

Informing Medicaid Transformation with Data

Select data for Better Health Together

October 6, 2017



Presentation Overview

- Washington Medicaid waiver demonstration quick refresher
- Using data at different stages of the waiver health improvement projects
- Example data sources
- Select data by demonstration project area

WA Medicaid Transformation refresher

ACHs intended to:

- Address health issues through local collaboration on shared goals
- Better align resources and activities that improve whole person health and wellness
- Support the Medicaid Transformation Demonstration via **regional health transformation projects** and foundational supports like value-based purchasing

Health Systems & Community Capacity Building

- ✓ **Required foundation elements for transformation projects:**
 - Financial sustainability through value-based payment (VBP)
 - Workforce development related to specific initiatives
 - Systems for population health management

Care Delivery Redesign

- ✓ **Required project:**
 - Bi-directional integration of behavioral health and primary care

Choose at least one:

- Community-based care coordination
- Transitional care
- Diversion interventions

Prevention & Health Promotion

- ✓ **Required project:**
 - Addressing the opioid use public health crisis

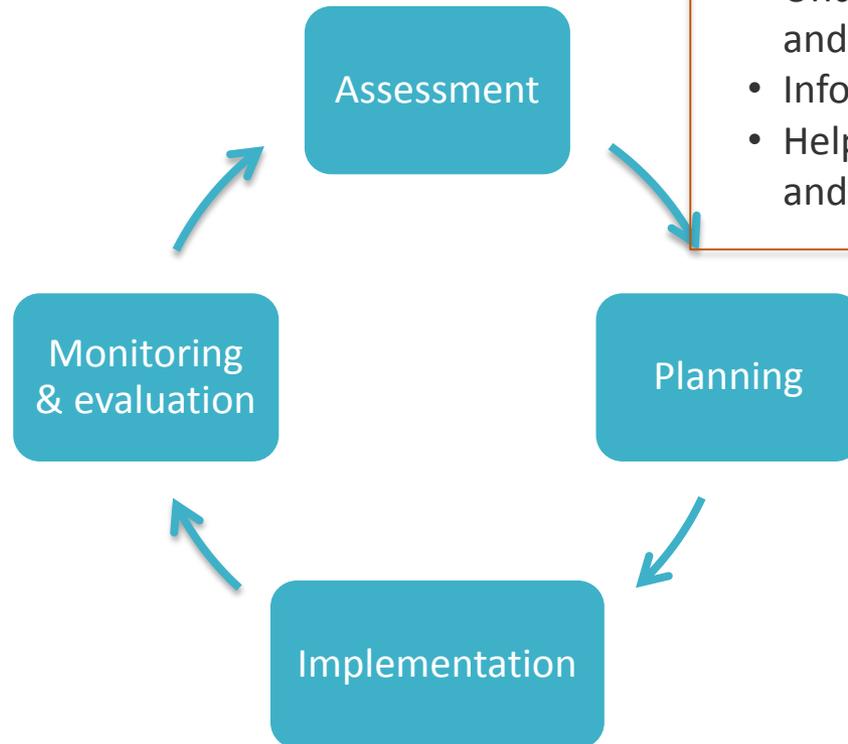
Choose at least one:

- Maternal and child health
- Access to oral health services
- Chronic disease prevention and control

Using data at multiple points

Use data for:

- Quality improvement & analytics
- Partner and collaborative feedback
- Performance measurement and reporting
- Self evaluation and strategy redesign



Use data to:

- Understand community needs and resources
- Inform project selection
- Help identify priority populations and relevant partners

Use data to:

- Consider which strategies are most appropriate
- Design interventions
- Estimate potential to have an impact

Use data to:

- Drive implementation (e.g. identify participants, stage roll-out)
- Track progress; identify gaps or timeline issues
- Ongoing adjustments

Example data sources – whole population

Population level (or sub-groups)

Existing reports and assessments:

- BHT community priority identification process
- Spokane Urban Indian Health Profile
- SRHD Community Linkages report
- Odds Against Tomorrow
- EHF Aging Services Ecosystem Scan

Health status & health system performance data:

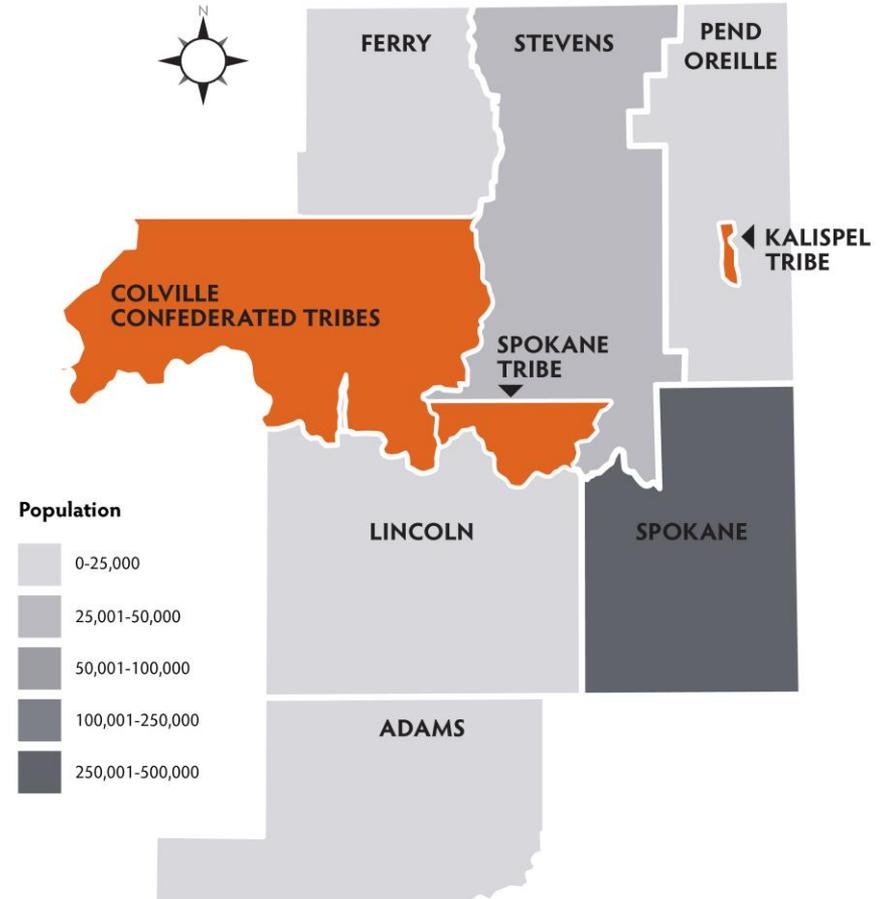
- Vital statistics
- Hospital discharge (CHARS reports)
- Population-based surveys (e.g. BRFSS)
- Data on specific topics (e.g. opioid overdoses)

SDOH & social services data:

