STATE REFORM SURVEY WORK GROUP: ADAPTING STATE SURVEYS TO MONITOR HEALTH REFORM

Webinar Discussion

February 26, 2015

Audio: 866-740-1260, access code 6244802

Slides and resources will be available at www.shadac.org/StateSurveyMeeting2015
Technical Items

• Audio: 866-740-1260, access code 6244802
• Please mute your phone
• Troubleshooting:
  
  ReadyTalk Help Line: 800-843-9166

  Chat feature
Meeting Agenda

• Introductions
• Motivation behind today’s call
• Considerations for revising state health insurance surveys
• Experiences from the field:
  • Natalie Triedman, Colorado Health Institute
  • Rebekah Gould, Oregon Health Authority
  • Sharon Long and Michael Karpman, Urban Institute
• Questions and discussion
• Resources
• Invitation to offer feedback
Submitting Questions/Comments

Two Options

1. **Chat Feature**
   - Submit written question/comment

2. “**Raise Hand**” Feature
   - Button on top left corner of viewing screen
   - Moderator will call on you by name
     - Unmute your phone and begin speaking at that time

Instructions will be repeated
Introduction

Today’s Speakers

Natalie Triedman
Colorado Health Institute

Rebekah Gould
Oregon Health Authority

Kathleen Call
SHADAC

Elizabeth Lukanen
SHADAC

Sharon K. Long
Urban Institute

Michael Karpman
Urban Institute
Motivation

• SHADAC has been fielding inquiries about
  • What others are doing
  • New and emerging reform-relevant content
• Goal is to bring together state and national experts to share ideas
• Learn how best we can serve your needs
Survey Tool Revisions – Key Considerations

• Who needs to be at the decision making table?
• How important are new topics relative to one another and existing content?
  • Can you afford to add questions -- from a time and cost perspective?
  • What essential data points does your survey currently provide?
• Will the data gained from new survey content be actionable?
• How important is it to benchmark what is happening in your state to national trends?
EXPERIENCES FROM THE FIELD

Natalie Triedman
Colorado Health Institute

Colorado Health Insurance Survey
CHAS: The Basics

**Insurance:** How many people are uninsured and why do they lack coverage?

**Access:** Who has trouble getting an appointment, even with insurance?

**Use of Care:** Where do Coloradans get their health care? How often do they use that care?

**Affordability:** Do people go without care due to cost? What are people willing to pay for insurance?

**Health Status:** How do Coloradans rate their physical, mental and oral health?
How It’s Fielded

**Who:** 10,000 randomly selected households

**What:** Twenty-minute telephone survey

**When:** Every other year (next field date is March 2nd)

**Where:** Statewide, divided among 21 Health Statistics Regions

**Why:** To gather information that can inform policy-making and help measure health reform efforts
We need your input.

The launch of the 2015 CHAS is just around the corner.

What topics are important to you?

The Colorado Health Institute is gearing up for the next Colorado Health Access Survey (CHAS) – the state’s premier source of information on health insurance coverage, access and use of health care. The 2015 survey will be a critical tool for assessing the early impacts of health reform, so we want to solicit the thoughts of experts across the state.

We invite you to join us for one of our key stakeholder breakfasts to discuss what health topics are important to you. Please feel free to select which group you would like to join, based on your expertise and availability.

- Health Business (Providers, Insurance Companies, Marketplace): Monday, September 8
- Community Health (Public Health, Safety Net, Health Policy): Tuesday, September 9
- Researchers: Wednesday, September 10

The breakfasts will be from 8 a.m. to 9 a.m. at the Colorado Health Institute.

Your feedback is important to us as we continue to make the CHAS as useful as possible.

Please RSVP to CHAS@coloradohealthinstitute.org by August 22, specifying which event you plan to attend.
Stakeholder Priorities

- Health Coverage Literacy
- Adequacy of Coverage & Affordability
- Marketplace Enrollment
Some people find health insurance coverage complicated and difficult to understand. I am going to read you a list of health insurance terms, please indicate whether (you are/TARGET is) confident or not confident in how well (you/he/she) understand what the term means.

- Premium
- Deductible
- Co-payment
- Co-insurance
Health Coverage Literacy

When using (your/TARGET’s) health plan, (are you/is he/she/is target’s parent or guardian) likely or unlikely to [INSERT].

• Look to member services to tell you what medical services your health plan covers?

• Look into what your health plan will and will not cover before you get health care services?

• Review the statements you get from your health plan showing what you owe and what they paid for a service?

• Find out if a doctor is in-network before you see him/her?
Adequacy of Coverage & Affordability

I am going to read you a statement. Please tell me if you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the statement.

• I feel well-protected when it comes to paying for my health care needs.
A deductible is the amount of money that you have to pay out of your own pocket each year before your insurance will pay for any services. Does (your/TARGET'S) health insurance include a deductible?

- What is the amount of the annual deductible?
- Is it more than $1,300?
- Which category best represents the annual deductible?
Marketplace Enrollment

Is (your/TARGET’s) health insurance coverage through Connect for Health Colorado, Colorado’s health insurance marketplace or exchange?

