

### About SHARE

The State Health Access Reform Evaluation (SHARE) is a Robert Wood Johnson Foundation (RWJF) program that supports rigorous research on health reform issues at a state level, with a focus on state-level implementation of the Affordable Care Act (ACA) and other efforts designed to increase coverage and access. The program operates out of the State Health Access Data Assistance Center (SHADAC), an RWJF-funded research center in the Division of Health Policy and Management, School of Public Health, University of Minnesota. Lynn Blewett, Ph.D., SHADAC's Principal Investigator and Associate Professor in the Division of Health Policy and Management, leads the implementation and management of the program.

### Dissemination of Findings

Findings from the SHARE studies are released primarily in policy-relevant briefs targeted at state and national officials. These briefs present findings in a user-friendly manner that highlights their relevance to broader policy debates. Visit our website to view these and other resources such as in-depth reports and peer-reviewed journal articles, or join the SHARE e-mail list at our homepage in order to be notified when they are available: [www.shadac.org/share](http://www.shadac.org/share).

### Summer 2012

## SHARE Grant Awards

The State Health Access Reform Evaluation (SHARE) program awarded nine new grants to fund research addressing health reform issues that states face as they work to improve coverage and access. This is SHARE's third round of grants since the program began in 2007. The new grants, which range in length from 12 to 24 months, will offer timely insights into a variety of health reform issues. The projects will explore topics such as Medicaid expansion for childless adults, value-based insurance design for state employee health plans, approaches to health care coordination/integration, and the production of reliable small area estimates of health insurance coverage and access. The following is an overview of the grants awarded under the third round of SHARE funding.

### Achieving the Triple Aim in Medicaid: Evaluating the Access, Quality, Health and Cost Impacts of Coordinated Care Organizations in Oregon

**Jeanene Smith, MD, MPH**

This study will measure the effects of Coordinated Care Organizations (CCOs)—Oregon's version of Accountable Care Organizations (ACOs) for the Medicaid population—on health care access, patient health, quality of care, costs, and utilization. The study will assess whether CCOs are successful in increasing efficiency and reducing costs without compromising health and will tell other states what to expect from CCOs, how much they will cost, and what key designs generate the biggest return on investment.

*Institution: Office of Oregon Health Policy and Research*

### Behavioral Health and Care for Chronic Medical Conditions in Pennsylvania: The Role of the Medical Home

**Karin Rhodes, MD, MS**

This project will examine the impact of integrating behavioral/medical care among patients with co-morbid chronic medical conditions (diabetes, COPD, asthma, and/or heart failure) and psychiatric/substance use disorder(s) on health care utilization and costs. To do this, the study will look at Pennsylvania's Chronic Care Initiative, which was piloted in the state from 2008 through 2010, as well as a pilot program to integrate behavioral health into Pennsylvania's Federally Qualified Health Centers over the last five years.

*Institution: University of Pennsylvania*

## Informing Medicaid Program Design for Low-Income Childless Adults: The Promise of Self-Reported Health Measures

**Lindsey Leininger, PhD, MA**

This project will look at Wisconsin's 2009 expansion of Medicaid to childless adults to assess the value of collecting self-reported health measures at the time of application for Medicaid—a novel use of Medicaid enrollment systems—for the purposes of predicting health care utilization and thereby informing prospective program design.

*Institution: University of Illinois at Chicago*

## Innovative Benefit Design for CT State Employees

**Richard Hirth, PhD, MA**

This project will evaluate the impact of a Health Enhancement Program (HEP)—which was added to the health plans of Connecticut employees and retirees in 2011—on the various clinical process measures (e.g., preventive care use, medication compliance) that the programs target. The state of Connecticut, in conjunction with key labor unions, implemented benefit design changes to employee and retiree health plans in 2011 based on the principles of value-based insurance design (V-BID).

*Institution: University of Michigan*

## Medical Homes Measures in Household Survey Data: State-Level Estimates Using Alternative Methodological Approaches

**Lisa Clemans-Cope, PhD**

This project aims to understand and improve the validity of survey measures of Patient-Centered Medical Homes (PCMH) in the general population of children and to track progress in expanding the medical home concept to more children over time. The project will examine and evaluate existing and alternative measures of PCMH using household survey data and recommend alternative strategies for defining a PCMH based on these findings.