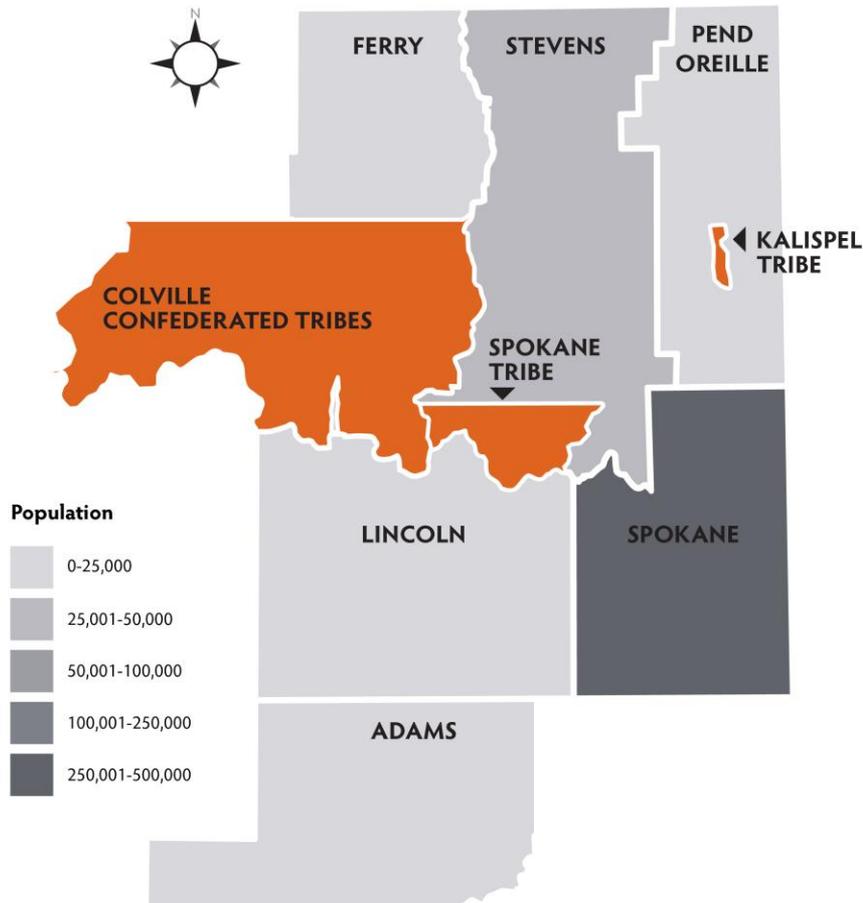
- Statewide point-in-time homelessness count
- Spokane Community Indicators

Health system resource data:

- Workforce shortage area designations
- WA Sentinel network



Example data sources - Medicaid specific



Medicaid-specific

Existing reports and assessments:

- Medicaid enrollment and coverage reports
- Behavioral Health Treatment Needs and Outcomes for Washington Counties reports

Health status & health system performance data:

- Healthier Washington Data Dashboard
- Various state agency (HCA, DOH, DSHS, etc.) products being produced for ACHs, e.g. Regional Health Needs Assessment “starter kit”
 - Statewide data sources that allow cuts by payer (e.g. CHARs)
 - Demonstration performance measure proxy data

Health system resource data:

- Medicaid Provider reports produced by HCA for ACHs

Medicaid Population & Demographics

County	Population	Medicaid Population	Medicaid as % of Pop.	% of BHT Medicaid
Adams	19,500	9,980	51.2%	5.0%
Ferry	7,700	2,485	32.3%	1.2%
Lincoln	10,640	3,213	30.2%	1.6%
Pend Oreille	13,290	4,583	34.5%	2.3%
Spokane	492,500	165,000	33.5%	82.5%
Stevens	44,100	14,800	33.6%	7.4%

Demographics	BHT	Washington
Male	49.0%	47.0%
Hispanic	11.0%	21.0%
American Indian/ Alaska Native	4.0%	3.0%
Asian	1.0%	5.0%
Black	4.0%	7.0%
Native Hawaiian/ Pacific Islander	2.0%	3.0%
White	75.0%	57.0%
Multiracial	1.0%	1.0%
Other	7.0%	15.0%
Unknown	7.0%	10.0%
English language	94.0%	87.0%

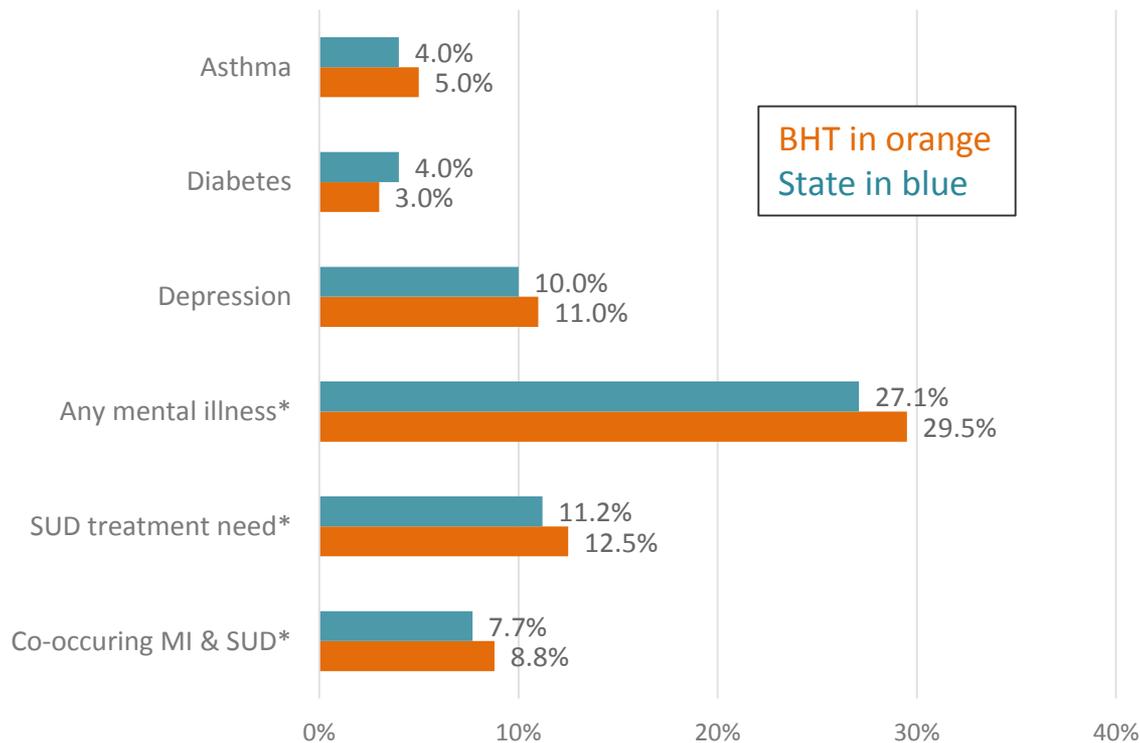
Select data by Medicaid transformation
project area



Bi-directional Integration

Objective: Address physical and behavioral health needs using a whole person approach and integrated network of providers; improve coordination and access.

Medicaid population prevalence of ...



