Evaluation of the Texas Healthcare Transformation and Quality Improvement Program: 1115(a) Medicaid Demonstration Waiver

Statewide Learning Collaborative Summit
Austin, Texas
September 10, 2014

Presented by:
Monica L. Wendel, DrPH, MA, University of Louisville, School of Public Health and Information Sciences
Liza M. Creel, MPH, Texas A&M Health Science Center, School of Public Health
Waiver Evaluation Goals

Goals 1-4
- Measure the effect of Medicaid Managed Care Expansion on access, coordination, quality, and cost

Goal 5
- Measure the effect on Uncompensated Care (UC) claims based on service type

Goals 6-8
- Measure changes to quality, health outcomes, and cost as a result of DSRIP

Goal 9
- Measure changes in collaboration among organizations as a result of DSRIP

Goals 10-11
- Assess stakeholder perceptions and recommendations
This presentation will include preliminary findings for Evaluation Goals 9-11

- Goal 9: Examines collaboration among organizations
- Goals 10-11: Assesses stakeholder perceptions and recommendations
  - RHP Participants’ experience with the planning and implementation process
  - Perceptions of the benefits and challenges of the waiver, DSRIP specifically

Questions and Comments
Evaluation Goal 9

EXAMINING COLLABORATION AMONG ORGANIZATIONS
Changes in Collaboration

• Evaluation Goal 9 focuses on changes in collaboration among organizations within each Regional Healthcare Partnership (RHP)

```
RHP
   └── IGT
       ├── Anchor
       └── Performing Provider
           ├── Hospital
           └── Local Mental Health Authority
               └── Health Department
                   ├── Medical District
                   └── Physician Practice
```

N values:
- IGT: 296
- Anchor: 20
- Performing Provider: 416
- Hospital: 304
- Local Mental Health Authority: 63
- Health Department: 16
- Medical District: 25
- Physician Practice: 8
Methods and Measures

• Use network analysis to map and measure relationships and flows between organizations
• Assessed through a network survey
• Uses organization-level information
• Examines change over time
  – Prior to the Waiver Program
  – During Demonstration Year 2
  – During Demonstration Year 4 (data collection to begin Winter 2015)
Methods and Measures

- Participants included representatives from organizations participating in DSRIP
- Telephone-based survey asking about collaboration with other organizations in RHP

Current Collaboration
- Joint services / programs
- Shared resources
- Data sharing

Potential for future collaboration

Prior Collaboration
- Joint services / programs
- Shared resources
- Data sharing
Methods and Measures

• Looking for change in several factors:
  – Density: # of collaborative relationships that exist within an RHP
  – Centralization: degree to which collaboration in an RHP is focused around a few central organizations
  – Relationship strength: # of collaborative relationships between organizations in the RHP
Respondents
Overview of Respondents

• # of organizations participating in DSRIP ranges from 8 to 38 in each RHP
• Overall response rate for survey was 84%
• Response rate ranged from 67% - 100% across RHPs
Overall collaboration on activities that target improved access or services for the underserved

• Density: proportion of total possible relationships that are present in an RHP

• 2011: 36% (range: 14%-61%)
• 2013: 47% (range: 24%-89%)
Overall collaboration on activities that target improved access or services for the underserved

• Centralization: the degree to which collaboration in an RHP is focused around a few central organizations

• 2011: 34% (range: 11%-65%)
• 2013: 55% (range: 14%-81%)
Additional Planned Analysis

• Relationship strength: the different ways organizations are collaborating (i.e., sharing data, joint programming, sharing resources, or combinations of those).

• 2011: analysis in progress
• 2013: analysis in progress
Urban Example: 2011 (baseline)

Density: 22%
Centralization: 35%
Urban Example: 2013

Density: 24%
Centralization: 81%
Urban Example: Interpretation

• In this RHP, there are 30 organizations, so 435 possible relationships. They experienced a slight increase in density, from 22% to 24%.
  – The number of collaborative relationships in the RHP is increasing.
  – By 2013, nearly one quarter of all possible relationships in the RHP actually existed.

• Centralization in this example increases from 35% to 81%, indicating that the RHP is becoming more centralized around particular organizations.
Rural Example: 2011 (baseline)

Density: 49%
Centralization: 40%
Rural Example: 2013

Density: 56%
Centralization: 52%
Rural Example: Interpretation

- In this RHP, there are 12 organizations, so 66 possible relationships. They experienced a slight increase in density, from 49% to 56%.
  - The number of collaborative relationships in the RHP is increasing.
  - By 2013, over one half of all possible relationships in the RHP actually exist.

