

# **Midpoint Evaluation of Oregon's Medicaid 1115 Demonstration:** Formative Evaluation Findings

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**Presentation at Oregon's Coordinated Care Model Summit  
Portland, Oregon**

**December 3 – 4, 2014**

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# Roadmap

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- **Background on the midpoint evaluation of Oregon's 1115 demonstration**
  - CMS requires an independent evaluation of Medicaid 1115 demonstrations
  - Sponsored by the Oregon Health Authority (contract number 144547)
- **Data collected**
- **What we learned**
- **Conclusions, caveats, and implications**

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# **Background on the Midpoint Evaluation of Oregon's 1115 Demonstration**

# Two Primary Components

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## 1. Formative evaluation

- Assess implementation during first two years
- Understand level of transformation as of March 2014

## 2. Summative evaluation

- Measure post-implementation changes through the first quarter of calendar year 2014 for select outcomes
- Identify links between CCO transformation and outcomes
  - To what extent can post-implementation changes in outcomes be attributed to transformation?

# Focus Today on Formative Evaluation

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- **Key research question**
  - To what extent have stakeholders taken action to transform?
  - Primarily focused on OHA and the coordinated care organizations (CCOs)
- **Data sources**
  - Document review
  - Key informant interviews
  - CCO Transformation Assessment Tool (CTAT)
  - Site visits

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# **Data Collected**

## **The CCO Transformation Assessment Tool (CTAT)**

# CTAT

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**Purpose: To measure CCO progress on the eight specific elements of transformation established by the demonstration waiver**

- 1. Integration of physical, mental health, and addiction services (16 subelements)**
- 2. Development of patient-centered primary care homes (PCPCHs) (11 subelements)**
- 3. Use of alternative payment methodologies that align payment with health outcomes (1 subelement)**
- 4. Implementation of community health assessments and improvement plans (3 subelements)**
- 5. Employment of electronic health records (EHRs) and health information technology (HIT) (11 subelements)**
- 6. Development of initiatives that address members' cultural, health literacy, and linguistic needs (7 subelements)**
- 7. Enhancements to provider networks and administrative staff to meet culturally diverse community needs (6 subelements)**
- 8. Establishment of quality improvement plans to eliminate racial, ethnic, and language disparities (2 subelements)**

# Scoring for Each Subelement

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Score	General Definition for the Score
0	<b>No activity</b> – Not started any activity related to the element
1	<b>Exploring/Planning</b> – CCO is conducting activities related to assessment of the issue and possible approaches.
2	<b>Designing</b> – CCO is designing a specific approach to implementing the transformation element.
3	<b>Implementing/Revising</b> – CCO implemented the element or activity in at least one setting.
4	<b>Final implementation and plan to bring to scale</b> – Using information and data from the implementation phase, CCO has finalized the initiative and CCO is identifying options for bringing the initiative to scale or has already scaled the initiative across the CCO.

# Administration and Validation of the CTAT

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CCOs completed CTAT

Reviewed scores and compared against documentary evidence

Interviewed CCO staff to clarify and better understand the scores

Reviewed the scores with the innovator agents for validation purposes

Finalized scores, ranked CCOs, and created tiers of CCOs based on level of transformation

