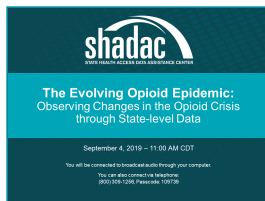




August 2019

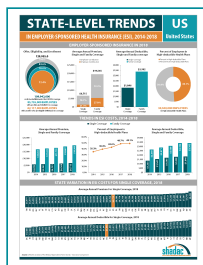
SHADAC Announcements

The Evolving Opioid Epidemic: Observing the Changes in the Opioid Crisis through State-level Data (Webinar)



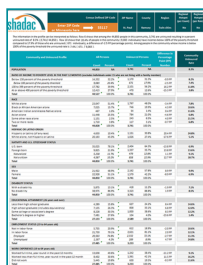
An upcoming [SHADAC webinar](#) will examine the U.S. opioid epidemic using data on drug overdose deaths including opioids such as prescription painkillers, heroin and synthetic opioids, and opioid-related drugs such as cocaine and psychostimulants (e.g., methamphetamine). Using [data available](#) on SHADAC's State Health Compare, the webinar will detail changing trends in the opioid crisis and how the specifics vary across states—both in the scale of the epidemic and differences in the top substances of concern. [Register now!](#)

New SHADAC Report: State-level Trends in Employer-sponsored Health Insurance (ESI), 2014-2018



A new [report and interactive map](#) from SHADAC use data from the Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) to analyze the experiences of private-sector employees who had employer-sponsored insurance (ESI), from 2014–2018, and found that while average deductibles held nearly steady, average annual single-coverage premiums nationwide rose by 5.4 percent to \$6,715 in 2018, the largest single-year increase to date in the last five years. Products from the analysis include a [narrative report](#), a series of individual [state profiles](#), 50-state comparison [data tables](#), and a national-level infographic with an accompanying [blog](#).

Minnesota's Uninsured and the Communities in Which They Live: A Profile Tool and Interactive Map



As part of a project to support targeted outreach and enrollment strategies to reach the remaining uninsured in Minnesota, SHADAC has developed a [new resource tool](#) with support from the Blue Cross and Blue Shield of Minnesota Foundation and guidance from MNSure navigators and policy makers. Composed of a downloadable profile and [interactive map](#), the tool provides rates and counts of the uninsured in Minnesota at the ZIP code level, compares characteristics of the total population to the uninsured population in that ZIP code, and includes community characteristics.

Updated SHADAC Brief Examines State Health Compare Estimates for State Public Health Funding

SHADAC has recently updated [a brief](#) on the state-level per-capita [Public Health Funding](#) measure from State Health Compare using newly available estimates from 2017. Information regarding public health spending is an important indicator for states regarding performance on public health as well as identifying where limited resources can be most effectively distributed. The [brief](#) includes state public health funding estimates from 2013-2017, and ranks state public health funding levels between individual states as well as displaying trends in state public health funding over time.



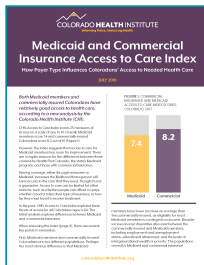
Data, Analysis, and Trends from the States

MassHealth: The Basics - Facts and Trends



A newly released [chart pack](#) from the Blue Cross Blue Shield of Massachusetts Foundation provides new and updated data from the MassHealth program on enrollment, spending, access to care, health outcomes, and status of the state's delivery reform efforts. The [updated report](#) also includes a summary of the program's impacts on access to care and health outcomes (e.g., half of Mass Health's 1.8 million enrollees are also members in newly formed ACOs; among managed care eligible members, over three-quarters of members are enrolled in ACOs).

New Report on Colorado's Access to Care Index



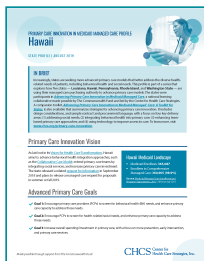
The Colorado Health Institute (CHI) recently released [a report](#) on the state's Access to Care Index exploring differences between Medicaid and commercial insurance in Coloradans' experiences with accessing needed care from 2013 through 2017. The index scores nonelderly adults and children (age 0-64) regarding three metrics—potential access, perceptions and experiences, and realized access—and results show that while both Medicaid and commercially insured have good access to health care, those with Medicaid experienced greater difficulty in getting in to see a doctor, citing other factors, such as transportation, work schedule, lack of child care, and cost concerns. CHI plans to explore these issues of access to care further in their [upcoming report](#) on results from the 2019 Colorado Health Access Survey (CHAS) this fall.

Payment and Delivery System Advancement in the States An Assessment of Pay for Performance under California's Delivery System Reform Incentive Payment Program



In 2010, California was the first state to implement the Delivery System Payment Reform Incentive Payment (DSRIP) program, designed to promote transformation of the health care delivery for Medicaid beneficiaries in specific public hospitals, under a Section 1115 Medicaid waiver. A [new analysis](#) in the August 2019 issue of *Population Health Management* examined the level of investment in various DSRIP project categories relative to self-reported improvement in specific outcomes of care, and includes lessons for other states on how efforts to improve outcomes might be shaped and identifies challenges in assessing outcomes.