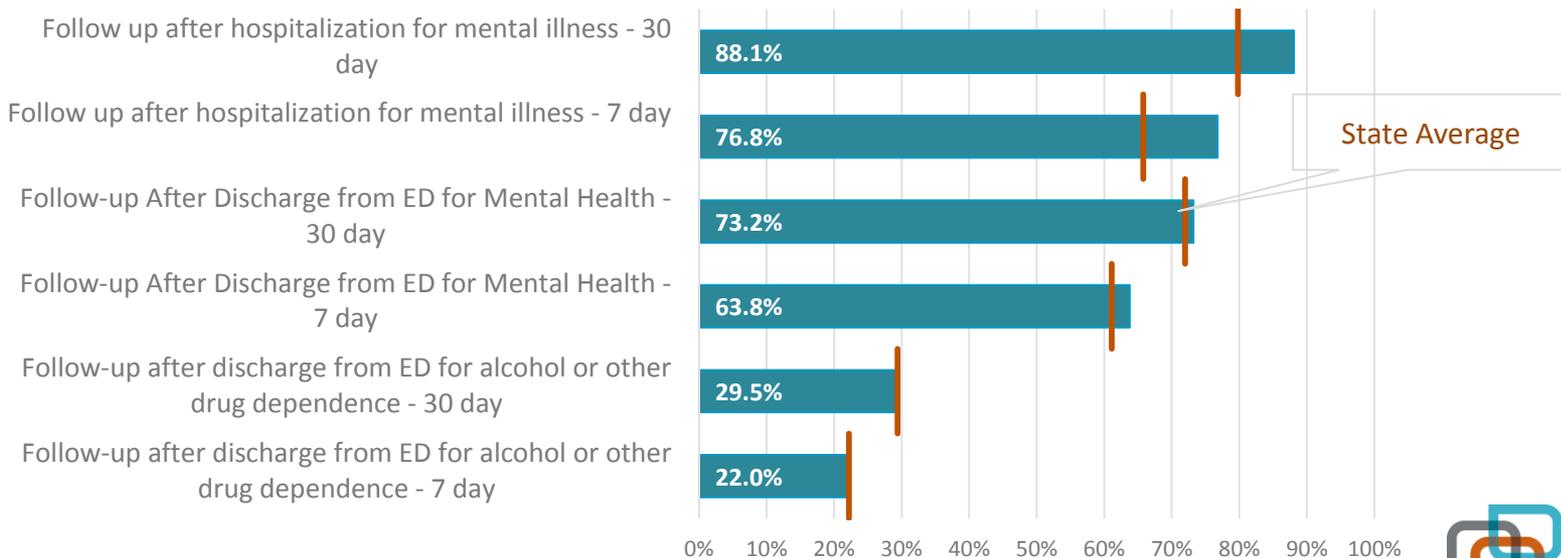
- More than 44,000 BHT Medicaid members have been diagnosed with a mental illness
- About 20,000 have a substance abuse treatment need
- About 36,000 have a mental health *or* substance abuse condition *and* 1 or more chronic diseases

Bi-directional Integration (2)

Co-occurring conditions by Medicaid eligibility group in BHT region

Coverage group	SUD	MH condition	Chronic Disease	SUD or MH and CD
Disabled	27.7%	60.6%	24.6%	58.8%
New adults	20.3%	32.1%	24.2%	29.4%
Traditional XIX	5.5%	20.4%	27.2%	13.4%

BHT performance on select integration performance measures



Community-based care coordination

Objective: Promote care coordination across the continuum of health, connecting beneficiaries to the interventions and services needed to improve and manage their health.

SRHD Community Linkages study:

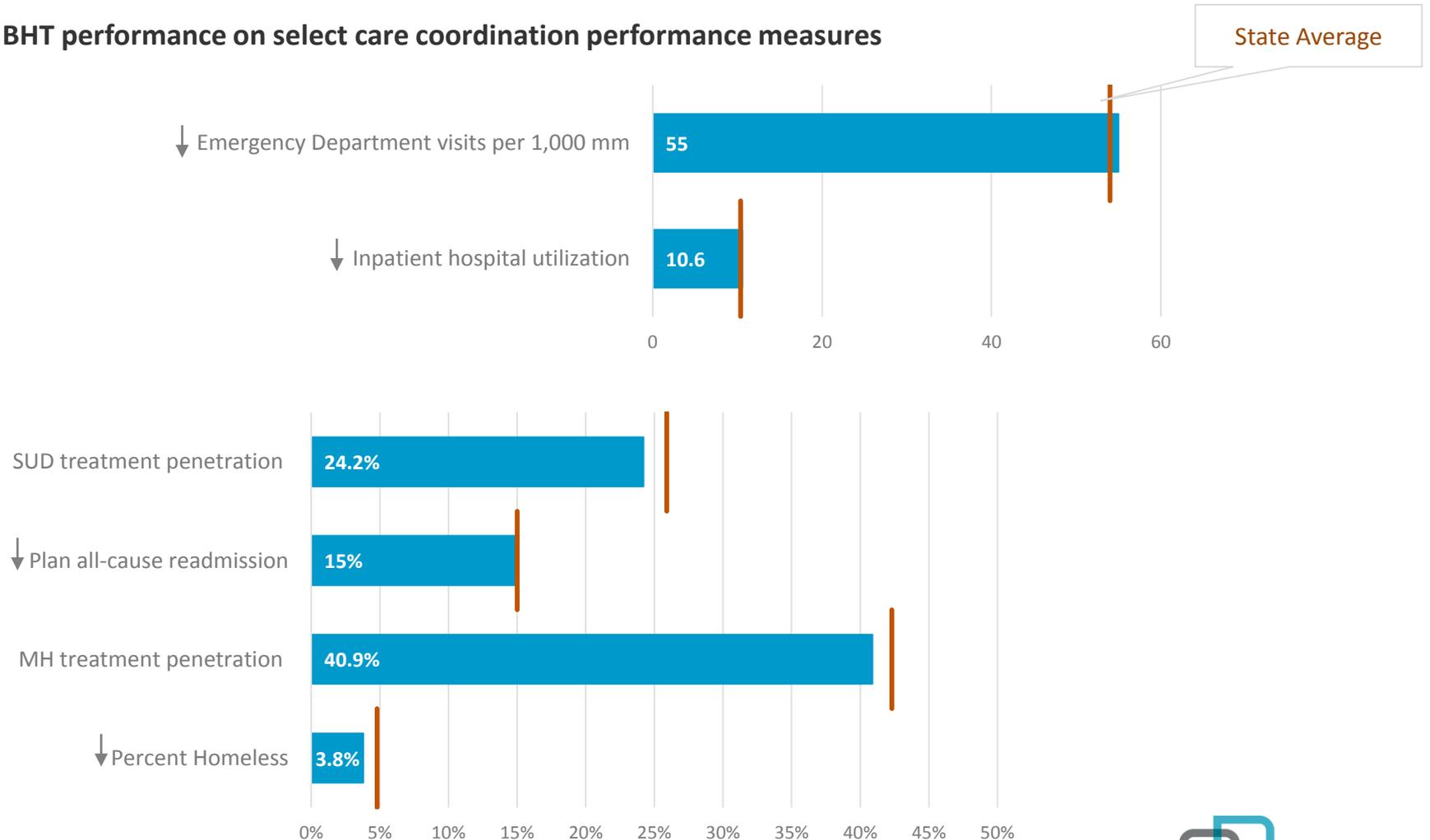
- Health sector organizations were well linked with each other, but “somewhat siloed within their sector”
- Referrals between organizations and across sectors had “some disconnected clusters” but were “fairly well connected overall”
- Data exchange was tightly concentrated in small clusters of organizations
- Organizations typically more likely to send referrals and data than to receive them

