

Evaluating Health Care Reform: Are Federal and State Surveys Meeting the Need?

Overview

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Background

- The passage of the Patient Protection and Affordable Care Act (ACA) in 2010 generated new data requirements for the purpose of monitoring and evaluating health care reform
 - Broad goals of improving health care access, health care utilization, and affordability
 - New policies/programs under ACA, including health insurance exchanges, Medicaid expansions, the young adult health insurance provision, health insurance coverage for individuals with preexisting conditions, preventive care provisions, etc.



A Framework for Tracking ACA Impacts

- SHADAC (Sonier & Lukanen, 2011)
- Three priority areas:
 - Health insurance coverage
 - Affordability and comprehensiveness of health insurance coverage
 - Access to health care services
- Metrics identified for each priority area
 - Measures that reflect major goals and provisions of the law
 - Outcomes rather than implementation process
 - Relevant/meaningful to policymakers

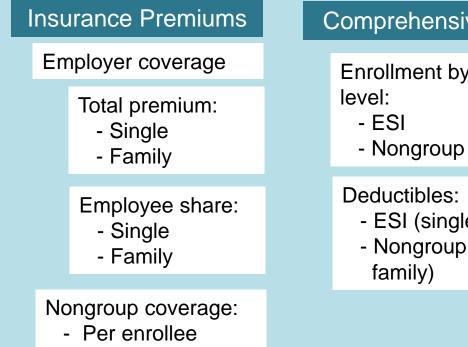


Recommended Measures: Insurance Coverage

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Distribution of Insurance Coverage					
Uninsured	Public Coverage	Employer Coverage			
Point in time	Enrollment trend	Employers offering			
Uninsured for a year or longer	Participation rate	Employees in firms			
Uninsured at some point in past year	Churning	that offer: - % eligible - % enrolled			
Reasons for uninsurance	Health Insurance Exchange	Families with ESI offer: - All family members			
Exempt from mandate	Nongroup coverage:	enrolled			
Paying penalty	exchange and as % of market	Employers paying penalty			
	Employer coverage: exchange and as % of market				



Recommended Measures: Affordability & Comprehensiveness of Coverage



Comprehensiveness

Enrollment by benefit

- ESI (single, family)
- Nongroup (single,

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



Recommended Measures: Access to Care

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



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Measures Come from Multiple Data Sources

- General population surveys
- Employer surveys
- Health care provider surveys
- Health plan data (e.g., APCD)
- State public program data (e.g., Medicaid claims)

Data Source Considerations

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



Panel's Focus

- National and state-level population surveys providing data relevant to all three priority areas: coverage, affordability, access
- Both national and state-level surveys have been making adjustments to meet new data needs
 - Sample improvements
 - Expansions/revisions in survey questionnaire content
 - Improvements to timely access to data



Panel's Focus

- Surveys covered:
 - American Community Survey (Census)
 - Current Population Survey (Census)
 - National Health Interview Survey (NCHS)
 - State-level surveys
- Adjustments in questionnaire design

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Complete copy of the Framework report is available at:

http://www.shadac.org/publications/framework-trackingimpacts-affordable-care-act-in-california



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