ACC Phase 3 Evaluation Update

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Evaluation Goals

- Evaluate how the ACC program is doing on achieving the five goals
- Tell the story of the ACC's impact using a mix of quantitative and qualitative methods
- Incorporate member and provider experience in more intentional and meaningful ways

How We'll Use Results

- Make improvements to our program on an ongoing basis
- Communicate the program to the Medicaid Commission, legislature, and other key stakeholders

Inputs and Activities
What we require the RAEs to do

ACC Contract Covering:
- Member engagement
- Grievances and appeals
- Network development and access
- Health neighborhood
- Provider support
- Behavioral health
- Children
- Quality

Outputs
What we track to know the requirements have been met

Examples:
- Number of members receiving services
- Percent of providers paid on time
- Number of providers available in a region
- Number of members receiving care coordination

Outcomes
What we measure to assess if we are getting the intended results

Examples:
- Improvement on CMS Core Measures
- Improved scores on member and provider surveys
- Costs shift from acute settings to preventive care and outpatient

Impact
How we evaluate if the program is meeting our overall goals

1. Improved access to care
2. Improved quality of care
3. Close health disparities and promote health equity for members
4. Improve the member and provider service experience
5. Manage care to protect member coverage, benefits and provider reimbursements

Monitoring and Accountability: How do we monitor progress and hold the MCEs accountable?

Monitoring
- Performance standards
- Audits

Accountability Tools
- Commitment to Quality
- Corrective action plans

Monitoring
- Narrative Deliverables
- Quantitative Data

Accountability Tools
- Commitment to Quality
- Corrective action plans

Monitoring
- KPIs, PCMP metrics, BHIP
- Cost trend monitoring
- EQRO activities

Accountability Tools
- Commitment to Quality
- Incentive payments

Mixed Methods Evaluation
- Focused on behavioral health, primary care providers, and care coordination
- Research questions with mixed methods approaches for each topic

Stakeholder Engagement: How do we solicit feedback to improve our program?

Department meetings with MCEs and providers • Program Improvement Advisory Committees • Member Experience Advisory Councils

Impact
How we evaluate if the program is meeting our overall goals

Evaluation Plan

The evaluation will be a **deep dive** into three focus areas. The products will be mixed-methods reports that provide insight into how the program is working and the experience of members and providers.

Three Evaluation Focus Areas with Two Scopes of Work for Each

Behavioral Health Benefit	**Scope 1:** What does access to behavioral health providers look like across the state for members and how do patterns of care vary? Is access equitable for different member groups? **Scope 2:** How are specific member groups (demographics, acuity levels, etc.) experiencing the behavioral health system? What are the cost and quality implications?
Primary Care	**Scope 1:** What does access to primary care medical providers (PCMPs) look like across the state for members? **Scope 2:** What is the impact of MCE support to primary care providers? Where are we seeing improved health outcomes and cost differences within the ACC primary care medical home model?
Care Coordination	**Scope 1:** Who is receiving care coordination and do members have high quality experiences? What are providers' experiences? **Scope 2:** What is care coordination's impact on cost and quality outcomes?

Each Scope of Work Contains:

- Research questions (3-5 per scope) that collectively touch on all five goals of the ACC
- Mixed methods approaches to answer the questions
- Opportunities for stakeholder input and member feedback
- Iterative releases of findings

Care Coordination

Projects	Evaluation Questions	Methods
Longitudinal metrics	• How does care coordination utilization and spending change over time?	• Summary statistics tracked biannually
Member experience	• How do members define a high-quality care coordination engagement? • What's working well/not working well for members?	• ~ 30 key informant interviews with members • Thematic analysis
Provider and community experience	• What's working well/not working well from providers' perspectives? From CBOs who serve our members and interact with RAEs?	• ~ 40 key informant interviews with PCMPs • ~ 10 key informant interviews with CBOs • Interviews with RAE/MCO care coordinators
Members using care coordination	• For the first time we can see who has received care coordination. Who are they? What patterns of care do we see for Tier 3 members?	• Descriptive analysis of data submitted by the RAEs/MCOs linked with claims
Investment in care coordination	• How do we begin to think about the investment in care coordination and the return in terms of outcomes?	• Analysis of RAE/MCO financial documents and RAE/MCO submitted data

Primary Care

Projects	Evaluation Questions	Methods
Longitudinal metrics	• How does primary care access, utilization and investment change over time?	• Summary statistics tracked biannually
Primary care utilization	• How often are target member groups receiving primary care services? • How does utilization vary by member group, provider type, geography, etc.?	• Descriptive analysis
Primary care qualitative work	• What do providers say are the biggest access challenges? • What kind of support do they value from the RAE/MCO?	• Key informant interviews with providers, particularly smaller providers
Deep dive into access	• What are factors that impact low access to primary care for members? • Which practices or geographies do we need to focus on to learn more?	• Statistical model TBD • Start only once we have enough data (at least 12 months)
Investment in primary care	• How much is HCPF investing in primary care? • Are investment strategies generally aligning with areas of opportunity for practices?	• Summary statistics on funding • Practice-level funding analysis TBD

Behavioral Health

Projects	Evaluation Questions	Methods
Longitudinal Metrics	• How does behavioral health access and utilization change over time?	• Summary statistics tracked biannually
Inpatient analysis	• What does health care utilization look like in the six months before and after inpatient discharge for a mental health related stay?	• Descriptive statistics • Insight from stakeholders
Member journey mapping	• What is an ideal member journey when leaving the hospital and how does that compare to what we see in the data? • How are the RAEs/MCOs providing support for this transition?	• Member journey mapping with clinical and stakeholder input • Key informant interviews
Investment in behavioral health	• What do we know about how RAEs are deploying capitated rates to support transitions back to the community?	• Analysis of cost and continuum data • Key informant interviews with RAEs

Discussion

- Initial feedback or questions about the work?
- Within the three focus areas, what challenges or opportunities would you like to share relative to your part of the region?
- Do you have recommendations for groups we could connect with in your region to learn more about how it's all going?
- Do you have any research questions that you think we should consider for the future?

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