

## Data and Methodologies Used in the Evaluation of Health Reform at the State Level

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### Agenda

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- State Health Access Reform Evaluation (SHARE) Grant Program
- Systematic review of grant methods and data
- Data sources used in health reform research and evaluation
  - Federal surveys
  - State surveys
  - Administrative data
  - Medical claims data
  - Qualitative methods
- Lessons learned from the SHARE program

## About SHARE

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- National Program of the Robert Wood Johnson Foundation (RWJF) since 2006
- Goals:
  - support the evaluation of health policy reform at the state level
  - develop an evidence-based resource to inform health reform efforts in the future
- Focus: State-level reform and state implementation of national reform
- Operated out of the State Health Access Data Assistance Center (SHADAC) in the Division of Health Policy and Management, School of Public Health, University of Minnesota.
- Collaborators on this presentation:
  - Kelsey Avery (Graduate Research Assistant)
  - Carrie Au-Yueng, MPH (Research Fellow)
  - Lynn Blewett, PhD (SHADAC and SHARE Principal Investigator)

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## About SHARE

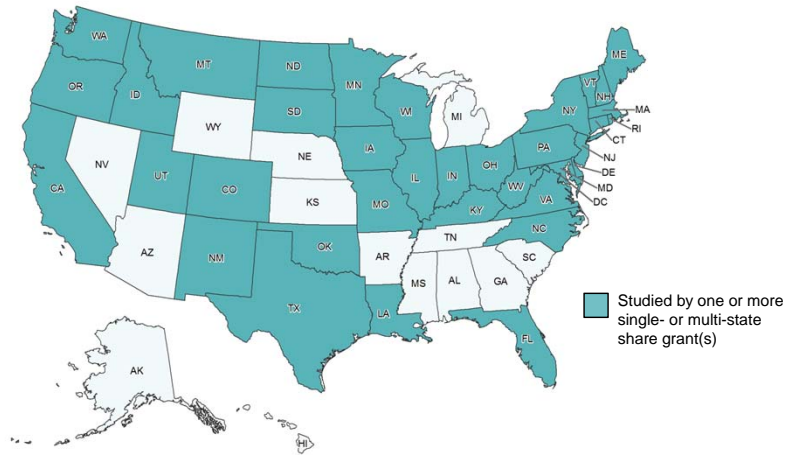
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- 3 rounds of grant awards
  - 33 grants funded to date
  - 9 currently in the field
- Over \$7 million in research and evaluation funding to date
- Projects have ranged from 3-30 months in duration
- Grantee institutions: mostly universities but also private research organizations and state agencies
- States studied:
  - Single-state (14 grants)
  - Multi-state (10 grants)
  - All states/national (9 grants)

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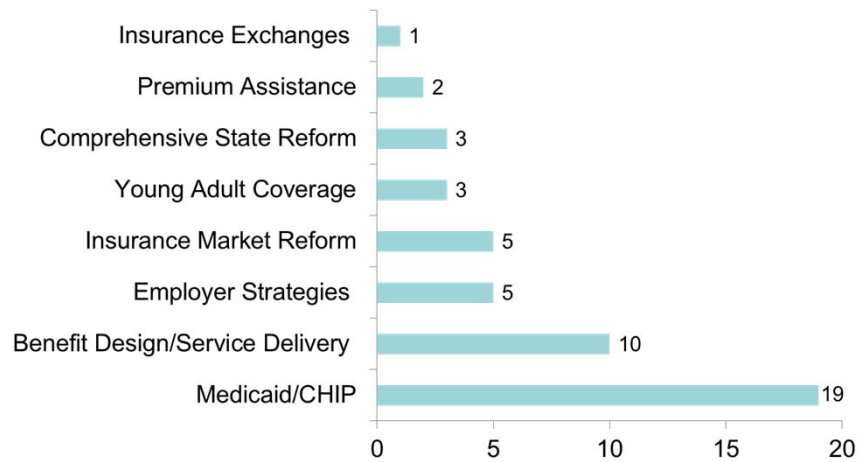
## States Studied by SHARE Grants



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## Policies and Programs Studied



