

Thinking Ahead – Monitoring the Impact of Health Reform

Elizabeth Lukanen, MPH

SHADAC, University of Minnesota

National Association of Medicaid Directors (NAMD)

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Presentation Overview

- Why should states develop a monitoring framework (and why should Medicaid be involved)?
- Steps to develop a monitoring or evaluation framework
- State examples

Today



2015 and Beyond

- States will be looking to report on “early wins”
- Policymakers and operational staff will need information to make ongoing implementation decisions
- Heated debate is likely to continue and both sides will be looking for information on the impact
- The media will be looking for ANY story
- The public and key stakeholders will want a progress report

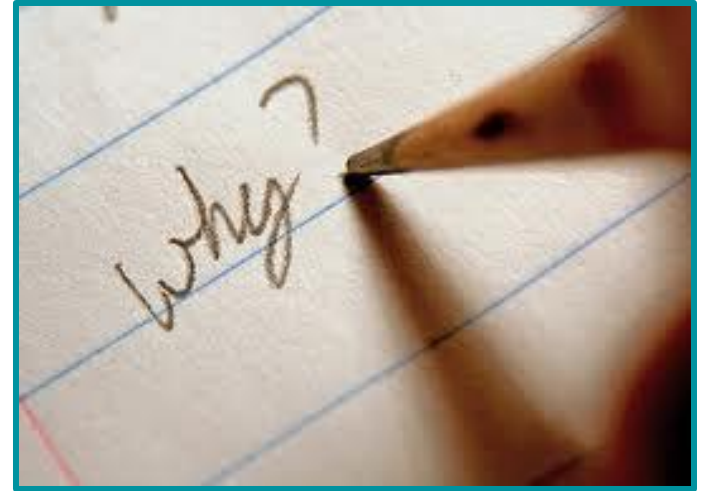


Everyone will be clamoring for data and analysis on the impact of health reform

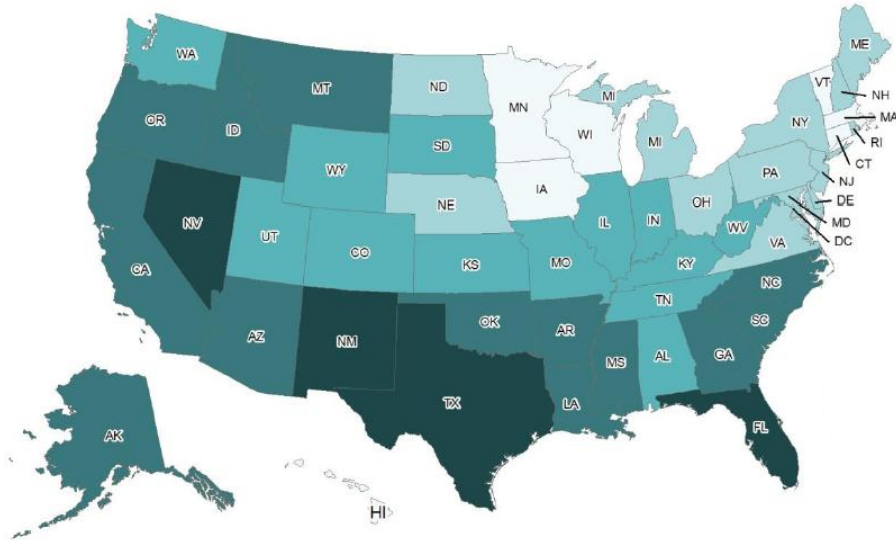


Objectives for Generating a Monitoring/Evaluation Framework

- Encourages agreement on goals, priorities, and how progress will be measured
- Defines how each component of reform (e.g., Medicaid, exchange) contributes to those goals
- Establishes program/agency collaboration to focus on the “big picture”
- Avoids duplication of data collection and provides consistency in measurement
- Provides opportunity to select lead agency or individual accountable for monitoring efforts
- Prepares state staff to respond to future questions from policymakers



Why Should Monitoring Efforts be State-Led?



