Evaluation of Fully Integrated Managed Care in Southwest Washington

Preliminary First-Year Findings

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August 31, 2017

Washington State Department of Social & Health Services
Transforming lives

Overview

- **Medicaid Behavioral Health Integration Context**
- **Evaluation Questions**
- **Measurement Approach**
- **Preliminary Findings**
  - Access to Care
  - Quality of Care
  - Coordination
  - Utilization
  - Social Outcomes

Washington State Behavioral Health Integration Context

Structure of Medicaid Behavioral Health services before April 1, 2016

- **Department of Social and Health Services (DSHS)**
  - Regional mental health carve-out plans for SMI/SED population (RSNs)
  - County-administered outpatient SUD treatment system (including methadone)
  - State agency administers IP/residential SUD treatment system
- **Health Care Authority (HCA - Washington's single state Medicaid agency)**
  - Outpatient mental health benefit for persons not meeting SMI/SED criteria
  - All mental health medications, regardless of prescriber
  - Other medication assisted treatment (mainly buprenorphine for OUD)

Structure of Behavioral Health services beginning April 1, 2016

- **Phased transition to statewide FIMC plans under HCA oversight by 2020**
  - Currently operating in Clark and Skamania 39 counties
- **DSHS delivery systems administered by integrated regional BHO plans in regions not yet transitioned to FIMC**

Evaluation Questions

- **Relative to the experience in regions operating with separate BHOs and MCOs, does delivering care through integrated FIMC plans:**
  - Improve ***access*** to needed services including behavioral health treatment?
  - Improve ***quality*** and ***coordination*** of physical and behavioral health care?
  - Reduce potentially avoidable ***utilization*** of emergency department (ED), medical and psychiatric inpatient, and crisis services?
  - Improve beneficiary level of functioning and quality of life, as indicated by ***social outcomes*** such as:
    - Improved labor market outcomes,
    - Increased housing stability, and
    - Reduced criminal justice involvement?
  - Reduce ***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
- **Evaluation approach leverages tools commonly used to assess relative health plan performance:**
  - HEDIS®
  - 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: compare changes in outcomes for Medicaid enrollees in SW Washington relative to the experience in the balance of the state**

Preliminary Findings

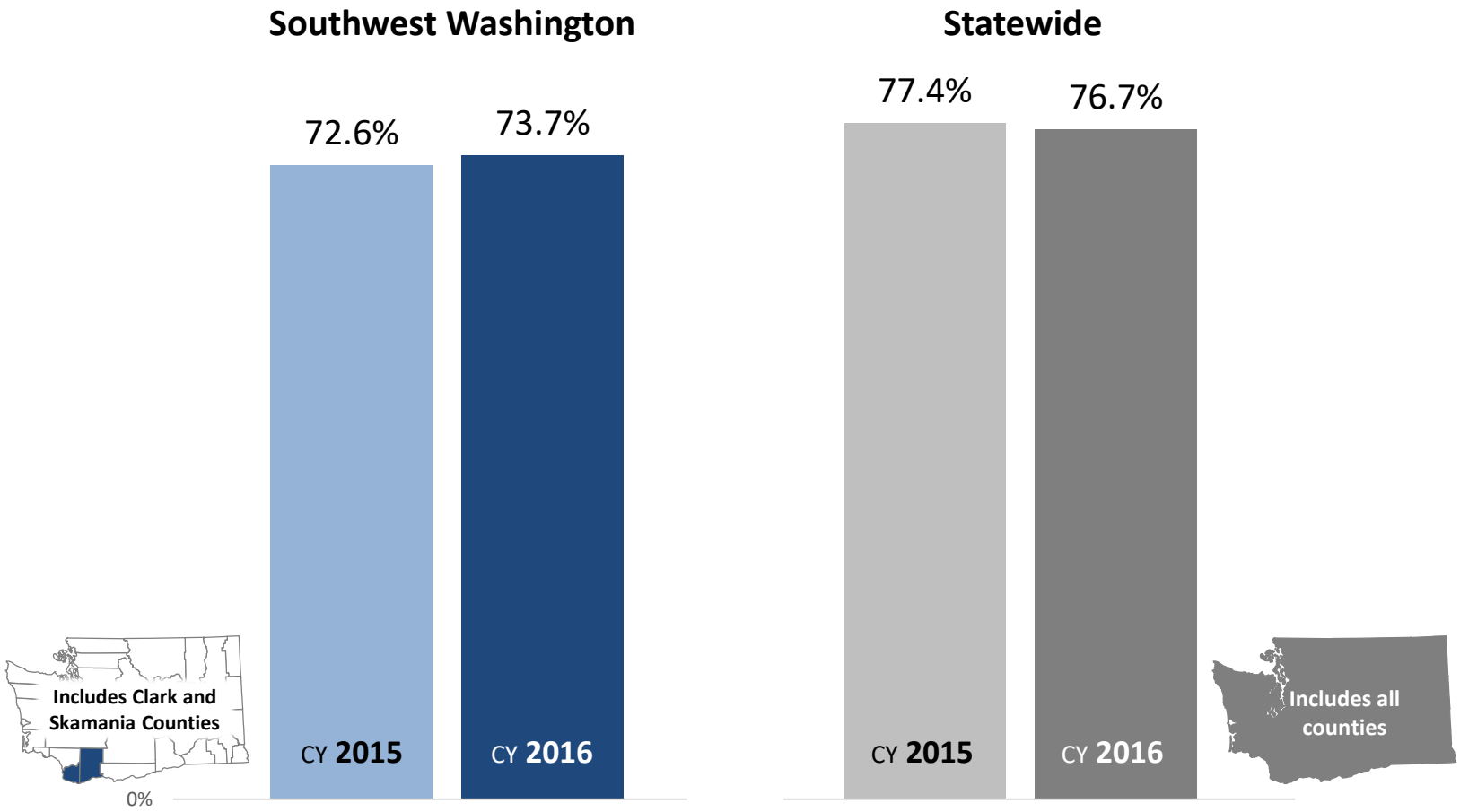
- **Comparison of relative change across 19 metrics from CY 2015 to CY 2016, including 9 months after FIMC and BHO implementation in April 2016**
- **Of the 19 outcome measures analyzed:**
  - 10 showed statistically significant relative improvement for Medicaid beneficiaries residing in the SW Washington region
  - 8 showed no significant difference between the SW Washington region and balance of state
  - 1 showed a statistically significant relative decline in the SW Washington region (ED utilization per 1,000 coverage months)
- **The relative change in ED utilization from CY 2015 to CY 2016 was better in the balance of the state, but the SW Washington region continues to have low ED utilization relative to the balance of state**
- **Subgroup analyses focused on Medicaid beneficiaries with serious mental illness or co-occurring mental illness and substance use disorder showed a similar pattern of relative improvement in the SW Washington region**