Community Pathways projects in BHT region:

- Ferry County jail transitions pilot project
- New DOJ grant to Spokane County for “smart re-entry” program for people released from county jail

Community-based care coordination (2)

BHT performance on select care coordination performance measures

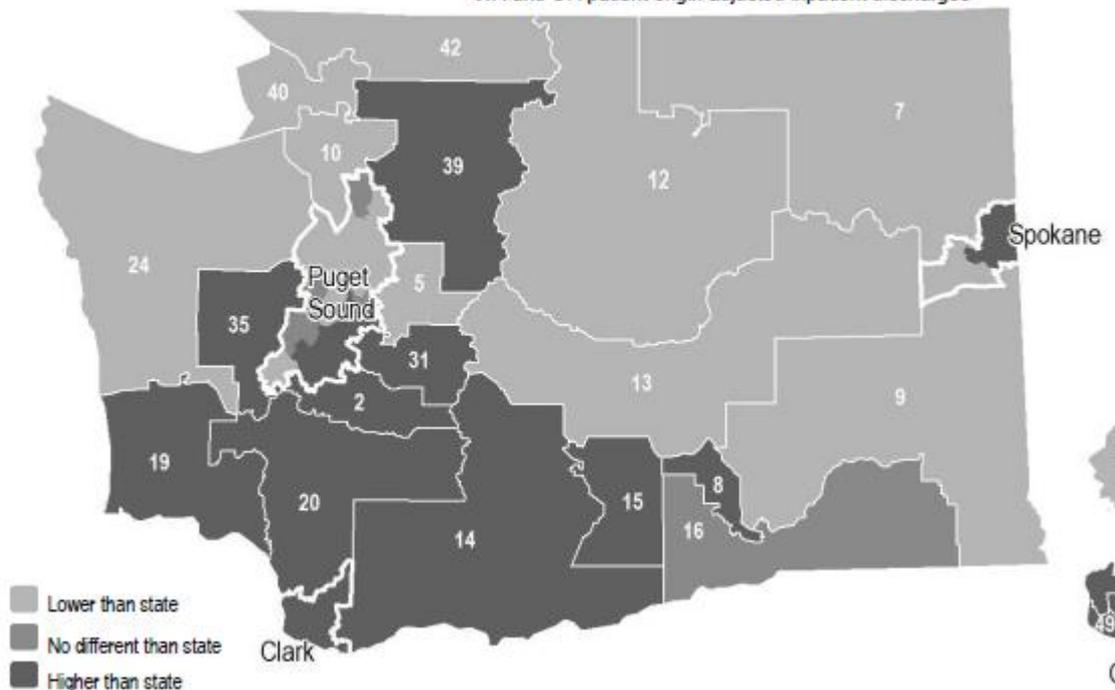


Transitions

Objective: reduce avoidable hospital utilization; ensure members get the right care in the right place.

Potentially preventable hospitalizations, all payers, rate per 100,000

Figure 1
All Conditions Composite (PQI 90)
 Age-adjusted rates by legislative district, 2013-15
 WA and OR patient origin adjusted inpatient discharges

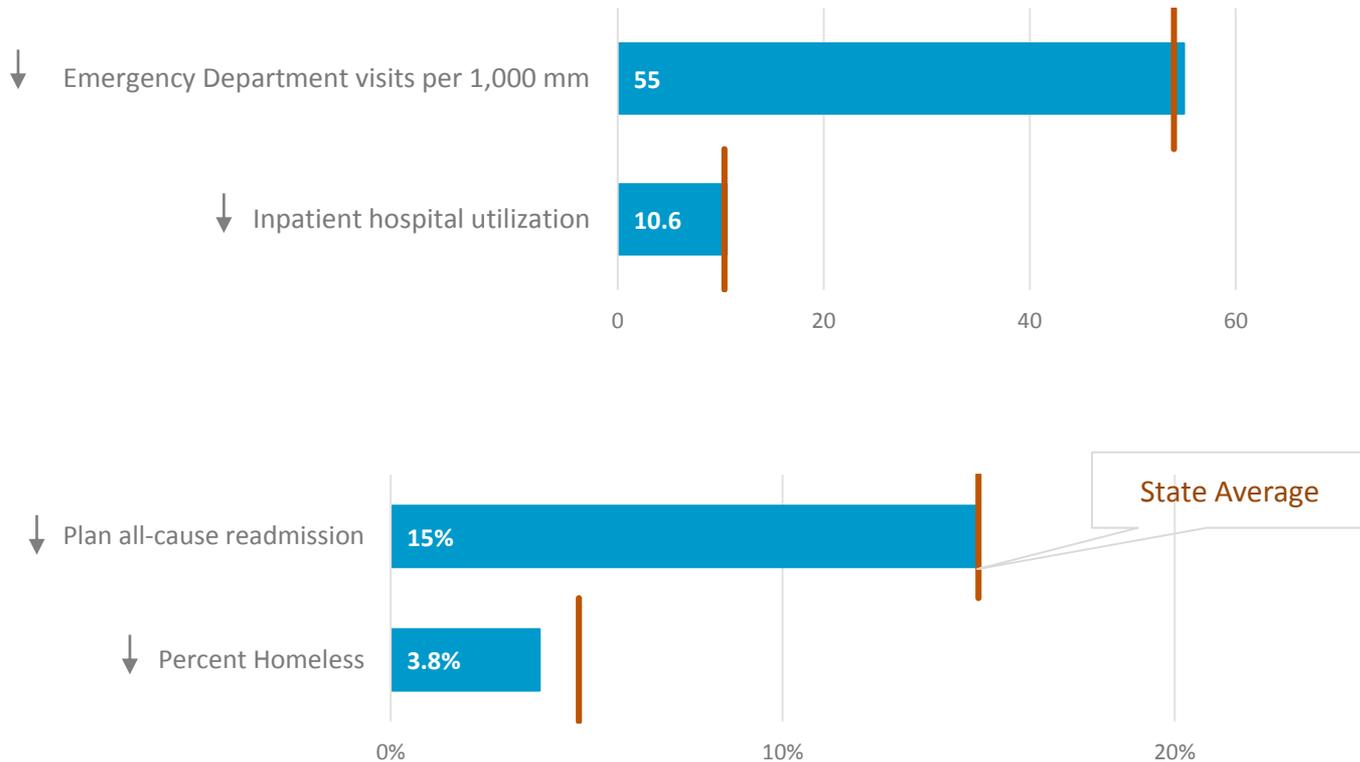


Hospital Discharges 2016	BHT	WA
Total	196,500	1.3M
Medicaid	44,400	289,900

Source: <http://www.ofm.wa.gov/researchbriefs/2017/brief085.pdf>

Transitions (2)

BHT performance on select transition performance measures



↓ = A lower rate is better for this measure

Diversion

Objective: Promote more appropriate use of emergency care services through increased access to primary care and social services, especially for medically underserved populations

