Kentucky Medicaid: Using Data to Inform Policy & Improve Health

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Kentucky Department for Medicaid Services
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The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
America's Health Rankings® is a composite index of over 30 metrics that give an annual snapshot of health of a population in each state relative to the other states.

What is KY’s overall ranking?
## Health Outcomes

<table>
<thead>
<tr>
<th>Measure</th>
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<tbody>
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## Kentucky’s Overall Ranking 45
Cabinet for Health and Family Services
Medicaid

- Provides coverage for over 75 million people nationally; eligible low-income adults, children, pregnant women, elderly adults and people with disabilities
- Medicaid is a federal/state partnership
  - Federal government provides funds
  - States match funds and administer the program
- In contrast, Medicare is a federal insurance program for individuals 65 and older, administered by the federal government
Medicaid

• Each state’s Medicaid Program is different
  – Fee for service-vs-Managed care
  – Number of managed care companies
  – Expanded through ACA or not expanded
  – Coverage of services and medications

Individual states tailor their Medicaid programs to address the unique needs of their populations, but the differences between states makes it difficult to compare programs and initiatives from one state to another.
Kentucky Medicaid

• Expanded Medicaid as part of the ACA
• Have 5 MCOs which care for the majority of beneficiaries and a Fee for Service population
• Approximately 1.3 million people are covered by KY Medicaid which is about 30% of KY residents
• Medicaid covers 45% of births in KY
Overview

• State University Partnerships
• Medicaid Outcomes Distributed Research Network
• Linking Health data with other data sources
State University Partnerships

• Ongoing collaborations between Medicaid and a state university research center

• Partner with Universities to extend the capacity of Medicaid to conduct research for the support of evaluation of programmatic decisions and policy development

• In Kentucky our SUP program is internal to CHFS
State University Partnerships in Kentucky

Guidelines for Participation:

- Research must align with DMS strategies and needs
- Projects must be approved by CHFS/DMS for funding
- Cannot match federal dollars to federal dollars to fund projects
- Leverage Federal Medicaid money to provide a 1:1 cost share to support the research
  - CHFS/DMS draws CMS dollars and brings federal share to the table
  - University’s bring the state share to the table (non-federal dollars)
State University Partnerships in Kentucky

• Currently we have 9 active research partnerships totaling approximately 10 million dollars

• Working with 3 Universities
  – University of Kentucky
  – University of Louisville
  – Northern Kentucky University

Topics include: Smoking, Children and Antibiotic use, Opioids/SUD, Diabetes, Value Based Care
State University Partnerships in Kentucky

New Proposals for FY 21-22

A total of 24 new proposals were submitted in October
From UofL, UK, NKU, WKU
State University Partnerships Learning Network

The State-University Partnership Learning Network (SUPLN) collaboratively works to support evidence-based state health policy and practice with a focus on transforming Medicaid-based healthcare, including improving the patient experience, improving the health of populations, and reducing the per capita cost of healthcare

Created in 2014 by AcademyHealth
State University Partnerships Learning Network

Participating in the CHFS – SUP program does not automatically mean that the project is part of the SUPLN community

However, most of our partnerships are part of SUPLN

SUPLN provides collaborative opportunities for states to share knowledge and learn from one another
Medicaid Outcomes Distributed Research Network MODRN

• A distributed research network (DRN) is “a network of data partners that retain and analyze their own data, forgoing the need for a central repository, allowing for greater accumulation of data without the concerns for data security.”
• MODRN was established by SUPLN to strengthen the network’s ability to conduct cross-state analysis
• Provides a mechanism for comparative studies across states; addressing questions that would benefit from a multi-state perspective

AcademyHealth coordinates the MODRN network
Medicaid Outcomes Distributed Research Network
MODRN

The first MODRN Project is concerning OUD

Delaware, Kentucky, Maryland, Michigan, North Carolina, Ohio, Pennsylvania, Tennessee, Virginia, West Virginia, and Wisconsin—are using MODRN to assess OUD treatment quality and outcomes in Medicaid with the goal of informing policy decisions on coverage and payment for evidence-based OUD treatments in Medicaid

These states account for almost 17 million (21% of) Medicaid enrollees
MODRN - OUD

• Looking at 15 standardized measures of OUD performance
• Associations between Medicaid coverage policies, OUD treatment quality, and overdose outcomes
• Link Medicaid claims to vital statistics to examine the association between the quality of OUD treatment and fatal and non-fatal drug overdoses

Dr. Donohue at the University of Pittsburgh is the principal investigator on this project, and AcademyHealth is coordinating the project.
### Outcomes

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#### Kentucky’s Overall Ranking 45
Drug Overdose deaths in the US

• Steadily increasing over the past 20 years
• In 2017 there were 70,237 OD deaths (47,600 due to opioids)
• The national age-adjusted drug OD rate in 2017 was 21.7/100,000
• In Kentucky it was 37.2/100,000 (n=1566)
Nebraska was the lowest at 8.1/100,000, West Virginia the highest at 57.8/100,000.
What age group has the highest rate of OD?
Figure 2. Drug overdose death rates, by selected age group: United States, 1999–2017

1Significant increasing trend from 1999 through 2017 with different rates of change over time, p < 0.005.
22017 rates were significantly higher for age groups 25–34, 35–44, and 45–54 than for age groups 15–24, 55–64, and 65 and over, p < 0.05. The rate for age group 35–44 was significantly higher than the rate for age group 45–54 and statistically the same as the rate for age group 25–34.
NOTES: Deaths are classified using the International Classification of Diseases, 10th Revision. Drug poisoning (overdose) deaths are identified using underlying cause of death codes X40–X44, X60–X64, X65, and Y10–Y14. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#2.
What Does Kentucky Need to Address the Problem?

• Increase access to treatment providers and treatment facilities?
• Increase access to medications to treat OUD?
• Peer support and care coordination?

• Data!
  – We are collecting data to know what services to provide and where
  – Follow the data to know if the provided services are helping
Changes since the last Data Forum in 2017

- 1115 Demonstration waiver for SUD was approved
- Added Methadone to approved drug list
- PA not needed for the 3 OUD medications except for injections or large doses of Buprenorphine
- Increased the number of OUD treatment providers and facilities
- Added Care Coordination to inpatient facilities
- Added Peer support specialist in ED to bridge to treatment
137,512 had at least one opioid prescription out of 669,758 enrollees.
Rate: 205.3/1000 beneficiaries.
Residential Treatment

- Total Paid
- Benefry w/Residential Treatment

Residential Treatment: Benefry/1,000 By MCO
Future

• State Medicaid and Child Welfare Data Linkages for Outcomes Research (Family First Prevention Services Act)
  – Linking data from the child welfare system and Medicaid for research on parents with SUD and other behavioral health issues that have children in the child welfare system
  – Develop infrastructure for ongoing data linkage and analysis to inform policy
  – Develop a roadmap for other states to link their own data
Future

Predictive analytics: our SUP partners at UK and UofL
- OUD overdose using medical and prescription drug claims
- Who is at increased risk for re-admission following AMI
- Predicting increased risk of ESRD in T2DM

Development of Novel Patient post-discharge quality measures for residential SUD treatment: (Incorporating SDoH data)
  - Education
  - Employment outcomes
  - Involvement with the justice systems
Summary

• Partnerships with Universities for research greatly expands the state’s ability to use data to make informed program decisions and policies to improve health

• Predictive analytics – can help us use data to help determine outcomes and save lives

• Linking different kinds of data will give us a better understanding of how services for parents through Medicaid and child welfare can be braided in order to provide comprehensive services and avoid duplication
Thank you for your time.

Questions?