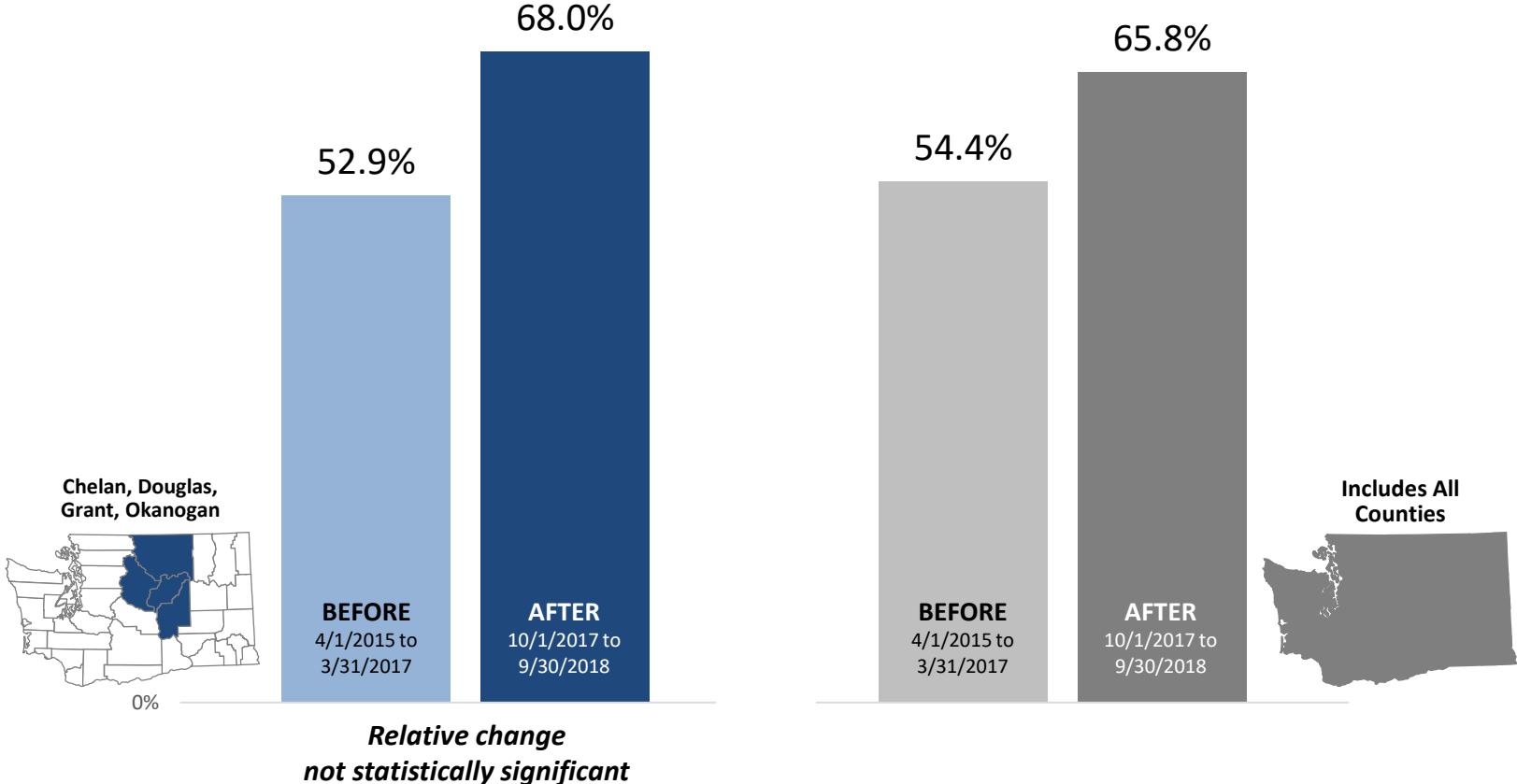


Adherence to Antipsychotics for Persons with Schizophrenia (HEDIS®)

