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# **An Overview of the Plans for the Midpoint Evaluation of Oregon's Medicaid Section 1115 Waiver Program**

**February 21, 2014  
Presentation to Stakeholders  
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**MATHEMATICA  
Policy Research**

# Agenda

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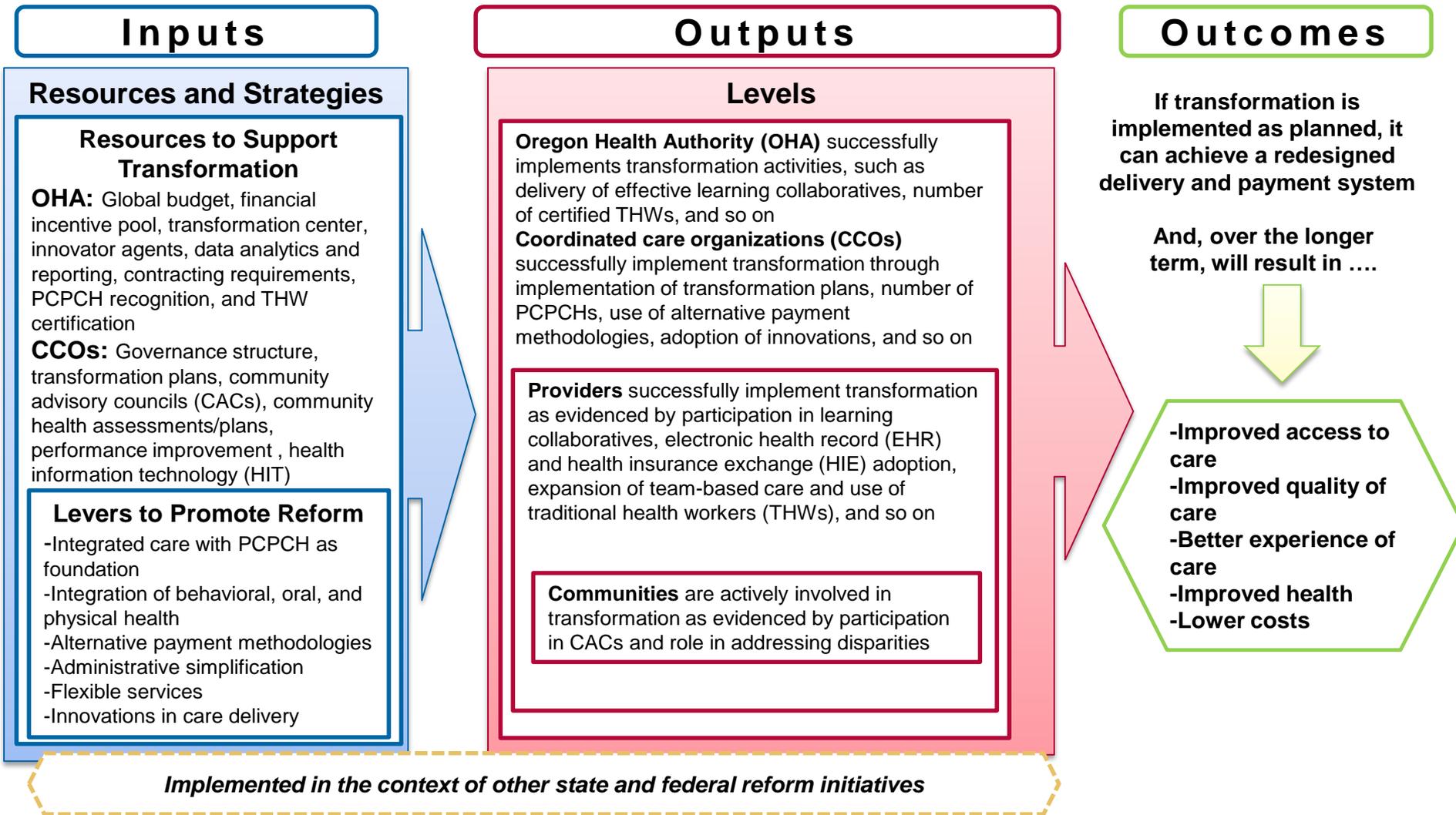
- **Overview**
  - Oregon's Section 1115 Medicaid Research and Demonstration waiver
  - Mathematica's approach to conducting the midpoint evaluation
- **Formative Evaluation**
  - Time line for formative evaluation activities and expected participants
- **Outcomes Evaluation**
- **Challenges**
- **Comments and Questions**

# Features of the Section 1115 Medicaid Waiver

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- **Began July 2012**
- **A redesign of the entire delivery and payment system**
  1. Increase care coordination and use of patient-centered primary care homes (PCPCHs)
  2. Use alternative payment methods
  3. Integrate physical, mental, and oral health
  4. Implement administrative simplification
  5. Use of flexible services
  6. Implement effective innovations and best practices
- **Enhance access, quality, the care experience, and health while decreasing the growth rate in costs**