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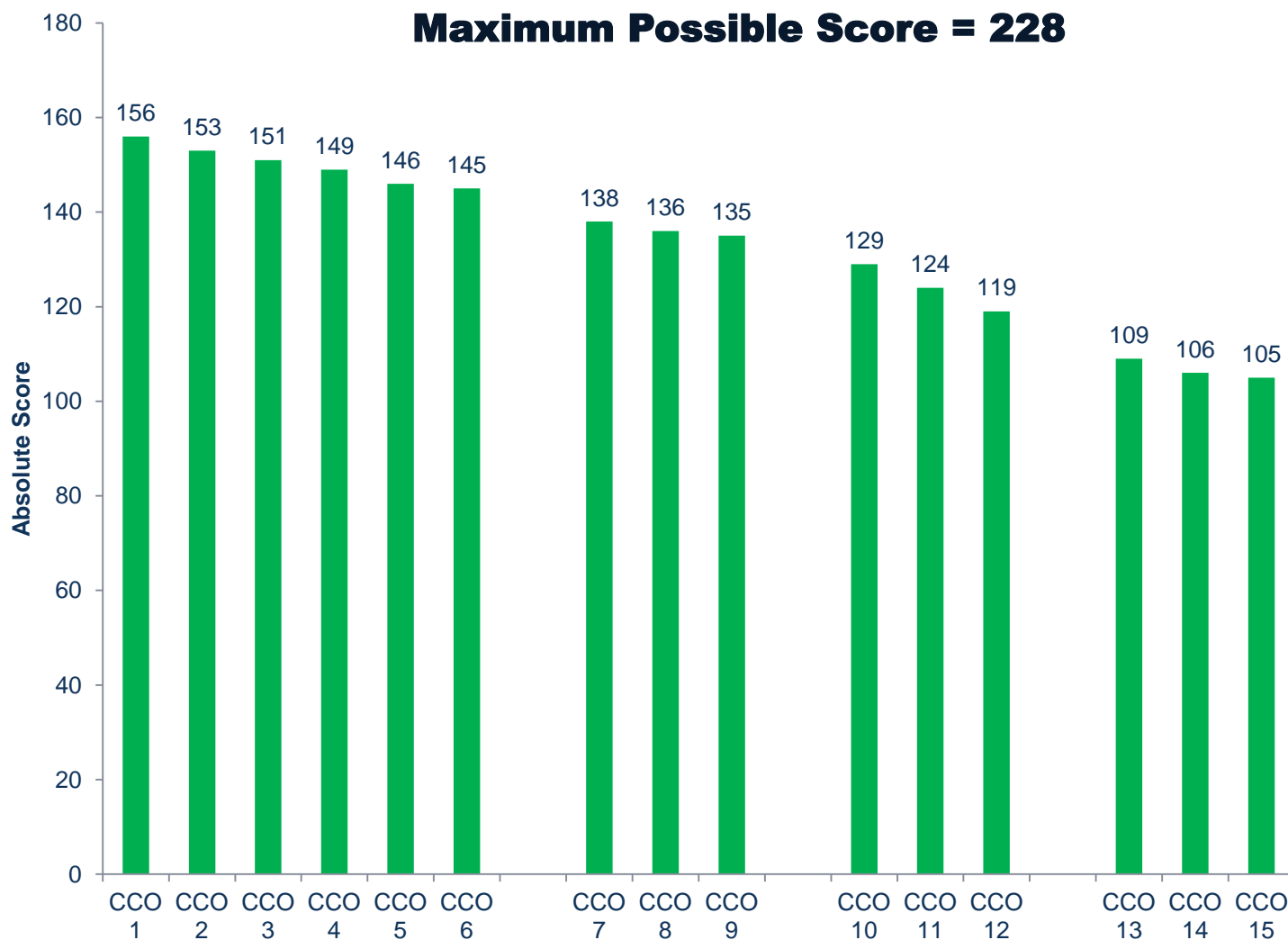
# What We Learned