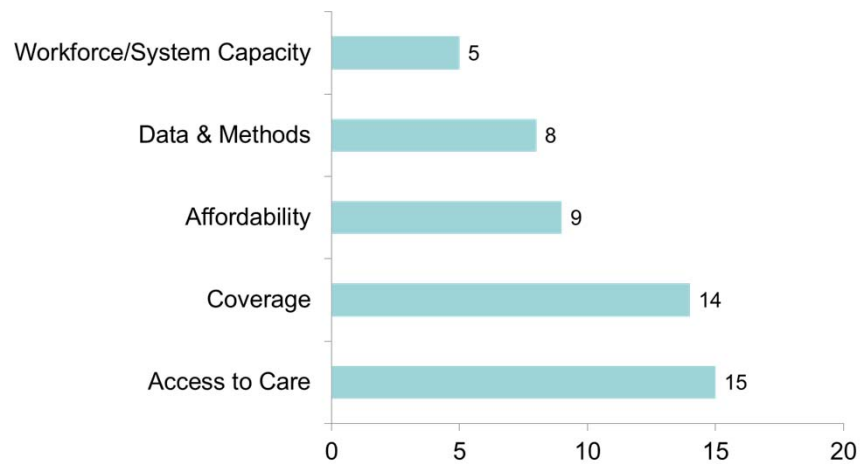
Grants may be assigned to more than one policy and/or program.

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## Topics and Outcomes Studied

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Grants may be assigned to more than one topic and/or outcome.

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## Systematic Review of Grants: Approach

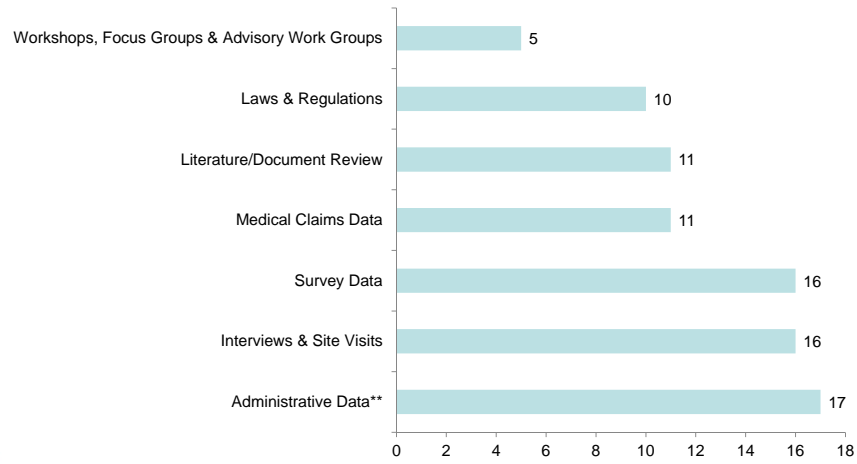
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- Excel-based abstraction tool
- Data abstracted:
  - Type of study/evaluation
  - Quantitative/qualitative methods
  - Types of data used and data sources
  - Facilitators/obstacles in research/evaluation
  - Methodological lessons learned
- Grant documents used in review:
  - Proposals
  - Grant progress reports
  - Grant deliverables (presentations, publications, substantive reports, briefs)

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## Types of Data Used by Grantees\*



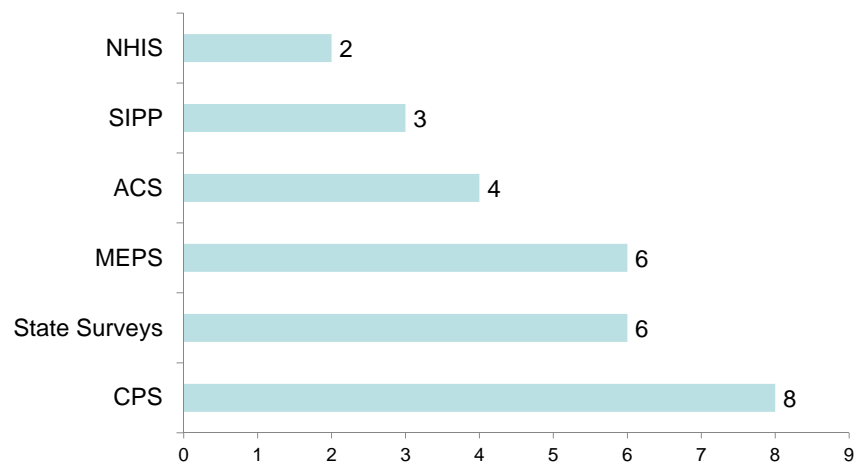
\* Grants may be assigned to more than one data type.

\*\* Administrative data includes eligibility data and enrollment data.

