UCLA CENTER FOR HEALTH POLICY RESEARCH

THE RAPID EVALUATION OF PERFORMANCE SYSTEM

Final Report to the California Medicaid Research Institute (CaMRI)

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UCLA Center for Health Policy Research

Background

The Health Care Coverage Initiative

In August 2005, the Centers for Medicare and Medicaid Services (CMS) approved California's five-year §1115 Medicaid Waiver (No. 11-W-00193/9). This Waiver provided $180 million in years 3, 4, and 5 for the development and implementation of California's Health Care Coverage Initiative (HCCI) demonstration project. HCCI was implemented from September 2007 through October 2010, and provided an expansion of health care coverage to eligible medically indigent adults. Senate Bill (SB) 1448 (Stats. 2006, ch.76) provided a statutory framework for HCCI.

A central concept of the HCCI program was to shift low-income uninsured individuals from more costly episodic care to a more coordinated system of care, thereby improving access to care, quality of care, and overall health. The specific goals of the program were to:

- Expand the number of Californians who have health care coverage;
- Strengthen and build upon the local health care safety net system, including disproportionate share hospitals, county clinics, and community clinics;
- Improve access to high quality health care and health outcomes for individuals;
- Create efficiencies in the delivery of health services that could lead to savings in health care costs;
- Provide grounds for long-term sustainability of the programs funded under the initiative; and
- Implement programs in an expeditious manner in order to meet federal requirements regarding the timing of expenditures.

The §1115 Medicaid Waiver made it possible for participating counties to obtain reimbursement for local expenditures under the program, which provided care to low-income, uninsured adults ages 19 to 64, who were also required to be citizens or legal permanent residents with at least 5 years in the U.S., and a resident of the participating county. In total, 10 counties in California participated in the HCCI program:

- Alameda
- Contra Costa
- Kern
- Orange
- Los Angeles
- San Diego
- San Francisco
- San Mateo
- Santa Clara
- Ventura

Through the federal Waiver, each county was eligible to receive a portion of the total $540 million award of federal reimbursement funds. After spending local dollars for health care expenditures within the program, counties were eligible to receive approximately 50% reimbursement via the current federal matching assistance percentage (FMAP).

In addition to providing the statutory framework for the development and implementation of the HCCI programs, SB 1448 required the State to assess specific impacts of the HCCI programs. In response, the State contracted with the University of California, Los Angeles (UCLA) Center for Health Policy Research (the Center) to provide an independent evaluation of the HCCI demonstration project. A final evaluation report is scheduled to be completed approximately 1.5 years after the completion of the HCCI demonstration programs to allow for receipt of all relevant data and an analysis period.

Soon after the Center began its evaluation activities, it became clear that interim data on the implementation of the program would be valuable to HCCI counties, the California Department of Health Care Services (DHCS), and a variety of other stakeholders. The Center, the California Endowment (TCE), and the California HealthCare Foundation (CHCF) developed a project titled "The Rapid Evaluation of Performance System (REPS)" to provide more timely interim data to the primary stakeholders. The data was to be disseminated through a REPS website designed and maintained by the Center. The funding for the project was provided by TCE and CHCF with federal matching dollars provided through the mechanisms set in place by CaMRI and sponsored by DHCS. The project was funded in early 2008, and was followed by a period of planning, development, and data collection (see attached timeline). The REPS website was launched in April 2009 and has remained operational to date.

Rapid Evaluation of Performance System (REPS) Website

REPS can be accessed at www.coverageinitiative.ucla.edu, and contains both public and private pages. Access to private areas of the site is restricted to registered users of the website. In addition to the counties operating HCCI programs, several other groups were interested and involved in the demonstration, including: foundations funding aspects of the evaluation or

research conducted by other consultants or organizations; foundations supporting specific aspects or enhancements of the HCCI county initiatives; advocacy groups representing the participating counties or their constituencies; legislators; and patient advocates or organizations.

Approximately 90 registered users were granted REPS accounts during the period of the project, including personnel of participating counties, DHCS, TCE, CHCF, California Association of Public Hospitals (CAPH), the Blue Shield of California Foundation (BSCF), and Health Management Associates (HMA).