# Summary of CTAT Scores

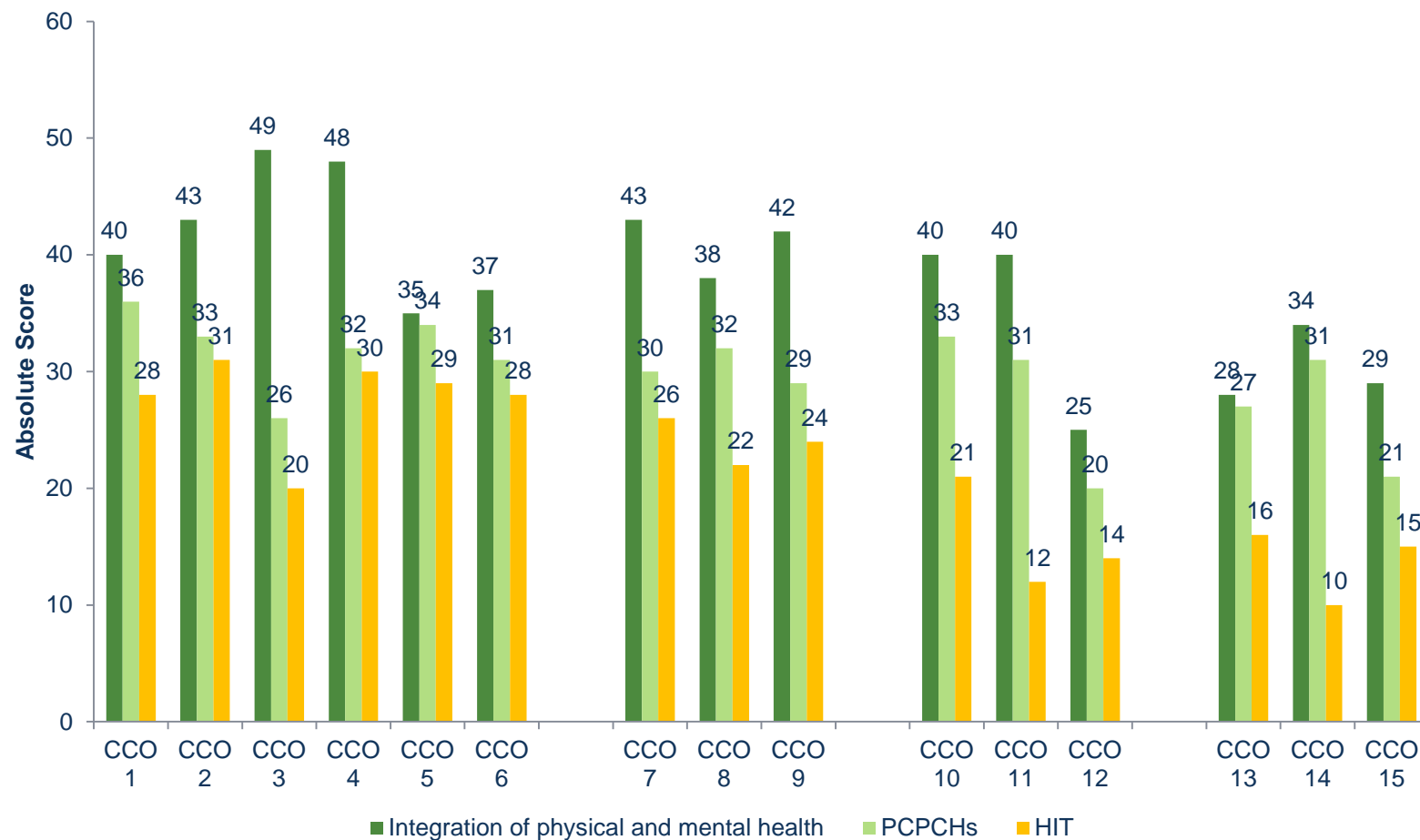
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Score (maximum possible)	Median	Low	High
Overall transformation (228)	129	105	156
Integrating physical and mental health (56)	37	25	49
Developing PCPCHs (44)	31	20	36
Using alternative payment methodologies (4)	2	0	4
Implementing community health assessment (12)	8	2	12
Employing health information technology (44)	21	10	31
Addressing cultural needs of members (28)	18	10	25
Enhancing provider ability to meet culturally diverse community needs (24)	12	5	21
Establishing quality improvement plans to eliminate disparities (8)	3	1	6