Why not just rely on national studies or 50-state analyses from other sources?

- National surveys and analyses are a great, especially when cross-state comparisons are important, but...
 - Each state will be unique in how it implements the ACA
 - State-led efforts will track progress toward state priorities
 - States often have richer data to examine questions in-depth

Why Should Medicaid Play a Role?

- Medicaid is “where it’s at”
 - Even if you don’t plan for it, you will likely engage in evaluation/monitoring work
- Many key evaluation measures will rely on Medicaid data
 - Assure consistency in reporting
 - Avoid duplication of data collection and analysis
 - Reduce analyst burden
- Define what it means to be successful
- Contribute to and be aware of the messaging regarding impact of reform

Why Now?

Why can't I focus on implementation now and deal with evaluation later?



- Define in advance what is important to measure – helps identify successes and problem areas
- Establish a baseline prior to reform implementation
- Identify gaps in available data and ways to fill the gaps
 - Take advantage of opportunities to “build in” to new data systems
- Stay ahead of “story”

Evaluation and Monitoring Framework Development



- ✓ Define scope
- ✓ Choose and operationalize measures
- ✓ Select appropriate data and identify data gaps
- ✓ Setting benchmarks and goals (or not)
- ✓ Stakeholder engagement

Defining Scope

- Set focus
 - Medicaid only, all health reform activities (state and federal?)
- Need to keep the number of topic areas manageable
 - Access, cost, public health, impact on providers
- What are you trying to achieve?
 - High Medicaid participation rates; good enrollee experience, reduced uninsurance; low rate of coverage gaps
- What issues are policymakers most concerned about?
 - Churn, continuity of coverage, provider capacity to care for newly uninsured;
- Who is the audience?

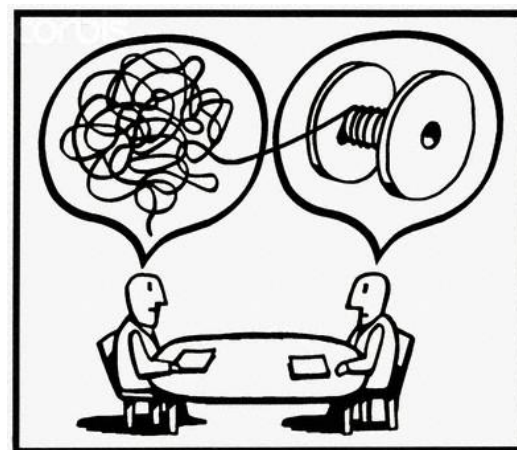
Choosing Measures



- Keep the number of measures manageable - prioritize
- Choose measures that are directly related to policy goals and levers
- Think about near-/medium-/long-term impacts and include some measures for each
- Include some measures that might be “early success signs” or “early warning signs”
- Consider feasibility - existing data vs. possibility of collecting new data