PART 1

Access to Care

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

AGE 20 to 64

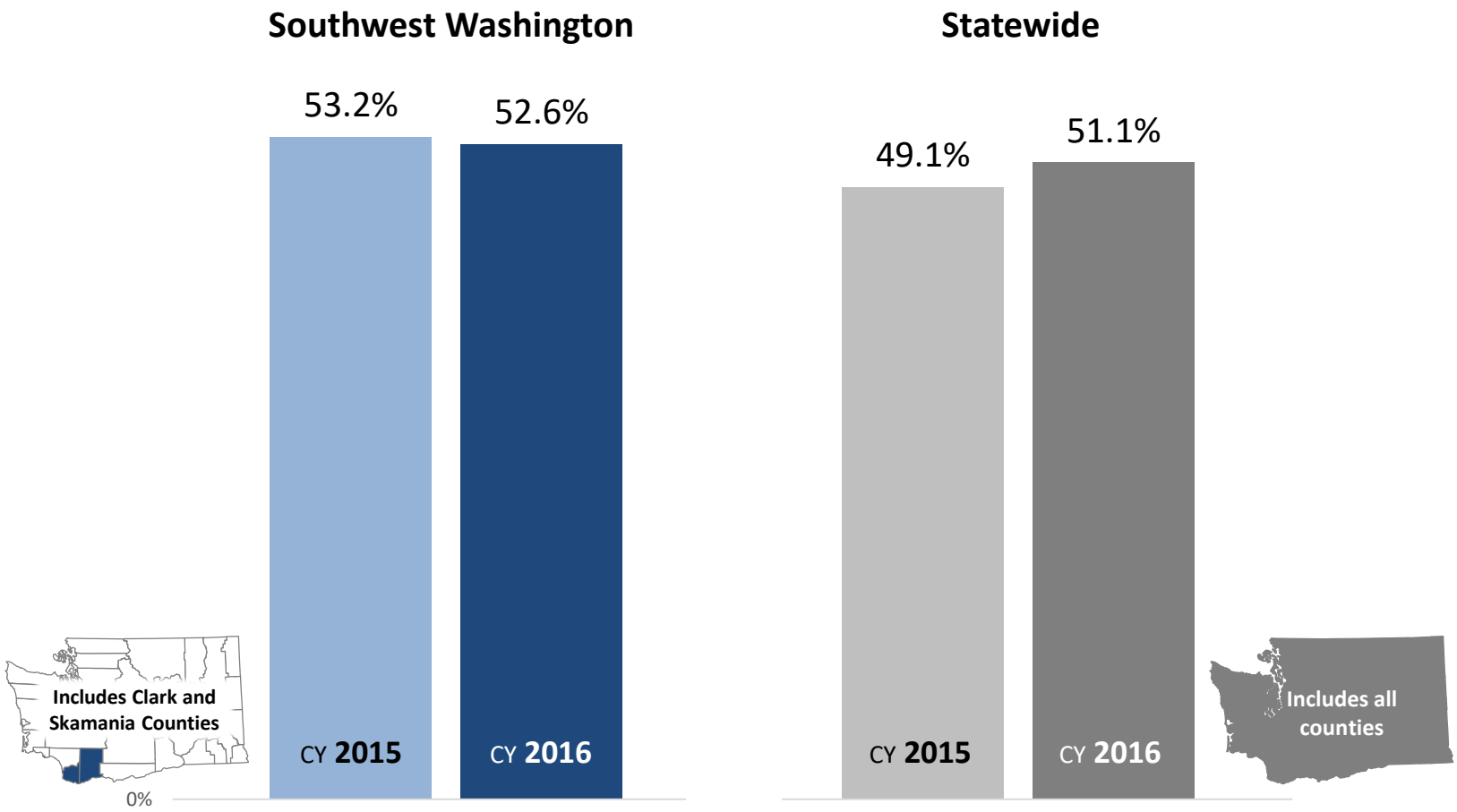


Relative change statistically significant at p < .05

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Breast Cancer Screening (HEDIS®)

AGE 50 to 64

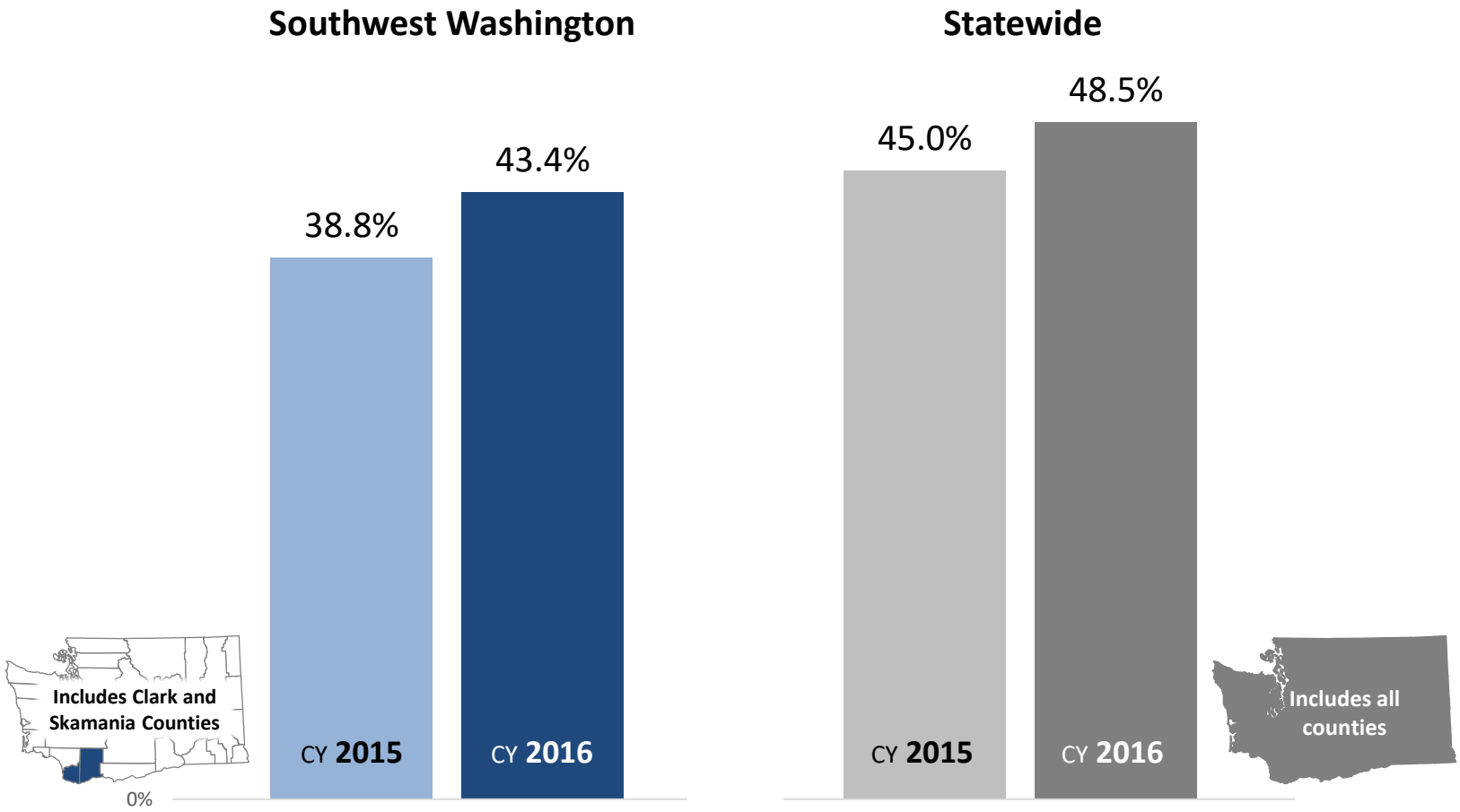


Relative change not statistically significant

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Cervical Cancer Screening (HEDIS®)

AGE 21 to 64

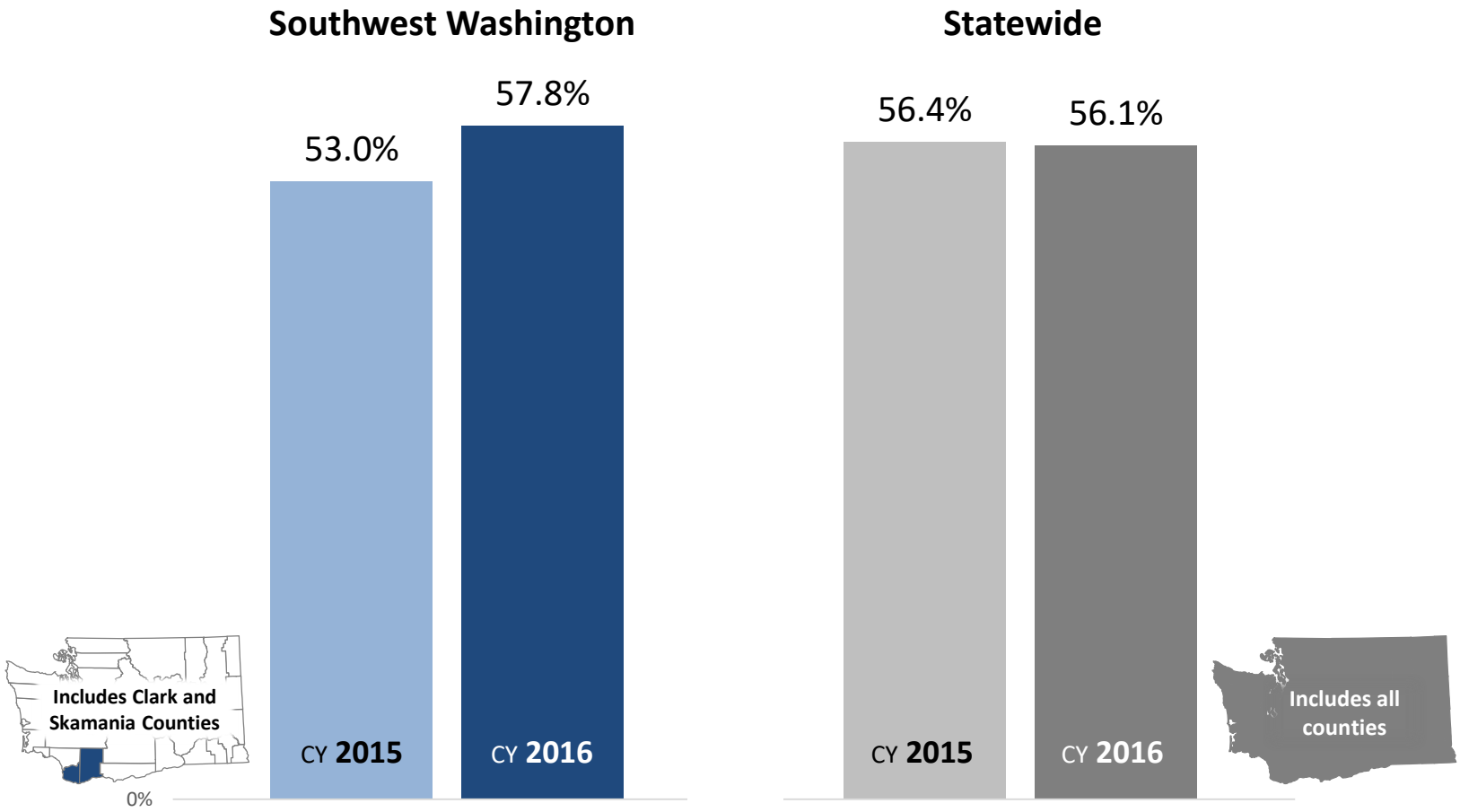


Relative change statistically significant at p < .05

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Chlamydia Screening in Women (HEDIS®)