AGE 18 to 64

North Central

Statewide

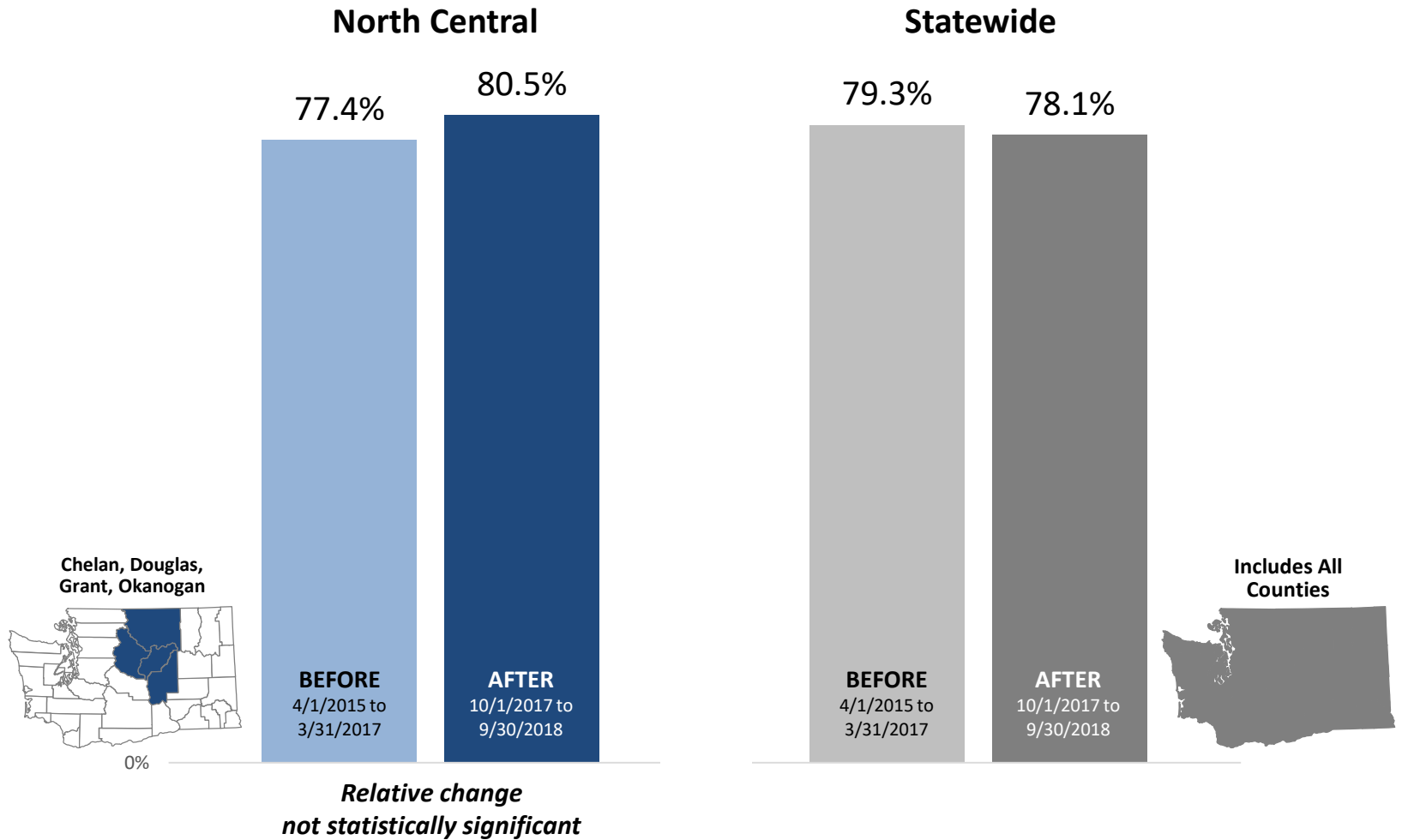


PART 3

Coordination

Diabetes Screening for People with Schizophrenia/Bipolar Disorder (HEDIS®)

AGE 18 to 64

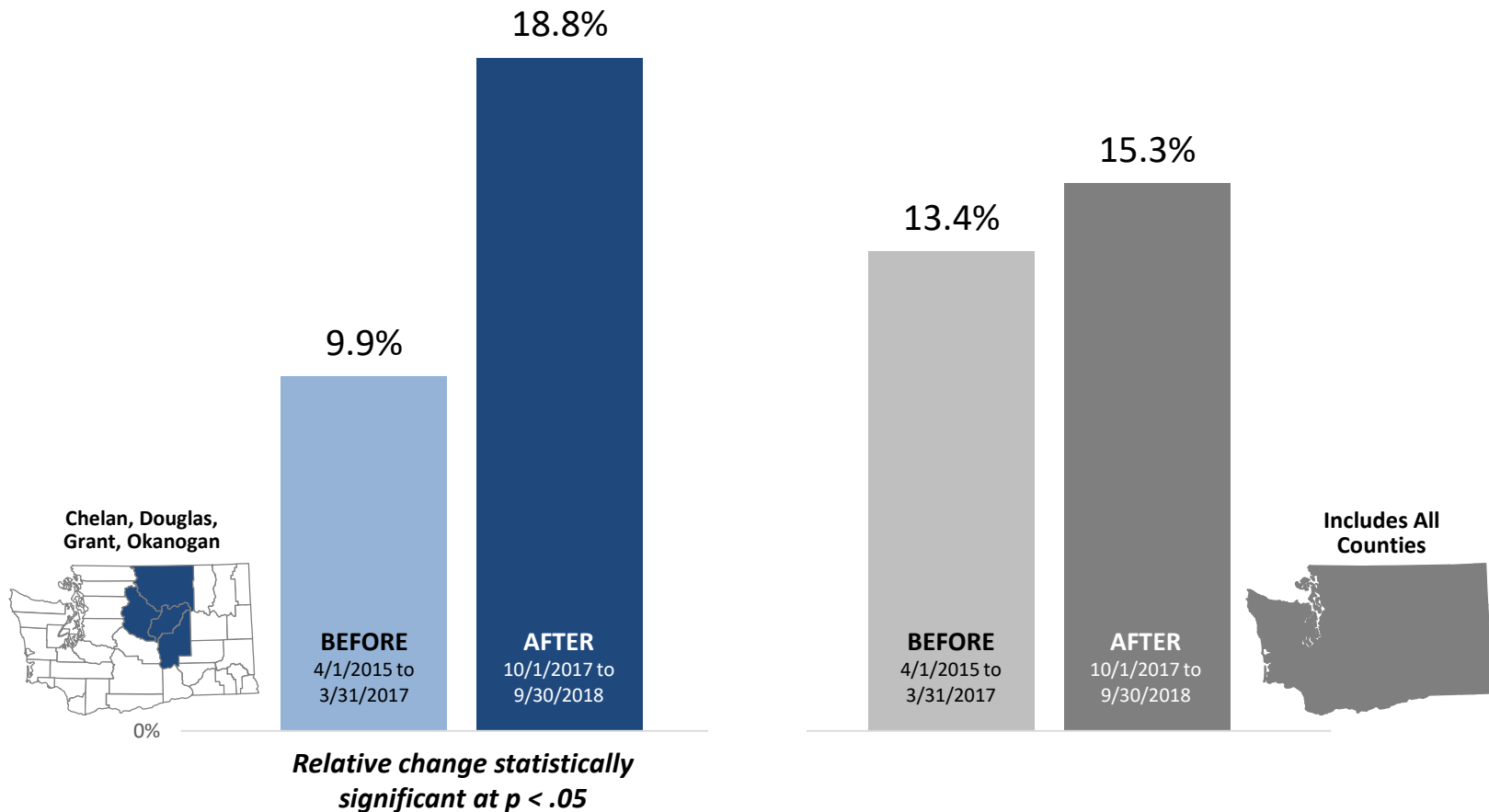


Follow-up after Emergency Department Visit for Alcohol or Drug Dependence within 7 Days (HEDIS®)