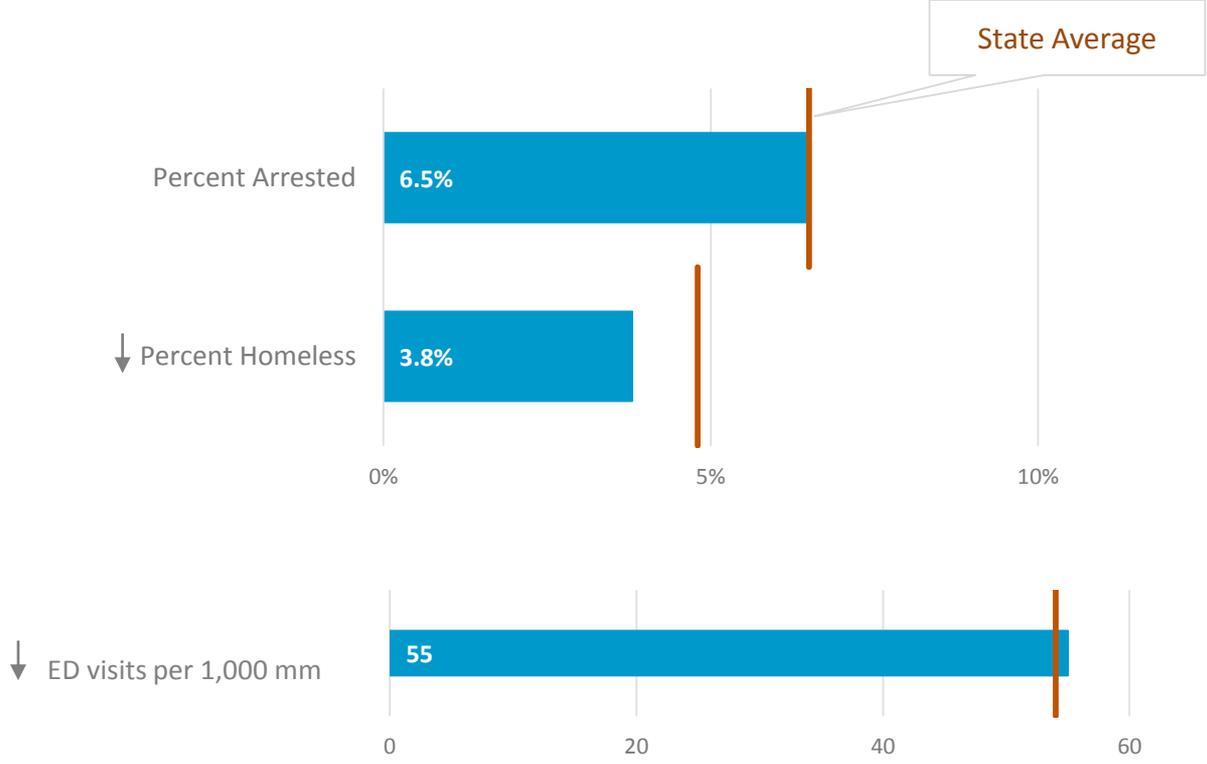
Potentially avoidable ED visits, FY 2015	Medicaid	Commercial
State	13%	12%
BHT	14%	10%
BHT-area clinics, hospitals, or health plans	Better than state: 26 Average: 34 Worse: 7 Unrated (too few cases): 14	Better than state: 25 Average: 36 Unrated (too few cases): 19

Source: Community Checkup: <https://www.wacommunitycheckup.org/> and <https://www.wacommunitycheckup.org/media/1077/2015-community-checkup-report-accountable-community-health-washington-state-report.pdf>

Note: HCA is working on additional data product for ACHs on ED high utilizers

Diversion-relevant data

BHT performance on select diversion measures



↓ = A lower rate is better for this measure

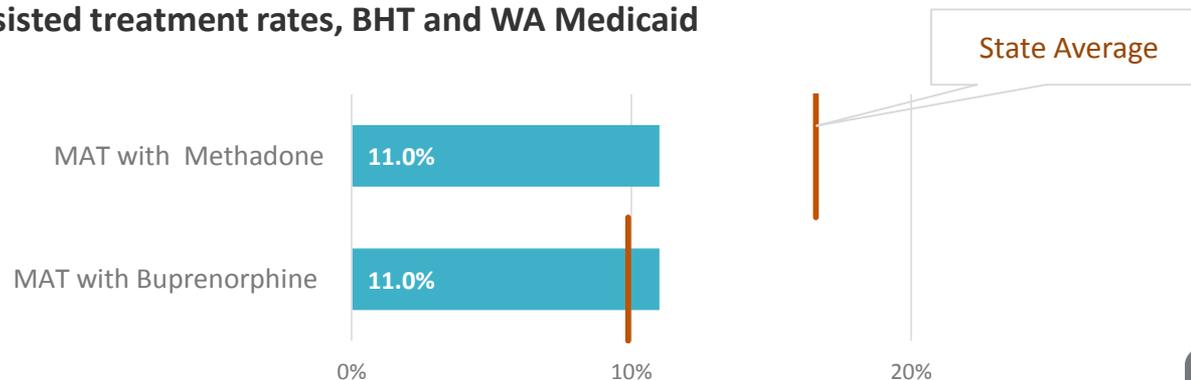
Opioids

Objective: Reduce opioid-related morbidity and mortality through prevention, treatment, and recovery supports.

Opioid Users as % of Medicaid Population	BHT	Washington
All	17.4%	13.5%
Users with no cancer	15.4%	11.9%
Heavy users*	3.6%	2.8%
Users for > 30 days	3.9%	2.8%