AGE 18 to 24



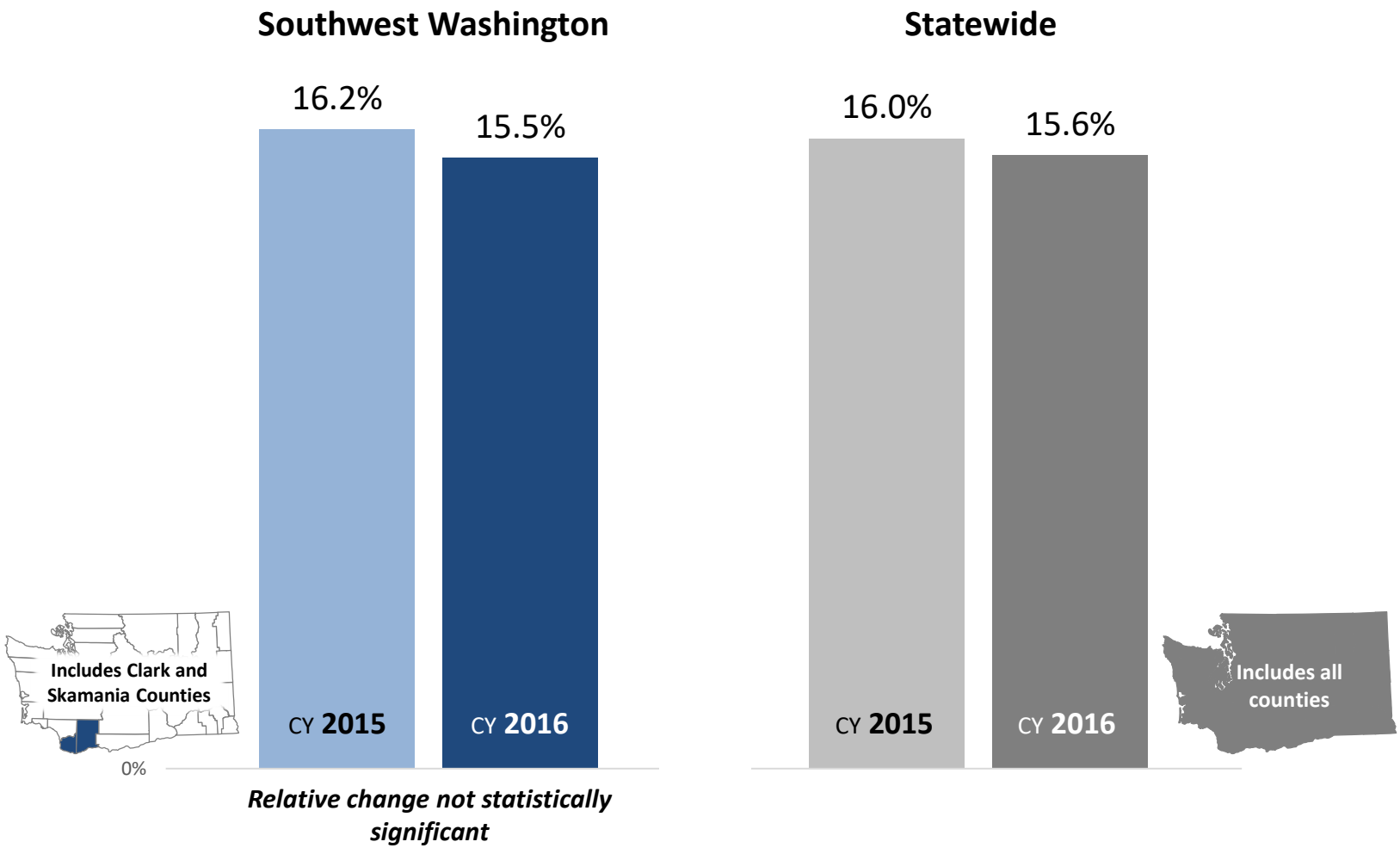
SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

PART 2

Quality of Care

All-Cause 30-Day Readmission (HEDIS®)

AGE 18 to 64

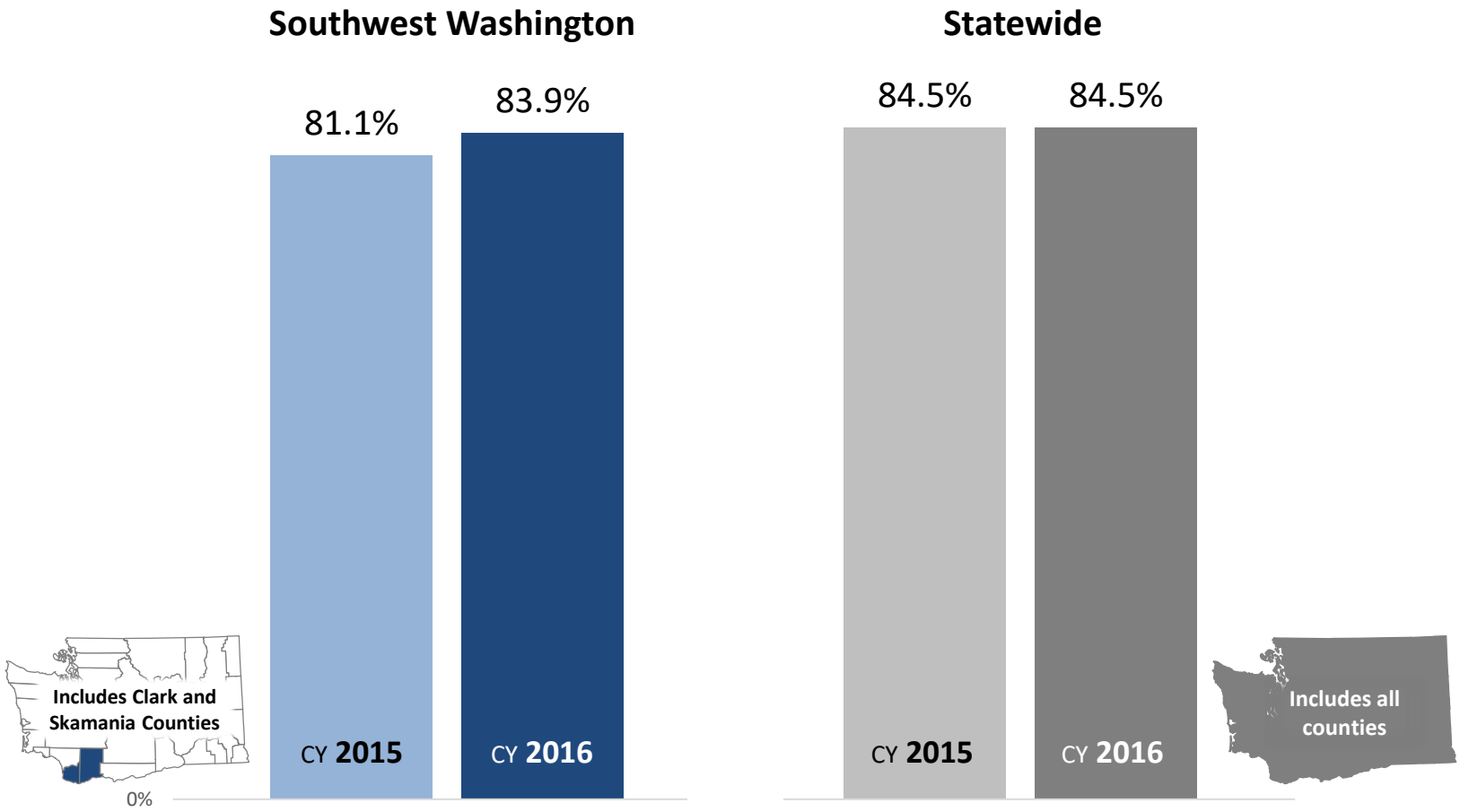


Relative change not statistically significant

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Comprehensive Diabetes Care
Hemoglobin A1c Testing (HEDIS®)