AGE 13 to 64

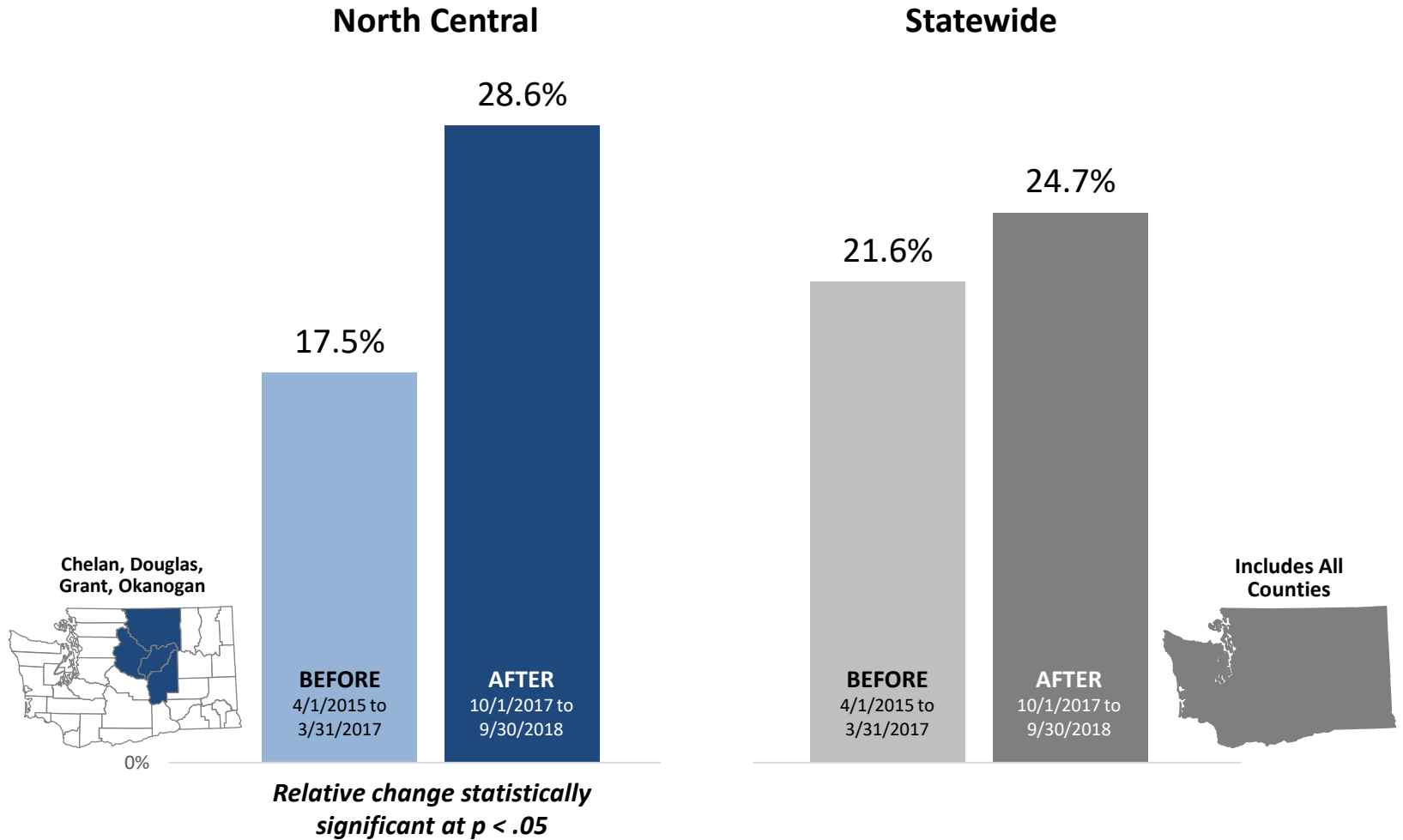
North Central

Statewide



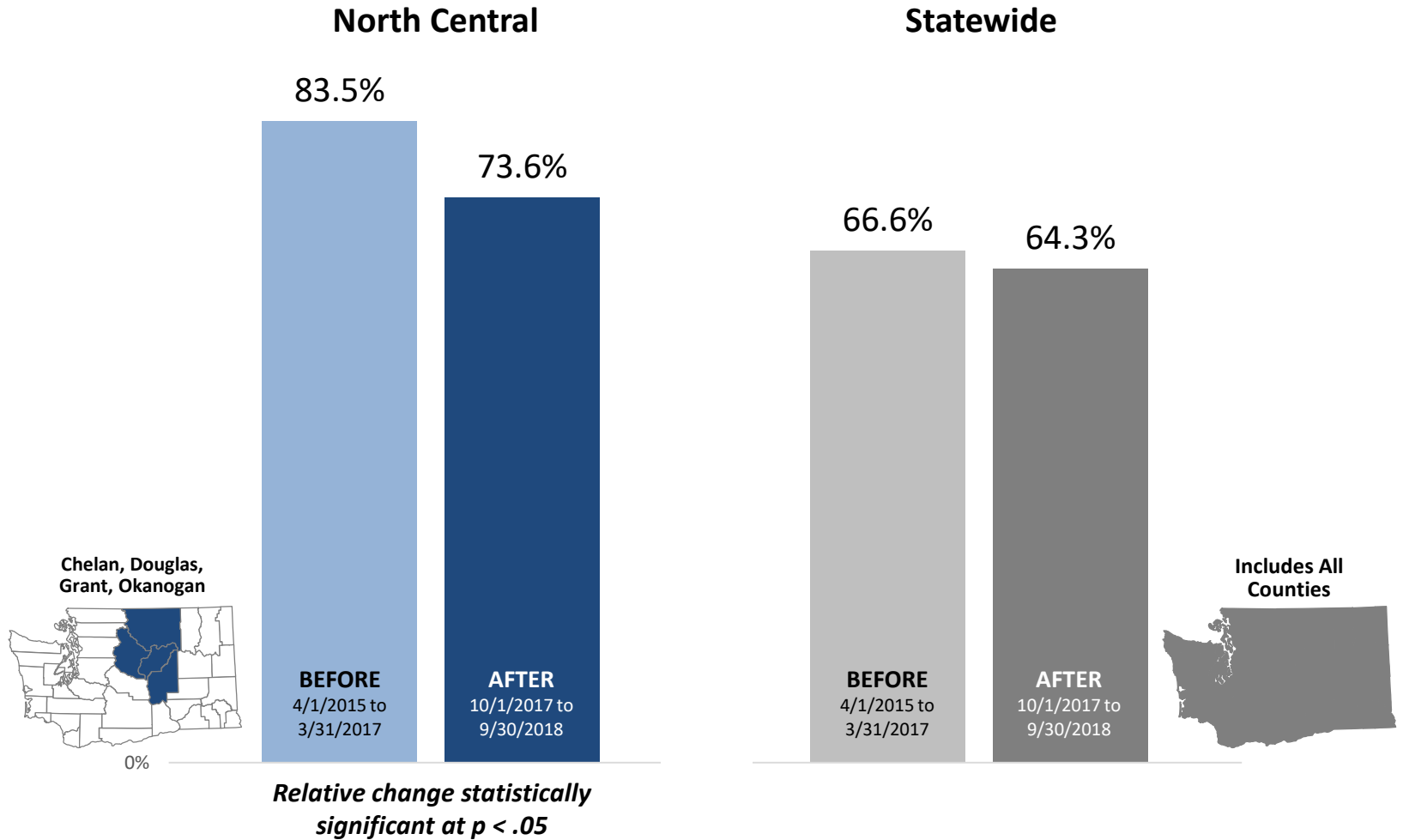
Follow-up after Emergency Department Visit for Alcohol or Drug Dependence within 30 Days (HEDIS®)