REPS Content Areas

Public Sections:

- General Project Information – "About"
- HCCI-Related Links
- Evaluation Team Contact Information
- Blog

Private Sections:

- County Program Materials
- HCCI Program Data
- Reports and Publications
- Events and Meetings

Content for REPS has been gathered on an ongoing basis, and from a range of sources. The public pages were developed to provide easy access to relevant publicly available information. The private pages contain significantly more content, and include information specific to each county program. These materials include proprietary documents, and were only accessible to REPS registrants. Some materials were gathered from the HCCI counties at regular intervals, such as those posted on the Program Materials pages, while other materials created by the Center specifically for REPS or in the course of the larger HCCI evaluation are contained on the "Reports and Publications," "Events and Meetings," and "Blog" pages.

Success of the REPS project

All of the objectives of REPS were met. The website was successfully launched and maintained, received significant interest, and resulted in the release and dissemination of 2 Policy Briefs, 20 accompanying Fact Sheets, a preliminary evaluation report, and a wide range of evaluation findings and HCCI program materials. In addition, REPS contributed to California's June 2010 proposal to renew its §1115 Waiver. This important contribution will have lasting effects for California as the new Waiver is implemented, and REPS will have a continuing role under the new Waiver

Future of the Rapid Evaluation of Performance System

In November 2010, California received approval from CMS to implement a new §1115 Medicaid Waiver, a "Bridge to Reform." This Waiver includes several programs to prepare California for implementation of the Affordable Care Act (ACA). The Low-Income Health Program (LIHP) is a significant component of this new Waiver, and will extend and expand the HCCI program to a statewide initiative, with two components: one targeting the Medicaid Expansion population and the other targeting the low-income population eligible for participation in the Health

Benefit Exchange. The Center will continue and expand the REPS website to incorporate both the HCCI and LIHP evaluations if it is funded to conduct the LIHP evaluation.

Discussion

1) **What were the barriers faced in establishing REPS, and how were they resolved? How could these barriers be avoided in the future?**

Contracting and Launch

REPS implementation took longer than anticipated. The project start date was delayed from January 1, 2008 to June 30th, 2008 due to administrative delays in receipt of project funds. This delay impacted initial hiring of personnel and website development. The project director started on August 25, 2008. The structure of the web site was planned throughout the fall of 2008, and a web developer began work on January 27, 2009. The site was launched in April 2009, at the first UCLA Convening Meeting to bring all HCCI program stakeholders together for shared learning and dissemination of evaluation information. Early initiation of the contracting process would be necessary in the future to avoid a delayed launch.

Changes to REPS Concept Due to Delays in Data Delivery

The implementation of REPS as originally envisioned faced some challenges. REPS was originally intended to provide regular analyses of the HCCI program data to CI counties and stakeholders. Data for the HCCI program consisted of several types of information: (1) Qualitative information gathered during site visits and key informant interviews, (2) Data reported by the HCCI counties in their quarterly program progress reports to DHCS, and (3) Individual-level data including enrollment history records and health care claims, provided by HCCI counties to the Center through a secure data transfer agreement and process. In order to use REPS as a rapid reporting tool, timely data in each of these three categories were necessary. Analyses based on progress reports and individual-level data were planned to be released on REPS throughout the project period in regular installments.

During REPS implementation, it soon became apparent that individual level data would not be available in a timely fashion. The process of obtaining data included lengthy negotiations and business associate agreements to share confidential data. Furthermore, the significant variations in the quality of the data required extensive resources to process the information and request replacements for faulty data. The Center started receiving very limited person-level data from selected HCCI counties beginning in June of 2009. Data sharing agreements between the remaining HCCI counties and the Center were fully executed in late 2009, and the initial delivery of complete data from all 10 HCCI counties was completed at the start of 2010.

The Center also processed the data in the progress reports as they were provided by DHCS. The Center received the first installment of county progress reports to DHCS in March of 2009 and presented that information on the REPS website upon its launch. The data were standardized and posted at the time of site launch in April 2009, and were updated at least quarterly

throughout the project period, and also expanded to include additional analyses. The Center continues to disseminate tables with time trend analyses by county in the areas of enrollment, utilization, and health care expenditures via REPS. These reports include results for each individual county and for the HCCI program overall, presented in quarterly or annualized graphs and tables. These reports are posted on the "Program Data" page of REPS, which had significant activity among the registered user group for the REPS site (see Table 1: Total Number of Hits since August 1, 2009, by Major Site Pages). In total, between 17 and 24 quantitative tables were presented in each updated data posting.

The Center undertook a number of activities in response to barriers related to data receipt and processing. The Center routinely posted data reports for those counties for which data were available. In addition, the Center carried out extensive meetings, data agreements, and negotiations with participating counties to improve their ability to report person level data. Finally, the Center and TCE agreed upon alternative deliverables using qualitative information, due to the challenges experienced with quantitative reporting. The Center collected and released a significant amount of qualitative data through 2 Policy Briefs and 20 Fact Sheets.

