

Using Data and Performance Measures to Evaluate State Health Reform Activities



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This audioconference is sponsored by a generous grant from the Robert Wood Johnson Foundation, through the Forum for State Health Policy Leadership

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Evaluation of State Health Access Initiatives: Concepts and Considerations

November 9, 2007

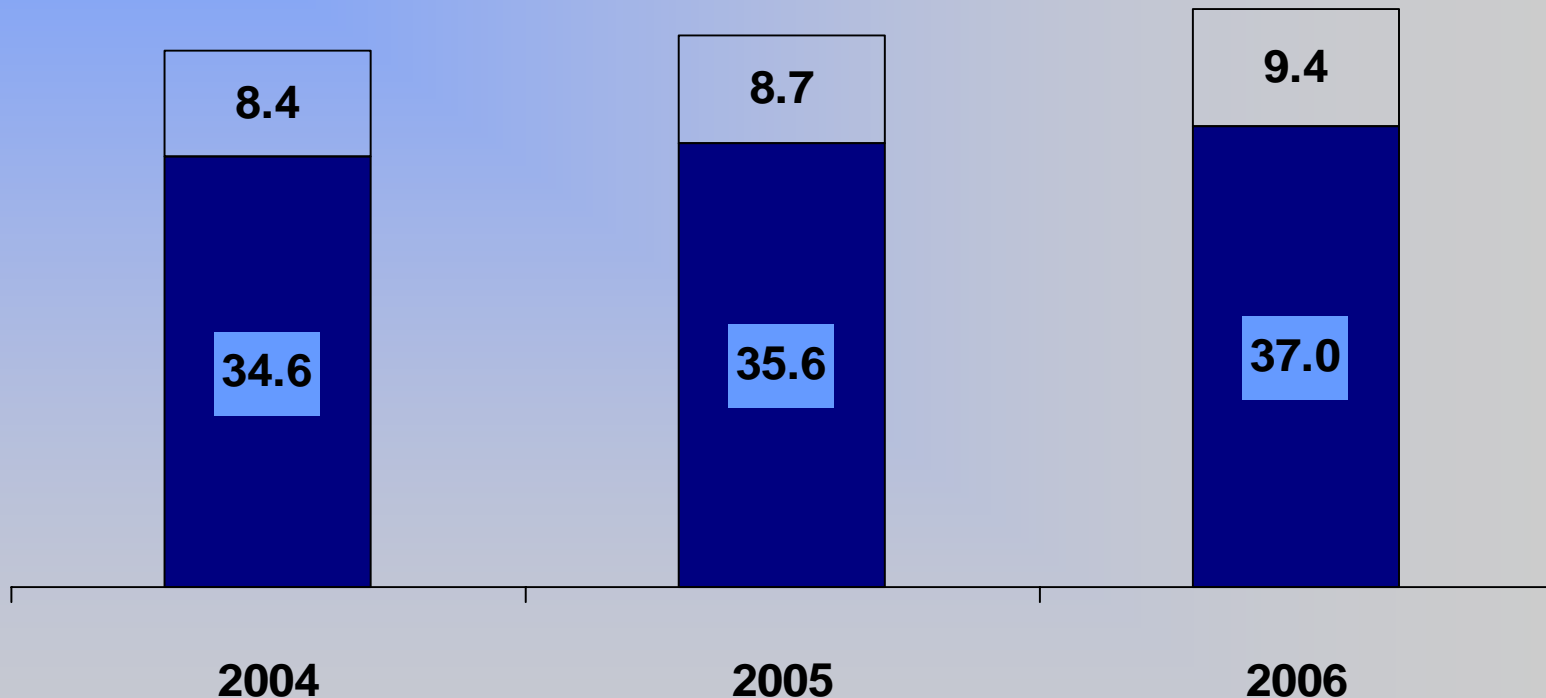
Scott Leitz, Assistant Commissioner
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Overview

- ★ Context for state evaluation
- ★ Data sources and methods
- ★ Some additional thoughts and considerations
- ★ Resources to assist and provide technical assistance

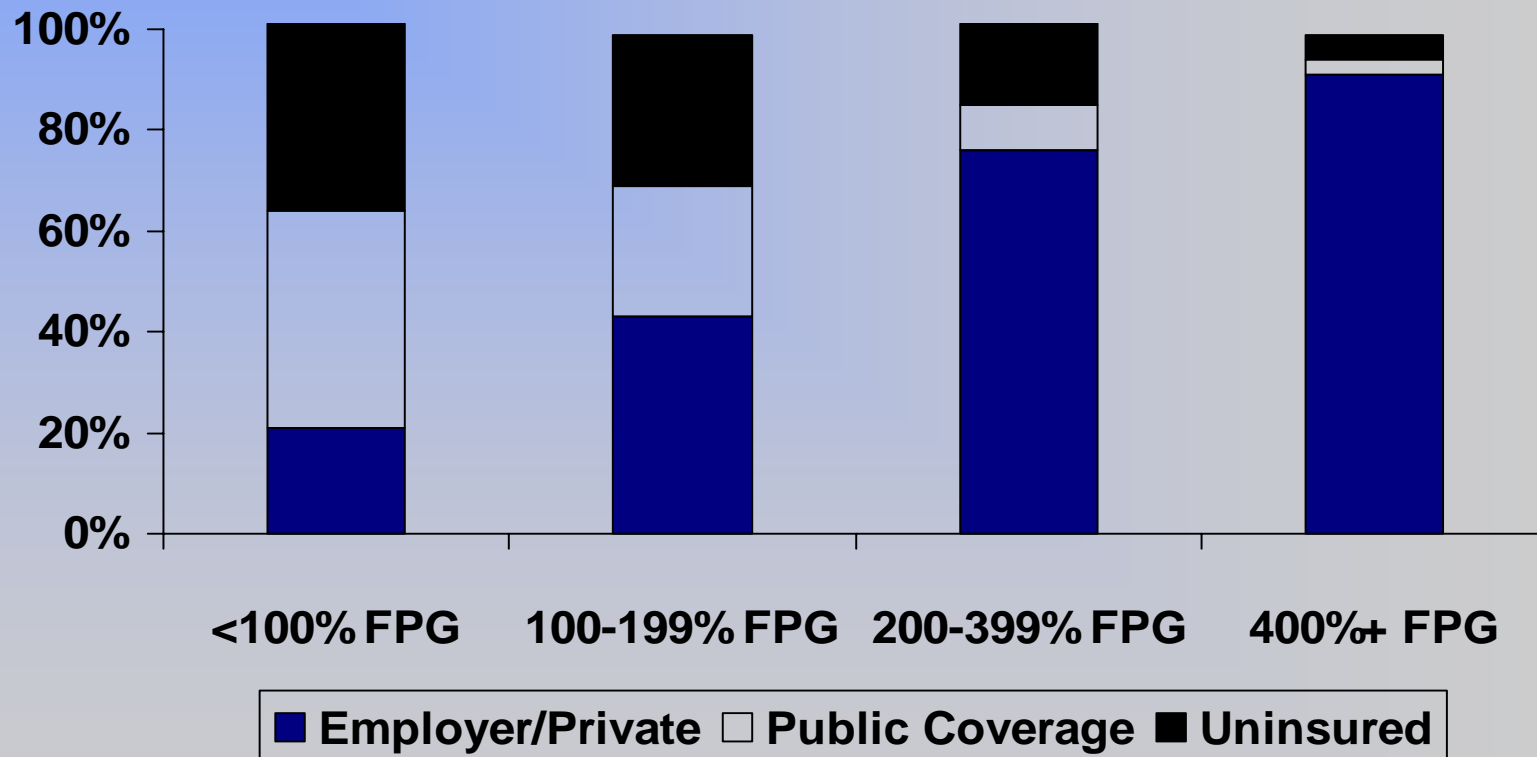
Number of Uninsured Children and Non-Elderly Adults, 2004-2006