AGE 13 to 64



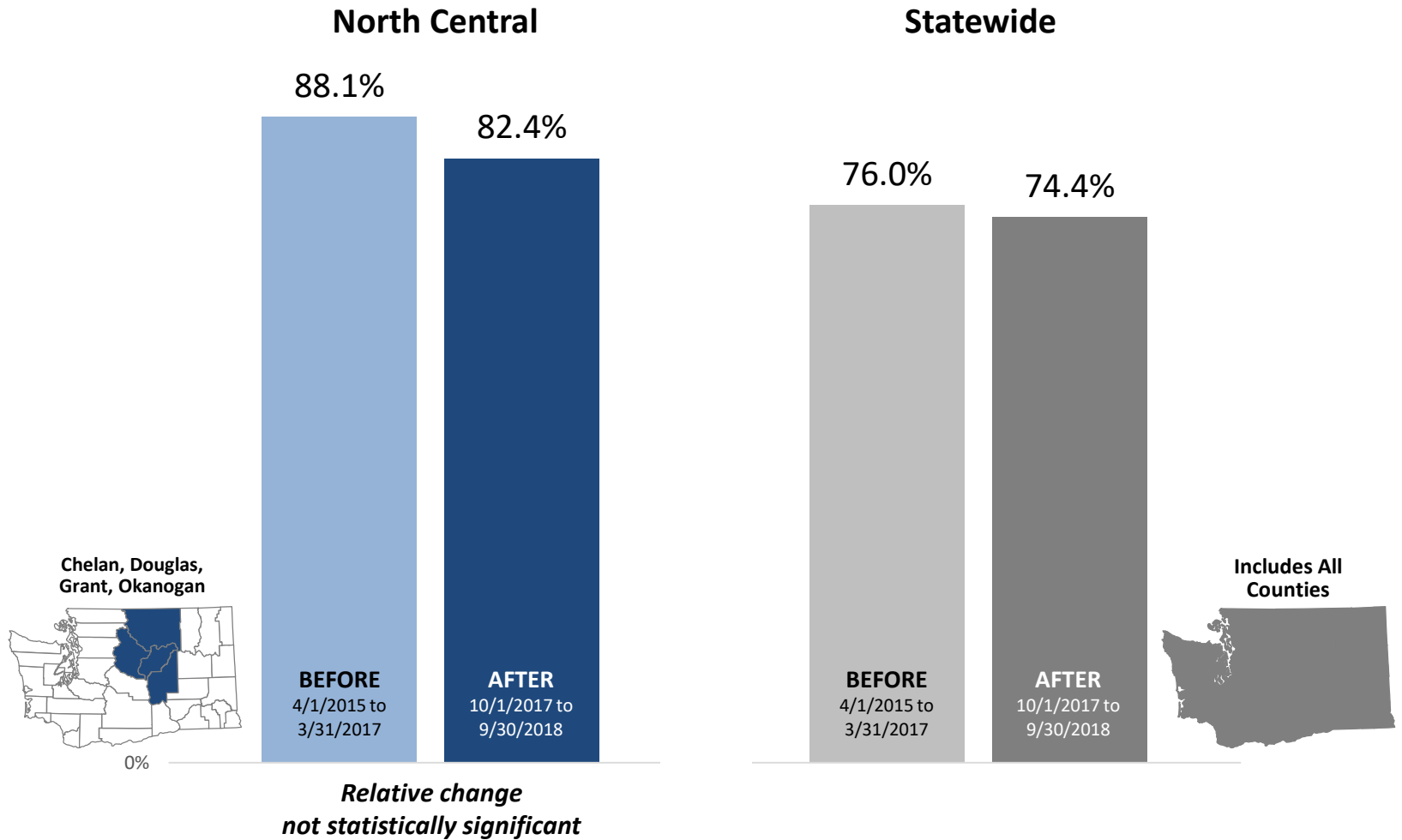
Follow-up after Emergency Department Visit for Mental Illness within 7 Days (HEDIS®)

AGE 6 to 64



Follow-up after Emergency Department Visit for Mental Illness within 30 Days (HEDIS®)