Moving forward, it is anticipated that quantitative data reporting through REPS will improve, because the Center has been able to begin the data request and technical assistance process early in the planning phase for LIHP, the statewide expansion and extension of the HCCI program. In addition, the Center is specifying the data requested from LIHP participants, and is using experience from the HCCI evaluation to minimize and streamline reporting requirements. Finally, LIHP reporting including both monthly aggregate reporting and submission of progress reports will occur through REPS moving forward. This enhancement will function both to increase the utility of REPS and to decrease the barriers to and delays in data submission and processing.

2) What feedback has been received from counties regarding REPS? How was feedback incorporated?

Broad Interest in REPS

To better understand patterns in usage of REPS, the Center transitioned REPS to a new web designer and URL in August of 2009. This change allowed reporting on hits to individual pages within the site, while also improving site design and integration with the Center's website, www.healthpolicy.ucla.edu.

There is evidence of significant interest in and use of REPS, both among registered REPS account holders and members of the general public. Since its original launch, a total of 86 registered REPS users have been granted accounts to access the private pages of the REPS site. Among these, at least one representative from each of the 10 CI counties has logged into REPS. Furthermore, at least one stakeholder each from TCE, DHCS, CHCF, CAPH, and BSCF has logged into REPS. Among both registered and unregistered users, 1,466 unique individuals accessed at least one page of the site since August of 2009, with a total of 18,678 total page views.

Based on hits reports, it is clear that the most frequently used areas of the site were the Blog, the "Contact Us" page, and the materials from each HCCI county. Given this feedback, the Center is currently planning to further enhance the Blog by establishing time-based navigation links, and has begun much more regular blog posting. Under the LIHP evaluation, the Center will also expand the "County Materials" section of the website to establish dedicated program pages for each of the 27 LIHPs. The evaluation products, available from the "Reports and Publications" and the "Program Data" pages, were also widely used.

Table 1: Total Number of Hits since August 1, 2009, by Major Site Pages:

Page Name	# of Hits (Total)	Page Accessibility
Blog	2,637	Registered Users Only
Contact us	748	Public
HCCI County Materials	577	Registered Users Only
Reports and Publications	521	Registered Users Only
HCCI Program Data	497	Registered Users Only
Meetings and Events	346	Registered Users Only

The qualitative briefs produced within the project were well received by HCCI stakeholders and the general public. Both Policy Briefs were made available via web-releases through both the Center and REPS websites. Reports on number of "hits" to the briefs only became available after August of 2009. Therefore, assessment of interest in the Medical Home brief at the time of the release (Summer 2009) is not possible. However, since August 2009, the Medical Home brief was downloaded at least 1,016 times and the Safety Net brief was downloaded at least 5,023 times. Furthermore, both briefs were posted to the DHCS website. The number of hits to the briefs on the DHCS website is not available to UCLA. Finally, both briefs were used during Waiver renewal technical workgroup meetings and were included in the "Bridge to Reform" §1115 Waiver concept proposal packet submitted to CMS by DHCS in June of 2010.[1]

Specific postings and aspects of REPS have received particular notice from counties and other stakeholders. The Center received specific feedback acknowledging the utility of the quantitative data released on REPS from one of the new LIHP counties. In addition, it was suggested at the BSCF meeting on July 8, 2011 that there is likely to be national interest in the LIHP evaluation's proposed Performance Dashboard. These comments have highlighted the importance of retaining the Dashboard concept in the proposal for evaluation of LIHP, and of public release of program-wide findings on a general-access page of the REPS website.

Concern Regarding Public Release of Evaluation Findings

[1] http://www.dhcs.ca.gov/Pages/SACMeetings.aspx and http://www.dhcs.ca.gov/provgovpart/Pages/TechnicalWorkgroupHCCI.aspx

The original vision of REPS included a plan to use the site as a tool to disseminate information and data regarding program progress and outcomes publicly. During initial site visits with HCCI counties in the fall of 2008, many counties expressed concern regarding the public release of evaluation findings and direct comparisons of the diverse HCCI programs. HCCI counties were concerned that the baseline environment, patient characteristics, local resources, and other variability between counties would not allow any comparisons and data on progress and outcomes of counties was sensitive and should not be publicly released. This feedback was carefully considered by the Center, and led to a decision restricting access to REPS to direct program stakeholders to maintain the privacy and confidentiality of the HCCI counties. In qualitative Policy Briefs prepared under the REPS project, individual counties were not identified by name, and information presented in tables was blinded. The Center prepared 10 companion Fact Sheets to each of the 2 Policy Briefs, which were specific to each county, but which the Center did not release publicly. Quantitative data reports were only released on the private, password protected pages of REPS accessible to registered site users.

