Drug Medi-Cal Waiver Evaluation Planning

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These plans are in development.

Suggestions & advice are welcome!

Role of the Evaluation

Aside from meeting CMS requirements…

- We cannot continue to bend the health cost curve without treating SUD.
- California's DMC waiver can provide a model for the rest of the nation
- But only if we clearly understand whether it works, what is working, and what is not.
- Participation in the waiver and evaluation puts us at the heart of national discussion of health reform.

Goals

- Evaluate access, quality, and costs of Drug Medi-Cal services their coordination with primary care, mental health, and recovery support services under the waiver.
- Provide information to *help improve* implementation.

Goals cont'd

- Use existing data where possible
- Align measures with existing or expected future data requirements where possible to.
- Where necessary, supplement with new data collection while attempting to minimize the burden on stakeholders wherever possible.

Design

- Randomized controlled trials are ideal, but is impractical in this case.
- Pre-Post Comparisons
- County comparisons (Opt-in vs. Opt-out)
- Qualitative data

Overview of Measures

- **Access** - Has access to treatment increased in counties that have opted in to the waiver?
- **Quality** - Has quality of care improved in counties that have opted in to the waiver?
- **Cost (might be led by DHCS)** - Is the waiver cost effective?
- **Integration & Coordination of Care -** Is SUD tx being coordinated with primary care, mental health, and recovery support services?

Potential Measures of Access

Has access to treatment increased?

- Availability and use of full required continuum of care (CalOMS-Tx)
- Use of medication assisted treatment (DMC Claims, Medi-Cal claims)
- Number of Admissions (DMC Claims, CalOMS-Tx)
- Numbers and trends by type of service (e.g. NTP)
- Penetration rates –also by primary drug (alcohol/drug)

Access Cont'd

- Adequacy of network
  - Average distance to provider
  - Time from ASAM assessment to admission
  - Newly certified sites
  - Residential capacity (DATAR)
  - Outpatient capacity (in development)
  - Local capacity and quality of available care?
- Existence of a functioning beneficiary access number
- Availability of provider directory to patients

Potential Measures of Quality

Has quality of care improved?

- Appropriate placement:
  - Use of ASAM
  - Comparison of ASAM scores and actual placement
  - Use of continuing ASAM assessments, appropriate movement
- Appropriate treatment consistent with level of care after placement:
  - ASAM Audits
  - % of referrals with successful treatment engagement

Quality cont'd

- Will need to collect supplemental data from Chemical Dependency Recovery Hospitals and free standing psych, since they do not report to CalOMS-Tx.
- County EBP audits (and assess adequacy of such audits), incorporating infomation from DHCS audits.
- Data indicator reports
- If call centers are used, call waiting times, call abandonment.
- *Follow-up patient surveys and interviews*
  - Patient perceptions of care
- *Provider surveys and interviews*
  - Quality of care, perceptions of system (other providers), measures of patient centered care.

Quality cont'd

- Outcome Measures
  - CalOMS, Patient surveys
    - AOD use
    - Social support
    - Living arrangements
    - Employment
    - Quality of Life / Functioning
  - Use of other services (CSI, Medi-Cal claims, OSHPD data)
    - ER, Psychiatric Emergency visits, Hospital inpatient
  - Grievance reports

Potential Cost Measures

- Total dollars spent
- Per user per month SUD costs
- Total health costs pre/post waiver implementation among DMC users

Potential Measures of Integration and Coordination of Care

Is SUD treatment being coordinated with primary care, mental health, and recovery support services?

- Existence of required MOUs with
  - bidirectional referral protocols between plans
  - availability of clinical consultation, including
    - consultation on medications
    - management of a beneficiary's care, including :
      - procedures for the exchanges of medical information
      - process for resolving disputes between the county and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved

Integration & Coordination cont'd

- Coordination:
  - Comprehensive substance use, physical, mental health screening
  - Beneficiary engagement and participation in an integrated care program as needed
  - Shared development of care plans by the beneficiary, caregivers and all providers
  - Collaborative treatment planning with managed care
  - Care coordination, effective communication among providers
  - Navigation support for patients and caregivers
  - Facilitation and tracking of referrals between systems.
- Quantify referrals to and from primary care and mental health
- Quantify referrals to and from recovery services

Potential Issues

- Accurate data may be limited for the “pre” group and from opt-out counties.
- Increases in CalOMS: real, or better reporting?
- Medical costs, utilization among uninsured patients during the ”pre” timeframe. *If they were uninsured, there will be no claims, and their costs/utilization would look low using claims data.*
- Collecting ASAM data

Questions? Comments?

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