Primary Care Innovation in Medicaid Managed Care: State Profiles and a Toolkit Released by CHCS



The Center for Health Care Strategies, Inc. (CHCS) has just released a series of five state profiles exploring how state participants in CHCS' *Advancing Primary Care Innovation in Medicaid Managed Care* learning collaborative—[Hawaii](#), [Louisiana](#), [Pennsylvania](#), [Rhode Island](#), and [Washington State](#)—are using their managed care purchasing authority to advance primary care models to better address patient health-related needs including social and behavioral health. CHCS also released a [companion toolkit](#) that summarizes delivery strategies for advancing primary care innovation in Medicaid managed care.

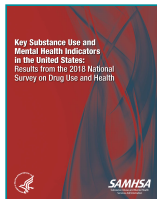
Other Data News & SHADAC Resources

National Center for Health Statistics Releases Briefs on Selected NHIS and NHANES Data from 2013 through 2018



The National Center for Health Statistics (NCHS) released new [data briefs](#) using estimates from their National Health Interview Survey (NHIS) and National Health and Nutrition Examination Survey (NHANES) for [drug overdose death rates](#) differentiated by urban and rural areas (2017), [prescription drug use](#) among adults in the U.S. and Canada (2015-2017), [tobacco use](#) (2013-2016), and strategies used by adults with diabetes to [reduce their prescription drug costs](#) (2017-2018).

2018 National Survey on Drug Use and Health (NSDUH) Annual Report Now Available



The Substance Abuse and Mental Health Services Administration (SAMHSA) has recently released its [Annual National Report](#) generated from the 2018 National Survey on Drug Use and Health (NSDUH) data. The report, along with accompanying [detailed tables](#), presents estimates for youths (age 12-17) and adults (age 18+) on drug, alcohol, and tobacco use; substance use disorder (SUD); risk and availability of substance use; treatment; health topics (including mental illness); and alcohol consumption. Estimates are presented by a variety of demographic, geographic, and other variables. Accompanying [PowerPoint slides](#) and a [recorded presentation](#) of the data are also available for download.

Now Available on State Health Compare: New and Updated Data on Measures of Availability, Cost, and Enrollment for Employer-sponsored Insurance (ESI)



SHADAC has updated four measures and added one new measure regarding employer-sponsored insurance (ESI) on our [State Health Compare](#) website to include the latest available data for the calendar year 2018 from AHRQ's MEPS-IC. Measures that have been updated include: [Workers in Establishments that Offer Coverage](#), [Average Annual ESI Premium](#), [Employee Contributions to Premiums](#), and [High-Deductible Health Plans](#). The measure [Average Annual ESI Deductible](#) was recently added as well.

Additional Resources

Evaluations of Integrated Care Models for Dually Eligible Beneficiaries



SHADAC recently [conducted an inventory](#) of existing evaluations of integrated care models and compiled the findings into a new [issue brief](#) produced for the Medicaid and CHIP Payment and Access Commission (MACPAC). The [inventory](#) encompasses a total of 51 studies published between 2004 and November 2018 and formal evaluations on the FAI updated through July 2019, and gathers all available evidence on how programs have affected spending, quality, health outcomes, and access.

State Health and Value Strategies (SHVS) Health Equity Webinar Series: Evidence-based Strategies for Reducing Health Disparities



On August 27, State Health and Value Strategies (SHVS) hosted the third of five webinars in an [ongoing series](#) addressing health equity through Medicaid managed care programs. Featuring speakers Michael Bailit, MBA, president of Bailit Health, and Marshall Chin, MD, MPH, Professor of Health Ethics in the Department of Medicine at the University of Chicago, the webinar identified evidence-based interventions that states can use to address disparities in their Medicaid managed care programs. A [video recording](#) and [PDFs of slides](#) from the webinar are available for download. The fourth and fifth webinars will be held on September 24 and October 22, respectively.

Recommended Reading

[Getting Older, Going Broke: Who's Going to Pay for Long-Term Care?](#)

Teresa Wiltz, *Pew Trusts: Stateline*

[The Growing Employer Health Care Crisis](#)

Caitlin Owens, Axios

[Study finds Health Insurance Coverage Declined for Nonelderly Americans between 2016 and 2017, Primarily in States That Did Not Expand Medicaid](#)

Urban Institute

[Changes to “Public Charge” Inadmissibility Rule: Implications for Health and Health Coverage](#)

Kaiser Family Foundation

[Did the Affordable Care Act Reduce Racial and Ethnic Disparities in Health Insurance Coverage?](#)

The Commonwealth Fund

[AARP Shows Impact of Skyrocketing Drug Prices with New Data and Infographic](#)

Greg Phillips, AARP Press Room

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