In millions

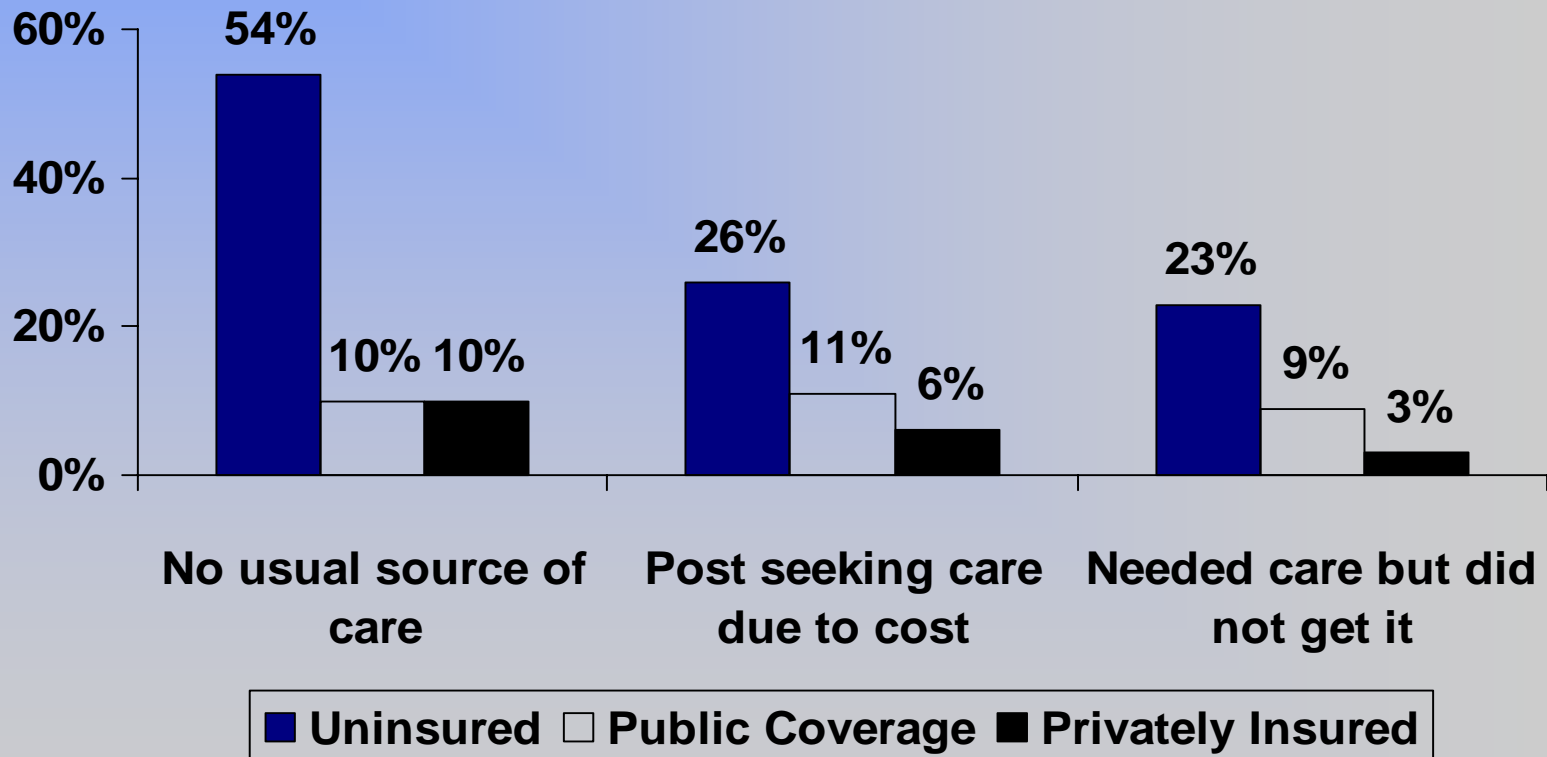


Source: KCMU/Urban Institute Analysis of the March CPS, 2005 to 2007.

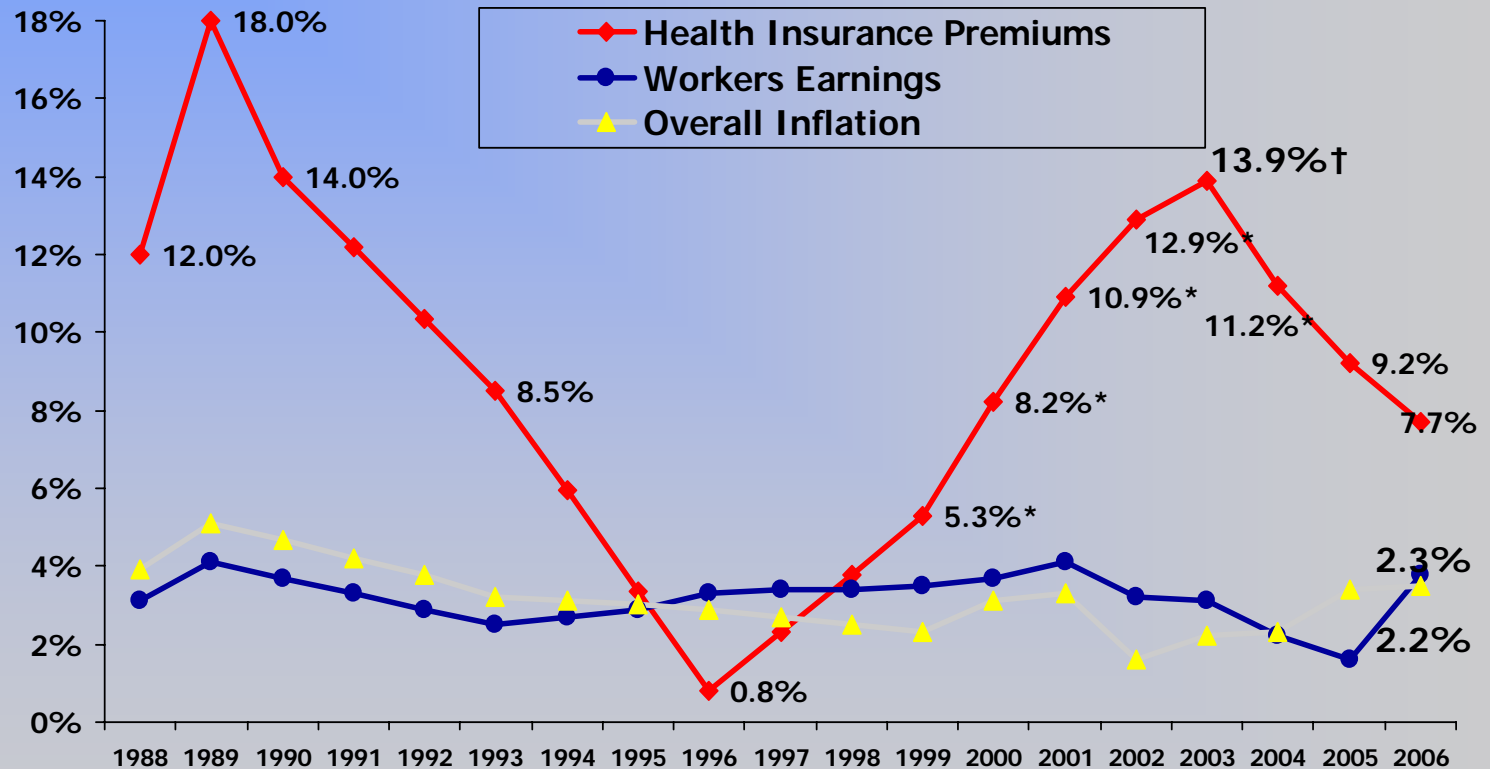
Health Insurance Coverage by Income as a % of Poverty Levels, 2006



