



# Waiver Evaluation

Stakeholder Information Meeting

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JANUARY 11, 2017

# Agenda

1. Introductions
2. Waiver background
3. Evaluation goals
4. Timeline and reporting
5. Questions

# Oregon's Medicaid waiver establishes health system transformation.

- Sets Triple Aim goals of better health, better care, and lower costs.
- Commits Oregon to reducing spending while maintaining quality and access.
- Enabled Oregon to launch coordinated care organizations (CCOs).

# The waiver establishes six “levers” for transforming Medicaid.

Lever 1: Improving care coordination

Lever 2: Implementing alternative payment methodologies

Lever 3: Integrating physical, behavioral, and oral health care

Lever 4: Increased efficiency through administrative simplification and a more effective model of care

Lever 5: Implementation of flexible services

Lever 6: Testing, accelerating, and spreading effective innovations and best practices

# The waiver requires Oregon to conduct a summative evaluation.\*

- The evaluation must answer specific questions listed in the waiver.
- The evaluation must meet standards of leading academic institutions and peer-reviewed journals.
- Oregon must provide CMS a draft evaluation report within 120 days of waiver expiration.
- Oregon must contract with an independent third-party to conduct the evaluation.

\* Special Terms and Conditions of the July 1115 Medicaid Demonstration. 247 – 262. <http://www.oregon.gov/oha/hpa/Medicaid-1115-Waiver/Pages/Special-Terms-Conditions.aspx>

OHA engaged OHSU's Center for Health Systems Effectiveness (CHSE) to conduct the summative evaluation.

# The Evaluation will accomplish three goals:

1. Assess the waiver's effects on key outcomes.
2. Assess the relationship between specific activities to transform health care and outcomes.
3. Provide recommendations to continue health care transformation beyond the current waiver.

Goal 1:

Assess the waiver's effects  
on key outcomes.

# The evaluation will assess the effect of the waiver in five areas:

- Spending
- Quality of Care
- Access to Care
- Member Experience of Care
- Health Status

The evaluation will answer three types of questions about each area:

1. Were outcomes improved or maintained over time?
2. Have outcomes varied for any subgroups?
3. Did the waiver *result* in improved outcomes?

# Summative Evaluation Questions

# Spending

1. How does annual change in per-capita Medicaid spending during demonstration period compare to projected trend?
2. Which beneficiary subpopulations deviate from the statewide trends?
3. How does spending change for behavioral health compare to overall trends and physical health spending changes?
4. How does spending change for primary care services compare?
5. Are “flexible services” deterring higher-cost care?

# Quality of Care

6. Is quality of care for Medicaid beneficiaries improved or at least maintained over time?
7. Is coordination of care for Medicaid beneficiaries improved or at least maintained over time?
8. Have there been variations in the quality of care or care coordination for any beneficiary subpopulations?
9. Did Medicaid system transformation result in improved quality of care or care coordination?

# Access to Care

10. Has access to care for Medicaid beneficiaries improved or at least maintained over time?
11. Has the rate of change in access to behavioral health kept pace with physical health access improvements?
12. Have there been variations in any of the access to care measures for any beneficiary subpopulations?
13. Did Medicaid system transformation result in improved access to care?

# Member Experience of Care

14. Has beneficiary experience of care improved or at least maintained over time?
15. Have there been variations in experience of care measures for any beneficiary subpopulations?
16. Did Medicaid system transformation result in improved experience of care?

# Health Status

17. Is beneficiary health status improved or at least maintained over time?
18. Have there been variations in health status measures for any beneficiary subpopulations?
19. Did Medicaid system transformation result in improved health status?

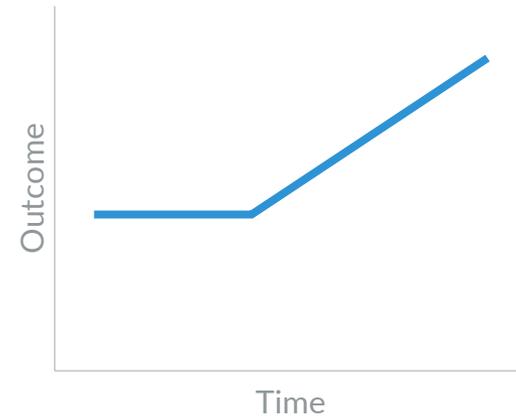
# Example measures for each outcome area:

Spending	Total per-member, per-month spending
Quality of Care	Follow-up after hospitalization for mental illness
Access to Care	Primary care visits per 1,000 member months
Member Experience of Care	How people rated their health care (from CAHPS survey*)
Health Status	Member rating of health status (from CAHPS survey*)

\* Consumer Assessment of Healthcare Providers and Systems

CHSE will compare outcome measures before and after the waiver.

CHSE will use statistical models with controls for member demographics, health status, and community characteristics.



In addition to overall change, CHSE will assess change for specific subgroups of Medicaid members.