AGE 18 to 64

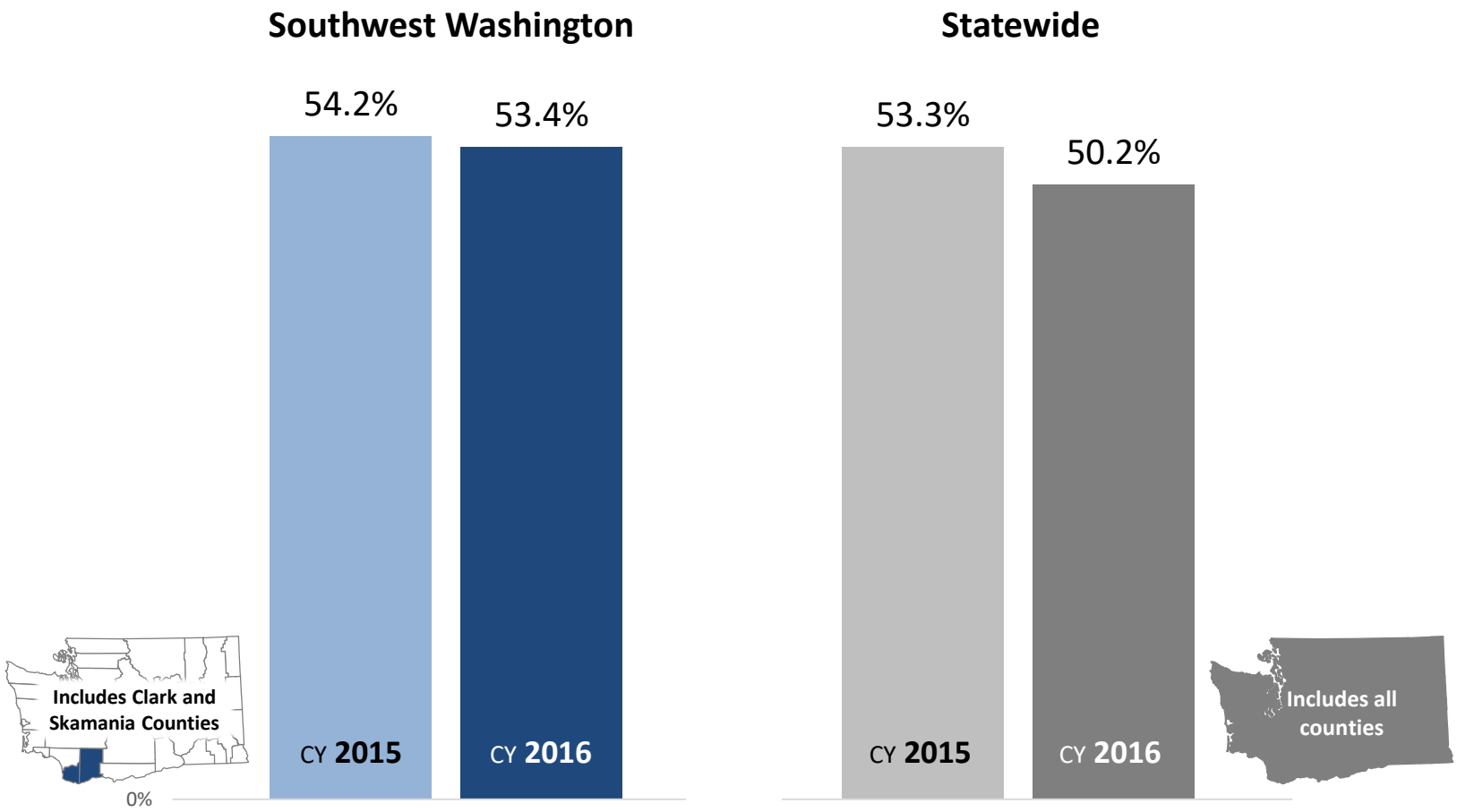


Relative change statistically significant at p < .05

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Antidepressant Medication Management
Acute Phase Treatment (HEDIS®)

AGE 18 to 64

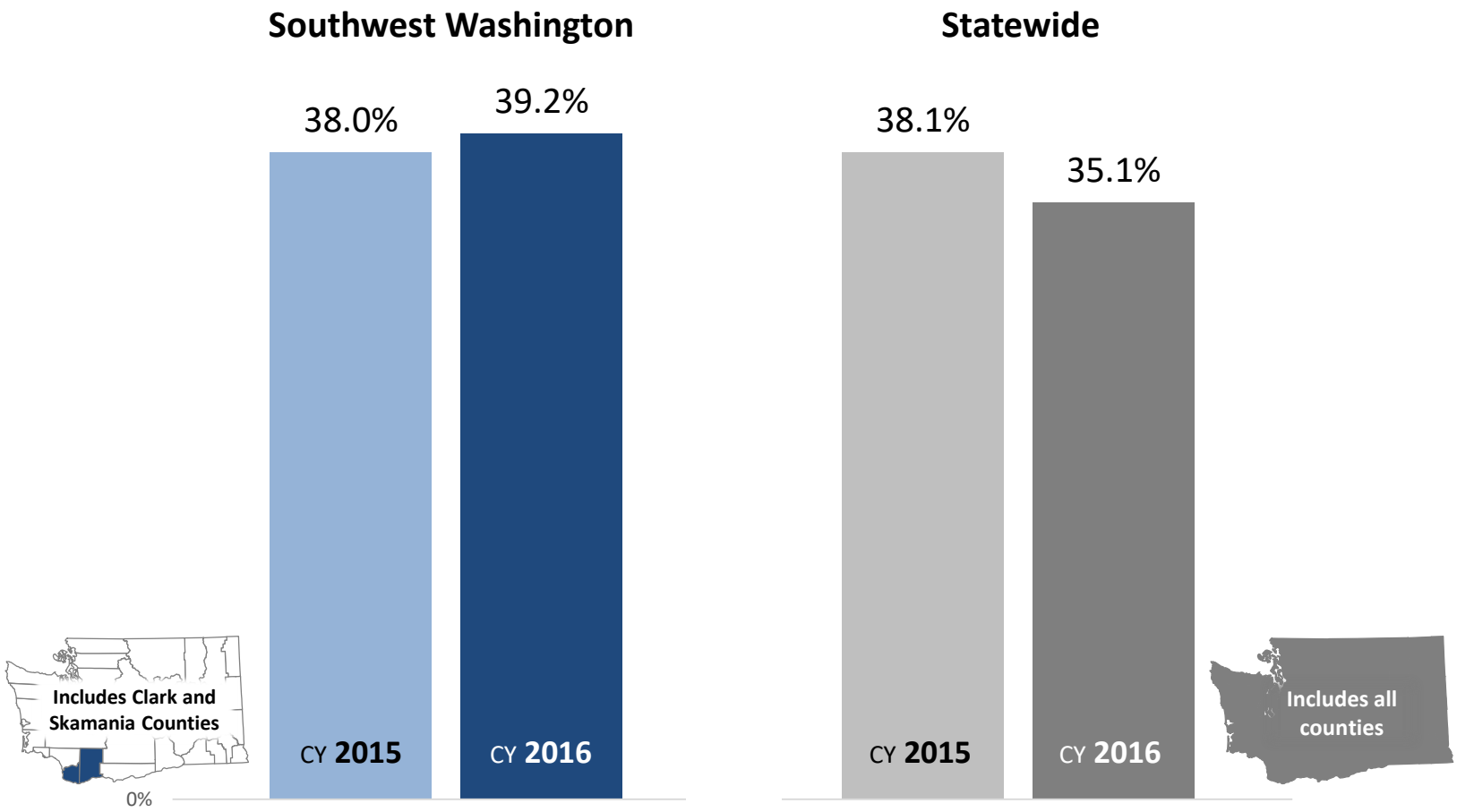


Relative change not statistically significant

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Antidepressant Medication Management Continuation Phase Treatment (HEDIS®)

AGE 18 to 64

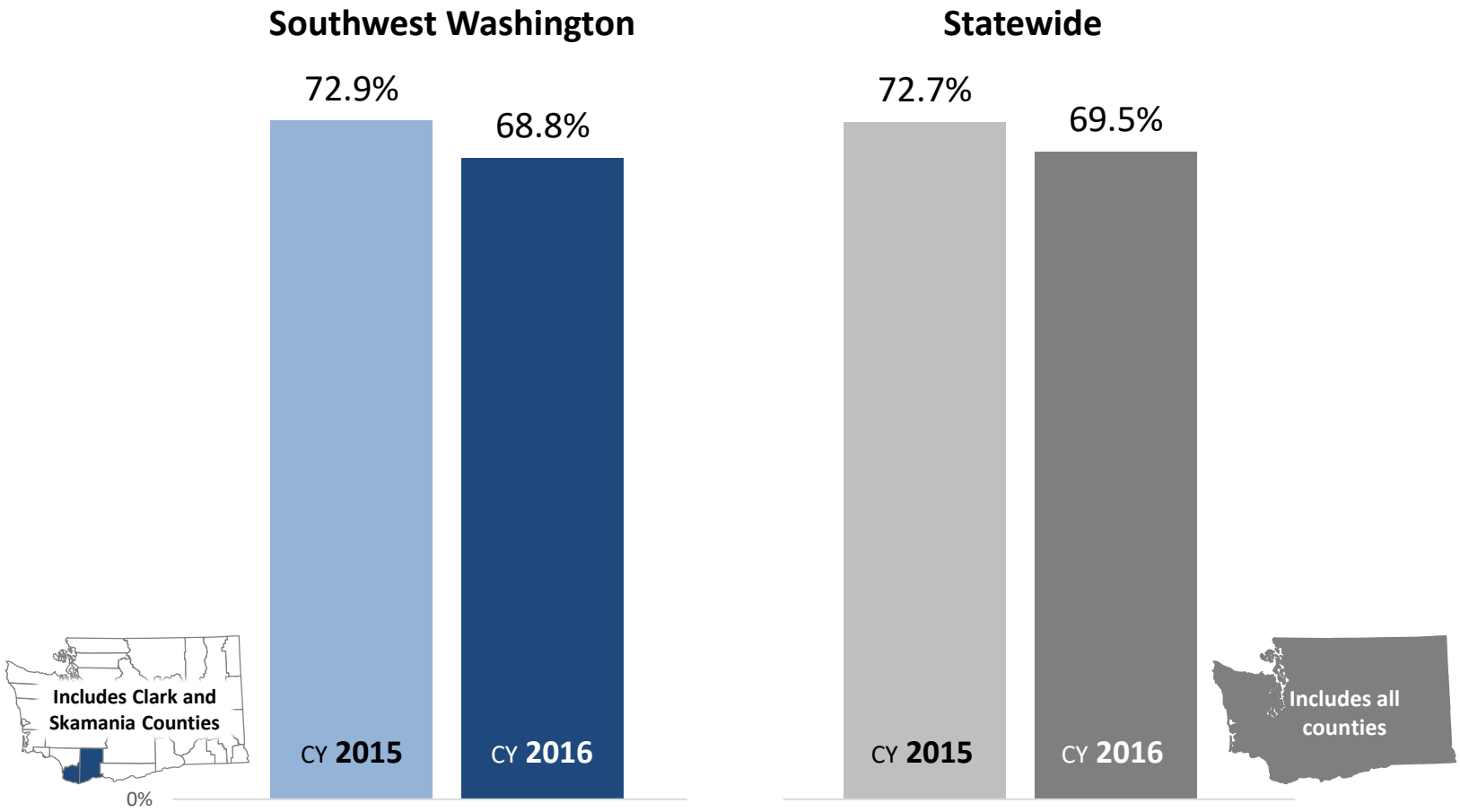


Relative change statistically significant at p < .05

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Adherence to Antipsychotics for Persons with Schizophrenia (HEDIS®)

