

January 2012

State Data Spotlight: Rhode Island Health Indicators



Since 1999, the Rhode Island Department of Human Services' Medicaid Program has maintained a Health Indicator System for Medicaid enrollees. The Rhode Island Medicaid Research and Evaluation Project uses existing public health data, Medicaid administrative data and state-level survey data to assess, design, monitor and evaluate health services and program interventions for Rhode Islanders on Medicaid.

The Health Indicator System was established by the state in 1999 to monitor and evaluate health services within the Medicaid program, and also to provide a useful framework for data collection for all Rhode Islanders. The system helps policymakers identify how specific Medicaid interventions have impacted the health status of enrollees, and is used to inform future initiatives and interventions.

One priority established during the development of the Health Indicator System was the creation of a Medicaid Data Archive that could be accessed by staff at any time to evaluate program initiatives. This Medicaid Data Archive is composed of data sets that collect health outcome measures and health insurance coverage so comparisons can be made across insurance groups. New findings are presented to an Evaluation Studies Workgroup in order to determine program implications (Griffin 2005).

Background & History

The Health Indicator System was developed by the Evaluation Studies Workgroup at the Rhode Island Department of Human Services for the evaluation of specific program initiatives in the Medicaid program. The workgroup is an interagency interdisciplinary collection of staff from the Rhode Departments of Health and Human Services, Brown University, University of Rhode Island, and public health researchers. They approached development of a Health Indicator System using the following steps (Allen et al. 2000):

1. Develop a matrix framework for selection of health indicators.
2. Compile recommended health indicators based on literature reviews and existing performance metric projects.
3. Identify available state-level data sources that provide reliable accurate health indicator information for Medicaid enrollees and the general population.
4. Determine gaps in data and suggest research methods to obtain desired information (e.g., surveys).
5. Gather feedback from Medicaid program staff and stakeholders.
6. Implement a Medicaid Data Archive readily accessible and available to program staff.

To target the specific initiatives, the workgroup chose population groups from which to create a "module" of health indicator metrics. Because health care needs and objectives vary depending on age, disability status, and other factors, indicators were chosen specific to each group.

Data sources included in the Medicaid Data Archive are listed in this figure:

Administrative and Public Health Data Sources	Survey Data Sources
<ul style="list-style-type: none"> • Vital Statistics Birth & Death Records • Medicaid Management Information System • Hospital Discharge Data • Emergency Department • Pregnancy Risk Assessment Monitoring System 	<ul style="list-style-type: none"> • Current Population Survey • American Community Survey • RI Medicaid Enrollee Survey • RI Health Interview Survey • Behavioral Risk Factor Surveillance System

The initial focus was on developing indicators for healthy adults (ages 21-64), healthy adolescents (ages 12-20), children with disabilities (ages 0-11) and adults with disabilities (ages 21-64); however, the aim of the workgroup was to create a matrix framework that could be applied to other target groups as program initiatives change. The resulting framework aims to capture indicators reflecting health care status, services, performance and outcomes. Some examples of health indicator metrics are included in the matrix framework below (Allen et al. 2000):

	POPULATION MONITORING NEEDS (Evaluation of Health Care)			
	Preventive	Acute	Chronic	
PROGRAM NEEDS (Evaluation of the Health Services System)	Structure	Primary Care Providers	Access to care on evenings/weekends	Specialists
	Process	Immunizations, Screenings	Emergency Department Visits	Care coordination
	Outcome	Weight, Drug/Tobacco Use	Readmissions, Hospitalizations	Pain, mental health status, functional capacity

Legislative History

Development of the Health Indicator System did not require legislative action, but emerged as a way to evaluate RIte Care, the state’s managed care program for public coverage. To address concerns about the impact of managed care a research plan was introduced in 1994 with the goal of selecting indicators that would help track the health of children and pregnant women who were the majority of RIte Care enrollees. Subsequently, additional indicators have been added to address other populations now enrolled. In 1999, the Workgroup’s efforts broadened beyond RIte Care to include additional Medicaid programs and enrollees (Silow-Carroll 2003).

Health Indicator Data Book Published Annually

An annual Data Book is produced by the Rhode Island Office of Health and Human Services’ Medicaid Program that includes 84 access, quality and health status measures (Griffin 2010). Health Indicators are selected from population-based survey data that are collected annually to allow for trend comparisons. These surveys also collect type of health insurance coverage so comparisons can be made between

Medicaid, Rite Care, privately insured and uninsured populations. Some of the key health indicators tracked in the Data Book include: uninsurance rates of uninsured by age group and federal poverty level; access to primary care; receipt of preventive care; chronic conditions; disability and cognitive impairment; hospitalizations; and maternal and child health.

Federal Reform Implications

The state of Rhode Island, along with many other states, hopes to utilize health status information to identify the needs of the newly eligible Medicaid population. The Health Indicators System presents a useful framework for assessing these characteristics in the currently enrolled Medicaid population, but also those who might potentially enroll in 2014.

About the Data Spotlight Series

State Data Spotlight is a SHADAC series highlighting states' unique data tools, datasets, and uses of existing data systems. The series aims to provide information and insight on innovations that can be applied in other states.

States pursuing similar strategies can contact SHADAC for technical assistance and support in developing these types of innovations.

Sources

Allen S, Buechner J, Griffin J, Jacobsen R, Leddy T, Payne C, Spinelli F, Vivier P, White B. (2000). Design of a Health Indicator System: A 'How-To' Manual for State Medicaid Programs. Evaluation Studies Workgroup, Division of Health Care Quality, Financing and Purchasing at the Rhode Island Department of Human Services. Available at <http://mcheval.org/reports/Evaluation%20Methods/Design%20of%20a%20Health%20Indicator%20System%20A%20How-To%20Manual%20for%20State%20Medicaid%20Programs.pdf>.

Griffin, J. (2005). Health Indicators for Rhode Islanders on Medicaid: An Effective Model to Identify Unmet Health Care Needs and Evaluate Program Initiatives. Center for Health Care Strategies (CHCS). Available at http://www.chcs.org/usr_doc/ML-631_RI_Final_ReportLM042605.pdf.

Griffin J. (2010). Health Indicator Data Book. Rhode Island Department of Human Services. Available at <http://www.dhs.ri.gov/ReportsPublications/ReportsPublications/HealthIndicatorDataBook/tabid/974/Default.aspx>.

Silow-Carroll S. (2003) Building quality into Rite Care: How Rhode Island is improving health care for its low-income populations. Economic and Social Research Institute (ESRI). Commonwealth Fund. Available at <http://lobsta.uri.edu/mcc/newsarticles/hlthcrri.pdf>.

For more detailed guidance on how to set up a health indicator system, see "Design of a Health Indicator System: A 'How-To' Manual for State Medicaid Programs" available at <http://mcheval.org/reports/Evaluation%20Methods/Design%20of%20a%20Health%20Indicator%20System%20A%20How-To%20Manual%20for%20State%20Medicaid%20Programs.pdf>.