Health Care Access Among Non-Elderly Adults, by Insurance Status, 2006



Increases in Health Insurance Premiums Compared to Other Economic Indicators, 1988-2006

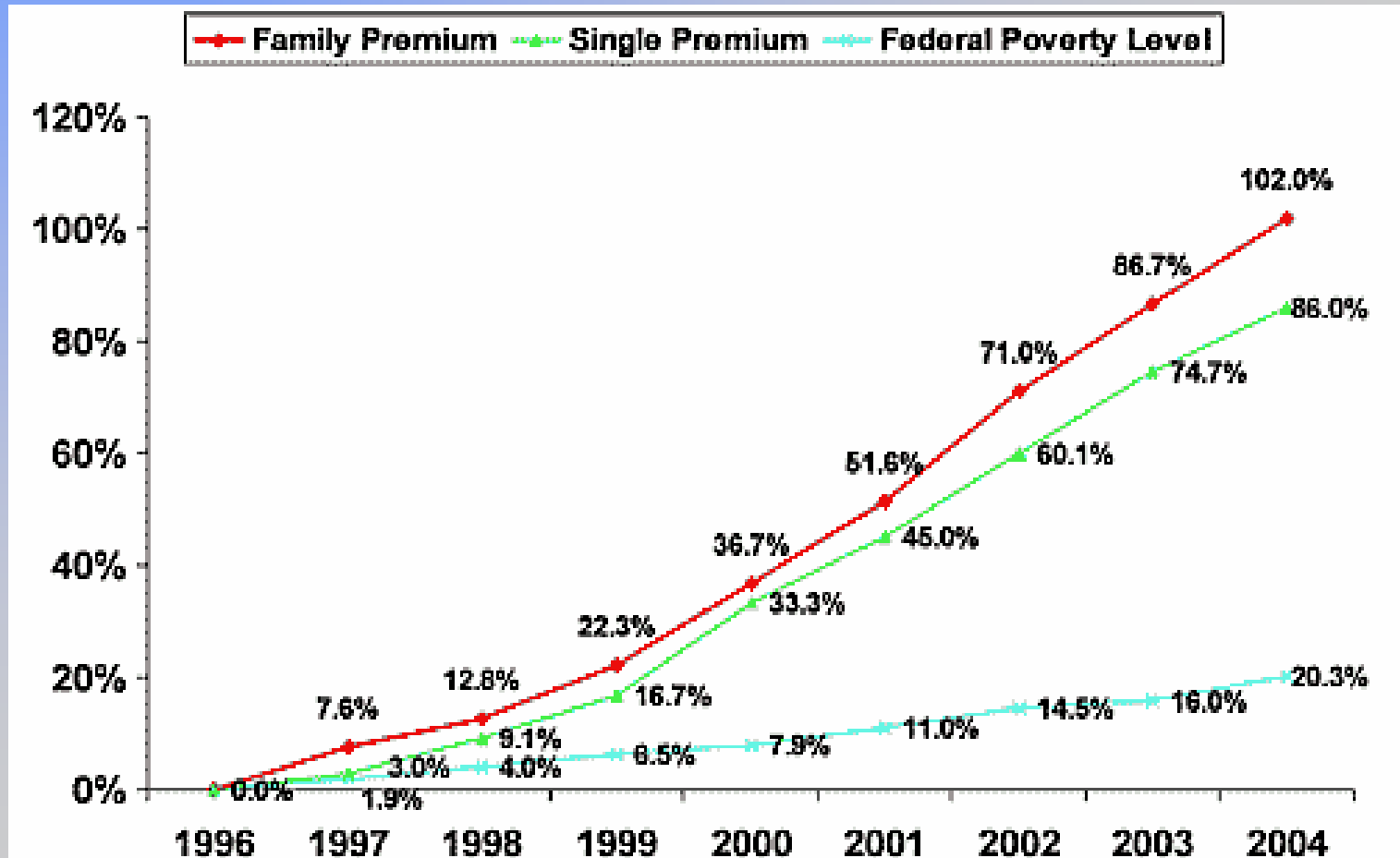


* Estimate is statistically different from the previous year shown at $p < 0.05$.

† Estimate is statistically different from the previous year shown at $p < 0.1$.