AGE 6 to 64



PART 4

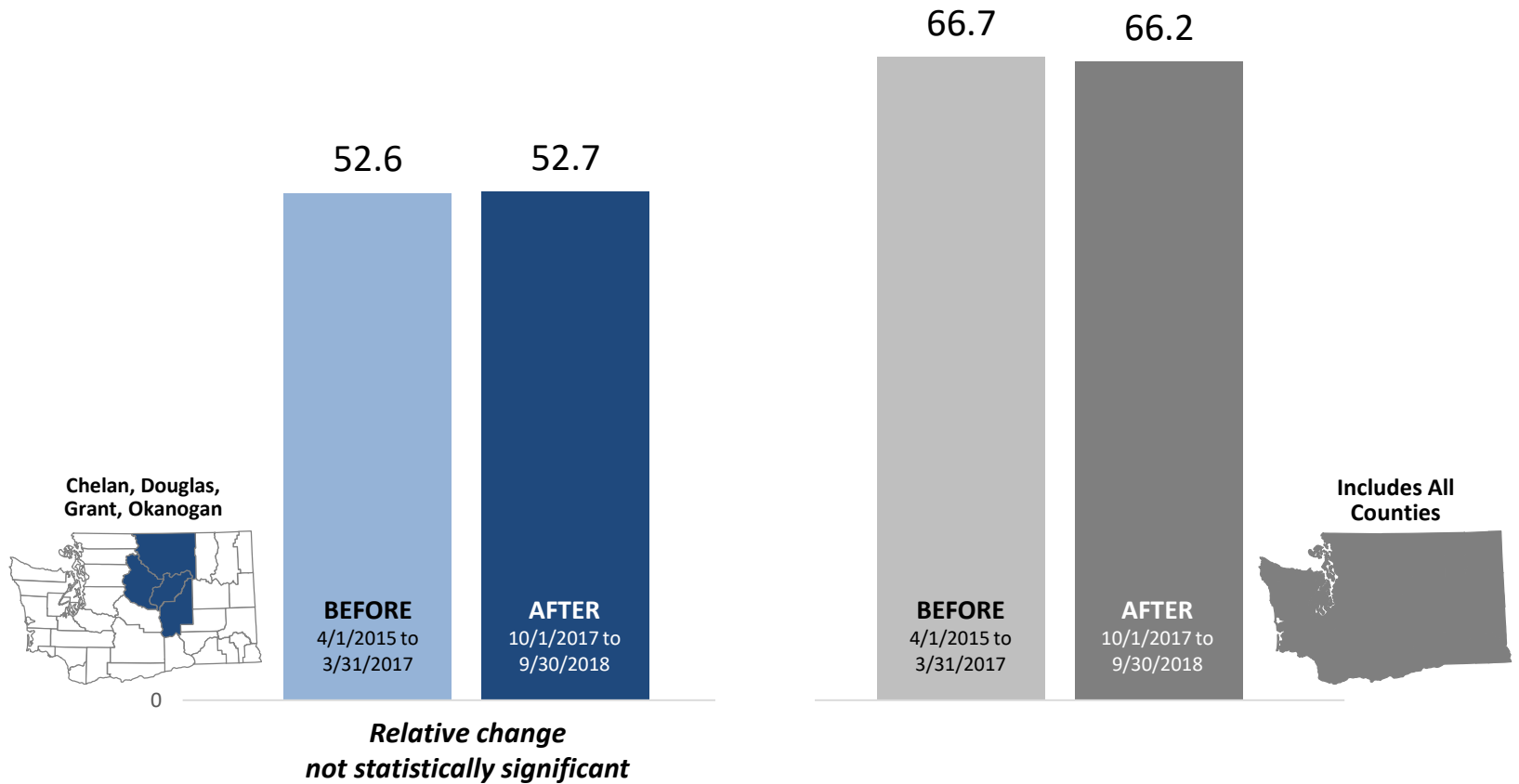
Utilization

Emergency Department Utilization per 1000 Coverage Months

AGE 18 to 64

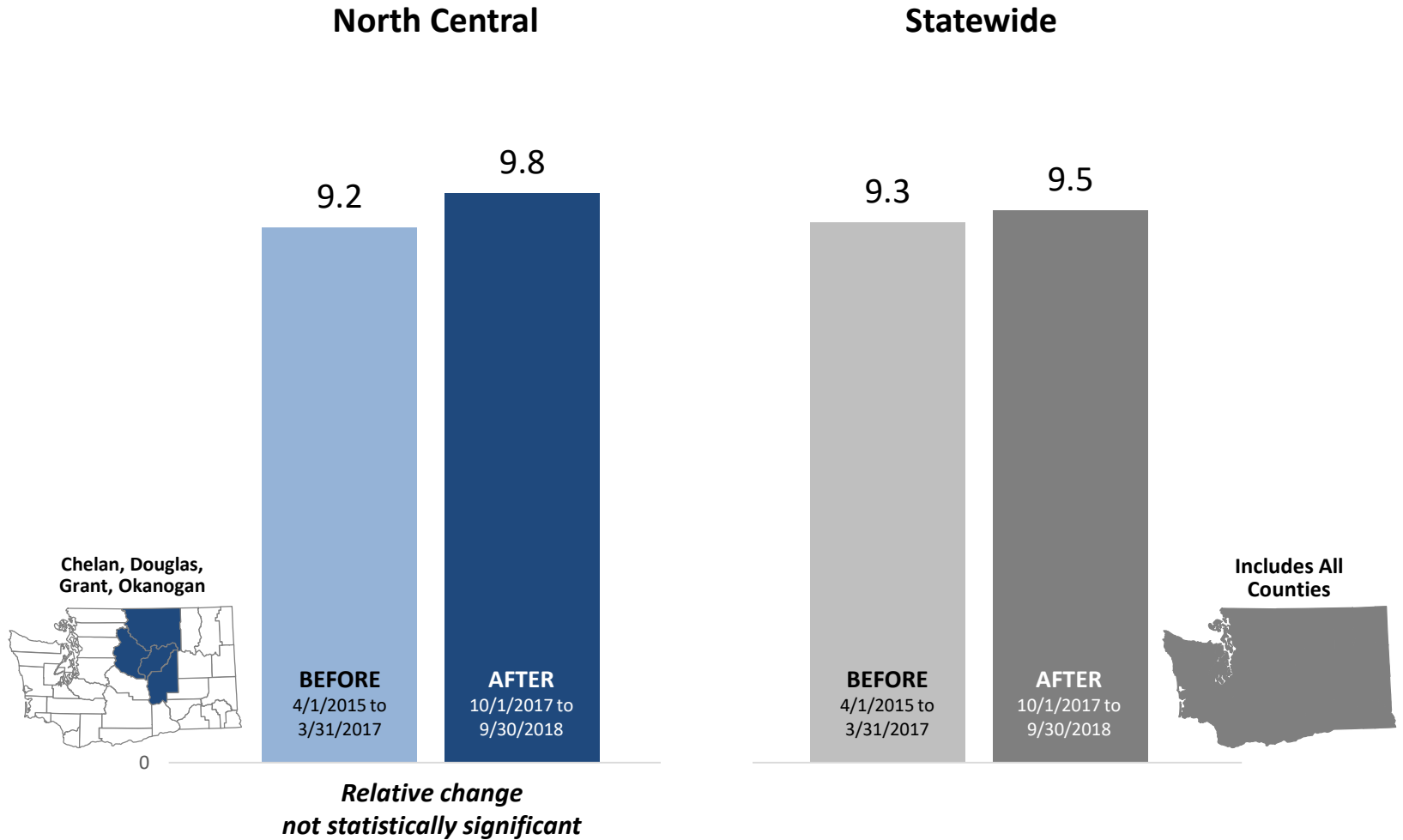
North Central