The initial care taken to protect county privacy was effective in building understanding and confidence between the Center and HCCI counties regarding the nature of the evaluation and the dissemination of findings. All evaluation analyses clearly state that comparison between counties is not appropriate, and significant documentation and discussion of the variation in local setting and programs has been incorporated in order to highlight the differences between HCCI programs. Eventually, DHCS released the interim evaluation, Policy Briefs, and companion Fact Sheets to CMS and via the state's website during the process to renew the §1115 Waiver.

Under LIHP, the Center will continue to maintain REPS as a public and private web site, addressing privacy concerns of LIHP counties. Moreover, the Center plans to change the method of data presentation for the LIHP program, so that direct comparisons between counties are less likely. The Center will continue to monitor concerns regarding data use and availability of findings and will be responsive to the wishes of the counties while recognizing the importance of sharing information on California's experience as it begins implementation of the "Bridge to Reform." The REPS project has been a valuable experience leading to significant rapport and trust with HCCI counties, which will benefit the LIHP evaluation.

3) Were counties able to add information to the REPS? What functionality did the site allow?

The central functionality of REPS that allowed counties to directly add information without the Center's assistance was the Blog. Counties were able to comment on blog postings, and were also encouraged to suggest blog topics. Counties were also able to post information to REPS through the Center. Materials and information about each county's HCCI program were solicited by the Center regularly, and were posted to the "County Programs" section of REPS by the Center's website administrator. This allowed counties to add information to REPS indirectly. Although it is not possible to give counties access to directly edit the html content on REPS, the Center is planning to transition content management access to the evaluation team rather than the Center's website administrator. This will minimize the delay and cost of posting materials to REPS, making the addition of content and information for the LIHP evaluation more routine.

The blog feature has been very active in the past few months and this activity level is expected to increase during LIHP.

4) Did REPS become a repository of information?

REPS functioned as a repository of information related to the evaluation. These materials are stored in the "Meetings and Events,", "Reports and Publications," and "Program Data" sections of the website. Materials related to each county's program were also posted in the "County Programs" section of the website, including enrollment forms, patient surveys, advertising and recruitment pamphlets, newsletters, and other program materials. The "Related Links" page also hosted general resources and links applicable to the HCCI program.

Specific materials posted to REPS include the presentations resulting from the HCCI Convening Meetings. The Center hosted three annual convening meetings during the HCCI program period, which were attended by all HCCI counties, DHCS HCCI personnel, foundation representatives, and other stakeholders. The convening meetings provided an opportunity for HCCI counties to gain a detailed understanding of and give feedback on the content and methods of the evaluation design and highlight their best practices. In addition, counties participated in panel discussions, small group meetings, and presentations from the Center, DHCS, and HMA, to increase knowledge and information sharing among stakeholders. The convening meetings proved to be a valuable tool for sharing information and ideas across counties and with stakeholders. All materials from the second and third convening meetings are available on the "Meetings and Events" page of REPS, including the PowerPoint presentations given by counties, the Center, DHCS, and HMA.

The Center coordinated closely with HMA throughout the project period. A face-to-face meeting was held with HMA in October 2008 to discuss their technical assistance activities to CI counties, and ongoing monthly conference calls were conducted thereafter. Center researchers attended the HCCI Leadership Summit in January 2009. Furthermore, HMA attended and participated in both the second and final convening meetings, including presentation of financial recommendations for all counties, and a summary of their technical assistance activities and findings.

The Center received the technical assistance reports created by HMA for Orange and San Mateo counties to inform the evaluation. However, these reports were not approved for release on REPS. San Diego County technical assistance was not disclosed to the Center. The Center requested a presentation regarding the Technical Assistance activities by HMA at the final HCCI convening meeting. HMA's presentation is posted to REPS under the "Meetings and Events" tab.

5) How will REPS be used going forward?

If the Center receives a contract to evaluate LIHP, the REPS website will be re-branded, re-designed, and re-launched. The Center has already begun some preliminary changes to the REPS website to make it more user-friendly and prepare for the addition of LIHP evaluation

pages. One major change is re-naming from “REPS” to the “California Coverage Expansion” website, which was completed in July 2011.

