



**The Hilltop Institute**

*analysis to advance the health of vulnerable populations*

# Program Assessment: Maryland Community Health Resources Commission

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CHRC Meeting



## Presentation Overview

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- The Hilltop Institute
- Assessment Objectives, Methodology, Outcome Measures, Limitations
- Key Findings
- Future Considerations



The Hilltop Institute

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# Hilltop's Mission and Background

- **Mission:** The Hilltop Institute works to advance the health and wellbeing of people and communities through research and analysis.
- Hilltop was founded in 1994 through a unique partnership between UMBC and the Maryland Medicaid program.
- Under an interagency agreement that has been renewed annually since Hilltop's inception, we conduct policy analysis, research, and data analytics for Maryland Medicaid.
- One of Hilltop's primary functions is developing capitated payment rates for HealthChoice, Maryland's Medicaid managed care program.
- Hilltop maintains an extensive data repository on behalf of Maryland Medicaid.

# More about Hilltop

- A research center on the UMBC campus
- About 50 staff—economists, financial analysts, attorneys, social scientists, public health professionals, SAS programmers
- Our areas of expertise
  - Data Analytics
  - Health Care Access and Affordability
  - Rate Setting and Payment Reform
  - Aging and Disability
  - Behavioral Health
  - Social Determinants of Health
- Our clients: Maryland state agencies, the federal government, foundations, research organizations



## Background on the Assessment

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- Hilltop provided consultation on assessment approaches
- CHRC and UMBC executed a two-year, \$154,938 interagency agreement in May 2016
  - Assessment examined programs implemented by four 2016 CHRC grantees
  - The assessment focused on Medicaid participants only
  - Objective: Examine the extent to which the programs had an impact on health services utilization and costs for participating Medicaid beneficiaries as well as the impact on other outcome measures identified by the grantees in their proposals
- Grantee selection criteria:
  - Clearly stated program goals, enrollment process, and timeline
  - Availability of data to support outcome measures
  - Project staff committed to participating in the assessment and capable of providing quality data
  - Sufficient Medicaid participants expected to enroll in the program

## Assessment Methodology

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- Pre/post design:
  - Baseline: 90 days immediately preceding program enrollment
  - Intervention: the period of participation (varied by grantee)
  - Post-intervention: 90 days immediately following intervention discharge
  - Participants had to be continuously enrolled in Medicaid during this time

## Outcome Measures

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- **Service Utilization:** Inpatient admissions, emergency department (ED) visits, ambulatory care visits, other measures specific to each program
- **Costs:** *Average estimated Medicaid costs per user* totaled and grouped as:
  - Hospital inpatient and outpatient
  - Professional fees
  - Pharmacy

## Study Limitations

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- Study populations limited to continuously enrolled Medicaid participants
- Small study populations
- Only a 90-day follow-up period
- Estimated Medicaid costs for HealthChoice enrollees
- *Consequently, the extent to which findings are generalizable across the broader population of program participants or Medicaid beneficiaries is limited*

## The Four Grantees and Programs

- **Potomac Healthcare Foundation:** Residential Recovery Support Center for individuals with substance use disorder
- **Lower Shore Clinic:** CareLink for individuals with multiple chronic diseases and behavioral health needs
- **Garrett County Health Department:** Telehealth technology for medication-assisted treatment (MAT)
- **Baltimore City Health Department:** B'More for Healthy Babies initiative

### Potomac Healthcare Foundation Key Findings

- Program participants demonstrated evidence of continuing treatment for an SUD during the post-intervention period, with 88.3 percent engaged in alcohol or drug dependence treatment for at least 30 days after program discharge.
- After discharge from the program, 20.5 percent of participants relapsed as evidenced by claims or encounters for detoxification, an inpatient admission, or an ED visit with a primary diagnosis of substance disorder.
- Even though total average estimated Medicaid costs per user increased slightly in the 90-day post-intervention period compared to the 90-day baseline period, the data suggest a shift from hospital-based care to outpatient services and pharmacy treatment for an SUD, an objective of the program.

### Lower Shore Clinic Key Findings

- The experience with 30-day hospital readmissions was mixed, with 18.2 percent of participants readmitted within 30 days of their most recent hospital stay prior to enrollment in CareLink.
- However, ED visits associated with behavioral health-related conditions decreased from 21.4 percent during baseline to 6.5 percent in the post-intervention period.
- The percentage of participants with a usual source of care in the post-intervention period nearly doubled from baseline.
- Total average estimated Medicaid costs per user decreased 44 percent in the 90-day post-intervention period compared to the 90-day baseline period, and there was evidence of a shift from hospital-based care to outpatient services and pharmacy treatment for chronic conditions and behavioral health needs.

#### Garrett County Health Department Key Findings

- While no inpatient admissions were reported during the 90-day post-intervention period, the number of participants with at least one ED visit increased from 42.9 percent in the baseline period to 74.4 percent in the post-intervention period.
- After discharge from the program, all participants obtained at least one MAT prescription and 85.7 percent continued to be engaged in alcohol or drug dependence treatment for at least 30 days.
- Average estimated Medicaid costs per user suggest evidence of a shift from hospital-based care to outpatient services and pharmacy treatment during the immediate 90 days after discharge.

#### Baltimore City Health Department Key Findings

- 99 percent of enrolled women had at least one prenatal visit during the measurement period, and 46.5 percent completed one postpartum visit during the post-intervention period, suggesting that the objective of the intervention—connecting vulnerable pregnant women to the care system—was achieved to some extent.
- The percentage of participants who received care consistently from the same provider for two or more visits increased from 51.8 percent during the baseline period to 70.5 percent in the post-intervention period.
- The rate of very low birthweight among study participants' newborns was about 3 percent, consistent with the overall Medicaid population. However, more comprehensive research will be required to determine the extent to which the intervention has an impact on birth outcomes and the health of babies.

## Considerations for Future Programming and Assessment

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- Replicability
- Leveraging other state initiatives

## Contact Information

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