

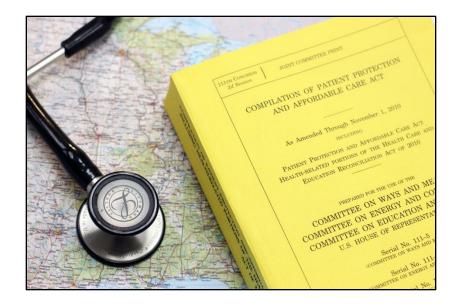
Framework for Tracking the Impacts of the ACA in California

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Project Background

- Funded by a grant from the California HealthCare
 Foundation
- Goal was to recommend how California can measure and monitor the impacts of the Affordable Care Act (ACA) in three areas:
 - Health insurance coverage
 - Affordability and comprehensiveness of coverage
 - Access to health care services



Process

What is most important to monitor?



Identify priority measures

• What do we know now?



Identify and compare existing data sources

Where are the gaps?



Identify priorities for new/modified data collection

Today's Presentation

- Considerations for selecting indicators and data sources
- Recommended indicators for monitoring health insurance coverage, affordability and comprehensiveness of coverage, and access to care
- Gaps in existing data
- Stakeholder input

Considerations for Selecting Measures and Data Sources

Considerations for Selecting Measures

 Measures that reflect major goals and provisions of the law

 Outcomes rather than implementation process



 Relevant/meaningful to policymakers

Considerations for Recommending Data Sources

- Comparability over time
- Ability to do in-depth analysis (e.g., by geography, age, income, race/ethnicity)
- Population coverage complete population of interest
- Availability of benchmarks/national comparisons
- Timeliness of estimates
- Accessibility of data
- Flexibility to adapt to changing needs



Review of Data Sources

- We reviewed and assessed existing state and national data sources to determine how each might be used to measure the ACA's impacts in California:
 - We compiled technical information on each data source (e.g., how the data are collected and from whom; data elements collected)
 - 2. We conducted key informant interviews with experts who collect the data or who are regular users of the data to better understand the strengths and weaknesses of CA-specific data sources

Recommended Priority Measures

Priority Measures: Coverage

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

Nongroup coverage: exchange and as % of market

Employer coverage: exchange and as % of market

Employer Coverage

Employers offering

Employees in firms that offer

% Eligible

% Enrolled

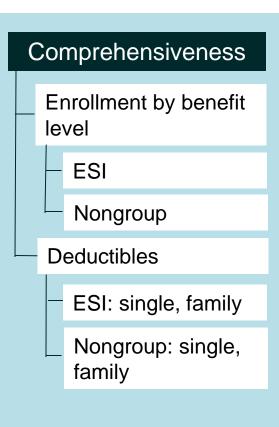
Families with ESI offer

All family members enrolled

Employers paying penalty

Priority Measures: Affordability & Comprehensiveness of Coverage

Insurance Premiums Employer coverage Total premium Single **Family** Employee share Single **Family** Nongroup coverage Per enrollee



Financial Burden % of families with high cost burden "Affordable" premium as % of income Subsidies # receiving premium and cost sharing subsidies in exchange Average value of subsidies

Priority Measures: Access to Care

Individuals System Use of services Barriers to care % of physicians Safety net accepting new Volume and type of Has usual Did not get patients, by payer services provided source of care necessary care by safety net clinics % of physicians (& reasons) participating in Type of place Uncompensated Not able to get public programs for usual source care timely of care appointment Ambulatory care County indigent sensitive hospital Preventive care care volume and Difficulty finding admissions visit in past year provider to take cost new patients Emergency room Any doctor visit visit rate Difficulty finding in past year provider that Preventable/ accepts avoidable ER visits insurance type

Data Gaps – 2 Types

- Existing data collection infrastructure:
 - Specific measures not collected
 - Data not collected from entire population of interest
- Measures that can't be collected until full ACA implementation in 2014:
 - Health insurance exchange
 - Other ACA provisions that have yet to be implemented – e.g., coverage mandate

Stakeholder Feedback

- CHCF solicited stakeholder feedback on the framework through a series of 6 stakeholder meetings in Feb. 2012
- Response to the framework was largely positive
- Key coverage and access issues identified by stakeholders:
 - "Drill-down" is <u>very</u> important (e.g., by geography, race/ethnicity, large vs small employers)
 - Understanding who remains uninsured and why is a top priority
 - Need for better measures of access:
 - Providers accepting Medi-Cal
 - Consider broadening the definition of provider beyond physicians

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