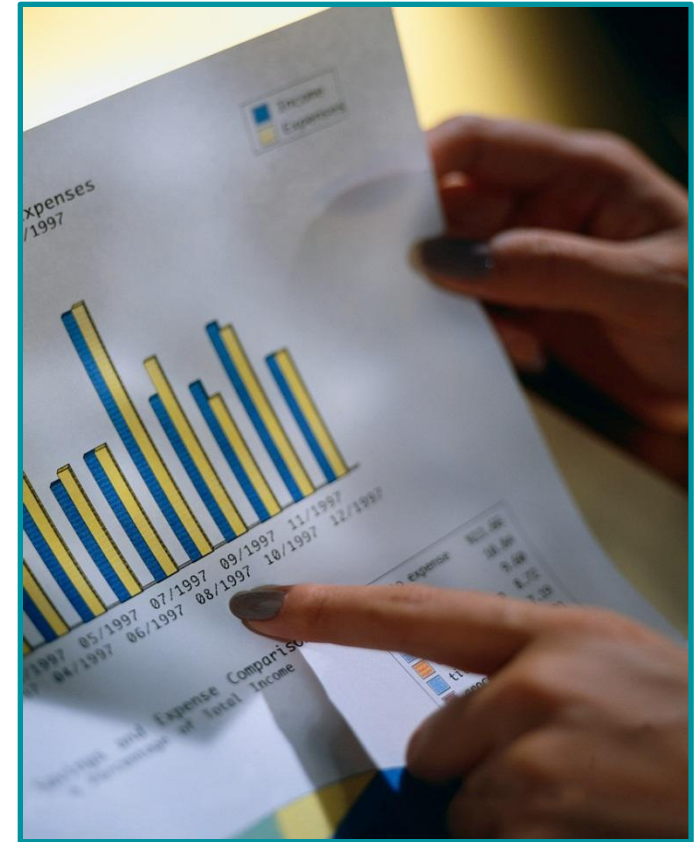
Operationalize the Measure

- Create a working definition or preferred method for calculating the measure
 - e.g., how do you calculate churn?
- Defining the “universe”
 - e.g., population-wide? exchange vs. total market?
- Specify the level of detail you want to capture
 - e.g., disenrollment or disenrollment by reason



Select Appropriate Data

1. Conduct a data scan
2. Assess data against a defined set of criteria
3. Identify gaps
4. Prioritize ways of filling gaps



Setting Benchmarks and Goals (or not)

- Possible benchmarks
 - Change over time
 - Defined ideal
 - Other states
 - National average
- The most useful goals are
 - Realistic
 - Specific
 - Connected to specific actions/strategies and policy priorities
- Decisions will influence choices about data sources
- Consensus around goals and benchmarks can be challenging



Stakeholder Engagement

- “Stakeholder” can be defined narrowly or broadly
- Stakeholders can be engaged at any point in the process
- Best to present stakeholders with something to react to
- Need clear boundaries on scope and purpose



California - Approach

- Led by the California HealthCare Foundation (work done by SHADAC)
- Development of a set of measures to monitor over time
- Geared toward public
- Focused on the ACA but limited to 3 topic areas:
 1. Health insurance coverage (section on public coverage)
 2. Affordability and comprehensive of coverage
 3. Access to care
- Considerations for measures selection
 - Measures that reflect major goals and provisions of the ACA
 - Outcomes rather than implementation process
 - Relevant/meaningful to policymakers
 - Interest in measures available at a sub-state level
 - Data availability
- Stakeholders engaged after draft list of measures was developed

<http://www.shadac.org/publications/framework-tracking-impacts-affordable-care-act-in-california>