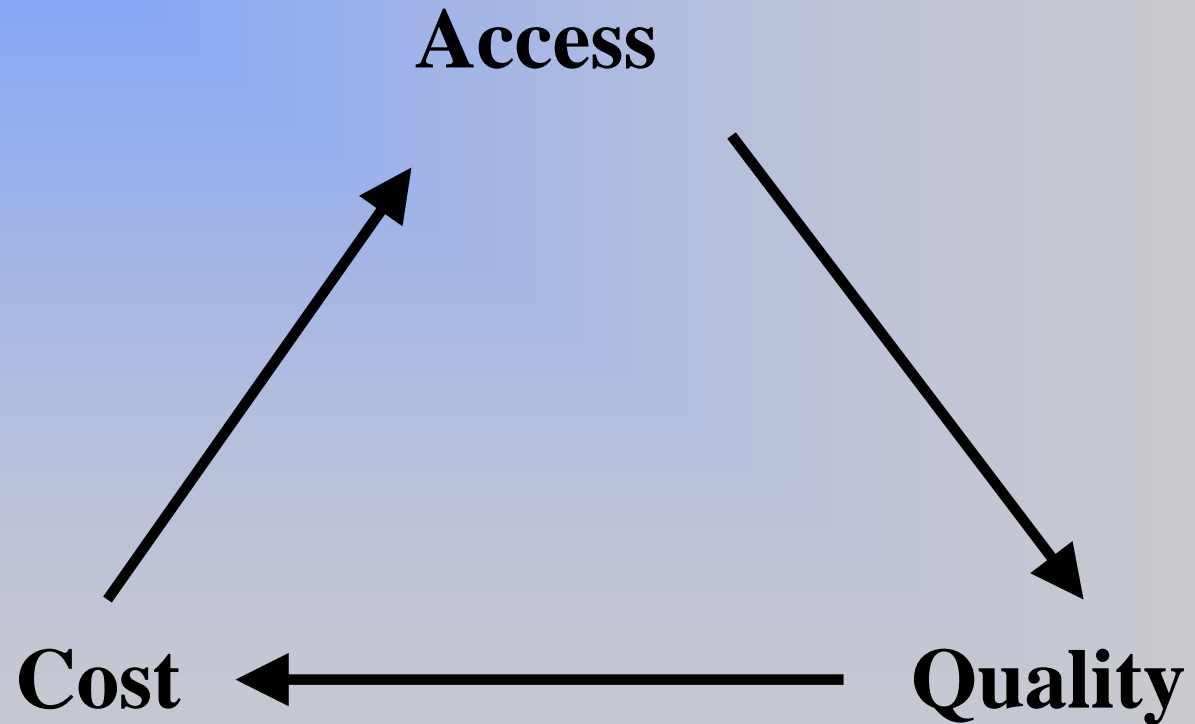
Note: Data on premium increases reflect the cost of health insurance premiums for a family of four.
 Source: KFF/HRET Survey of Employer-Sponsored Health Benefits: 1999-2004; KPMG Survey of Employer-Sponsored Health Benefits: 1993, 1996; The Health Insurance Association of America (HIAA): 1988, 1989, 1990; Bureau of Labor Statistics, Consumer Price Index (U.S. City Average of Annual Inflation (April to April), 1988-2004; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey (April to April), 1988-2004.

Cumulative Change in Single and Family Insurance Premiums and the Federal Poverty Threshold, 1996 to 2004



Source: Kaiser Commission on Medicaid and the Uninsured.

The Cost, Quality, and Access Triangle



Evaluation in a Broad Context

- ★ States frequently pass coverage and access expansions as part of broader health reform initiatives
 - Evaluation should consider these in combination where possible
- ★ “The Savings Offset Payment is determined based on all savings that are identified from the Dirigo Health reforms—not just the reduction in uncompensated care. In determining those savings we will measure the savings impact of the moratorium on the Certificate of Need; the implementation of a Capital Investment Fund to limit future Certificate of Needs post-moratorium; the impact of rate regulation in the small-group insurance market; voluntary targets on hospital expenditures; the infusion of new state funds to match Medicaid for increases in physician and hospital payments to reduce cost shifting; and the costs associated with savings in the system resulting from insuring the previously uninsured”
 - Trish Riley, State of Maine from “Profiles in Coverage: Maine Dirigo,” State Coverage Initiatives Program, May 2005.

Evaluation is important to:

- ★ See if what you thought would happen did
- ★ Learn what didn't and fix it
- ★ Create lessons for others and yourself
- ★ Hold reforms accountable
- ★ Figure out what to do next

Understanding *what* you want to evaluate is important

- ★ What you want to know will drive the data you need and the methods you use
- ★ Performance measurement versus program evaluation
 - Both important, but involve different methods and answer different questions
- ★ Are you most interested in monitoring? Or do you want to answer a specific question about a specific intervention or policy?

Evaluating Access: Data sources and methods (a few examples)

Quantitative

★ Surveys

- General population
- Specific populations

★ Medicaid Administrative data

Qualitative

★ Focus Groups

★ Key Informant interviews

Evaluating Access: Surveys

- ★ Surveys of the population can provide a snapshot of coverage
 - How many uninsured, demographic characteristics
 - Can also provide baseline to measure evaluation against
- ★ Can be designed to describe the state as a whole, or to survey specific subpopulations of interest (for instance, people who have disenrolled from a premium-based coverage expansion)
- ★ National surveys versus state-specific surveys

National (Current Population Survey) versus state-specific surveys

★ Current Population Survey (CPS):

- Conducted annually
- Each state represented
- Publicly available
- Can be used to compare your state to other states
- Useful for describing the general characteristics of the uninsured population and overall trends in coverage

★ But:

- For most states, lacks sufficient sample size to study specific population groups or geographic areas
- May lack questions that get at policy-level analysis
- Is from a survey that isn't specifically focused on collecting information about health insurance coverage

State Conducted Surveys

- ★ Spurred by the HRSA state planning grant program, many states undertook efforts to conduct their own surveys of the population around access and insurance coverage
- ★ State surveys:
 - Generally have larger sample sizes, allowing for better analysis on subpopulations or geographically
 - Allow states to ask the specific questions of interest
 - Give state analysts greater control over the data
- ★ But:
 - State surveys are expensive
 - Generally are telephone surveys
 - Variability in vendors/survey design
 - And...again, they are expensive

Medicaid Administrative Data

- ★ All states collect information about enrollment in their Medicaid programs routinely as part of program administration
- ★ Data can be used to look at a variety of issues surrounding Medicaid
- ★ For instance, can look at incomes and geographic location of enrollment → are access expansions hitting their targets populations and enrollment numbers?
- ★ But:
 - Medicaid administrative data doesn't capture the entire insurance market
 - Reliability can be questionable

Focus Groups

- ★ Involves talking to a group of individuals to gain insights into attitudes about a given topic
 - For instance, talking to young adults about their attitudes toward purchasing health insurance coverage
- ★ Relatively low cost
- ★ Can get results relatively quickly
- ★ Can be used to supplement quantitative research, and more fully tell stories

Key Informant Interviews

- ★ Identifying different individuals who are especially knowledgeable about a given topic
- ★ Asking them questions related to the evaluation or research question to gain a full understanding of the issue
- ★ Interviews are usually conducted face to face and are used to gather information from people who have a deep level of understanding on a given issue
- ★ For instance, health care access for recent immigrants → key informants might be community leaders, safety net providers, public health leaders, and others
- ★ Like focus groups, the qualitative nature of the interviews can yield information at a relatively low cost compared to quantitative survey work

Some Thoughts and Considerations

- ★ Consider methods that measure both quantitatively and qualitatively
- ★ When a state data source isn't there, can national data be adapted?
- ★ Get to know your local university (and help them to get to know you)
 - You scratch my back...
- ★ Leverage your Medicaid program
 - Survey and other evaluation related to the operation of the Medicaid program can frequently be eligible for federal matching funds
- ★ Build an understanding of your private market

One Example: Minnesota's Health Plan Financial and Statistical Survey

- ★ Conducted annually
- ★ All state licensed carriers required to complete a four page survey
- ★ In aggregate, details:
 - Premium revenue by business line
 - Enrollment by business line
 - Claims expenditures by business line and service category (i.e. hospital, physician, drugs, etc.)
 - Detailed administrative cost breakdown
- ★ Allows tracking of how fast premiums and underlying costs are growing, as well as enrollment in the commercial market
- ★ Combined with data from surveys on the uninsured, Medicare and Medicaid enrollment, allows ongoing estimates of where Minnesotans get their insurance coverage by source
- ★ Insurance markets are becoming increasingly consolidated, making collection of this information more feasible

