

Regional Health Needs Inventory Data Review for Cascade Pacific Action Alliance

This memo is intended to help inform CPAA's project and priority population selection. This document provides CORE's summary of potential areas of high need and potential focus, and is accompanied by spreadsheet with the underlying data.

Please note CORE has not done any additional analysis or tested any apparent differences between CPAA and state, or between counties within CPAA, for statistical significance, and there may be some risk in recommending potential focus areas based on these differences.

Demographics

Cascade Pacific Action Alliance covers approximately 185,000 Medicaid members, or 9.8% of the Medicaid population statewide. Almost 60 percent of CPAA's population resides within Thurston and Cowlitz counties.

When compared to the statewide Medicaid population, CPAA's Medicaid population is:

- Slightly more female (51.8%)
- More white (71.3% compared to 57.0% statewide)
- Less Hispanic (13.2% compared to 21.0% statewide)
- Slightly older (57.9% adults, compared to 54.0% statewide)
- More English speaking (87.6% compared to 83.9% statewide)

Five Managed Care Organizations serve Medicaid members within CPAA, with Molina having the largest market share (38% of Medicaid members in CPAA are enrolled with Molina).

Social Determinants of Health

In general, CPAA's population is more vulnerable than the statewide population. CPAA has:

- Slightly higher unemployment (6.3% compared to 5.0% statewide)
- More people in poverty (14.3% compared to 12.2% statewide)
- Lower median household income in all counties
- Higher rates of persons receiving food stamps (all counties but Thurston)
- Higher rates of children participating in Aid to Families programs (all counties but Thurston)
- Higher rates of students eligible for free and reduced price lunches (all counties but Thurston)

Overall, fewer students within CPAA's region drop out without completing high school, although there is variation within CPAA's counties.

There are higher alcohol and drug law related arrest rates for adolescents ages 10-17 in Cowlitz, Grays Harbor, and Lewis than in other counties and statewide, although alcohol-related arrests for adults are lower in all counties than statewide. Drug law violation arrest for adults are more than double the state rate in Cowlitz and Grays Harbor.

Reproductive Health

Reproductive health is a recommended focus area. CPAA has a:

- Higher teen pregnancy rate overall (33 per 1,000 compared to 26 statewide)
- Higher teen pregnancy, ages 15-17 (16 per 1,000 compared to 12)
- Much higher teen pregnancy, ages 18-19 (62 per 1,000 compared to 47 statewide)
- Slightly higher unintended pregnancy (39% compared to 37% statewide)

Counties with higher teen pregnancy rates include Cowlitz, Lewis, and Mason.

Overall, CPAA's population utilizes effective contraception at similar rates to the state, however, there is variation within the counties (e.g., the percentage of women receiving long-active reversible contraception postpartum ranges from 6% in Mason to over 20% in Cowlitz and Wahkiakum).

If focusing on LARC through Pathways, developing partnerships and referrals in specific counties, rather than for the region overall, may be most effective. Pacific and Wahkiakum have the lowest rates of LARC utilization, Cowlitz the highest.

Population Health

Obesity and smoking are both potential focus areas for CPAA, given the underlying geographic variation:

- Adult obesity rate is higher overall (31% compared to 26.7% statewide) and ranges by county from 26% in Pacific to just over 40% in Lewis.
- Adolescent obesity is also higher than statewide, highest in Grays Harbor.
- Adult tobacco use is higher overall (19.4% compared to 15.6% statewide) and ranges by county from 17% in Mason to almost 27% in Pacific.
- Adolescent cigarette smoking is higher overall (14.6% of 12th graders compared to 11% statewide, and 9% of 10th graders compared to 6.3% statewide).

Adolescent depression may be a potential focus area for integration projects: between 35 – 41% of adolescents within CPAA's counties report depression symptoms within the past year.

Chronic Disease

Overall, the percent of Medicaid patients within CPAA diagnosed with asthma, diabetes, and depression are similar to statewide rates.

- Four percent of CPAA's Medicaid population have seen a provider in the last year and have a diagnosis of asthma, with rates being slightly higher for females (5%), AI/AN and black members (5%), non-Hispanic ethnicity (5%), and those whose language is unknown (9%). Note 9.2% of the overall population within CPAA report having asthma (BRFSS, 2013-2015).
- Four percent of CPAA's Medicaid population have seen a provider in the last year and have a diagnosis of diabetes, with slightly higher rates for AI/AN, Asian, NH/PI members (5%), and those whose language is unknown (11%). Note 8.5% of the overall population within CPAA report having diabetes (BRFSS, 2013-2015).

- 11 percent of CPAA’s Medicaid population have seen a provider in the last year and have a diagnosis of depression, with rates being higher for females (14%); AI/AN and NH/PI (10%), and White (13%) members; non-Hispanic ethnicity (13%), and those whose language is unknown (19%).

As of June 2016, other languages spoken by CPAA’s Medicaid population include Vietnamese, Russian, Chinese, Ukrainian, and Somali. Language was unknown for approximately 7% of the population.

Measure Performance

For Medicaid quality measures, CPAA performance is close to the statewide rate, however the underlying variation by county may help tailor focus areas for intervention:

- **Well child visits for children ages 3-6 are lowest in Grays Harbor (52%),** compared to 59% for CPAA, and 61% statewide.
- Antidepressant medication management is lowest in Wahkiakum (40%), compared to 54% for CPAA and 53% statewide.
- Routine care for adults with diabetes (e.g., blood sugar testing, eye exams, kidney disease screening) is slightly better for CPAA than statewide, however Mason, Grays Harbor, and Thurston all have lower rates.