# Logic Model



# Key Features of the Evaluation Plan

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- **Multilevel, mixed-methods approach**
  1. **Formative evaluation to assess the extent to which the proposed waiver activities have been implemented**
  2. **Outcomes evaluation to assess changes in outcomes**
  
- **Integration of formative and outcomes analyses**
  - **To assess the relationship between the waiver program and outcomes**

# Audience for the Evaluation

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- **Centers for Medicare & Medicaid Services (CMS)**
- **Governor's office and legislature**
- **Oregon Health Policy Board, Oregon Health Authority (OHA), and other state agencies**
- **Coordinated care organizations (CCOs) and affiliated providers, community advisory councils (CACs), and partners**
- **Larger community of health policy experts and researchers**

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# **Formative Evaluation Led by JudyAnn Bigby**

# Research Questions

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- **The formative evaluation will answer two questions relative to the approved waiver:**
  - 1. To what extent has OHA taken action to support transformation?**
  - 2. To what extent have CCOs—in aggregate and individually—taken actions to transform the delivery and payment systems?**
  
- **The evaluation will assess transformation activities at the levels of**
  - OHA**
  - CCOs**
  - Providers**
  - Communities**

# Evaluation of OHA Waiver Activities

## Outcomes of Interest

- What transformation activities has OHA successfully supported?
  - Support and oversight of the CCOs
  - Alternative payment methodologies, such as global budget and incentive payments
  - Data reporting and transparency
  - Spread of PCPCHs and use of flexible services
  - Fostering innovation and use of best practices
- What are the barriers to and facilitators of success?

## Methods

- Document review using standardized template
  - For example, quarterly 1115 waiver reports to CMS, health transformation quarterly reports, innovator agent reports, and other documents
- Key informant interviews using structured interview protocol
  - Representatives of OHA and transformation center, innovator agents, representatives of the CCOs and their governance structures, and others

# Key Informant Interview Topics, by Type of Informant

General Interview Topics to Assess Extent of OHA Support of Transformation	Key State Personnel	Transformation Center	Innovator Agents	Learning Collaborative Team	Office of Equity	For each of 16 CCOs' Managers, Fiscal Administrators, Providers, Community Representatives
Overall impression of effectiveness of OHA to support transformation	X	X	X	X	X	X
OHA success in setting expectations and monitoring for care management	X	X	X			X
OHA success in developing global budget and quality incentive pool	X	X				X
OHA success in establishing robust quality measurement and improvement strategy	X	X	X			X
OHA provision of technical assistance	X	X	X	X	X	X
OHA establishment of innovator agent program	X	X	X			X
OHA support of PCPCH certification and spread of PCPCHs	X	X				X
OHA support of certification of traditional health workers	X	X			X	X
OHA support of CCOs' use of flexible services	X					X

# Evaluation of CCO Activities

## Outcomes of Interest

- To what extent has each CCO implemented transformation activities including, but not limited to, those described in the transformation plans?
- Have CCOs made particularly advanced progress in one or more areas of transformation?
- What are the barriers to and facilitators of success?
- How have the CCOs accomplished transformation?

## Methods

- Document reviews using standardized template
- Develop and administer CCO Transformation Assessment Tool (CTAT)
- Structured interviews with appropriate representatives from CCOs and with innovator agents
- Site visit to a sample of CCOs

# CCO Transformation of the Delivery System

What?

- Eight elements of transformation are the foundation

How?

- Leadership
- Teamwork
- Resources
- Tracking and monitoring
- Scaling and spread of effective interventions
- Engagement of providers and patients
- Innovations

# Structure of CCO Transformation Assessment Tool

How would you describe your progress in implementing the following transformation plan elements?	Transformation Progress				
	No Activity 1	Analysis 2	Design Phase 3	Implementing 4	Evaluating Implementation 5
Integrating physical health, mental health, and addiction services	1	2	3	4	5
Developing PCPCHs	1	2	3	4	5
Developing alternative payment methodologies	1	2	3	4	5
Use of the Community Health Assessment and Community Health Implementation Plan	1	2	3	4	5
Implementing HIT (EHR and HIE)	1	2	3	4	5
Addressing members' cultural, health literacy, and linguistic needs	1	2	3	4	5
Provider network's and staff's ability to meet culturally diverse community needs	1	2	3	4	5
Your quality improvement plan to eliminate racial, ethnic, and language disparities	1	2	3	4	5

# Analysis and Use of the CTAT

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- **Verify and clarify CCO self-assessment using information abstracted from documents and key informant interviews**
- **Review areas requiring clarification with CCOs**
- **Review CTAT results with Innovator Agents**
- **Finalize scores**
- **Classify CCO progress as early, mid, or advanced**

# CCO Summaries

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- **In the final report**
  - **A narrative summary of transformation activities**
    - Success stories and innovations
    - Challenges and lessons learned
  - **Results from the CTAT**
    - Overall score
    - Element- and subelement-specific scores
  - **Brief profiles of CCOs**
    - Governance
    - Leadership
    - Communities and populations served

