

State Health Access Reform Evaluation: *Building the Evidence for Reform*

Lynn A. Blewett, Ph.D.
University of Minnesota

AcademyHealth State Health Research and
Policy Interest Group Meeting

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Overview of Presentation

- Overview of SHARE
- Preliminary research findings from SHARE
- Key Research Implementation Findings -
Strong Relationship with the State is Key
- SHARE Presentations

State Health Access Reform Evaluation (SHARE)

- RWJF National Program Office
- Co-located with the State Health Access Data Assistance Center (SHADAC)
 - *Providing technical assistance*
 - *Link to states and state analysts*
- 15 Projects funded covering 23 states

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Why is state research important?

- States are laboratories for reform
- Most health policy occurs at the state level
- States have limited capacity to do their own research



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SHARE Objectives

- **Support and coordinate** evaluations of state reform
 - To establish a body of evidence to inform state and national policy makers
 - To identify and address gaps in research on state health reform activities from a state policy perspective
- **Disseminate** findings
 - Meaningful and user-friendly for state and national policy makers, state agencies, and researchers alike
- **Create** a research and practice community to facilitate



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Guiding Principles for SHARE Research

- Involve state partners
- Evaluate an enacted policy
- Incorporates both quantitative and qualitative components
- Is relevant to other states and national reform debate
- Evaluates either comprehensive or incremental reform

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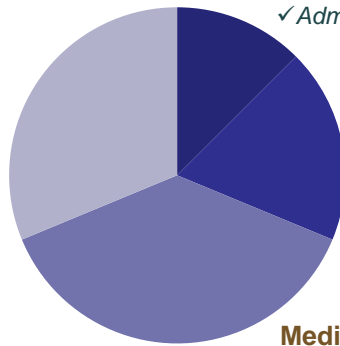
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Reform Topics Being Studied

(23 states in total)

Insurance Market Initiatives (5)

- ✓ Young Adult Coverage
- ✓ Section 125
- ✓ Small Group, Individual Markets



SCHIP Reform (2)

- ✓ Expansion
- ✓ Administrative Efficiency

Comprehensive Reform (3)

- ✓ Massachusetts
- ✓ Vermont

Medicaid Reform (6)

- ✓ General Reform
- ✓ Administrative Efficiency

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Preliminary Findings: Outreach & Enrollment

What works:

- ✓ Community-based organizations and the use of trusted, on-the-ground community health workers
- ✓ Simplified and expanded eligibility and aggressive branding
- ✓ Program simplification and broader income eligibility reduce churning and improve continuity of coverage

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- ✓ Collecting coverage information through *tax form* can provide valuable information, but data agreements and data linking among state agencies must be clarified in statute

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Preliminary Findings: Access Expansions

- ✓ Comprehensive health reform significantly increases coverage and reduces uninsurance – the broader the reform, the greater the impact
- ✓ Strong outreach campaigns are necessary to reach not only the newly eligible, but the previously eligible but not enrolled
- ✓ Due to affordability concerns, aspects of comprehensive reform that offer premium support are most effective in increasing access
- ✓ In the short term, comprehensive reforms cannot rely on financing from quality initiatives savings

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Preliminary Findings: Insurance Market Reform

- ✓ **Young adult expansions** do results in modest gains in ESI enrollment among dependents (*see Joel's presentation...*)
- ✓ Legal uncertainty regarding whether HIPAA's group insurance provisions apply to **Section 125** plans have kept employers from offering them
 - ✓ Low employer adoption has meant that section 125 plans have had little/no impacts on coverage rates
- ✓ Burdensome state application and enrollment processes associated with **small group market initiatives** creates barriers to recruitment (*see Anna's presentation...*)
 - ✓ If workers can enroll directly in programs targeting small business, with no individual or employer penalty, there is little incentive for employers to sponsor coverage in those programs

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SHARE Health Reform Evidence (1)

Feature	SHARE Research Question	Preliminary SHARE Findings
Public Option	Did reform (increasing public option) change private-public mix?	Suggestions of crowd-out (WI-Oliver), Crowd-out concern diminished w/cover all kids (UCLA-Escarce), decline in private insurance coverage after comprehensive reform in VT (UNE-Deprez)
Rating Reforms	Do rating reforms account for differences in risk selection?	<i>Mathematica results pending (NY, NJ, MA)</i>
Expanding Medicaid	Does expanding Medicaid and premium subsidies increase access?	John Hopkins: 28K of 57K eligible signed up in 6 months, USM: CPS estimates that overall Catamount Take-Up as percent of all eligible is 20%; estimates of both Catamount and ESI Take-Up (together) as percent of all eligible is 24%; RI: need subsidy as well as publicity along with expansion.
Individual Mandate	Can an individual mandate be effective in getting people to purchase insurance?	USM: CPS estimates that overall Catamount Take-Up as percent of all eligible is 20%; estimates of both Catamount and ESI Take-Up (together) as percent of all eligible is 24%. Long: Significant reduction of uninsured in MA.