AGE 18 to 64



Relative change not statistically significant

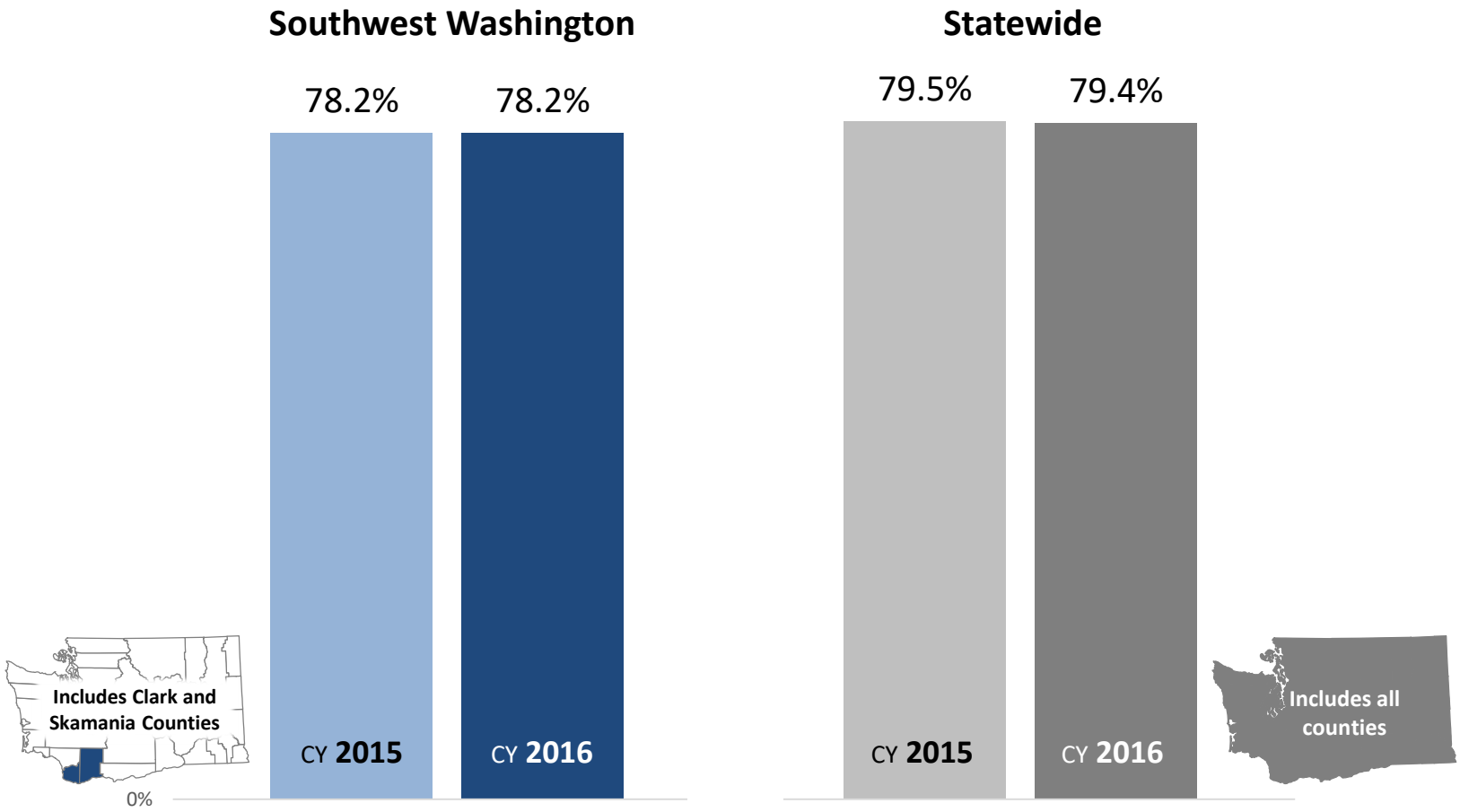
SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