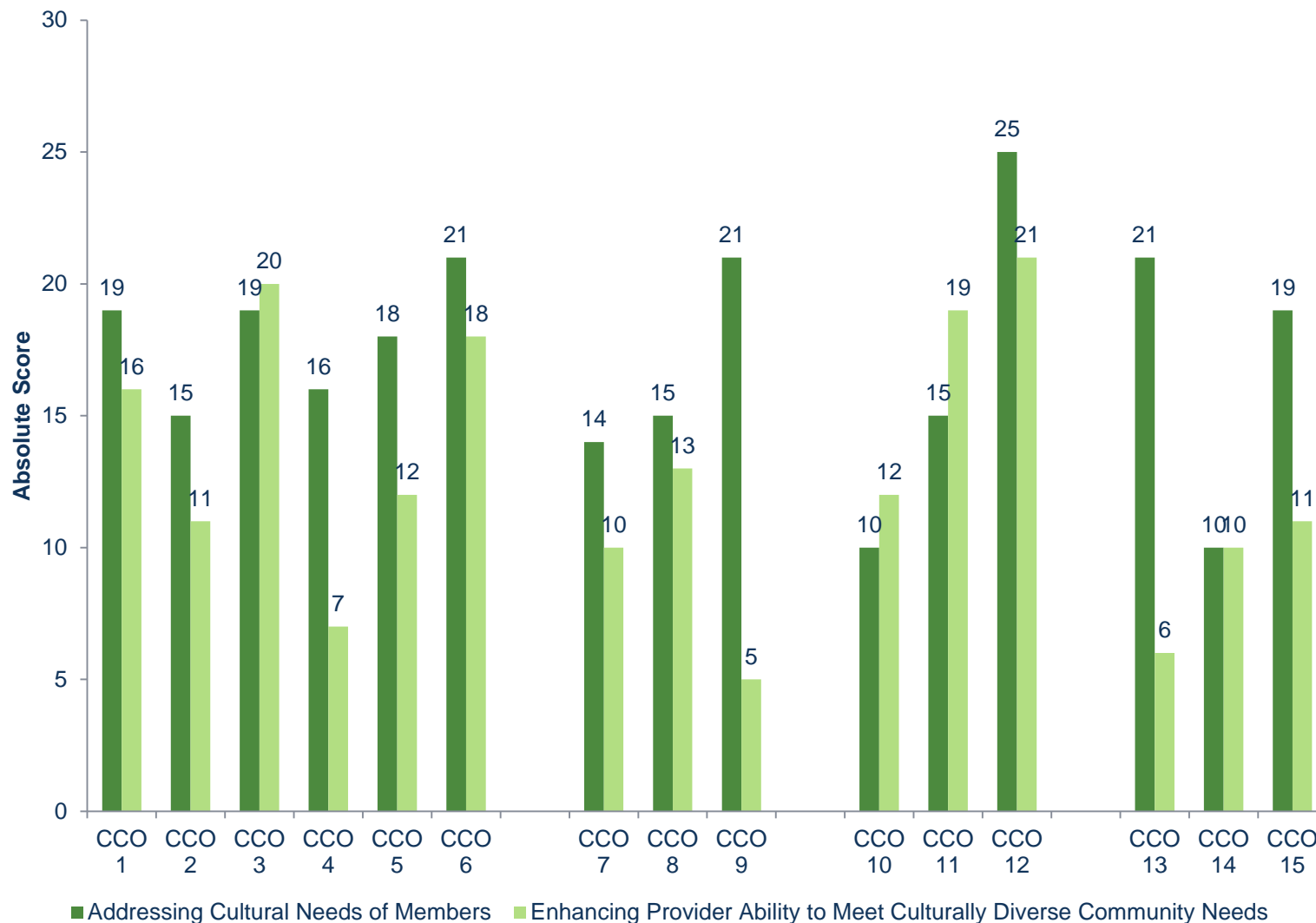
# Distribution of Overall Scores



# Select Subscores

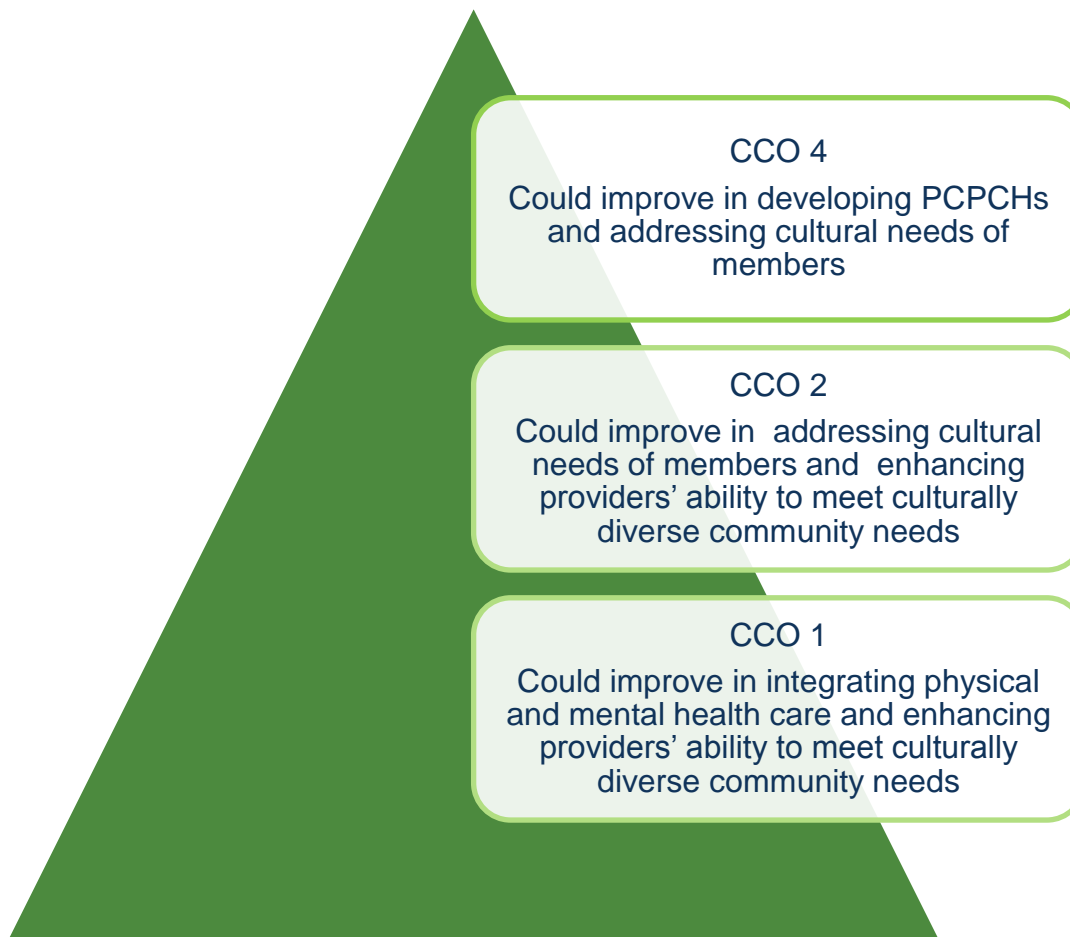


# Select Subscores Relating to Diversity



# Most Transformed CCOs

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# **Conclusions, Caveats, and Implications**

# Conclusions

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- **All CCOs**
  - Making strides to transform
  - Diversity in progress across CCOs
  - Have more to do
- **Leading CCOs have progressed on more dimensions compared to less transformed CCOs**
  - Need to work more on cultural diversity issues

# Caveats

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- The ability of the CTAT scores to adequately reflect differences that matter across the CCOs is not known at this point
- Only now determining whether CTAT scores and rankings are related to outcomes
- If CTAT scores and rankings on the scores are not related to outcomes
  - The CTAT may need to be adjusted and refined
    - On average, CCOs were either implementing or designing an element for at least one setting or still designing the element
  - CCOs and the innovator agents may have to be more realistic about where they are in the process
  - The definition of transformation may need adjustment

# Implications

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- A lot of activity is occurring at the state, plan, and provider levels to improve access, quality, and reign in costs
  - Most activity has focused on laying the foundational elements of transformation
- Which transformation activities will matter the most?
  - Yet to be determined
  - The CTAT or similar instrument offers a way of empirically identifying an answer, at least at the CCO level
- The real power of the CTAT may reside in its repeated administration and tracking transformation on a longitudinal basis

# For More Information

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