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## Federal and State Surveys Used



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## Survey Data Lessons

### Federal Surveys

- Existing data
  - Time and \$ resource efficient
- Some have good state sample sizes
- Can facilitate state comparisons
- No one survey offers it all in terms of policy-relevant content and ample state data

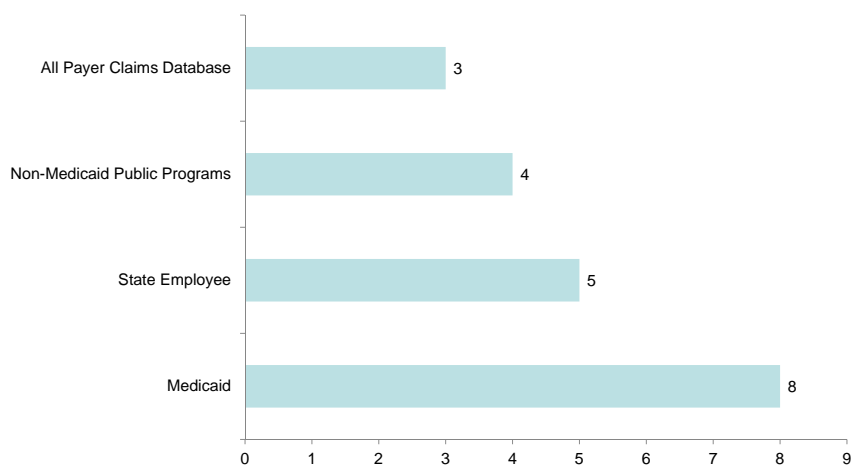
### State Surveys

- Larger state-specific sample sizes (in some cases)
- Targeted oversampling
- Questionnaire more easily modified and relevant for local policy environment
- Inconsistency/uncertainty in funding
- Own methodological limitations

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## Medical Claims Data Used



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## Claims Data Lessons

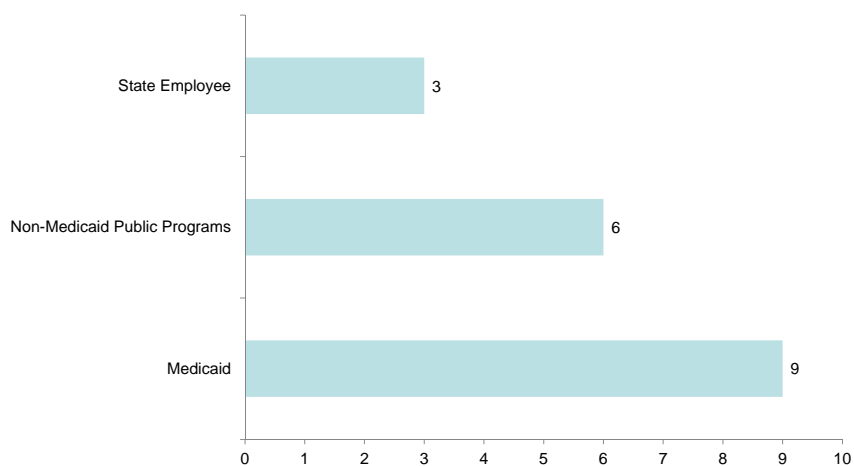
- Ideal for measuring health care utilization and costs
- Does not rely on patient recall of health care services
- But precludes care paid for by a different payer or not paid for by health plan
- Lacks good socio-demographic data (unlike surveys)
- Large patient populations but comparison groups may be limited
- Access to data can be difficult
  - Authorizations, data use agreements, competing demands
  - APCDs not viable choice in some states
- Time consuming and more complicated to obtain, prepare, and analyze

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Relationship with source agency essential

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## Administrative Data Used



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## Administrative Data Lessons

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- Key outcomes of interest include enrollment, insurance take-up, continuity in coverage, churning
- Large patient populations
- As with claims, not designed for research purposes per se
  - Data elements important to research may be limited
- As with claims, access may be difficult
- As with claims, time consuming and more complicated to obtain, prepare, and analyze
- Relationship with source agency essential

## Qualitative Data Lessons

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- Ideal for assessing
  - Political/social/historical context of the program/policy
  - Perspectives related to processes, implementation, outcomes
- State staff/officials and other stakeholders motivated to participate
- Constraints
  - Both national and state health reform have state agencies maxed out!
  - Other typical competing demands: legislative sessions, recent political developments, regular program schedules
  - Turnover in state program personnel



## Conclusions

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- Wealth of data available for health reform evaluation research
- No one data source has it all
- Shifts occurring among relevant data sources
  - APCDs
  - National health reform has triggered new data needs and existing federal and state data sources are responding
  - New potential data sources (e.g., marketplaces)
- Relationship with state program important in state health reform evaluation for a host of reasons, including data access
  - Allocating funds for their role as well as data acquisition and preparation
  - Evaluation timelines need to accommodate
- IRB reviews may require extra time and attention especially with administrative/claims data sources

## Contact Information

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