Financial assistance for health coverage is insurance with a reduced premium that is based on your income. Low and middle income families are eligible to receive financial assistance that allows them to pay lower premiums for insurance bought through healthcare exchanges or marketplaces. (Do you/Does TARGET) get financial assistance to help with the cost of the premium?
Topics & Questions that Didn’t Make the Cut

• Marketplace enrollment details
  - Knowledge of marketplace and source of info, method and ease of application, reason for enrolling

• Health coverage information seeking
  - Sources of general health info, trust and quality of info

• Satisfaction with coverage
  - Provider choice, wait times

• Transgender
Questions Removed

- Long-term care insurance
- Prescription drug use
- Overnight hospital stay
- Length of time living in Colorado
- Veteran and student status
Questions?
EXPERIENCES FROM THE FIELD

Rebekah Gould
Oregon Health Authority

Oregon Health Insurance Survey
Adjusting the 2015 Oregon Health Insurance Survey

What we added
What we deleted
And how we decided

Rebekah Gould
Outline

• OHIS background
• Context with Oregon Health Care Transformation
• What did we add to the survey?
• What did we delete from the survey?
• Methodological adjustments
• Summary of Lessons Learned
OHIS Background

- Fielded in 2011 and 2013
  - with a re-contact survey of the uninsured in 2014

- Address based sample design, 3 modes: web, phone, paper

- Modeled after the NHIS survey – target individual and household

- Approx. 9,000 respondents

- Average time of 23.5 minutes in 2013
Oregon Health System Transformation

- Legislation passed in 2009
  - Expansion of Healthy Kids (state Medicaid program)
  - Creation of Coordinated Care Organizations

- Development of state-based exchange (Cover Oregon)

DATA NEEDED FOR EVALUATION … survey data a key part
What to add?

- Summer 2013 - funding approved
- Early 2014 - leadership and stakeholders
- Summer 2014 - OHIS Re-contact study

- OHIS 2015 Content priorities
  - State health insurance marketplace
    - Awareness and gaining coverage
  - Change in coverage status – churn
  - Barriers to gaining or using coverage
    - Why remain uninsured?
    - Health literacy
    - Bank account and credit card

Takeaway Point:
Start as early as you can

Takeaway Point:
Decide what needs to be answered before choosing the questions
Finding questions to add

• SHADAC’s SSRIM resource
• List we created of new reform-focus questions

Decision process:
  #1 – Will this question tell us what we really want to know?
  #2 – What successes or challenges have other groups had?
  #3 – Do we have room for it?

Takeaway Point:
The lists of questions were helpful with brainstorming

Takeaway Point:
We learned from our re-contact study
What we added

- Coverage obtained through state health insurance marketplace?
- Change in insurance carrier or coverage in the past 12 months?
- Health insurance literacy scale from AIR (see link)
- Currently have a bank account or credit card?
- Does disability, handicap or chronic disease keep you from participating fully in …?

Takeaway Point: Consult with partners on the wording of potentially confusing questions

Link: http://www.air.org/project/measuring-health-insurance-literacy
What to delete?

- Less interesting and less used data points
- Change what is asked of all household members

What we deleted:
- Worker’s compensation
- Health savings account
- Shortened disability and activities of daily living
- Outdated types of insurance coverage

Takeaway Point: Double check that a data point is still wanted by a partner ... it might not be!
Takeaway Point: Develop a tool to see an overview of your survey.
Methodological Changes

- Targeting hard to reach populations with sampling
  - Racial/ethnic groups, people in poverty, remaining uninsured

- Adjusting incentives to get best ‘bang for buck’
  - Learn from research done during OHIS 2013

- Marketing and interface
  - Redesign of web survey and mailed materials

Takeaway Point: Improving the survey may be more than just adding or deleting questions
Lessons Learned

• Start as early as you can
• Decide what needs to be answered before choosing the questions
• The lists of questions were helpful with brainstorming
• We learned from our re-contact study
• Consult with partners on the wording of potentially confusing questions
• Double check that data points are still wanted by partner ... they might not be!
• Develop a tool to see an overview of your survey
• Improving the survey may be more than just adding or deleting questions
Contact Information

Rebekah Gould
Rebekah.Gould@state.or.us
971-673-2938
EXPERIENCES FROM THE FIELD

Sharon Long & Michael Karpman
Urban Institute

Health Reform Monitoring Survey
Learning from the Health Reform Monitoring Survey

Sharon K. Long
Michael Karpman
State Reform Survey Workgroup
February 26, 2015
Overview of HRMS

- Survey of roughly 7500 non-elderly adults every quarter
- Sample drawn from KnowledgePanel, an internet survey panel
- Survey administered on the web
- Survey length ~10 minutes
- Survey content: core & topical questions
Core survey questions

- Limited to a few key measures in four domains: Health insurance coverage, access to and use of care, health care affordability, health status

- Strategies for identifying questions to use:
  - Rely on questions from federal surveys where possible
  - Reword for internet format as needed
  - Add categories to reflect ACA issues and concerns (e.g., Marketplace)
Topical questions