*Institution: Urban Institute*

## Planning for ACA Coverage Expansion: How Insurance Coverage for Childless Adults will Affect Utilization

**Thomas DeLeire, PhD**

This project will explore the health care utilization patterns among a Medicaid expansion population in Wisconsin: low-income, uninsured childless adults newly eligible for Medicaid under Wisconsin's BadgerCare Plus Core Plan. This project will examine several questions including: (1) whether and how service utilization changes after Medicaid enrollment; (2) how utilization patterns may differ for those coming from prior safety net coverage compared to those with no previous assistance; and (3) whether there is any apparent difference in pent-up demand, as measured by utilization of care, between those enrollees who had been chronically uninsured and those who had been episodically uninsured prior to Medicaid enrollment.

*Institution: University of Wisconsin-Madison*

## Rural Implementation and Impact of Medicaid Expansions

**Andrew Coburn, PhD, EdM**

This study aims to inform federal and state implementation of the Medicaid expansions under the ACA by estimating the size and characteristics of rural residents likely to be newly eligible. The

study will provide nationally representative information that identifies the extent to which rural residents live in states that have already expanded coverage to low-income adults; how many eligible individuals have participated; the characteristics of the remaining pool of the rural uninsured; and the potential impact of Medicaid expansions on rural primary care and delivery system capacity.

*Institution: University of Southern Maine*

### **Small-Area Microsimulation to Study Geographic Variation in Coverage Expansions and Access Under the Affordable Care Act**

#### **John Graves, PhD**

This study will address the challenge of producing reliable state and local estimates of coverage and access to care—a challenge which acts as a key barrier to planning for, implementing, and monitoring the Affordable Care Act (ACA). This project will facilitate more precise small area estimates through the employment of a novel reweighting method leveraging the frequency, detail and statistical power of national surveys. Estimates of insurance coverage expansion populations will be linked to estimates of the health care workforce and medical care system capacity to highlight areas with potential access concerns. The results of this study will not only yield information relevant to insurance expansions and potential access issues under the ACA but also will provide researchers and policymakers with new tools to facilitate their own state-level analyses.

*Institution: Vanderbilt University*

### **Understanding Health Insurance and Policy Using Massachusetts Health Reform**

#### **Amanda Kowalski, PhD**

This project will evaluate health reform as carried out in Massachusetts with four aims: (1) estimate the welfare gain from using a mandate to reduce adverse selection; (2) model the impact of an individual mandate and subsidized health insurance on the labor market; (3) study the way in which health insurance expansions affect financial risk; and (4) model risk preferences and risk types to understand the causes of uninsurance.

*Institution: Yale University*

### More about the State Health Access Reform Evaluation (SHARE)

First funded by RWJF in 2007, SHARE provides information on the impact of efforts to expand coverage and access and timely guidance about how to effectively implement health reforms. Key goals of the program are to develop a coordinated approach to the study of state health reform issues and to produce and disseminate informative, user-friendly findings for state and federal policymakers and agencies as well as leading researchers.

SHARE's initial round of funded research on state reform efforts included topics such as the impacts of expanding eligibility guidelines for young adult dependent coverage; the differential coverage impacts seen under reforms of varying scope; and the impact on crowd-out following public program enrollment and eligibility simplifications in Wisconsin and following comprehensive reforms in Vermont. SHARE awarded its second round of funding in 2010 through a targeted solicitation effort after the passage of the federal Affordable Care Act (ACA). Second-round SHARE projects covered a range of topics including the new income definition for Medicaid (modified adjusted gross income (MAGI)); the impact the ACA on rural areas; and the income dynamics and characteristics of low- and moderate-income adults impacted by the ACA. Findings from these SHARE projects are available at [www.shadac.org/share](http://www.shadac.org/share).

SHARE operates out of the State Health Access Data Assistance Center (SHADAC), an RWJF-funded research center in the Division of Health Policy and Management, School of Public Health, University of Minnesota. SHADAC helps states monitor rates of health insurance coverage and understand factors associated with uninsurance. In addition to providing health policy analysis, SHADAC provides technical assistance to federal agencies that conduct health insurance surveys and to states that conduct their own surveys and/or use data from national surveys. Lynn Blewett, Ph.D., SHADAC's Principal Investigator and Associate Professor in the Division of Health Policy and Management, leads the center and the SHARE program.

For more information about SHARE, please visit the SHARE website: [www.shadac.org/share](http://www.shadac.org/share).