California - Coverage Measures

Distribution of Insurance Coverage

Uninsured

Point in time

Uninsured for a year or longer

Uninsured at some point in past year

Reasons for uninsurance

Exempt from mandate

Paying penalty

Public Coverage

Enrollment trend

Participation rate

Churning

Health Insurance Exchange

Enrollment as Share of Nongroup Market

Employer participation

Employer Coverage

Employers offering

Employees in firms that offer

% Eligible

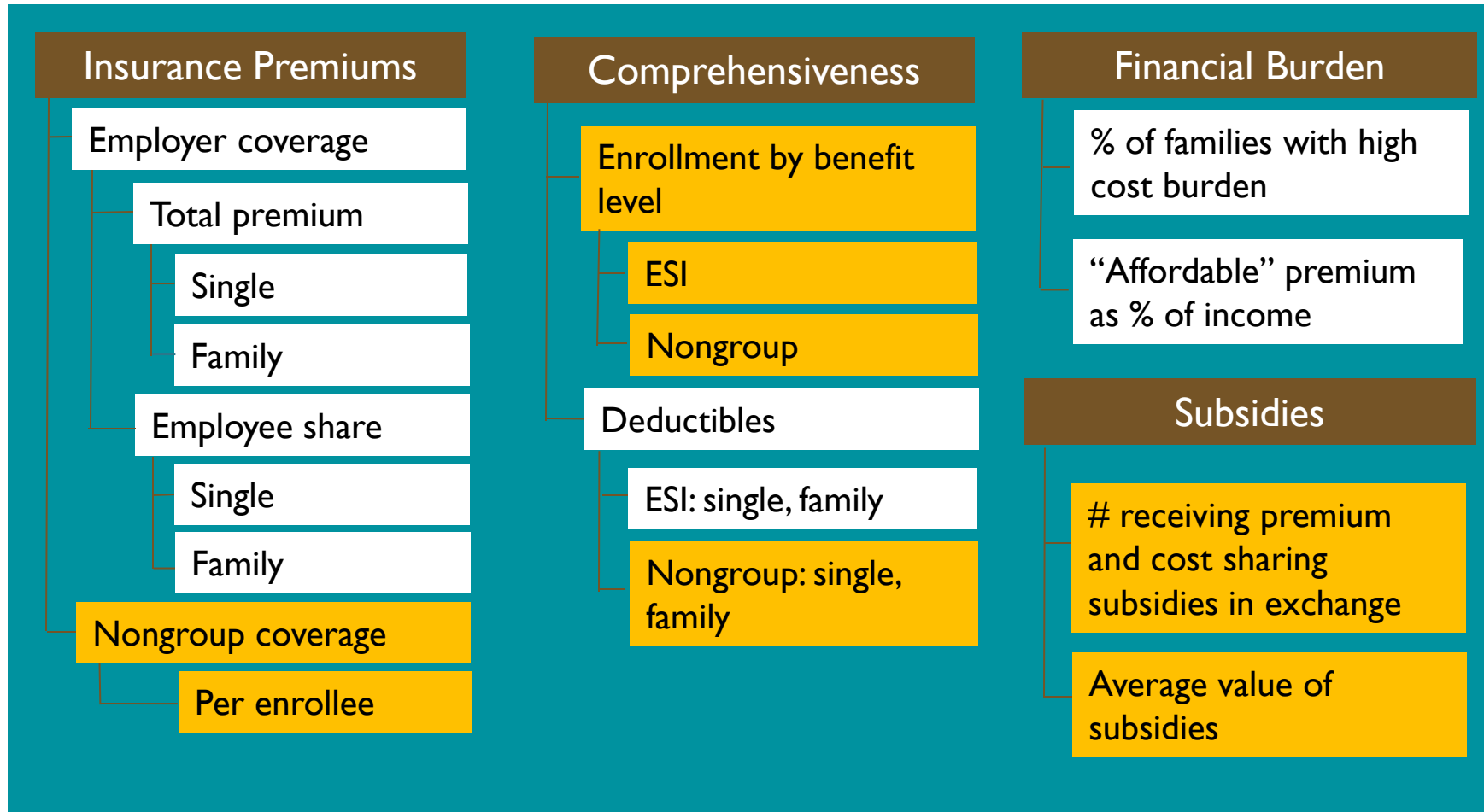
% Enrolled

Families with ESI offer

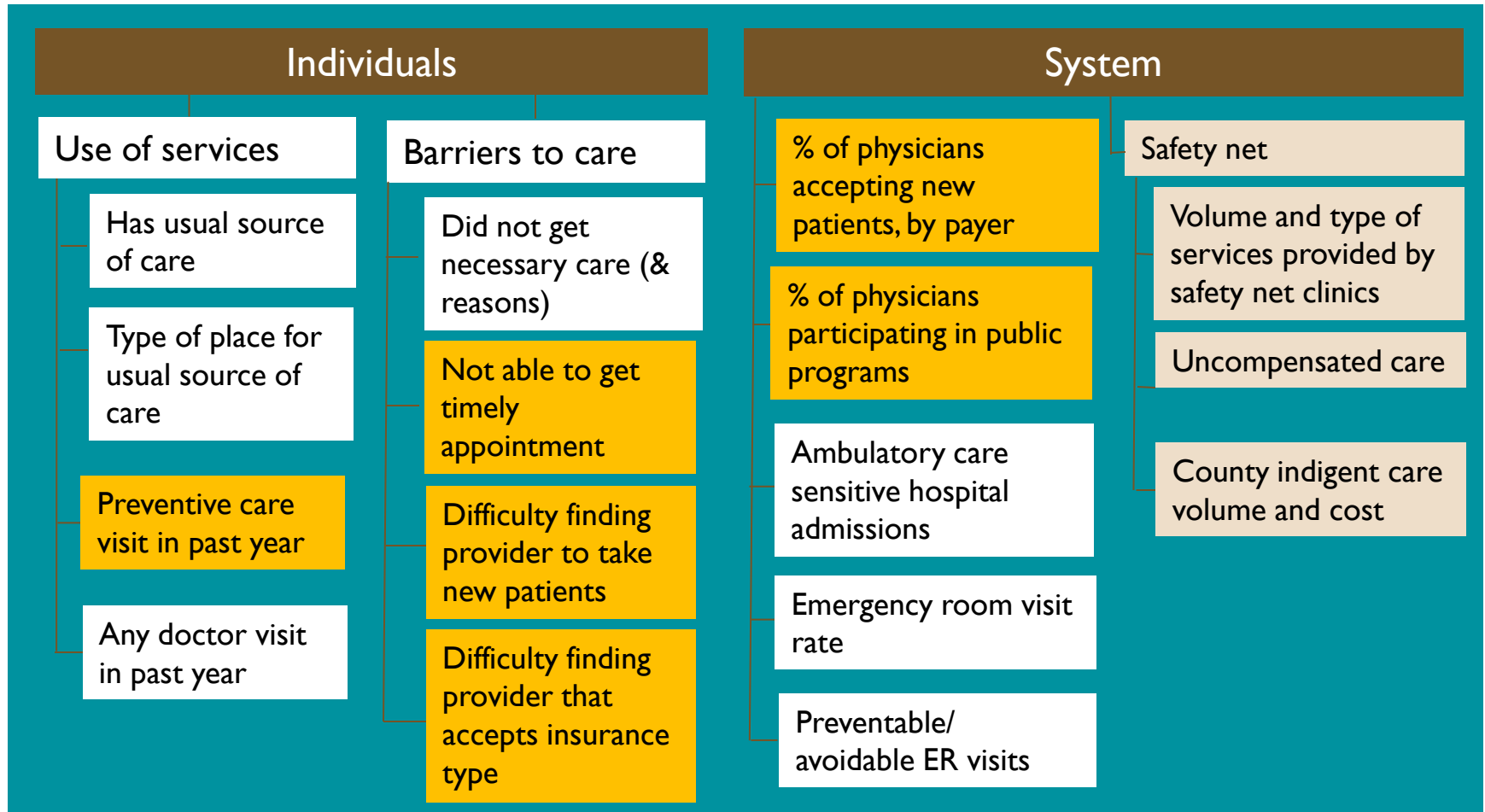
All family members enrolled

Employers paying penalty

California - Affordability & Comprehensiveness of Coverage Measures



California - Access to Care Measure



Maryland - Approach

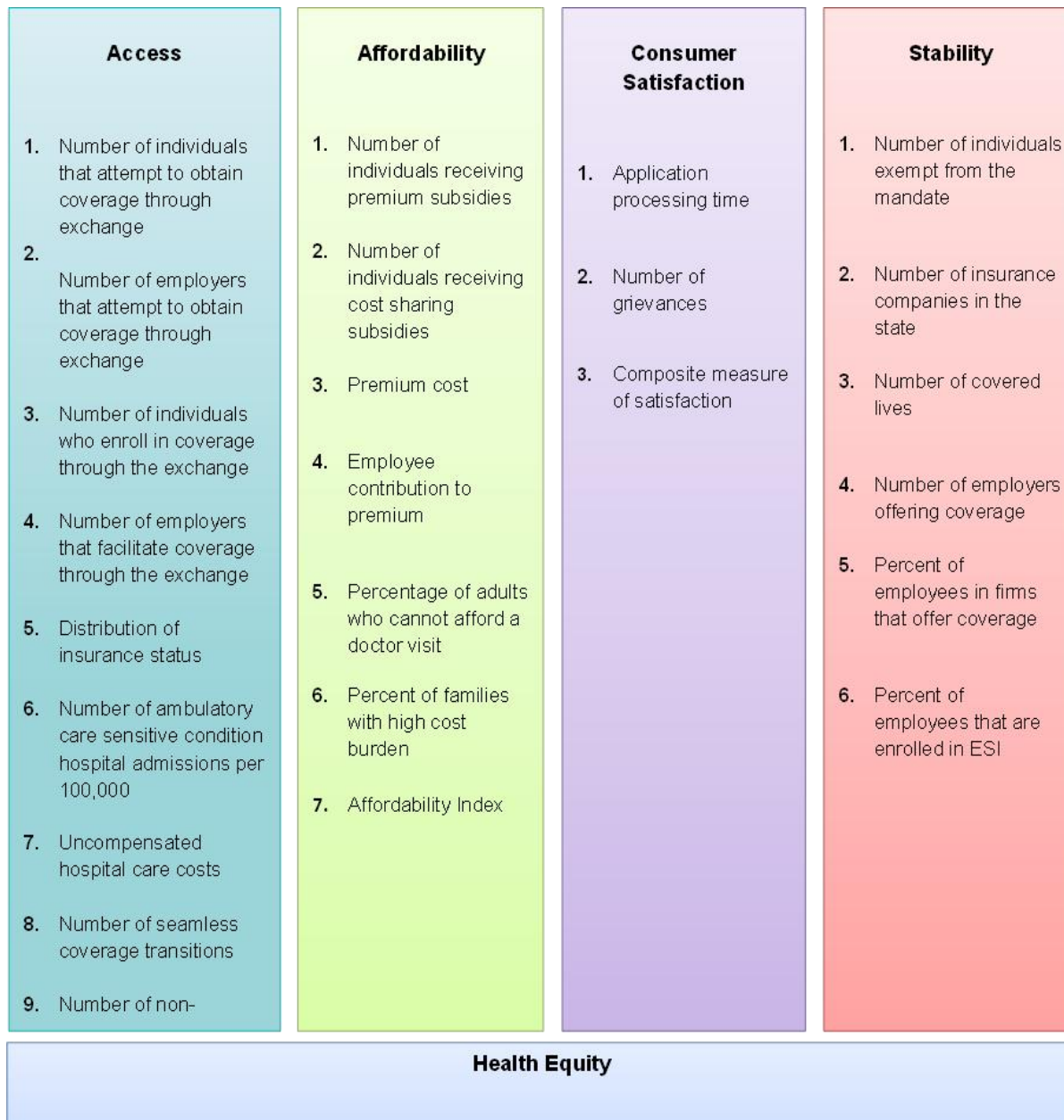