- Limited to a few key issues in quarter that would:
  - Support federal/state preparation for ACA
  - Provide baseline for monitoring key issues
  - Document experiences as the ACA moves forward
- Strategies for identifying topics to include:
  - Poll expert panel of federal/state stakeholders for suggestions of key issues
  - Compile list of potential topics & questions
  - Prioritize to fit available time in survey
High-yield results from questions

- Changes over time in coverage status, access, and affordability
- Literacy/numeracy
- Awareness of ACA provisions
- Understanding of health insurance coverage
- Experiences using/trying to use Marketplaces
- Experiments: testing subsidy question wording
- Taking advantage of availability of zip code: Use of safety net clinics
Sample question: Use of safety net clinics

Is the place you usually go when you are sick or need advice about your health any of the following:

- COMMUNITY CLINIC - TAYA, 1400 SPRING ST STE 200
- SILVER SPRING HEALTH CENTER, 8630 FENTON ST STE 1200
- CCI - SILVER SPRING COMMUNITY VISION, 8210 DIXON AVE
- MARY'S CLINIC-SILVER SPRING, 8709 FLOWER AVE
- COMMUNITY CLINIC AT WAH, 7620 CARROLL AVE
- TAKOMA PARK HEALTH CENTER, 7676 NEW HAMPSHIRE AVE STE 200

Select one answer only

- Yes
- No
- Don't know
Questions that did not yield helpful data or that are difficult to interpret

- Coverage type
- Reasons for being uninsured/not enrolling in Marketplace coverage
- Understanding challenges with enrollment process
Sample question: Marketplace coverage

As you may know, new state and federal health insurance marketplaces can be used to shop for health insurance and compare prices and benefits. These marketplaces can also be used to enroll in Medicaid, Medical Assistance or the Children's Health Insurance Program (CHIP). You may know the marketplace as Healthcare.gov or Cover Oregon. You may have seen a website or materials with the following marketplace logo[s].

HealthCare.gov

Cover Oregon

Is your current coverage a health insurance plan through the marketplace? You may have completed the enrollment process yourself or had someone else do it for you.

Select one answer only

- Yes, I am enrolled in a health insurance plan through the marketplace
- No, I am not enrolled in a health insurance plan through the marketplace
Key questions added over time to the core

- Firm size and hours worked per week
- Physical or mental conditions or disabilities
- Trouble finding different types of providers
- Prior coverage type for those gaining or switching coverage in past 12 months
- Main source of coverage for those reporting more than one type
- Medical debt
- Premium and subsidies
- Well-being
Lessons learned on survey content

- Significant value to flexible content to address changing policy context
- Significant value to revising questions: don’t have trend but think we have better data at a point in time (e.g., Marketplace coverage)
- Trade-offs are hard: often limited to one question on a topic when we would like to have 3, but still find value in that one question
- Value of follow-up surveys to gather more depth of information
For more information

HRMS website

- http://hrms.urban.org

HRMS public use files

- Go to http://www.icpsr.umich.edu/icpsrweb/HMCA/archive.jsp
- Type “HRMS” in the search field.
Submitting Questions/Comments

Two Options

1. **Chat Feature**
   - Submit written question/comment

2. **“Raise Hand” Feature**
   - Button on top left corner of viewing screen
   - Moderator will call on you by name
     - Unmute your phone and begin speaking at that time
Potential New Content Areas

• Modifying the insurance coverage series to include an option for Qualified Health Plan coverage through the Marketplace
• Updating reasons for gaining, dropping, switching
• Health insurance literacy
  • Health system literacy/knowledge about how to use coverage to access health services
• Identifying primary barriers for enrolling in coverage (e.g. not having a bank account or credit card)
• Tracking how coverage translates into access
• Perceptions of affordability
Content Areas Not Well Suited to a Household Survey

• Detailed description of marketplace enrollees
  • Distribution of enrollees by metal level
  • Percent receiving a subsidy

• Detailed account of marketplace enrollment experience and use of marketplace enrollment tools

• Quantitative assessments of affordability and underinsurance (e.g. deductible level, cost-sharing, premiums)
Webinar: March 5th

Survey Questions about Subsidies for Health Insurance: Does Terminology Matter?

• Findings from a set of survey experiments that tested different questions about receiving health insurance subsidies

• Speakers
  • Victoria Lynch, Urban Institute
  • Joanne Pascale, Census Bureau
  • Kathleen Call, SHADAC

• Findings will include patterns of response among different groups of HRMS respondents to various subsidy questions

• Registration link posted at www.shadac.org/StateSurveyMeeting2015

2/26/2015
Resources

• State Reform Survey Work Group
  Send email if you want to join (shadac@umn.edu)

• SHADAC Brief #42 by J. Pascale
  “Recommendations to Measure Health Coverage Post-Reform: Lessons from Massachusetts.”

• Up to date listing of state survey research activity

• State Reform Survey Item Matrix (SRSIM)

• Marketplace Enrollee Survey Item Matrix (MESIM)

• Links: www.shadac.org/StateSurveyMeeting2015

2/26/2015
Thank you for joining

Contact Information

callx001@umn.edu or SHADAC@umn.edu

Slides will be available at

www.shadac.org/StateSurveyMeeting2015