For Medicaid utilization measures, CPAA performance varies:

- All-cause readmissions are better in CPAA (12% compared to 15% statewide, lower is better).
- Emergency Department utilization is higher (57 visits per 1,000 member months, compared to 51 statewide). ED utilization is highest in Mason and Grays Harbor.
- **Approximately 16% of ED visits are potentially avoidable (i.e., could have been treated in other care settings), compared to 15% statewide. Potentially avoidable ED visits are highest in Mason and Grays Harbor. Potentially avoidable ED visits for children are highest in Mason.**

As of January 2017, Grays Harbor, Pacific, and Lewis counties were all considered medically underserved areas, and Mason, Grays Harbor, and Cowlitz all had multiple designated health professional shortage areas. Focusing on improving access to primary care and well child visits / other preventive services will likely affect potentially avoidable ED visits for children, and will help drive improvements in other pediatric service areas (e.g., immunizations, oral health).

For Immunization measures, CPAA’s performance lags slightly behind statewide, with substantial county level variation:

- **Childhood immunization rates for the general population (by age 2) range from 15% in Pacific to 31% in Thurston (compared to 33% statewide).**
- Adolescent Tdap and MCV1 immunization rates for the general population range from 38% in Pacific to 67% in Wahkiakum (compared to 60% statewide)

Dental

Approximately half of Medicaid members ages 20 and younger within CPAA received any dental service in FY 2016, just lower than the statewide rate. However, only 20 percent of adults ages 21 and older received any dental services in the same time period.

CPAA Medicaid members receive dental sealants and fluoride varnish at well child visits at slightly better rates than statewide, however, **few children overall are being served**:

- 19% of children and adolescents have dental decay or cavities
- While 41% of children ages 6-9 receive dental sealants, only 17% of children ages 10-14 do
- Only 46% of children ages 6 and younger utilized any preventive dental services.

Dental utilization does vary by county, and may be closely related to access. Dental utilization for young children is lowest for Pacific, for children and adolescents lowest in Wahkiakum, and lowest for adults in Thurston and Mason. Better understanding where dental providers are who serve Medicaid will help with intervention design, and potentially identify areas for targeting mobile dental services (if that is the chosen intervention).

Opioids

Approximately 11 percent of all Medicaid opioid users are within CPAA, slightly higher than CPAA's share of Medicaid members overall. Of CPAA's Medicaid opioid users, 61% are female, 77% are non-Hispanic white, and 41% are between ages 20-39.

The majority (88%) of CPAA's Medicaid opioid users have no cancer history, and approximately 22% have used opioids for more than 30 days.

Approximately 7% of CPAA's Medicaid members with a diagnosis history of opioid abuse / dependence have received medication assisted treatment with buprenorphine, and approximately 17% with methadone.

Implications for Pathways

Given that only four percent of CPAA Medicaid members had a visit and a diagnosis history of diabetes in the past year, and that routine care for adults with diabetes is slightly better in CPAA than statewide, diabetes may not be the population with the most to gain from Pathways. However:

- If CPAA or partnering MCOs have additional data indicating that there are many more Medicaid members with diabetes who are not accessing care (and thus not showing up in that 4%), Medicaid members with diabetes may be a more appropriate population, but additional data exploration is needed.
- There is underlying geographic variation, as it appears that Cowlitz has a higher prevalence of the general population with diabetes than other counties within CPAA.
- CPAA counties appear to have higher rates of diabetes-related hospitalizations (2014) than the state average. This may indicate that individuals with diabetes in the region are less likely to have their diabetes controlled.
- CPAA also has higher diabetes-related mortality rates than all ACHs but SW ACH (2015), also indicating that diabetes is less controlled or more likely to have more severe complications in CPAA counties, regardless of prevalence.

Looking back at the Medicaid quality measures for adults with diabetes:

- 84% had an HbA1c test in the past year (86%, national Medicaid average)
- 86% had a nephropathy test in the past year (90%, national Medicaid average)

- 32% had an eye screening in the past year (53%, national Medicaid average)

It does appear that there is room for improvement in quality care for adults with diabetes, which may lead to improvements in diabetes-related hospitalizations and mortality. CPAA may wish to ascertain whether MCOs have any additional data on diabetes control (e.g., the HbA1c poor control clinical measure) to better understand where quality improvement activities would have the greatest affect.

I would encourage CPAA staff to consider any additional contextual information as to what might be driving poorly managed diabetes and where / how Pathways may intervene (e.g., food insecurity is high in the region and unhealthy and/or unstable diets have implications for diabetes management).

Finally, I encourage CPAA staff to consider the incentive measures for the care coordination project, and whether there is a connection between individuals with diabetes completing Pathways, and the system wide measures (including Emergency Department visits, hospital readmissions, homelessness, and mental health / substance use treatment penetration).

Other potential priority populations for Pathways might include:

- Adult and/or adolescent tobacco users
- Children needing access to primary care (medical home), or who need immunizations.
- Women of reproductive age, given high rates of teen pregnancy and unintended pregnancy