The Center is currently working with its website administrator to develop plans for site expansion (see attached proposed site architecture). In addition to the expansion of REPS to include materials related to the LIHP evaluation and LIHP programs, new functionality will be added to REPS to allow direct aggregate program reporting through a data entry portal. This exciting new capacity will reduce administrative burden for DHCS by streamlining monthly CMS data collection. Finally, the Center is undertaking significant effort related to resource gathering, with the intention of establishing REPS as a single source for publications, policy research, and tools that may be relevant to LIHP implementation. This expansion of the “Related Links” portion of the website will be updated whenever new materials become available that may have interest for LIHP programs.

In addition to major structural expansions, the Center will also integrate the REPS website into the Center’s main website more fully. This will include a change to streamline the user ID and password systems between REPS and California Health Interview Survey (CHIS). Users who create a password in either system will be given automatic CHIS access, and will be able to request access to REPS. The Center evaluation team will respond to these requests, maintaining site privacy within the stakeholder group, while directing additional traffic to the public areas of the REPS site, to enhance overall visibility of the Coverage Expansion activities underway through the “Bridge to Reform. “

If the Center is not funded to conduct the LIHP evaluation, REPS will be maintained in its current architecture, and the blog and current HCCI stakeholders’ pages will be used to release findings from the final HCCI evaluation report.

6) What were the major accomplishments of the REPS project? What are the most valuable lessons that DHCS can learn for future development of similar websites?

The project was successful in meeting its key objectives. All of the major deliverables were completed during the grant period, including: launch of a website to disseminate data and promote communication between participating counties and stakeholders; convening meetings to bring program participants together to report on their progress on specific topics and share best practices; and, coordination with HMA. Furthermore, two highly relevant and well received Policy Briefs were produced to provide an in-depth analysis of implementation of the medical home concept and structure of the provider networks among participating counties. Each Policy Brief was accompanied by 10 additional detailed Fact Sheet to present findings within each of the HCCI counties. These Policy Briefs replaced other qualitative documents in the original proposal upon TCE request. The two main Policy Briefs were published in 2009, and were well utilized by project stakeholders as well as a broad range of organizations interested in such innovations.

In addition to meeting project objectives, REPS contributed to the approval of the new §1115 Waiver. Several of the materials produced through the REPS project were submitted as part of

early Waiver discussions, used in Waiver technical workgroups, and included in the formal Waiver application to CMS. In addition, the REPS blog was used to provide updates and information about the Waiver renewal, to disseminate estimates of the population eligible for the new Low- Income Health Program, and to share planning materials for the new program with stakeholders. New REPS accounts have already be granted for 13 of the 17 new LIHP entities, demonstrating interest in REPS and the role of REPS moving forward.

We are very pleased about the overall success of this project. Particularly, we consider the broad interest expressed in the two Policy Briefs and the 20 related Fact Sheets released under this project as an unexpected and rewarding success. The number of visitors to the REPS website is another major success, as it reflects broad interest in progress of the HCCI demonstration project beyond the intended and registered user group. While we were confident of the meaningful nature of this project for immediate program participants and stakeholders, the degree of interest by the general public was unexpected. This interest is evidenced in the much larger number of site visitors than those with REPS accounts, and by the significant number of downloads of the Policy Briefs.

These findings are evidence that significant interest exists in California's efforts to expand access to care for the low-income uninsured population. It is apparent that materials and publications related to these efforts will be widely consumed if publicly available. To this end, the Center will redesign the REPS content protection system to establish public pages within each content section where general, program-wide materials can be accessed by the general public.

Conclusions

The REPS project was successful and established a highly utilized website. REPS played an important role in supporting the State's successful application for a new §1115 Medicaid Waiver in 2010, and will continue to exist as a tool and resource for LIHP, which will be implemented as part of the Waiver's "Bridge to Reform." The collegial relationships developed with HCCI counties, DHCS, CaMRI, TCE, CHCF, and other stakeholders have been rewarding and highly valuable. Their support has allowed the Center to play an integral role in disseminating early findings from this project to all stakeholders involved with the HCCI program.

The Center is particularly pleased that its deliverables and consultations with DHCS contributed to the successful submission of the state's §1115 Waiver application in 2010. The REPS project also led to meaningful collaborations with several of the HCCI counties to further examine their data.. We look forward to the expansion and extension of the project as the new §1115 Waiver is implemented in California and the "Bridge to Reform" programs are launched.