# Evaluation of Provider Activities

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## Outcomes of Interest

- Spread of PCPCHs
  - Number certified and tier
- Use of THWs
  - Number certified
  - Services delivered
- Practice-level transformation
  - EHR and HIE adoption
  - Expansion of team-based care

## Methods

- Document review and structured interviews
- Site visits
- Review of learning collaborative evaluations

# Evaluation of Community-Level Activities

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## Outcomes of Interest

- Community participation in CCO governance structures and CACs
- Evidence of CAC influence on key decisions
- Key issues identified by the community health assessments
- Status of community health plan implementation

## Methods

- Document review
- Structured interviews with CCOs and CAC representatives
- Site visit

# Time Line of Formative Evaluation Activities

Primary Level of Inquiry	Document Review	Key Informant Interviews	CTAT	Site Visits
OHA	Ongoing through September 2014	Complete by March 15, 2014		
CCOs	Ongoing through September 2014	April 15 to May 15, 2014 <sup>a</sup>  Innovator agents: April 30 to May 20, 2014	CCOs self-administer in teams <sup>a</sup>  March 30 to April 15, 2014	Complete by May 30, 2014

<sup>a</sup> Representing management , clinical integration, HIT, CACs, and others.

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# Outcomes Evaluation Led by Carol Irvin

# Primary Research Questions

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- 1. Have outcomes (access, care coordination, quality of care, patient experience, and health status) improved or at least been maintained over time?**
- 2. Have outcomes among beneficiary subpopulations varied?**
- 3. Did the Medicaid system transformation result in improved outcomes?**

# Assess Outcomes at Two Levels

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- **Person-level outcomes**
  - To address the first two research questions
- **CCO-level outcomes**
  - To address the third research question

# Basic Design

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- **Pre/post analysis of outcomes**
  - Pre-period will begin in 2009
  - Regression-based modeling approach
  - Control for changes in demographics and enrollment patterns
- **Outcomes measured at the quarterly level**
  - A trend analysis to detect whether the trend in outcomes changes after implementation
  - To detect changes when they occur and provide more flexibility

# Outcome Measures

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- **Measures used by OHA to monitor the CCOs**
  - Could also use other measures that are more sensitive to early transformation efforts
- **Selection criteria**
  - Feasible to measure at individual level and with administrative claims records
  - Adequate sample size

# Example Measures

Measure	Meets Feasibility Criteria	CCO Incentive Payment Measure	Other Measure
Total emergency department and ambulatory care utilization (visits/1,000 members)	Yes	Yes	Yes
Child and adolescent access to primary care providers	Yes	No	Yes

# Person-Level Analyses

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## ■ Pre-implementation

- Trend based on data from 2009 to mid-2012
- Beneficiaries selected on how well they match to post-implementation beneficiaries enrolled in the CCOs (age, gender, race/ethnicity, length of enrollment, county of residence, and health plan)

## ■ Post-implementation

- Trend based on data from mid-2012 through 2013 (first quarter of 2014 if data are available)
- Beneficiaries in CCOs

## ■ Based on data from:

- Medicaid enrollment and claims records
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) data

# CCO-Level Analyses

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- **To attribute changes in outcomes to the waiver**
- **CCO level**
  - **Aggregate to the CCO**
  - **Stratify CCOs by level of transformation as informed by CTAT and other information collected by the formative evaluation**
  - **Compare the change in outcomes between the least and most transformed CCOs**
- **Waiver Effect = (Pre/Post Difference in Most Transformed CCOs) – (Pre/Post Difference in Least Transformed CCOs)**

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# Key Challenges to the Evaluation

# Challenges for the Formative Evaluation

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- **Diverse range and vast amount of information documenting transformation activities**
- **Diversity among CCOs and their approaches to transformation**
- **No gold standard for measuring whether an organization has transformed and the process is iterative**
  - **CCO concept is a unique delivery structure**
  - **Transformation defined, in part, by contractual obligations**
- **Transformation takes time and evaluation covers only the first 18 to 21 months**

# Challenges for the Outcomes Evaluation

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- **Assessment of the early phase of the Section 1115 waiver**
  - Evaluation covers only the first 18 to 21 months
  - Some outcomes might be difficult to change during this initial period
    - Focus on outcomes related to the payment incentive measures
    - Include other outcomes to help detect secular trends affecting outcomes generally
- **Small sample sizes at the CCO level**
  - We propose to group CCOs by level of transformation
- **Results might differ from what is reported in other documents**

# Time Line and Deliverables

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- **Initial draft final report due to OHA by November 12, 2014**
  - Most data analyses must be completed by no later than the end of September
  - Will need data well before September
- **Second draft report due to CMS by December 27, 2014**
  - CMS has up to 90 days to comment
- **Final report to OHA and CMS within 60 days of CMS comments**
- **Presentation of findings December 2014 to May 2015**

# Questions and Comments

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