Evaluation Resources

- ★ State Health Access Data Assistance Center
- ★ State Health Access Reform Evaluation (SHARE) Initiative
- ★ State Coverage Initiatives program
- ★ Health policy and analysis firms
- ★ National studies
- ★ Analysis of other states

Contact

- ★ Scott Leitz, Assistant Commissioner
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Evaluation of Maine Dirigo Health Reform: Selection of Measures and Data to Assess Progress

**National Conference of State Legislatures
Using Data and Performance Measures to Evaluate State Health
Reform Activities**

November 9, 2007

Debra J. Lipson

Overview of Presentation

- **Background on Dirigo Health Reform**
- **Evaluation questions, study design**
- **Selection of measures and data sources**
- **Pros & cons of different data sources**
 - *and a sneak preview of results*
- **Caveats & cautions in interpreting results**

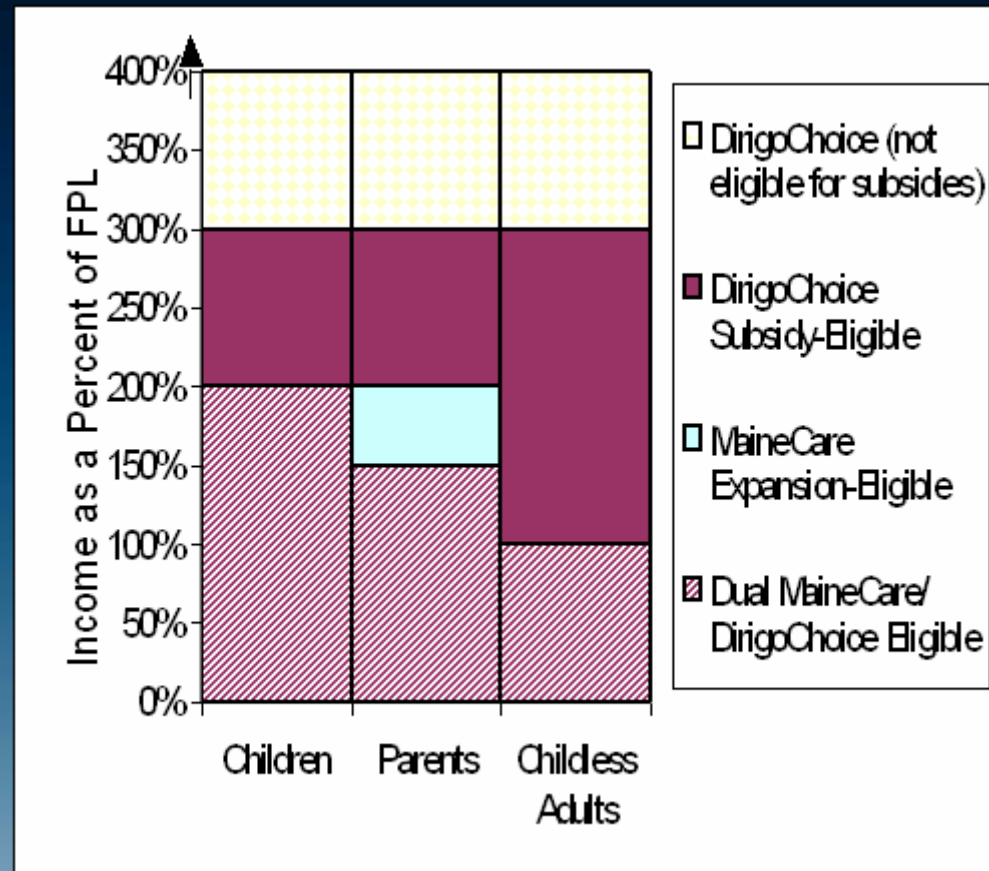
Dirigo Health Reform Goals



- **Make affordable health care coverage available to every Maine citizen by 2009 (~ 140,000 uninsured in 2003)**
- **Slow the growth of health care costs through cost containment**
- **Improve quality of care—for example, by comparing provider performance to quality measures**

Dirigo Health Coverage Expansion Initiatives

- **DirigoChoice – subsidized insurance product for small groups, self-employed, and individuals**
- **Increased Medicaid eligibility for parents of dependent children – from max. of 150% FPL to 200% FPL**