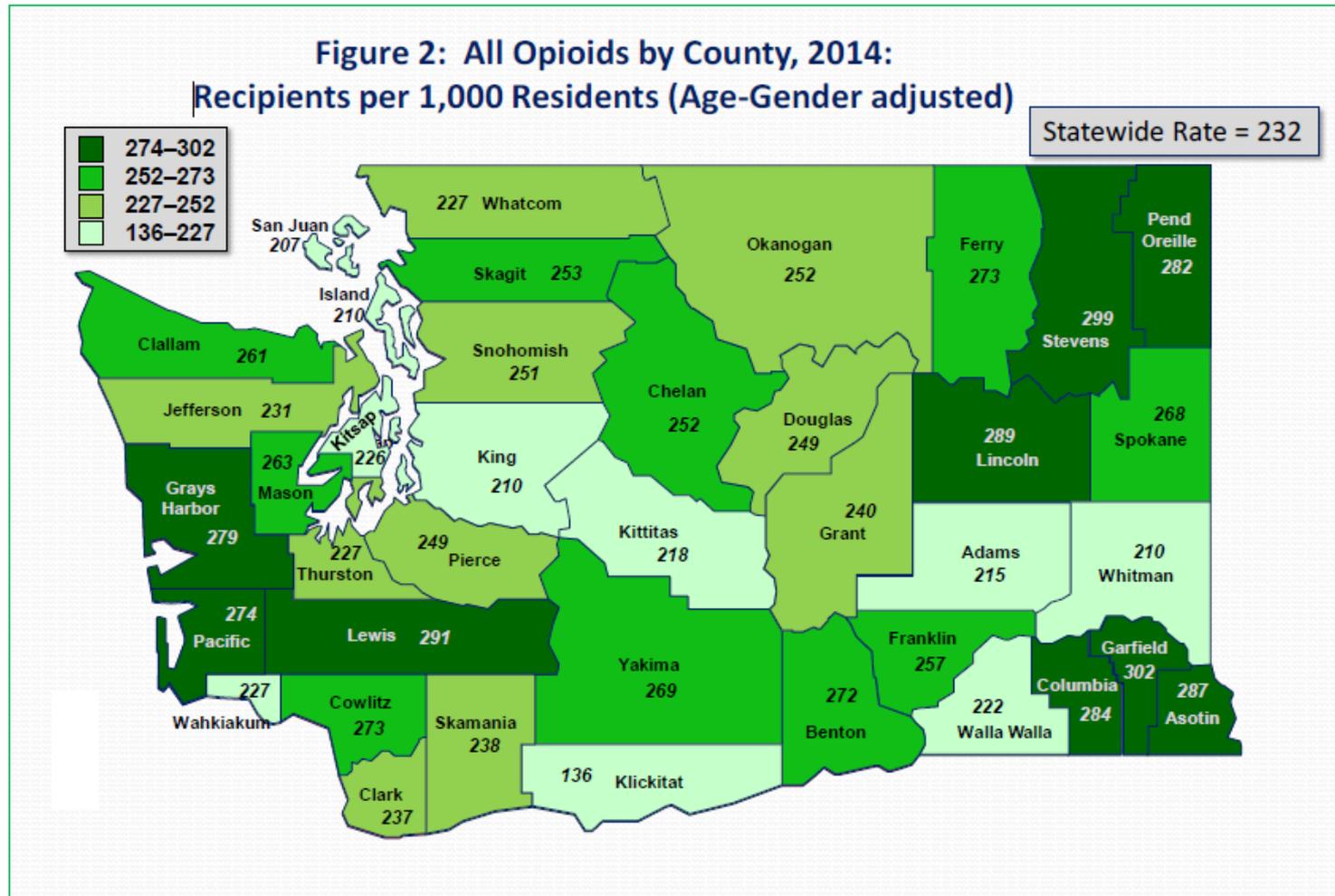
* >=50 MED (morphine equivalency dose) calculated as average daily MED based on all the opioid scripts of the Medicaid client in the year;
Based on the CDC definition of MED

Medication-assisted treatment rates, BHT and WA Medicaid



Opioids (2)

Opioid prescriptions written & filled in 2014 per 1,000 residents – all payers



Source: WA State Department of Health Prescription Monitoring Program:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/PrescriptionMonitoringProgramMP/CountyProfiles>

Reproductive & Maternal/Child Health

Objective: Ensure that women have access to high quality reproductive health care throughout their lives and promote the health & safety of Washington’s children.

County	Medicaid covered births as % of total, 2015
Adams	85.3%
Ferry	74.5%
Lincoln	53.6%
Pend Oreille	66.4%
Spokane	57.5%
Stevens	64.3%
WA State	49.2%

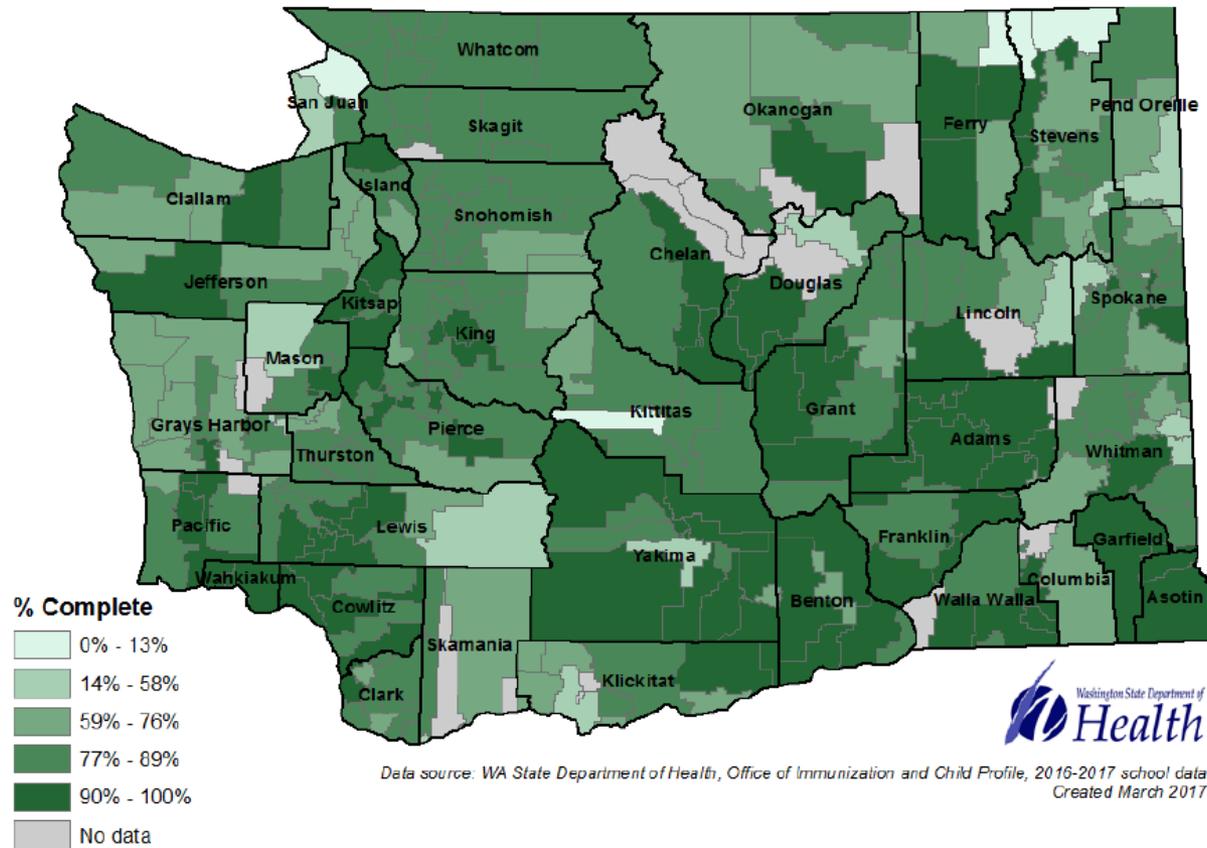
(General population)		BHT	Washington
Teen pregnancy rate per 1,000 (2015)	Overall	25	26
	15-17 years old	12	12
	18-19 years old	41	47

(Medicaid-specific)		BHT	Washington
Contraceptive Use	Most or moderately effective (MME) methods	33.5%	31.1%
	Long-active reversible (LARC)	8.2%	8.2%
	Postpartum MME	39.5%	41.2%
	Postpartum LARC	15.4%	15.8%

Source: <https://www.hca.wa.gov/about-hca/reproductive-health>

MCH & Reproductive Health (2)

Kindergartners Complete for Required Immunizations; 2016-2017 school year, by school district



