

# share

State Health Access Reform Evaluation



## 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

Chicago, IL  
Saturday, June 27, 2009

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# Overview of Presentation

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- 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)

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- 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

# Why is state research important?

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



# SHARE Objectives

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- **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



# Guiding Principles for SHARE Research

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- 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

# Reform Topics Being Studied

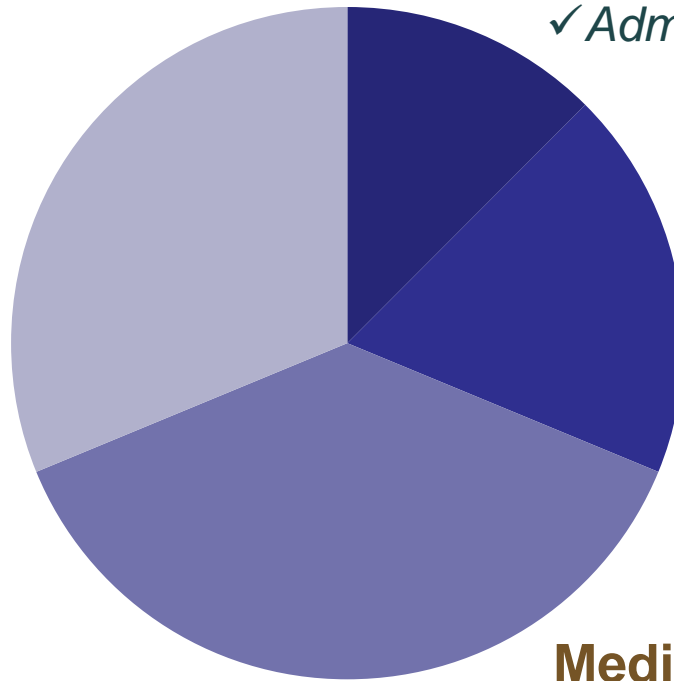
(23 states in total)

## 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*

# Preliminary Findings: Outreach & Enrollment

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## *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

# Preliminary Findings: Access Expansions

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- ✓ 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

# Preliminary Findings: Insurance Market Reform

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- ✓ **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

# 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

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- 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



# For example: Data Acquisition

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- 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

# SHARE Projects with Integral State Contacts

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## **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

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- 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

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“Using Research in the Real World”

*Actively moving research into the policy realm...*

**Monday, June 29<sup>th</sup>, 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

# SHARE at AcademyHealth ARM

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

**Tuesday, June 30<sup>th</sup>, 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

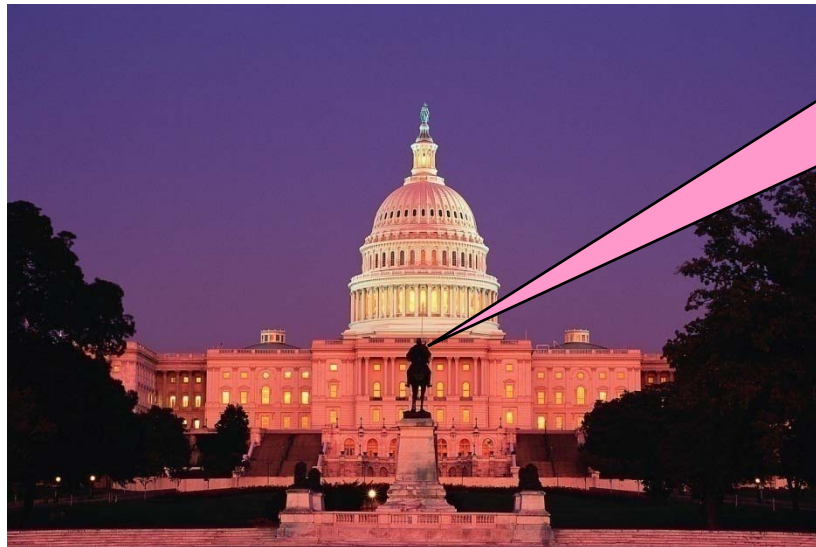
**Sharon Long**, Urban Institute

**Anna Sommers**, University of Maryland, Baltimore County

# State Health Reform

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*If States are the Laboratories.....*



**Where are  
the lab  
reports?**

# Contact information

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[www.shadac.org/share](http://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)



UNIVERSITY OF MINNESOTA