

# Methods and Data for Evaluating State Health Care Reform

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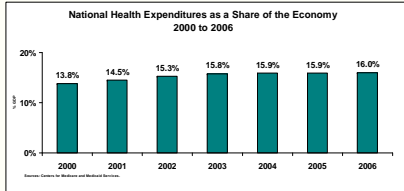


STATE HEALTH ACCESS  
DATA ASSISTANCE CENTER

## DRIVERS OF STATE HEALTH REFORM

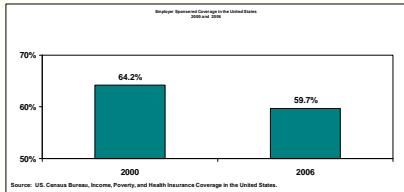
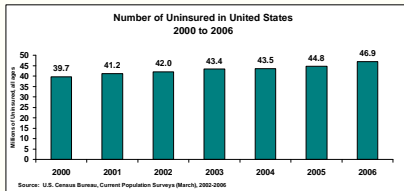
### Increased Health Care Costs

- Steady increase in public and private spending



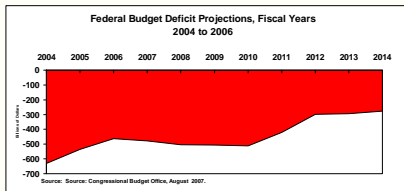
### Increasing number of uninsured

- Reduction in employer-sponsored coverage



### Lack of federal action for reform

- Large federal deficit



## IMPORTANCE OF EVALUATION

### States Are Taking Action

In Discussion	Legislation Passed	Implementation	Post-Implementation
New Mexico	Colorado	Massachusetts	Illinois (kids)
California	Minnesota	Maryland	Maine
Illinois (all)	Florida	Pennsylvania (kids)	Oregon
Pennsylvania (all)	Kansas	Wisconsin (kids)	
Rhode Island	Illinois	Vermont	
New York	New Jersey		

### Why evaluate state reform initiatives?

- Inform future state policy
- Justify program budget/financing
- Satisfy legislative requirements
- Identify successful initiatives
- Change course if program not meeting benchmarks
- Inform state and national debate on health reform

## STATE HEALTH ACCESS REFORM EVALUATION

### SHARE

- National Program of the Robert Wood Johnson Foundation
- Created in response to increased state activity in discussing and passing legislation to improve access to health care
- SHARE will provide evidence on the specific mechanisms that contribute to successful state health reform efforts by:
  - Developing and supporting a coordinated approach to evaluation
  - Identifying and filling gaps in research
  - Organizing and disseminating findings in a manner that is user-friendly for state and national policy makers, state agencies, and researchers

### SHARE Funded Evaluations

- 15 grants totaling \$5 million
- 7 single-state studies, 8 multi-state studies

### 23 States Being Examined in Studies



## EVALUATION CONSIDERATIONS

### SHARE Selection Requirements

- Applicability of topic and research aims to other states and to the national policy debate
- Rigor and comparability of evaluation methods
- Composition of research team
- Connection with state-level policy analysts and decision makers
- Dissemination plan
- Timing of the evaluation
- Support from state
- Availability of data
- Objectivity of evaluators
- Ability to tease out effects of reform in question
- Selection of comparison states
- Selection of "control group"

### Evaluation Approach

- Mix of process and outcome evaluations
- Process components seek to answer questions about the policy design, adoption and implementation
- Impact components address questions related to the short-term outcomes of the initiative

## METHODS & DATA – Process Evaluation

### Methods

- Primarily qualitative
- Content analysis of documents
- Semi-structured interviews
- Key informant studies
- Focus groups
- Comparative case-studies for multi-state evaluations

### Data

Provides detailed contextual information that can inform the interpretation of quantitative results

- Qualitative data from interactions with key stakeholders such as legislators, state analysts, insurance brokers, program staff, enrollees, and dis-enrollees
- Secondary sources such as budget information, state statutes, regulations, policy reports, legislative committee reports, and other archival, administrative and performance data

### Challenges

- Hard to identify the correct department and contact within states
- Sometimes difficult to secure objective information about program success and challenges
- Unique state environments make it difficult to compare analysis across states
- Hard to draw out comparative or causal lessons

## METHODS & DATA – Outcomes Evaluation

### Methods

- Primarily quantitative (mainly quasi-experimental)
- Descriptive trend analysis to describe pre/post reform composition of insurance coverage
- Regression modeling to test utilization under different programs, take-up based on premium subsidies, likelihood of certain events such as enrollment or disenrollment
- Propensity score to determine likelihood to enroll or participate in program
- Difference-in-difference comparison of longitudinal trends in the intervention and control
- Interrupted time-series modeling

### National Data Sets

Good for multi-state and time series analyses

Relatively consistent instrument and collection methodology

- Behavioral Risk Factor Surveillance System Survey
- Medical Expenditure Panel Survey - Household Component
- Medical Expenditure Panel Survey - Insurance Component
- National Health Interview Survey
- Current Population Survey

### Challenges

- Limited state sample constrains lists of states that can be analyzed
- Small state sample limits sub-populations that can be analyzed
- Loss of time-series points, because data must be pooled across years to make up for insufficient state sample
- In some cases, new state-specific weights need to be generated to do state-level analysis
- Medicaid undercount may distort estimates of coverage
- State-specific program names can result in inconsistent reporting
- Limited/no state-specific indicators of interest
- Relatively limited number of datasets from which to choose

### State-Specific Data

Rich source of information to examine sub-populations and identify state-specific trends

- State survey data (Washington, New Jersey, California, Massachusetts)
- State-specific claims data
- State public program enrollment/administrative data
- State income tax filings
- Insurers' annual financial reports

### Challenges

- Acquisition can be challenging and time consuming
- Administrative data not collected for the purpose of evaluation
- State survey documentation can be limited
- State surveys are often not conducted regularly over time
- State survey instruments and collection methods change over time