PART 3

Coordination

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

AGE 18 to 64

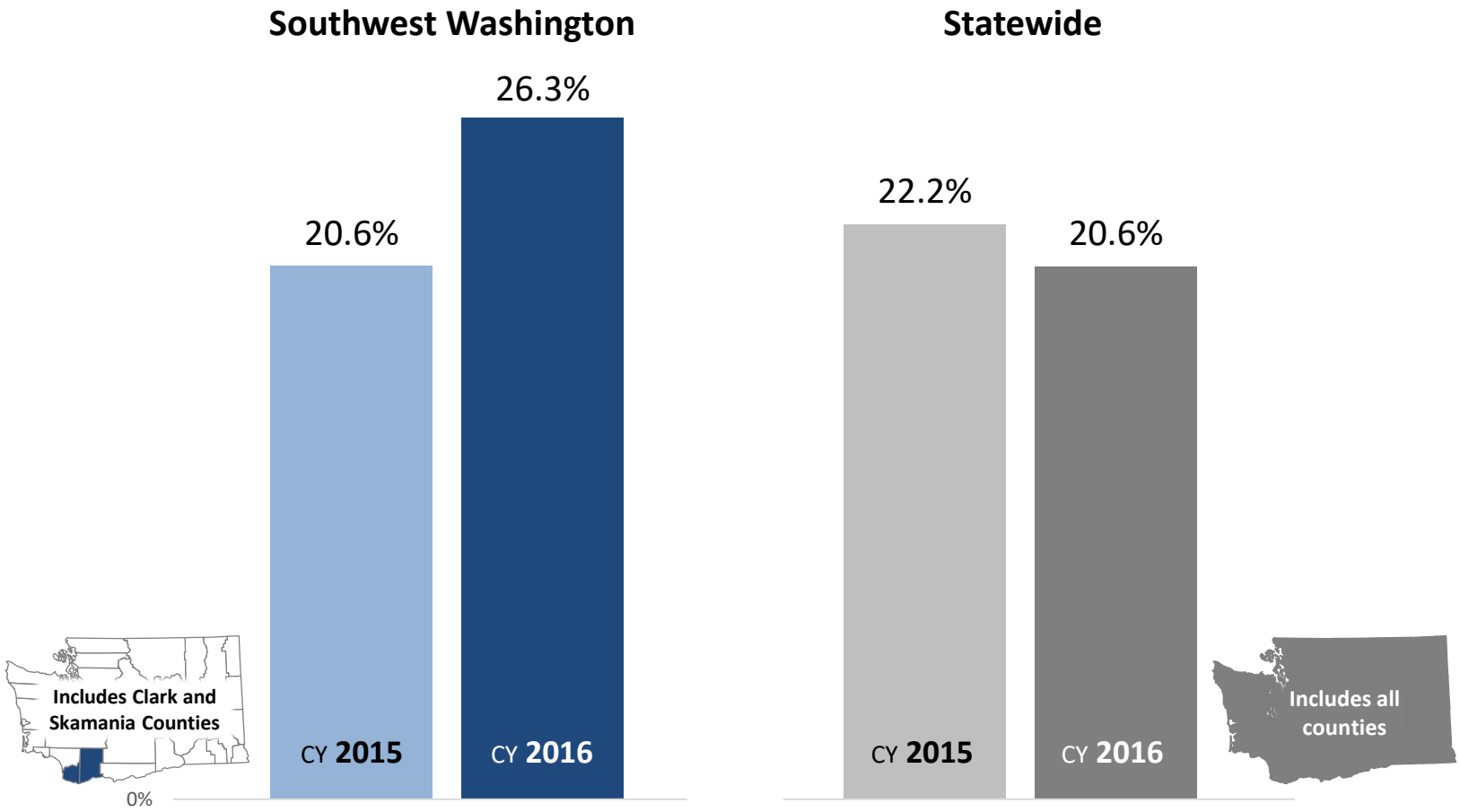


Relative change not statistically significant

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

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

AGE 18 to 64

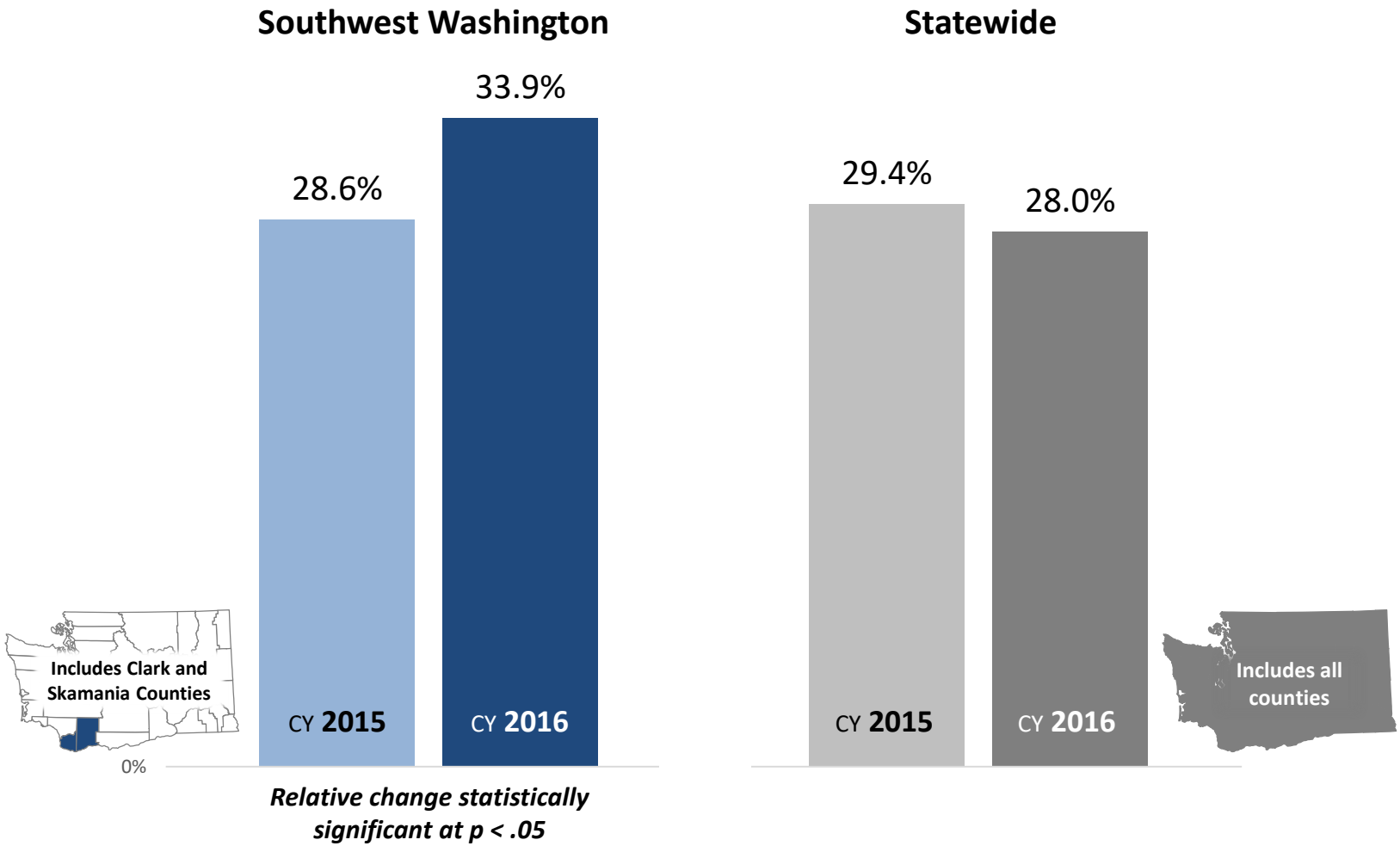


Relative change statistically significant at p < .05

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

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

AGE 18 to 64



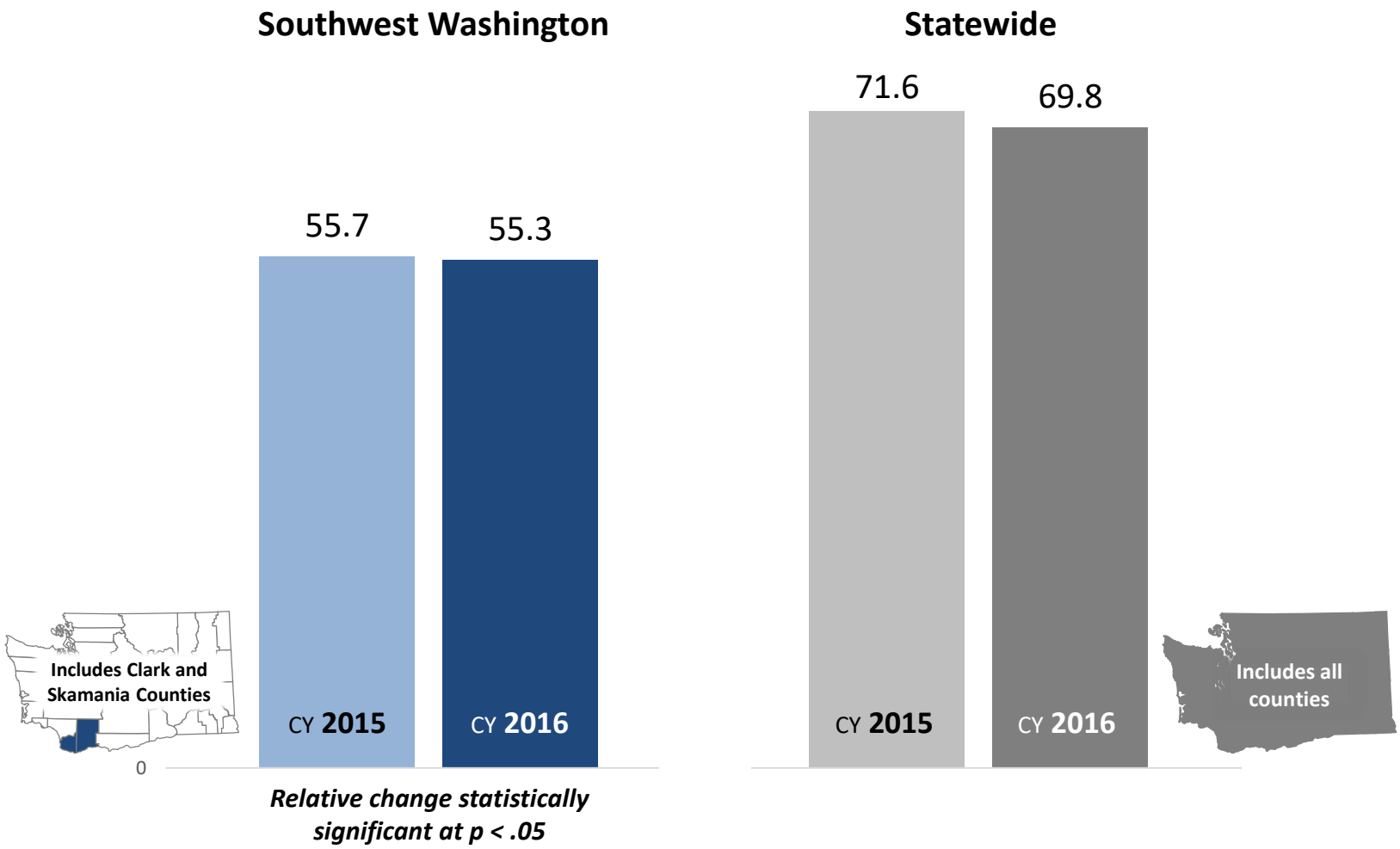
SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