SHARE Health Reform Evidence (2)

Feature	SHARE Research Question	Preliminary SHARE Findings
Cost savings	What is the impact on costs and access with increased cost sharing?	Urban (KT, UT): Preliminary results show even modest increase in premiums results in reduced take up for low income populations
Limit tax deduction	Does sheltering premiums increase employer-sponsored insurance?	Wake Forest: Under ERISA, merely allowing employees to pay for individual policies through a section 125 plan does not increase employer offerings, but caution must be used in implementation.
Healthy Living	Do healthy living incentives improve health?	Brown (VT): The Health pact program has enrolled less than 5% of its intended 10,000 enrollees, and the implementation of the program has had limited success; Urban (KT, UT): <i>no findings to date</i>

Research Implementation Findings: State Involvement is Critical to Strong State Research

- Must be more than a nominal partnership
- State should be involved at every stage from research design to reviewing results
- Involvement is facilitated by personal contacts
- Healthy tension between maintaining objectivity and building necessary relationships



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For example: Data Acquisition

- Importance of state involvement most obvious when looking at data acquisition
 - Can be challenging and time consuming
 - Often the most significant hurdle in dealing with state-level research
- Having true state partners, with a stake in the research, facilitates data access
 - State “owns” the data and can refuse/impede access
 - State more likely to facilitate data access if they stand to benefit from findings

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SHARE Projects with Integral State Contacts

Benefits:

- Project's research agenda and timeline are more likely to stay on track
- Fewer delays, particularly in terms of data acquisition
- State can often leverage state and federal matching funds
- State is interested and excited to promote and review findings

Challenges:

- Multiple project goals can compete and conflict
- Large bureaucracies can make finding the right contact challenging
- It takes more time and work to communicate with more people
- More people must review findings, which can delay results
- Results may be seen through a political lens

Results Timeline

- SHARE grants awarded in spring 2008
- Early results released 2009/2010
 - AcademyHealth Annual Research Meeting
 - State Coverage Initiative Meeting (Summer '09)
 - National Academy of State Policy (Fall '09)
 - Association of Public Policy and Planning ([Evidenced Based Policy Making in the Post-Bush/Clinton Era](#) - Fall '09)
- Special Issue: Journal of Health Services Research (*web articles available in 2010*)
- Series of Issue Briefs as results become available

SHARE at AcademyHealth ARM

“Using Research in the Real World”
Actively moving research into the policy realm...

Monday, June 29th, 3:00 – 4:30 pm

Continental C (lobby level)

Chair: **Randall Brown**, Mathematica Policy Research, Inc.

Panelists: **Lynn Blewett**, University of Minnesota
Chad Boulton, Johns Hopkins University
R. Adams Dudley, University of California, San Francisco
Marilyn Moon, American Institutes for Research

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SHARE at AcademyHealth ARM

**The Lab Reports: Evaluating State's Actions to
Expand Access & Coverage**

Tuesday, June 30th, 8:00 – 9:30 am

Northwest Hall 3 (lower level)

Chair: **Brian Quinn**, Robert Wood Johnson Foundation

Panelists: **Thomas DeLeire**, University of Wisconsin School of
Medicine and Public Health
Genevieve Kenney, Urban Institute
Sharon Long, Urban Institute
Anna Sommers, University of Maryland, Baltimore
County

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State Health Reform

If States are the Laboratories.....



**Where are
the lab
reports?**

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Contact information

www.shadac.org/share

University of Minnesota
School of Public Health
Division of Health Policy and Management
2221 University Avenue, Suite 345
Minneapolis, Minnesota 55414
(612) 624-4802

Principal Investigator: Lynn A. Blewett, Ph.D. (blewe001@umn.edu)
SHARE Deputy Director: Elizabeth Lukanen, M.P.H. (elukanen@umn.edu)



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