# Examples of subgroups for analysis:

## **Race/Ethnicity\***

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian or Pacific Islander
- White
- Unknown/Other

## **Gender**

- Male
- Female

## **Age**

- Under 18
- 18 to 34
- 35 to 64
- 65 and over

## **Geography†**

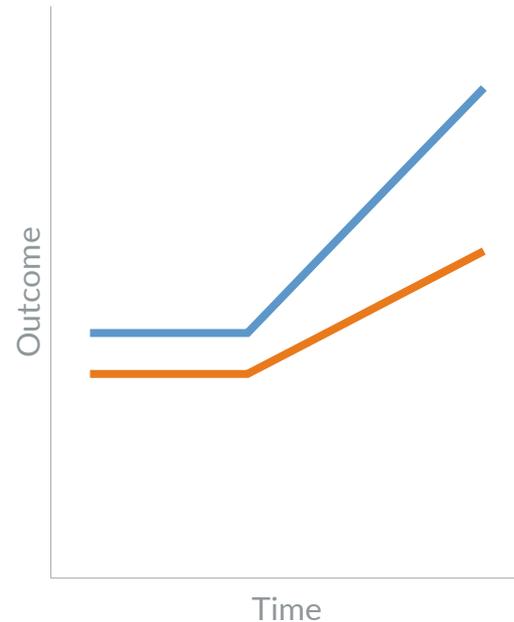
- Urban
- Rural
- Isolated

\* Race/ethnicity categories are mutually exclusive. Members with an entry of Hispanic for ethnicity will be excluded from other categories. † Rural-Urban Community Area (RUCA) definitions.

# CHSE will use comparison groups to assess whether the waiver *resulted* in improved outcomes.

CHSE will compare change in outcomes for Oregon Medicaid members to change outcomes for two comparison groups:

- Propensity-score-weighted commercial members.
- Medicaid members from another state.



# Evaluation results will differ from OHA's Health System Transformation reports

- HST reports present change in outcome measures without controlling for changes in member or community characteristics.
- Goal: monitor CCO progress and ensure quality and access are maintained for Medicaid members.

# Evaluation results will differ from OHA's Health System Transformation reports

- The evaluation will estimate change controlling for changes in member and community characteristics.
- It will also account for change that would have happened in the absence of the waiver.
- Goal: quantify changes attributable to the waiver vs other factors.

## Goal 2:

Assess the relationship  
between specific activities  
to transform Medicaid and  
outcomes.

CHSE will use two approaches to evaluate OHA's and CCOs' actions to transform Medicaid.

# 1. Review of existing studies

CHSE will review and synthesize existing studies assessing activities under each lever and the waiver overall.

## Examples:

Waiver overall	Mathematica Policy Research, 2015. <i>Midpoint Evaluation of Oregon's Medicaid Section 1115 Demonstration: Mid-2012 through mid-2014.</i>
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Lever 1	OHSU & PSU School of Public Health and Hatfield School of Government, 2016. <i>Implementation of Oregon's PCPCH Program: Exemplary Practice and Program Findings.</i>
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Lever 3	OHSU School of Family Medicine, in press. "Integrating Behavioral Health under an ACO Global Budget: Barriers and Progress in Oregon."
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Lever 6	OHSU School of Family Medicine. Transformation Center Evaluation for OHA.
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## 2. Quantitative assessment of activities

CHSE will assess the relationship between specific activities under each lever and select outcomes.

Example:

What is the relationship between percentage of members enrolled in a PCPCH and access to primary care?

# The waiver requires Oregon to evaluate the effect of flexible services.

- Question 5: Are flexible services deterring higher-cost care?
- There is no standard dataset on flexible services provided by all CCOs.

# OHSU will reach out to CCOs for help evaluating flexible services.

- OHA's Transformation Center interviewed CCOs in mid-2015 to fill the gap.
- CHSE plans follow-up interviews in partnership with OHSU's Department of Family Medicine.

# Timeline for follow-up interviews:

January 2017	Work with OHA to identify CCO staff involved with flexible services.
February 2017	Reach out to person by email request interview.
March – April 2017	Conduct phone interviews (45 minutes – 1 hour).

## Goal 3:

Provide recommendations to continue with Medicaid transformation beyond the current waiver.

# Evaluation timeline:

August 7, 2017	Deliver Draft 1 of evaluation report to OHA
September 11, 2017	Deliver Draft 2 of evaluation report to OHA
December 18, 2017	Deliver final evaluation report to OHA
January – May 2018	Delivers briefs and presentations

# Reporting:

- CCOs will not be identified in reports, briefs, or presentations.
- Public-facing reports will show the range of results for all CCOs (results for the highest and lowest CCO) but will omit results for each CCO.

# Questions?

# Waiver Evaluation Resources

OHA's Office Of Health Analytics Webpage

[www.oregon.gov/oha/analytics/Pages/Evaluation.aspx](http://www.oregon.gov/oha/analytics/Pages/Evaluation.aspx)

Email us!

[OHAevaluation.questions@state.or.us](mailto:OHAevaluation.questions@state.or.us)



Thank You