PART 4

Utilization

Emergency Department Utilization per 1000 Coverage Months

AGE 18 to 64

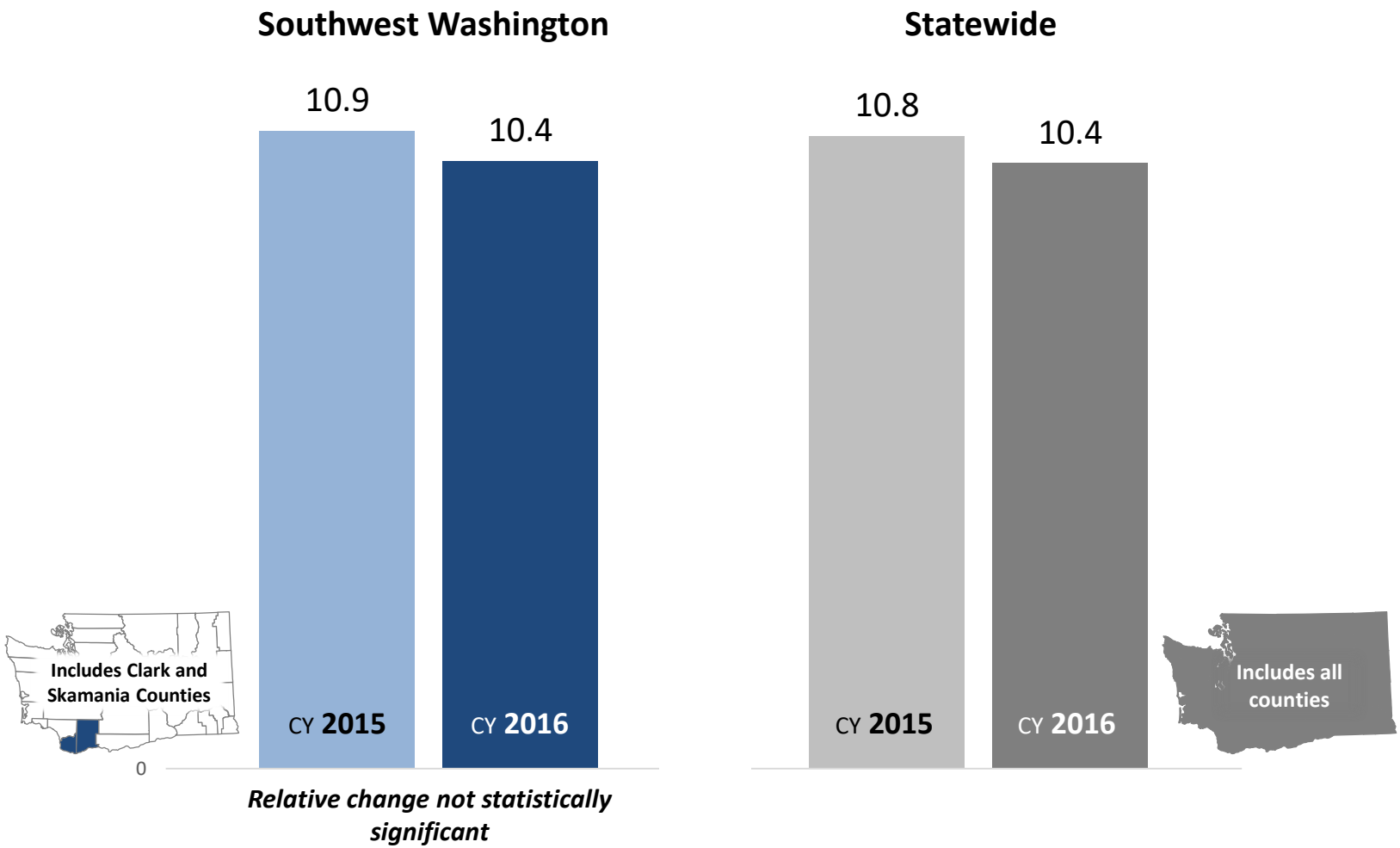


Relative change statistically significant at p < .05

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Inpatient Utilization per 1000 Coverage Months

AGE 18 to 64

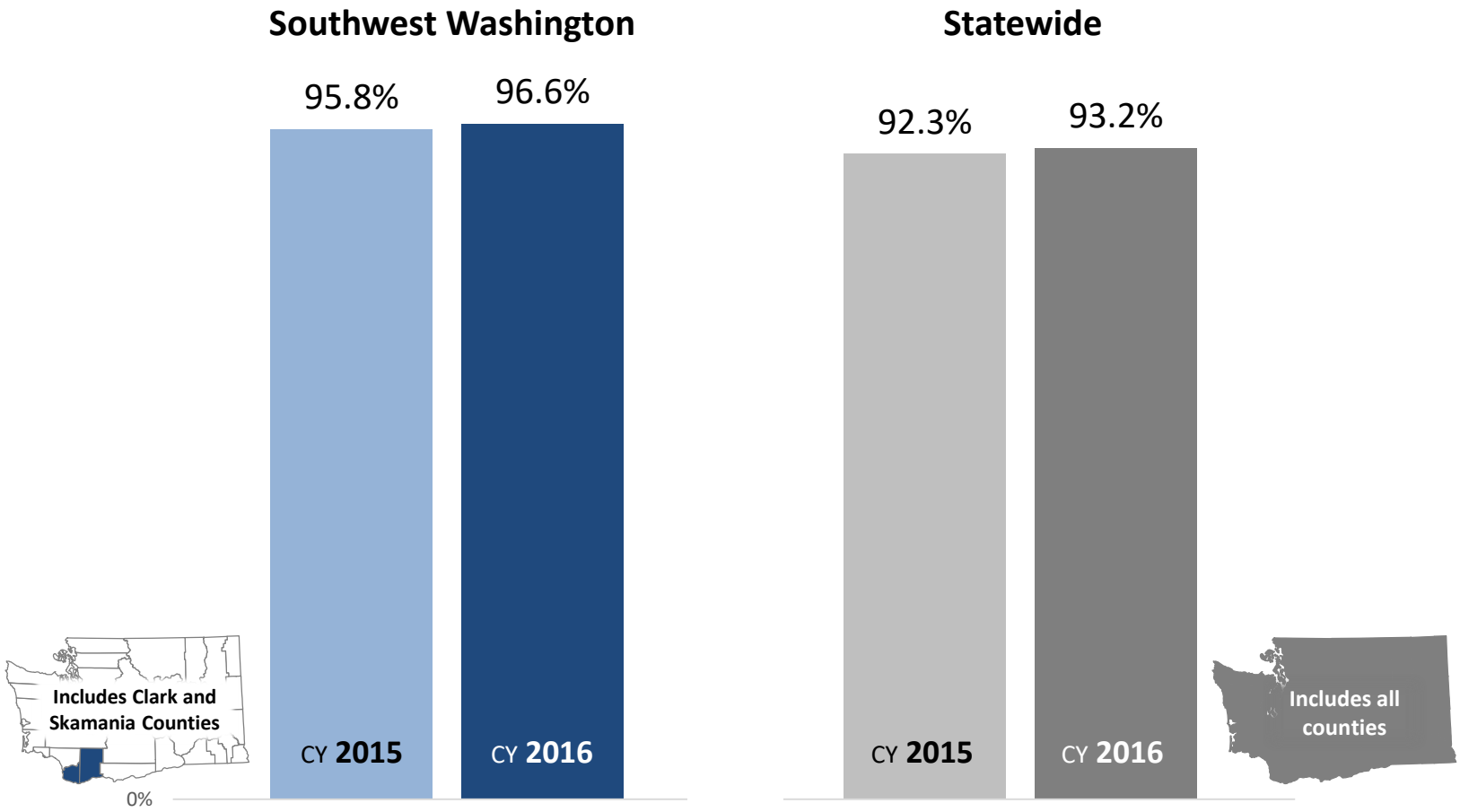


Relative change not statistically significant

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Home and Community Based Service and Nursing Facility Utilization Balance

AGE 18 to 64



Relative change not statistically significant

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

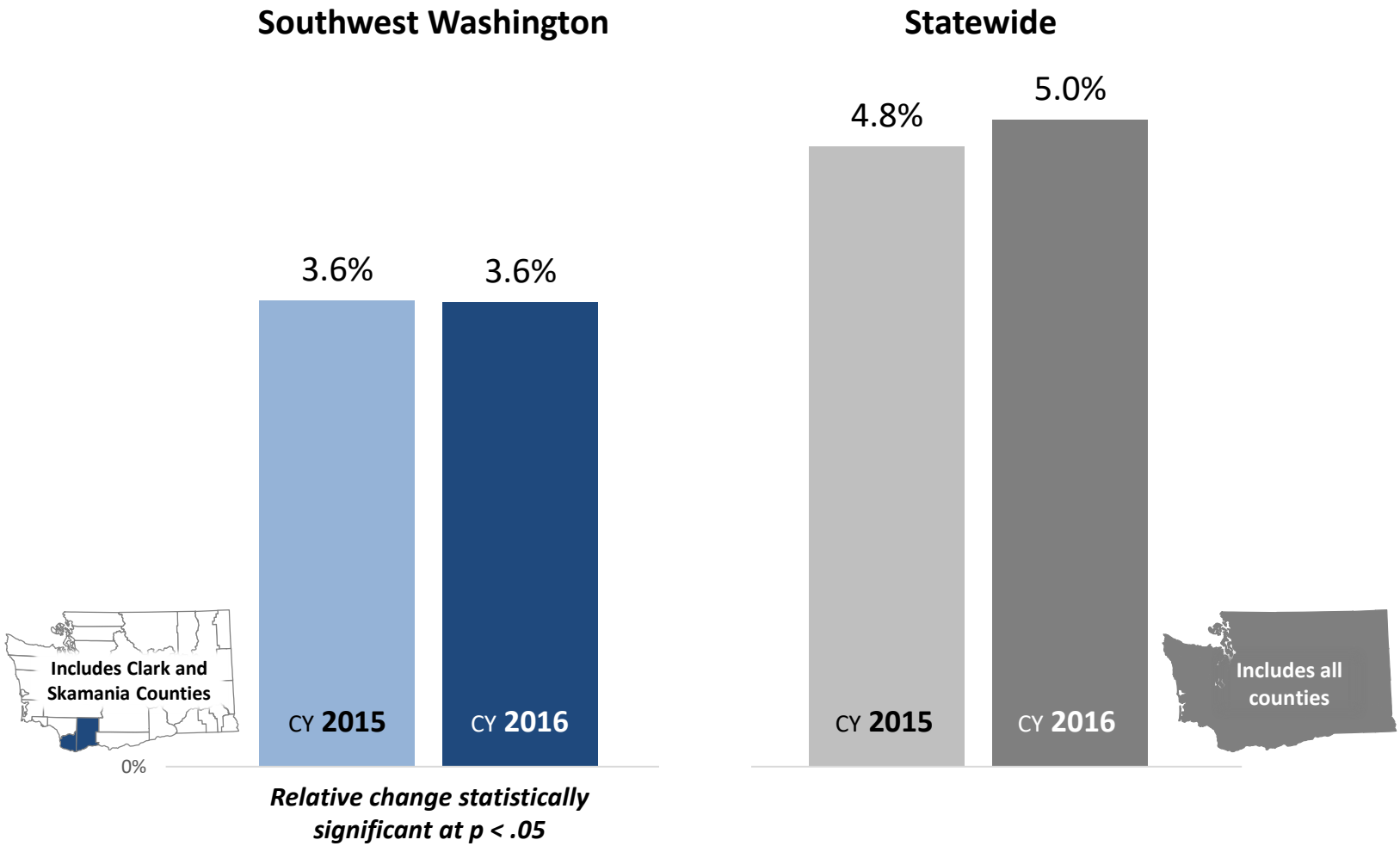
PART 5

Social Outcomes

Percent Homeless - Narrow Definition

(ACES Living Arrangement Data)