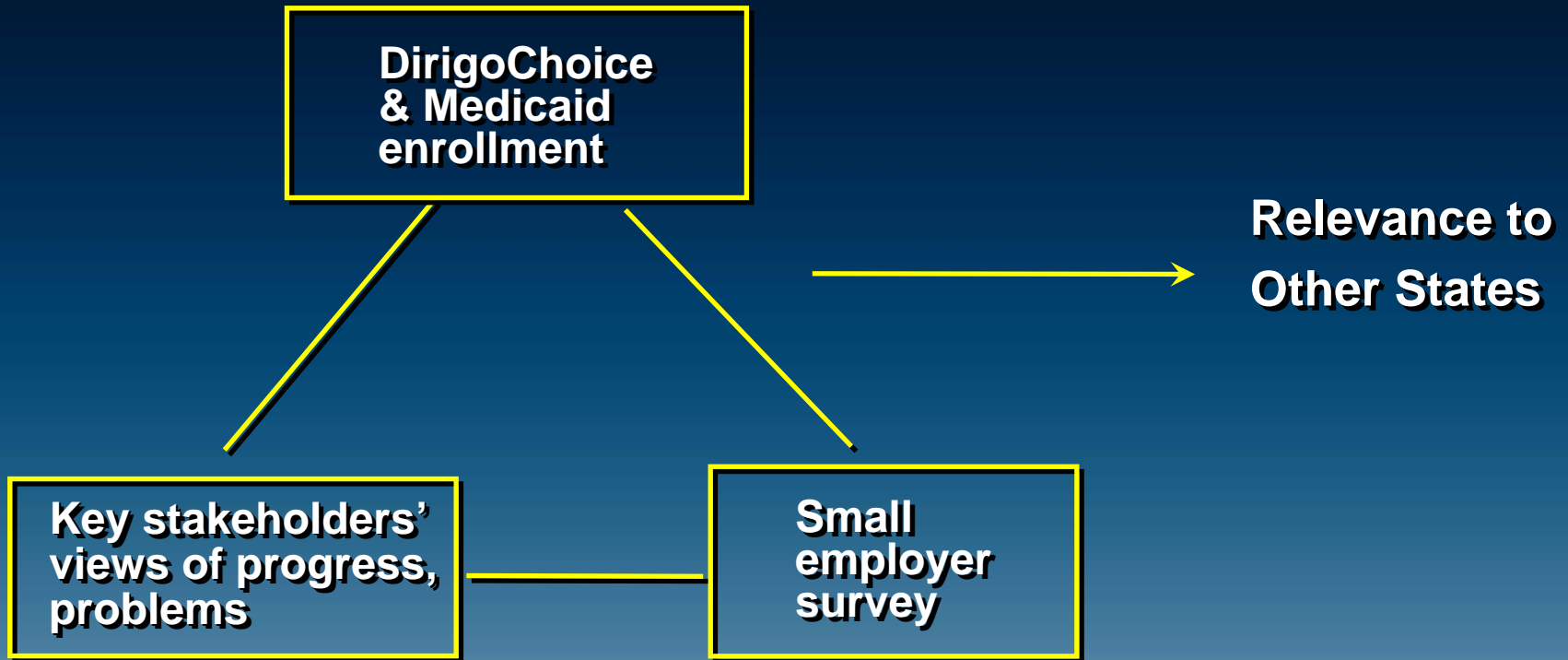
Evaluation Questions

- **Are low-income uninsured people gaining coverage under DirigoChoice or Medicaid?**
- **How have small employers responded to the availability of DirigoChoice?**
- **Are the DirigoChoice subsidy financing sources adequate and sustainable to cover many more low-income uninsured?**
- **Is Maine's approach to health coverage expansion relevant elsewhere? What can other states learn from its experience?**

Study Design & Methods

- **Mixed Methods: Qualitative & Quantitative**
 - **Analysis of DirigoChoice & Medicaid administrative data on enrolled firms and individuals**
 - **Survey of small businesses in Maine**
 - **Key stakeholder interviews**
 - **Comparison of Maine to other states vis-a-vis: health insurance coverage, small group and individual market regulations, health care delivery system, Medicaid policies**

Data Sources & Analyses



Outcome Measures

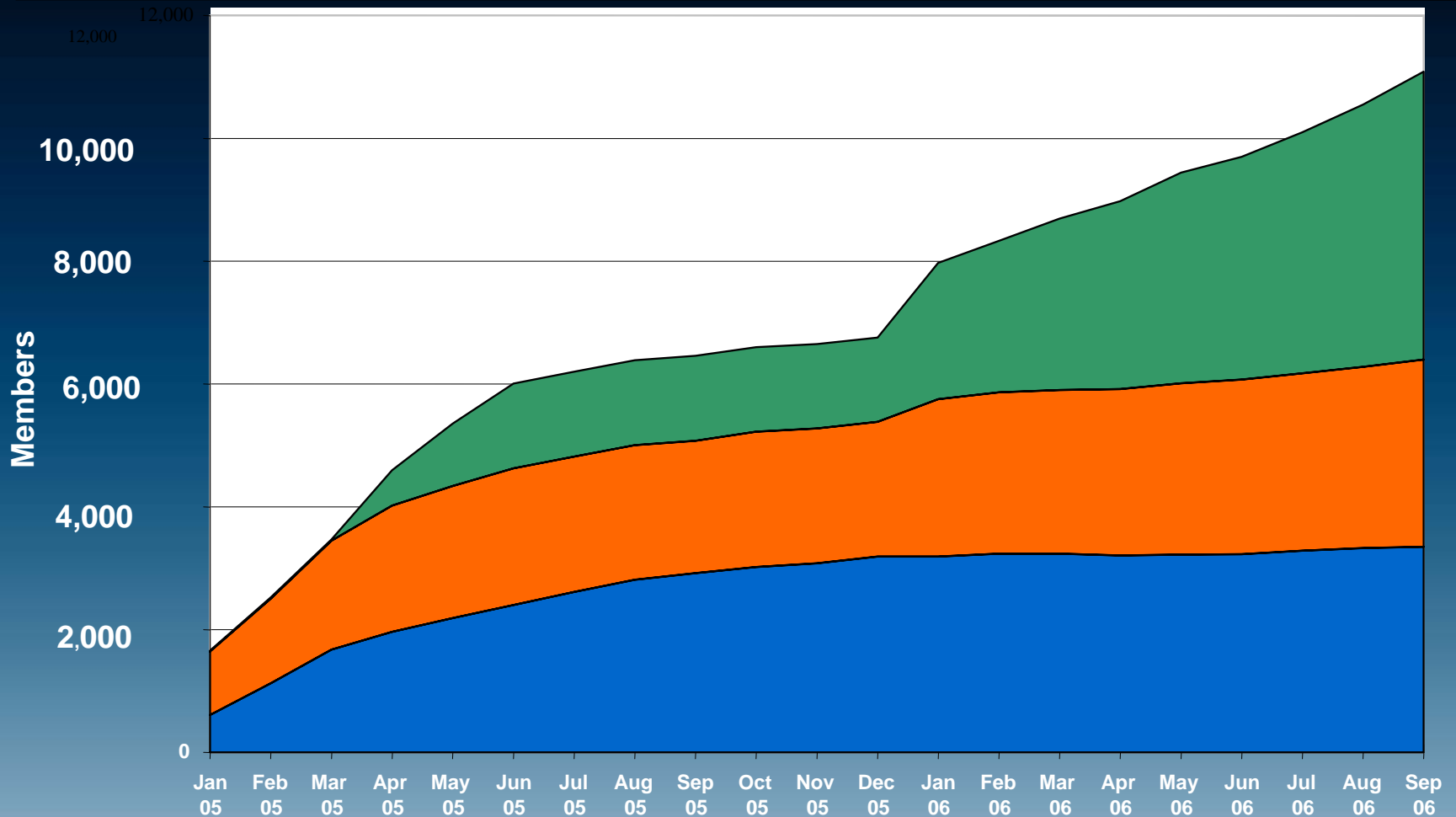
Short-term vs. Long-Term

Program Enrollment <i>- Administrative Data</i>	Uninsured rate <i>- CPS, MEPS</i>
Employer opinions & enrollment rates <i>- Surveys, admin. data, focus groups</i>	Rate of (small) Employer Health Benefits Offers <i>- MEPS</i>
Stakeholder views on program design/ implementation <i>- Surveys, Focus groups</i>	Sufficient and sustainable financing for coverage expansion
Risk profile of enrollees <i>Diagnoses, 6-month claims data</i>	Risk selection in state program <i>Yearly claims data, Insurer MLRs</i>