- Centralization in this example increases from 40% to 52%, indicating that the RHP is becoming more centralized around particular organizations.
Planned Comparisons

- Urban vs. rural RHPs
- RHP governance structure
- Geographic spread
- Existing infrastructure
- Availability of IGT
- Number of service providers / services available
- Historical relationships / partnerships / competition
ASSESSING STAKEHOLDER PERCEPTIONS AND RECOMMENDATIONS
Stakeholder Experience

• Evaluation Goals 10 & 11 focus on stakeholders’ experience:
  – With the Waiver implementation process, their RHP, and the waiver overall;
  – Identification of successes and challenges; and
  – Recommendations for future changes
Stakeholder Survey

• Identification of stakeholder groups
  – RHP Participants
  – RHP Other Stakeholders
  – Medicaid Managed Care Organizations
  – State Associations
  – Advocacy Groups

• Web-based survey deployed to 6,679 individuals by email, as identified through RHP Plans and other lists of interested stakeholders

• Survey responses collected April-May 2014

• Response rate = 10% (708 responses)
Stakeholder Survey

• Survey was designed to understand:
  – Participants’ experience with the planning and implementation process used within their RHP
  – Perceptions of the benefits and challenges of the waiver
  – Experience and perceptions of stakeholder organizations not participating in the waiver
## Respondent Profile

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private hospital</td>
<td>88</td>
<td>12%</td>
</tr>
<tr>
<td>Hospital district / hospital authority</td>
<td>85</td>
<td>12%</td>
</tr>
<tr>
<td>Community mental health center</td>
<td>67</td>
<td>9%</td>
</tr>
<tr>
<td>Advocacy group / statewide association</td>
<td>45</td>
<td>6%</td>
</tr>
<tr>
<td>Academic health science center</td>
<td>34</td>
<td>5%</td>
</tr>
<tr>
<td>County government</td>
<td>28</td>
<td>4%</td>
</tr>
<tr>
<td>Physician group</td>
<td>22</td>
<td>3%</td>
</tr>
<tr>
<td>Health department</td>
<td>19</td>
<td>3%</td>
</tr>
<tr>
<td>Health plan</td>
<td>18</td>
<td>3%</td>
</tr>
<tr>
<td>Public hospital</td>
<td>13</td>
<td>2%</td>
</tr>
<tr>
<td>School district</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>City government</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>Health district</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>92</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Unknown</strong></td>
<td><strong>175</strong></td>
<td><strong>25%</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>708</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
RHP PARTICIPANTS’ EXPERIENCE WITH THE PLANNING AND IMPLEMENTATION PROCESS

Evaluation Goals 10 & 11
RHP Experience - Summary

• Respondent perceptions:
  – Positive about anchor leadership
  – Communication between anchor and RHP members, and amongst RHP members, was frequent and productive
  – Their voice was heard and they were involved
  – Their community’s needs were being addressed
  – Collaboration was increasing within their RHP
### RHP Experience

- **Anchor Leadership**

<table>
<thead>
<tr>
<th>Provides <strong>leadership</strong> in ongoing RHP operations</th>
<th>Yes or Yes, but limited</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88%</td>
<td>74%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provides <strong>guidance</strong> in ongoing RHP operations</th>
<th>Yes or Yes, but limited</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88%</td>
<td>72%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provides <strong>accurate information</strong> about Waiver Activities</th>
<th>Yes or Yes, but limited</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88%</td>
<td>74%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provides <strong>timely information</strong> about Waiver Activities</th>
<th>Yes or Yes, but limited</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>89%</td>
<td>74%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provides <strong>accurate technical assistance</strong></th>
<th>Yes or Yes, but limited</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>84%</td>
<td>58%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provides <strong>timely technical assistance</strong></th>
<th>Yes or Yes, but limited</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>84%</td>
<td>58%</td>
<td>100%</td>
</tr>
</tbody>
</table>
RHP Experience

• RHP Functioning
  – Modes of Communication
    • Mailed, emailed, or faxed written materials most important
    • Group discussions, RHP websites, and webinars also important
    • Social media least important