Oral Health

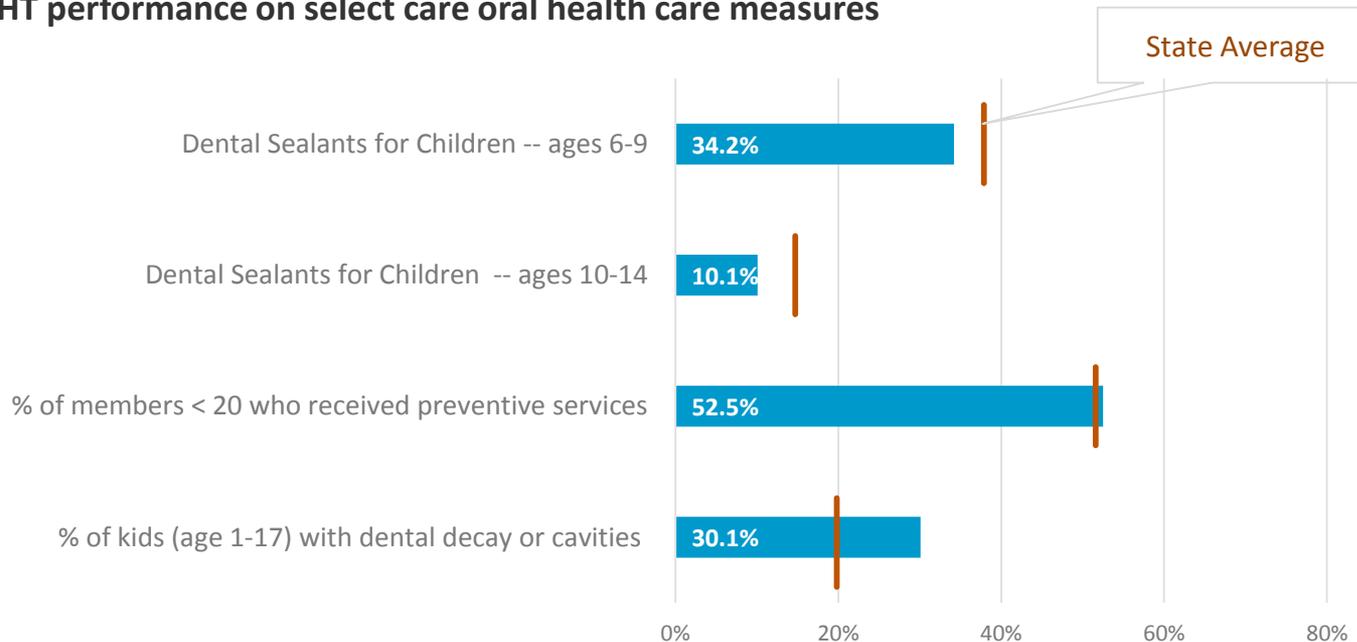
Objective: Increase access to oral health services; ensure that oral health is recognized as a fundamental component of whole-person care.

Percentage of Medicaid-covered children (1-17) with dental decay or cavities:

BHT: 30.1%

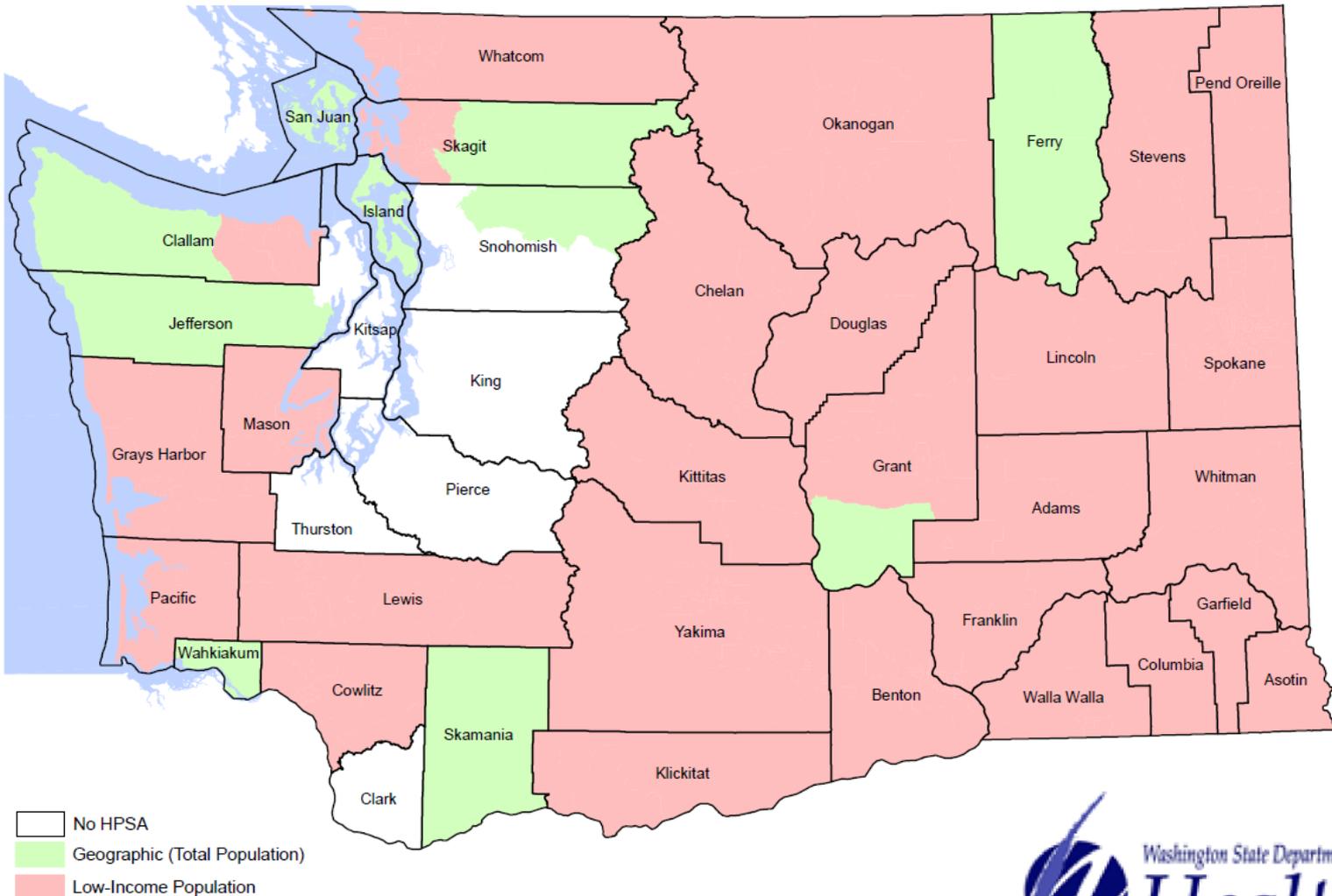
State: 19.8%

BHT performance on select care oral health care measures



Oral-health (2)

Federally Designated Health Professional Shortage Areas for Dental Care January 3, 2017



Designation data from the Office of Community Health Systems.
Designation status changes frequently.
For current information contact Laura Olexa (360) 236-2811.

Chronic Disease

Objective: Integrate health system and community approaches to improve chronic disease management and control.