- Led by the Maryland Health Connection (work done by SHADAC)
- Development of a set of measures to monitor over time
- Geared toward policy makers and the public
- Focused on the exchange and limited to 5 core measurement categories:
 - Affordability
 - Access (includes seamless and non-seamless coverage transitions)
 - Consumer Satisfaction
 - Stability
 - Health Equity

Maryland Approach - Continued

- Considerations for measures selection
 - Drawn from data currently produced by other state agencies, data currently collected or analyzed by other state agencies or generated through exchange
 - Highly prioritized, no more than 10 measures in each category
- Exchange board developed measurement categories and gave feedback throughout the selection of measures
- Public comment period after draft list of measures was developed

<http://marylandhbe.com/wp-content/uploads/2012/12/Performance-Management.pdf>

Maryland - Measures



Too Daunting? Leverage Available Resources!

- Leverage federal funding
- Let another agency or division take the lead
 - Just make sure to stay engaged
- Consider outside partners to consult on or lead these efforts
 - State universities
 - Evaluation consultants
 - Local foundations
- No need to remake the wheel
 - Look at monitoring/evaluation schemes developed by other states (ask your NAMD colleagues!)
 - Utilize data you current collect and use for other purposes (e.g., operations, reporting)

Contact Information

Elizabeth Lukanen

Senior Research Fellow

elukanen@umn.edu

612.626.1537



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