<table>
<thead>
<tr>
<th>Communication between Anchor and RHP Members</th>
<th>Overall</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>communication very frequent or somewhat frequent</td>
<td>94%</td>
<td>78%</td>
<td>100%</td>
</tr>
<tr>
<td>communication very productive or somewhat productive</td>
<td>98%</td>
<td>67%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication among RHP Members</th>
<th>Overall</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>communication very frequent or somewhat frequent</td>
<td>72%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>communication very productive or somewhat productive</td>
<td>88%</td>
<td>73%</td>
<td>100%</td>
</tr>
</tbody>
</table>
### RHP Experience

#### Satisfaction with RHP

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied or Somewhat Satisfied</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHP’s progress toward <strong>addressing community needs</strong></td>
<td>95%</td>
<td>56%</td>
<td>100%</td>
</tr>
<tr>
<td>RHP's level of <strong>commitment to all partners having an opportunity to participate</strong></td>
<td>94%</td>
<td>44%</td>
<td>100%</td>
</tr>
<tr>
<td>RHP leadership's level of <strong>commitment to listen to the ideas and opinions</strong> of people/organizations involved in the RHP</td>
<td>95%</td>
<td>67%</td>
<td>100%</td>
</tr>
</tbody>
</table>
### RHP Experience

#### RHP Impact and Outcomes

<table>
<thead>
<tr>
<th>Description</th>
<th>Overall</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHP is <strong>increasing collaboration</strong> among organizations in the region to increase access to health services</td>
<td><strong>94%</strong> (agree or somewhat agree)</td>
<td>78%</td>
<td>100%</td>
</tr>
<tr>
<td>Extent to which Waiver activities implemented by RHP are <strong>beneficial for the residents of their community</strong></td>
<td><strong>98%</strong> (beneficial or somewhat beneficial)</td>
<td>80%</td>
<td>100%</td>
</tr>
</tbody>
</table>
PERCEPTIONS OF THE BENEFITS AND CHALLENGES OF THE WAIVER
DSRIP Strengths

• Top identified strengths of DSRIP
  – Resources to serve more patients/clients
  – Opportunity to design innovative projects
  – Collaboration with other organizations in the area/community
  – Access to health services programs
  – Opportunity for system reform
DSRIP Strengths

- General
- Investment in Healthcare
- Innovations
- Improved Access and Patient Care
- Collaboration
Top identified weaknesses of DSRIP

- Unclear expectations/changing expectations
- Project limitations
- Reporting
- Timeliness in funding

Identified weaknesses tie closely with recommendations and are presented in the following slides as Areas for Improvement.
DSRIP Recommendations

- Implementation Processes
- Outcomes
- Sensitivity to Context
DSRIP Recommendations

Implementation Processes

- Minimize changes
- Clearly define expectations to reduce ambiguity
- Simplify rules and reporting to reduce administrative burden
- Provide less-compressed timelines for providers
- Provide timely feedback and guidance for decision making
- Provide timely release of funds
- Involve new providers to meet community needs
- Expand DSRIP menu to facilitate innovation
- Improve communication and collaboration, especially by improving technical assistance
DSRIP Recommendations

Outcome Measures

• Improve Category 3 outcome measures by accommodating differences in providers and projects
• Align metrics across categories
• Reduce changes to outcome measures
DSRIP Recommendations

Sensitivity to Context

• Recognize and accommodate rural-urban differences
• Recognize and accommodate hospital differences
DSRIP – Other Insights

• Concern about sustainability of the projects after the Waiver ends
• Mention of external factors that may impact project outcomes
• Stakeholders want time for project maturation and stabilization to better understand effectiveness
• Stakeholders encouraged learning from the process and addressing problem areas
Summary

- Overall, stakeholders expressed:
  - satisfaction with their RHP functionality
  - agreement that their RHP was meeting community needs
  - optimism about the DSRIP program

- Although there were identified DSRIP weaknesses, stakeholders provided thoughtful recommendations for improvement
Next Steps

• Network Analysis
  – Continue analysis and conduct relevant comparisons
  – Initiate and complete next portion of data collection (Winter 2015)

• Stakeholder Perceptions and Recommendations
  – Analyze results of Stakeholder Survey related to Uncompensated Care and Medicaid Managed Care Expansion
  – Analyze non-participant feedback, including opportunities and challenges for the Program
QUESTIONS? COMMENTS?
Contact Information

Monica L. Wendel, DrPH, MA
University of Louisville
School of Public Health and Information Sciences
monica.wendel@louisville.edu

Liza M. Creel, MPH
Texas A&M Health Science Center
School of Public Health
creel@sph.tamhsc.edu