Measurement period: **2013,2014,2015**

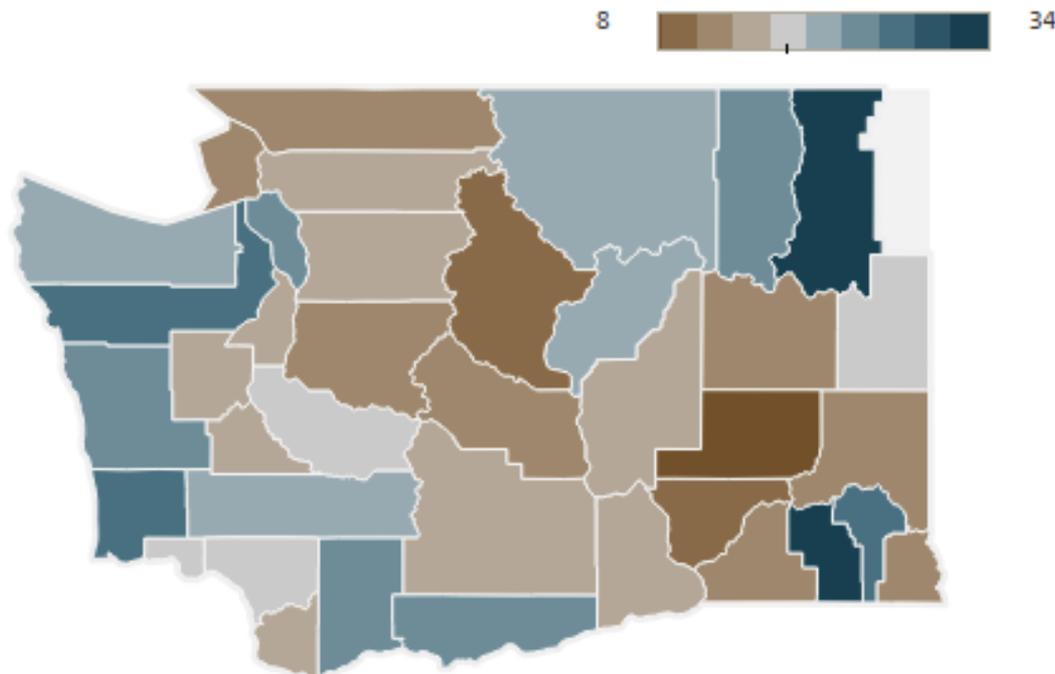
Geography

County

Select a measure

Adult tobacco use - 3 yr - Statewide (BRFSS)

The percentage of adults 18 and older who currently smoke. (Click for more info.)



5 highest rates ↑

Columbia	34
Stevens	33
Jefferson	27
Garfield	27
Pacific	27

5 lowest rates ↓

Adams	8
Franklin	10
Chelan	11
Asotin	12
King	12

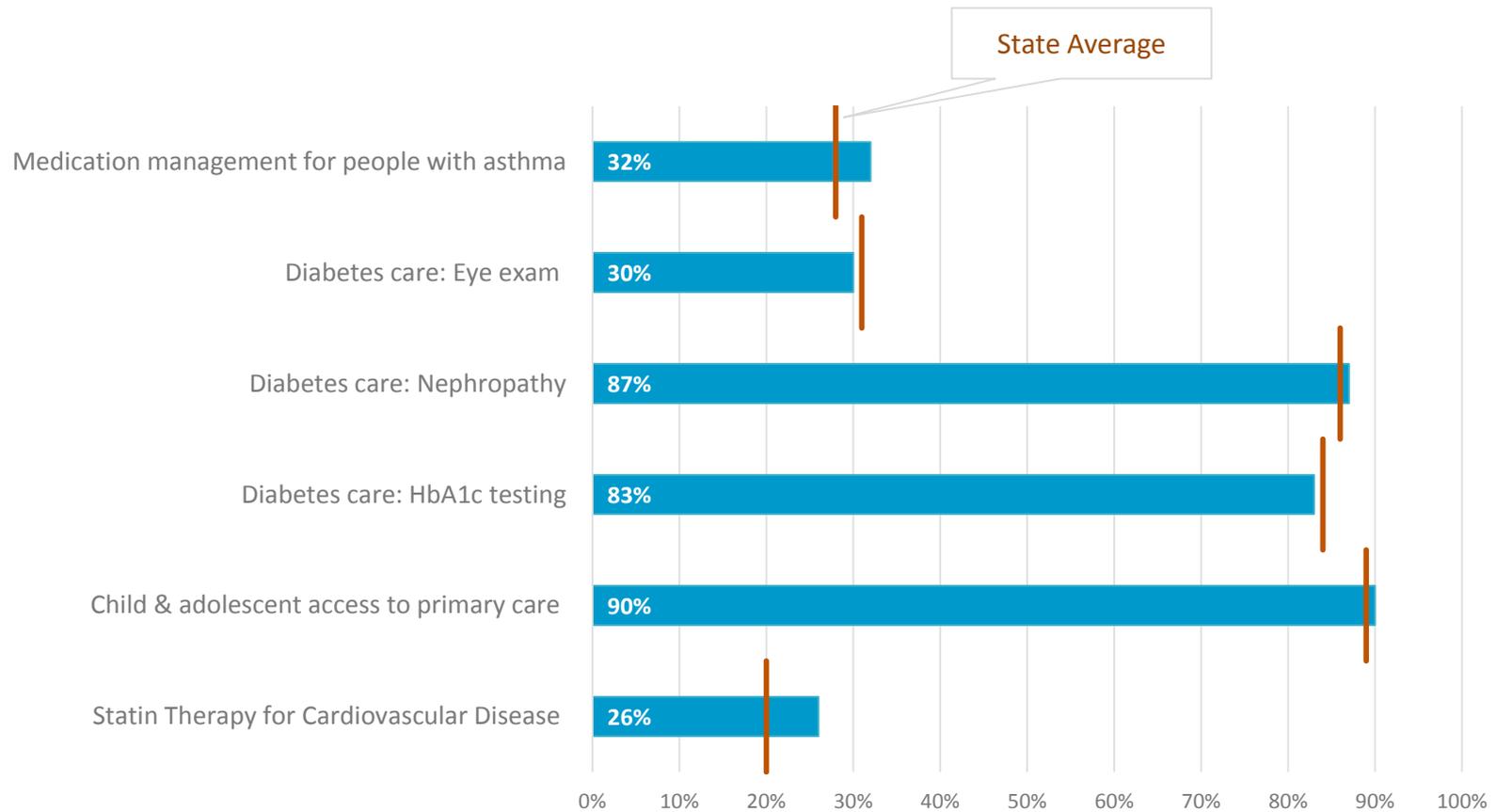
About Maps

Chronic Disease (2)

County	BHT	Washington
General population, self-reported lifetime prevalence (2013-15)		
Arthritis	28%	25%
Asthma	10%	10%
Diabetes	10%	9%
Heart Disease	6%	6%
Medicaid population, saw a provider and received diagnosis (Oct. 2015 – Sept. 2016)		
Asthma	5%	4%
Diabetes	3%	4%

Chronic Disease (3)

BHT performance on select chronic care management measures





Questions?

Lisa Angus, Development Program Manager
Providence CORE

lisa.angus@providence.org