Statewide



Inpatient Utilization per 1000 Coverage Months

AGE 18 to 64



PART 5

Social Outcomes

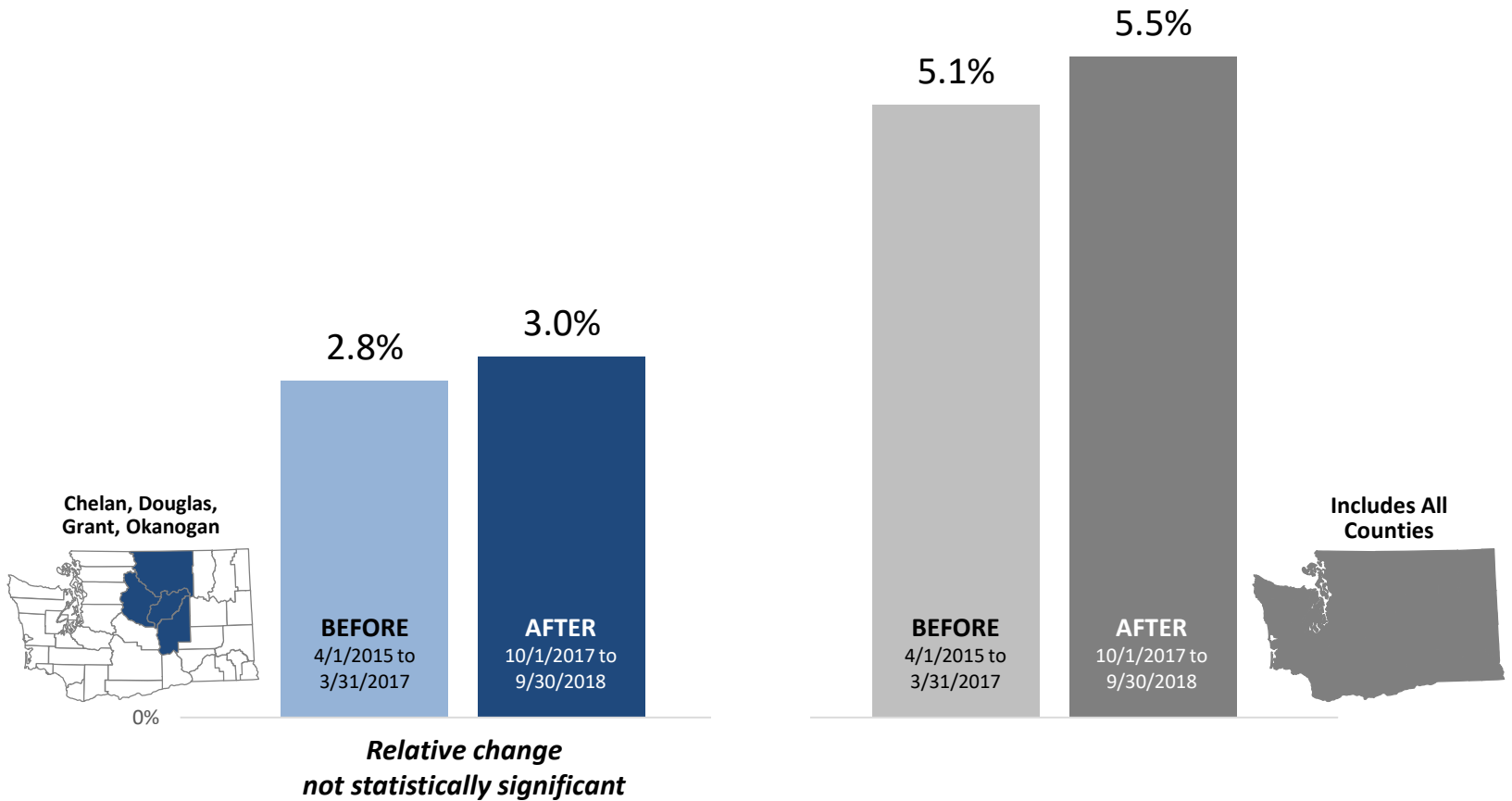
Percent Homeless - Narrow Definition

(ACES Living Arrangement Data)