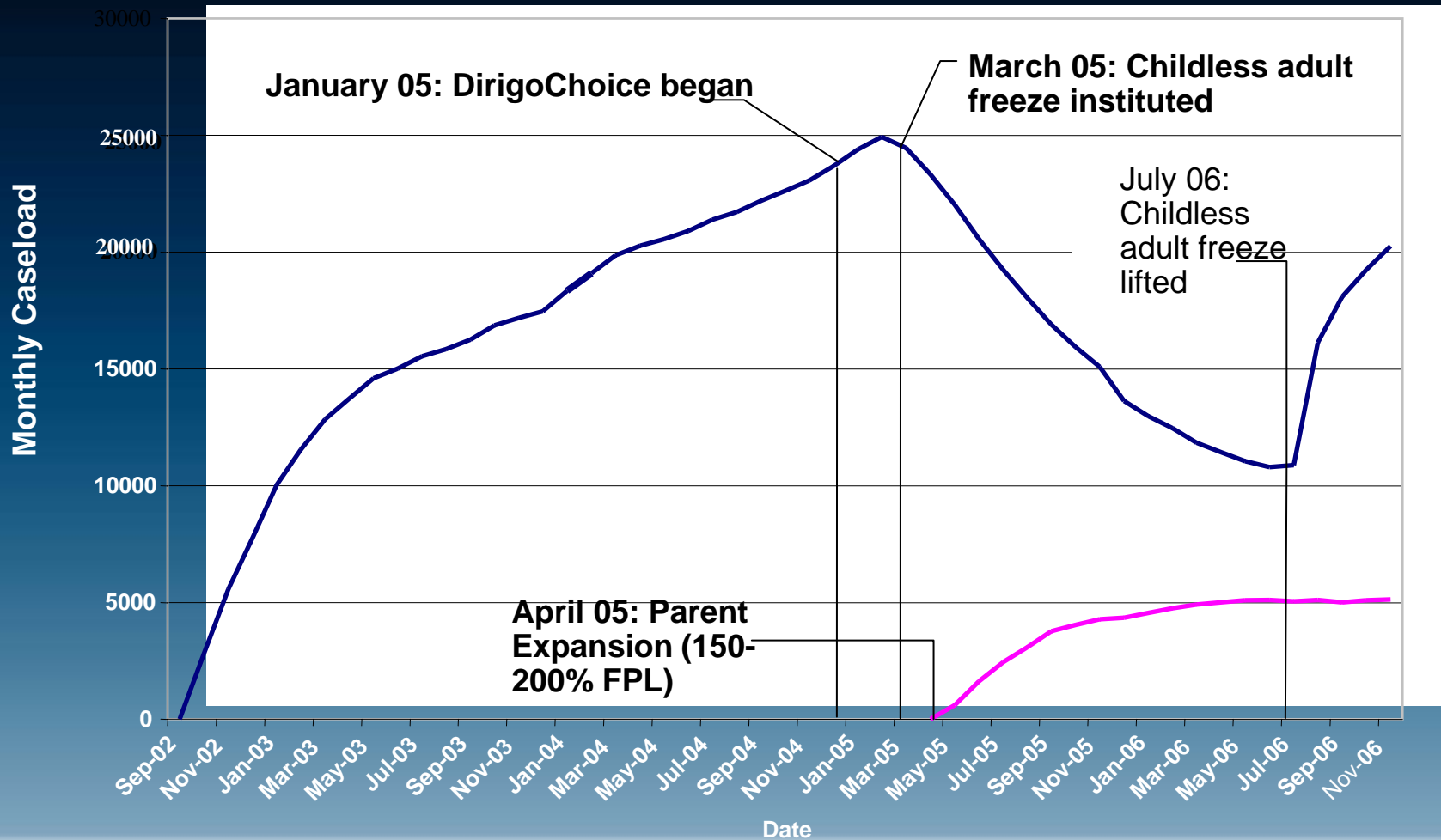
Short-Term Outcome

Program Enrollment

Dirigo Choice Enrollment January 2005–September 2006



Enrollment in Dirigo Health Medicaid Expansion Groups



Administrative Data Issues

- **Data completeness and reliability**
 - Incomplete data, data entry errors
 - Question wording, e.g. uninsured at time of enrollment or for entire previous year
- **Data Interpretation**
 - Enrollment procedures, market developments
- **Differences between State and National Data**

2006 Enrollment in DirigoChoice by Uninsured - Administrative Data

	Small firm workers	Sole proprietors	Individuals	Total
Prior coverage	54%	67%	68%	65%
Uninsured	37%	30%	28%	31%
2006 responses not usable	9%	3%	4%	4%
→ 2005 responses not usable	83%	77%	75%	80%

Short-Term Outcomes

Small Employer Survey Results

Small Employer Survey

Firm Characteristics by Offer Type

Firm characteristics	All firms responding	Coverage offered		
		DirigoChoice	Another plan	None
All firms	773 (100%)	509 (66%)	121 (16%)	143 (18%)
Mean number of employees	8.1	6.7	17.7**	5.0**
Professional services & management (industry type)	149 (19%)	89** (17%)	36** (30%)	24** (17%)
Average wage				
Mean percent who earn less than \$12 per hour	44%	45%	26%**	55%**
Mean percent who earn \$12 to \$18 per hour	38%	39%	43%**	33%*
Mean percent who earn more than \$18 per hour	18%	17%	32%**	12%*

Why Firms That Considered DirigoChoice Did Not Enroll (n = 78)

- Too costly or not affordable ➤ 45 (58%)
- Benefits offered do not fit employees' needs ➤ 8 (10%)
- Did not qualify for DirigoChoice ➤ 6 (8%)
- Other reasons ➤ 19 (25%)

Survey Data Issues

- **Sample design tailored to purpose:**
 - **Compare small firms enrolled in DirigoChoice to firms eligible but not enrolled**

Versus

- **DirigoChoice firms only**
- **Firms disenrolled from DirigoChoice**
- **Assuring sample representativeness can be costly**

Survey vs. Administrative Data

Source	Mean number of Employees in DirigoChoice Firms
MPR Survey	6.7
Dirigo Administrative Data	4.3

Short-Term Outcome

Stakeholder Views of Progress, Problems and Prospects

Key Stakeholder Views of DirigoChoice

- **Benefits more comprehensive than most small group and individual policies in the market**
- **Small firm enrollment depressed by high premiums, 60% employer contribution requirement, weak incentives, administrative burden, marketing problems**
- **Legal and political clashes over SOP undermined support for program**
- **Insurers “agreed” to recover SOP by reducing provider payments and passing on the savings to consumers via lower premiums, but instead passed on the costs**