AGE 18 to 64



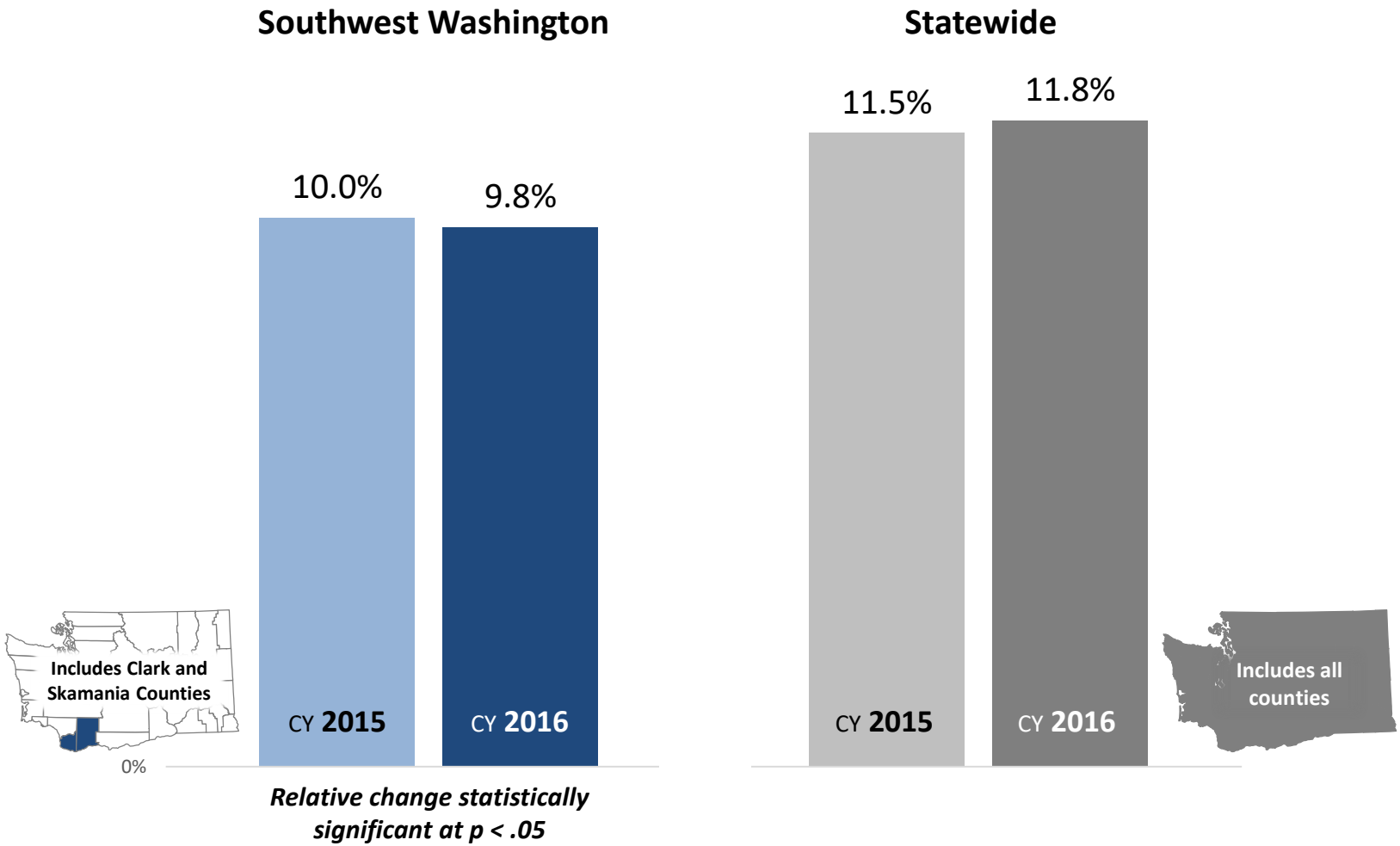
Relative change statistically significant at p < .05

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Percent Homeless - Broad Definition

(ACES Living Arrangement Data)

AGE 18 to 64



Relative change statistically significant at p < .05

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Percent Employed

(ESD Quarterly Wage Match)

AGE 18 to 64

Southwest Washington

41.8% 41.4%

CY **2015** CY **2016**

0%

Relative change not statistically significant

Statewide

50.0% 49.2%

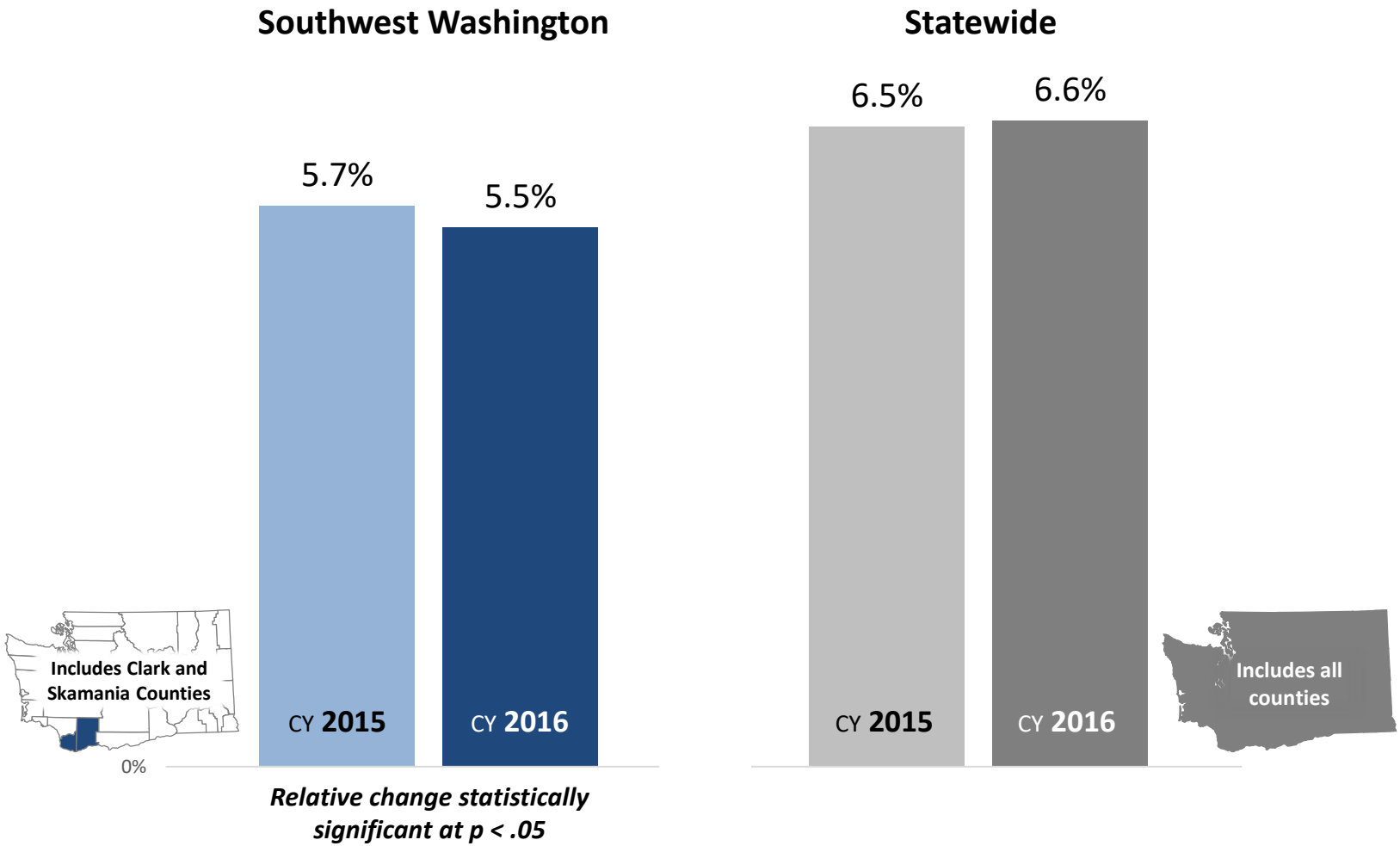
CY **2015** CY **2016**

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Percent Arrested

(WSP WASIS Match)

AGE 18 to 64



Relative change statistically significant at p < .05

SOURCE: DSHS Research and Data Analysis Division, Client Outcomes Database, August 2017.

Questions?

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