AGE 18 to 64

North Central

Statewide



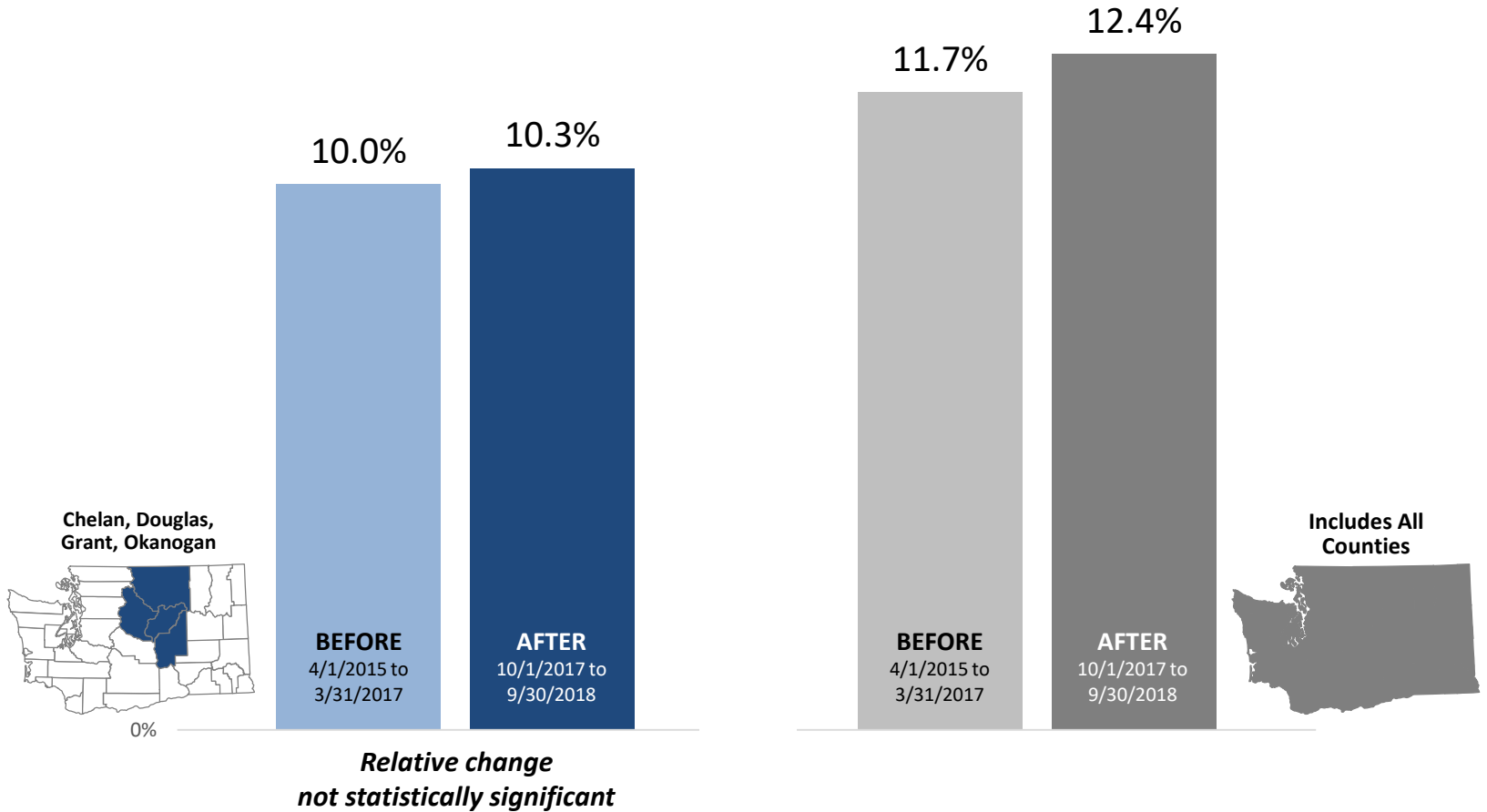
Percent Homeless - Broad Definition

(ACES Living Arrangement Data)