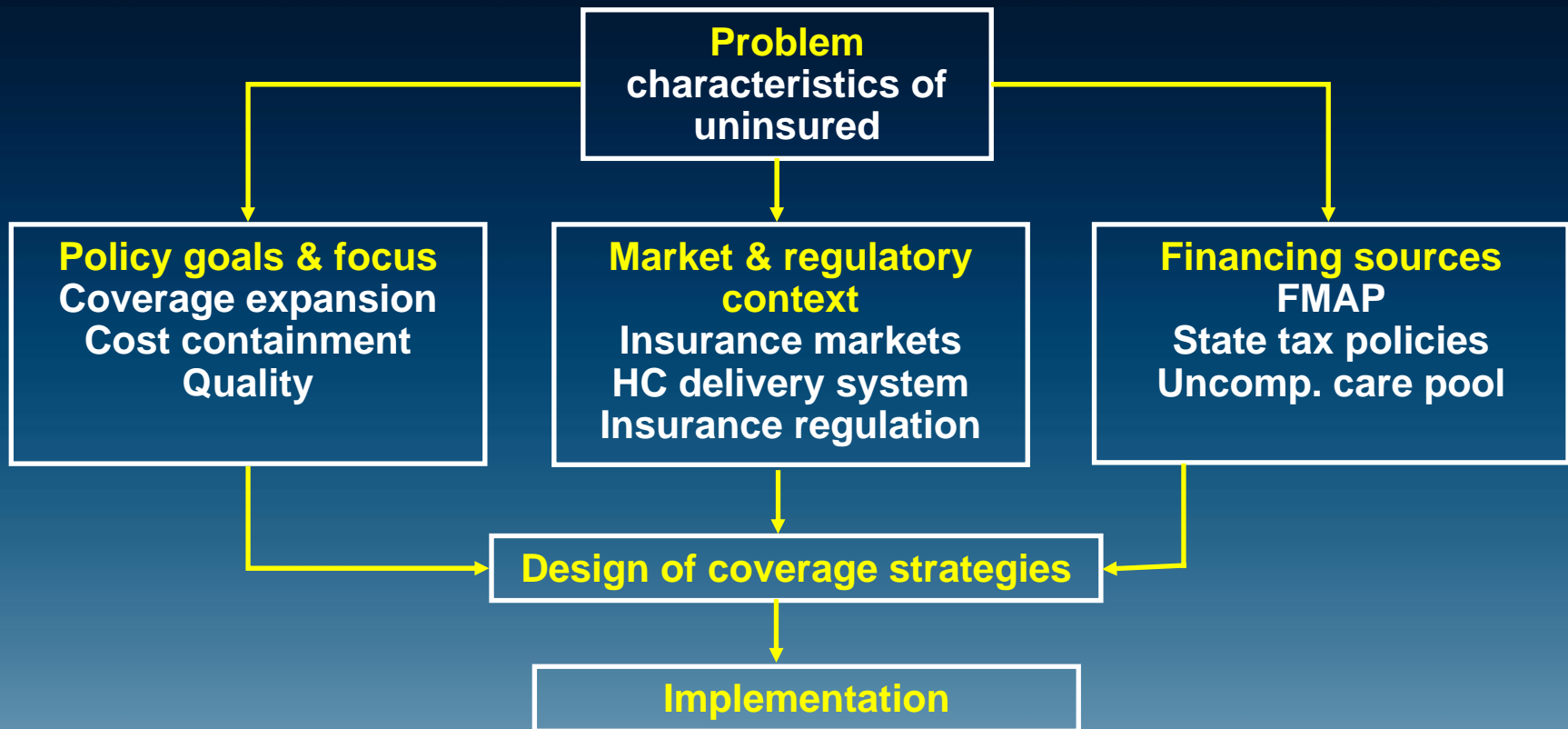
Stakeholder Views

Pros

Cons

- Understand why things occur: reasons for results, how reforms did or did not cause intended effects
- Learn what else is going on simultaneously that may affect results, e.g. new insurance products for small groups, economic developments, politics
- Interest groups may try to use researchers to promote their agendas
- Nuances of state history, context, and relationships can make it hard to translate lessons to other states

Translating Lessons to Other States



Caveats and Challenges

- **Comparisons – useful for assessing progress, but what's the right benchmark?**
 - State goal?
 - Actual to projected performance?
- **Reconciling differences between state and national data**
- **Program changes during evaluation**
- **Taking into account state officials views/information**

Credits and Acknowledgments

- **Co-authors**
 - **Jim Verdier, Lynn Taylor, Shanna Shulman, Elizabeth Seif, Matt Sloan, Bob Hurley**
- **Sponsors**
 - **The Commonwealth Fund**
 - **The Robert Wood Johnson Foundation, Changes in Health Care Financing and Organization**

Any Questions

- ◆ Among the Panelists?
- ◆ From the audience?
 - Please use the Q and A panel to submit your questions.
- ◆ After the call, email questions and suggestions for future web-conferences to:
 - health.chaps@ncsl.org

Exploring Accountability in Health Care from Four Perspectives

This is the fourth and final part of the series Exploring Accountability in Health Care from Four Perspectives. Archived copies of the first three parts of this series are available at <http://www.ncsl.org/programs/health/webcast2.htm>.

Transparency in Health Care

This web-assisted audioconference will explore the idea of transparency in health care, what it means and how consumers can lower their health care costs and receive more effective and higher quality care. This discussion will include state activities to increase transparency in their systems. **View the archive at** <http://www.ncsl.org/programs/health/webcastoct07.htm#1>.

- Nancy Wilson, Senior Advisor to the Director, Agency for Healthcare Research and Quality
- Patricia Kolodzey, Associate Director-Legislative Affairs, Texas Medical Association

Provider Incentives to Improve Accountability

This web-assisted audioconference will focus on performance measurement from a provider perspective, and will explore pay for performance programs and physician incentives. Dr. Glaseroff will focus on the challenges and triumphs of California's experience with pay for performance, and will also address what other states can do to build an accountable health system. **View the archive at** <http://www.ncsl.org/programs/health/webcastoct07.htm#11>.

- *Moderator: Representative Peablin Warren, Alabama*
- Alan Glaseroff, President of the Humboldt - Del Norte Foundation for Medical Care and chief medical officer of the Humboldt-Del Norte Independent Practice Association

The Outcomes of Addiction Treatment and Approaches to Measuring Performance

This web-assisted audioconference will help legislators address issues of performance measurement and treatment efficacy in addiction treatment, including performance-based contracting and how states are increasing their return on investments. Dr. Brooks will discuss outcome and performance measures and their use in quality improvement and accountability, new ways to look at treatment effectiveness, and legislators' options for promoting accountability through performance improvement initiatives. Ms. Johnson will discuss the Maine Office of Substance Abuse's performance-based contracting with its substance abuse treatment providers. **View the archive at** <http://www.ncsl.org/programs/health/webcastnov07.htm#1>.

- Adam Brooks, Ph.D., Scientist, Treatment Research Institute
- Kimberly Johnson, former Director, Maine Office of Substance Abuse

To follow up

- ◆ To register for other parts of this series exploring accountability in health care please go here
<http://www.ncsl.org/programs/health/webcast2.htm>
- ◆ Feel free to contact us for more information at
Health.chaps@ncsl.org
- ◆ For more program information and related links, and to see past programs:
<http://www.ncsl.org/programs/health/webcast2.htm>
- ◆ This program was recorded and will be made available on line.

Speakers' resources

- ◆ State Health Access Data Assistance Center (SHADAC) at the University of Minnesota School of Public Health <http://www.shadac.umn.edu/>
- ◆ State Health Access Reform Evaluation (SHARE) Initiative <http://www.statereformevaluation.org/>
- ◆ State Coverage Initiatives program <http://statecoverage.net/>
- ◆ Mathematica Policy Research, Inc. <http://www.mathematica-mpr.com/index.asp>
- ◆ Robert Wood Johnson Foundation <http://www.rwjf.org/>:
 - Changes in Health Care Financing and Organization <http://www.hcfo.net/index.cfm>
- ◆ The Urban Institute <http://www.urban.org/>
- ◆ Center for Health Care Strategies <http://www.chcs.org/>
- ◆ The Lewin Group <http://www.lewin.com/>

Resources from NCSL

- ◆ CHAP page for Healthcare Access

<http://www.ncsl.org/programs/health/forum/chap/access.htm>

- ◆ State Health Notes articles on Healthcare Access

<http://www.ncsl.org/programs/health/shn/access.htm>

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