AGE 18 to 64

North Central

Statewide

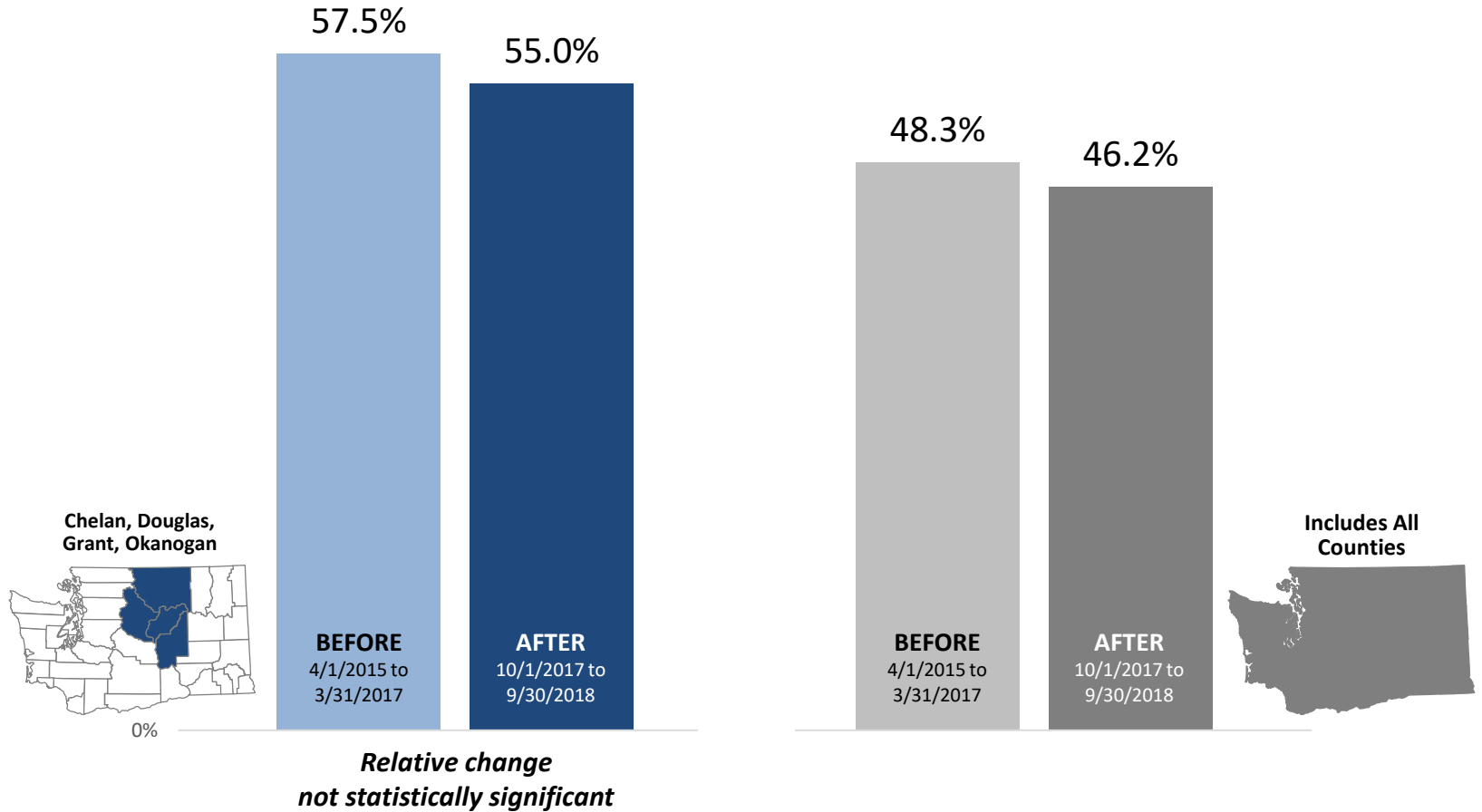


Percent Employed (ESD Quarterly Wage Match)

AGE 18 to 64

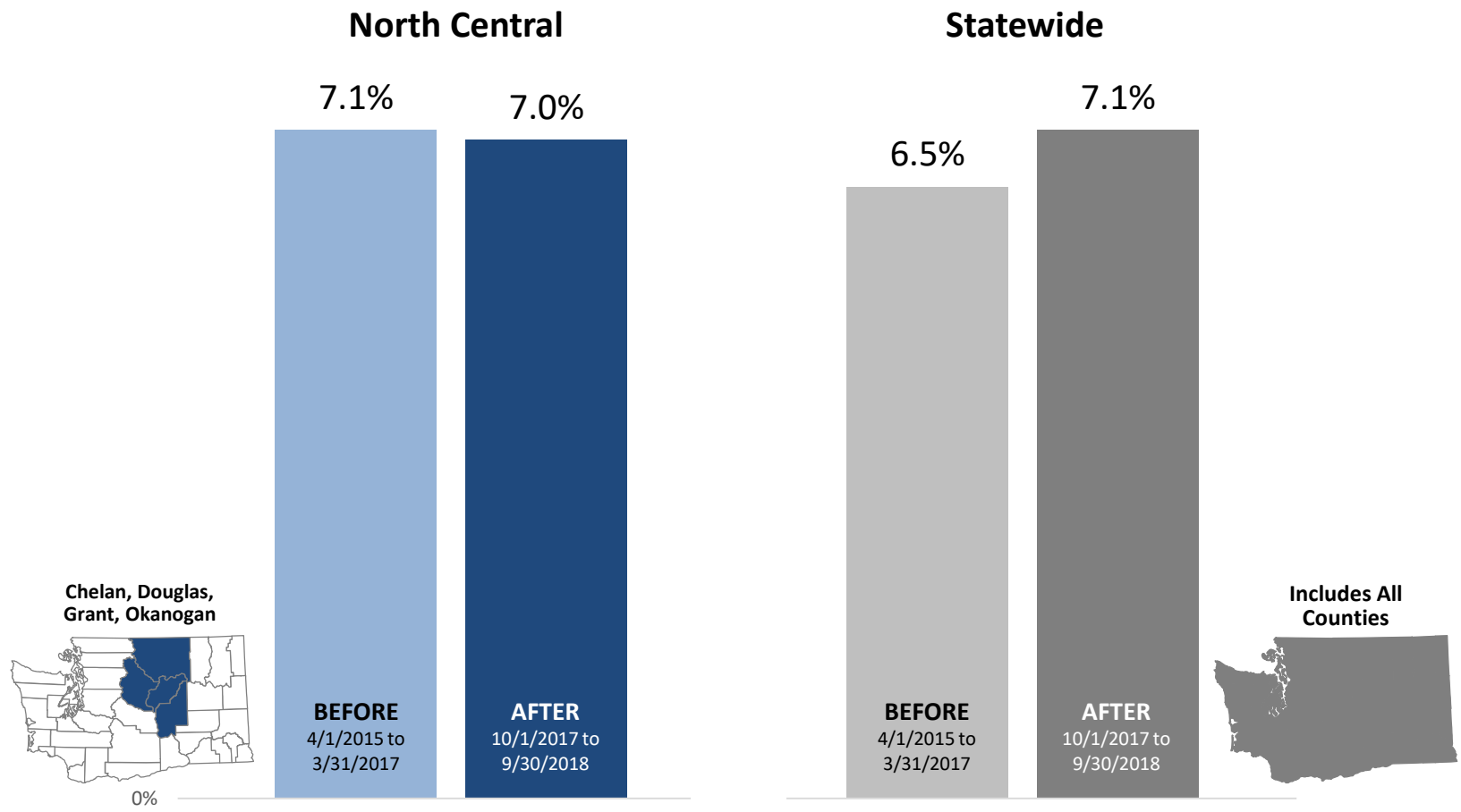
North Central

Statewide



Percent Arrested (WSP WASIS Match)

AGE 18 to 64



Relative change statistically significant at $p < .05$

Questions?

CONTACTS:

David Mancuso, PhD • 360.902.7557

Director, Research and Data Analysis Division
DSHS Facilities, Finance, and Analytics Administration
david.mancuso@dshs.wa.gov

Alice Lind
Alice.lind@hca.wa.gov