Framework for Tracking the Impacts of the ACA in California

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Project Background

• Funded by a grant from the California HealthCare Foundation
• Goal was to recommend how California can measure and monitor the impacts of the Affordable Care Act (ACA) in three areas:
  – Health insurance coverage
  – Affordability and comprehensiveness of coverage
  – Access to health care services
Process

- **What is most important to monitor?**
  - Identify priority measures

- **What do we know now?**
  - Identify and compare existing data sources

- **Where are the gaps?**
  - Identify priorities for new/modified data collection
Today’s Presentation

• Considerations for selecting indicators and data sources
• Recommended indicators for monitoring health insurance coverage, affordability and comprehensiveness of coverage, and access to care
• Gaps in existing data
• Stakeholder input
Considerations for Selecting Measures and Data Sources
Considerations for Selecting Measures

• Measures that reflect major goals and provisions of the law

• Outcomes rather than implementation process

• Relevant/meaningful to policymakers
Considerations for Recommending Data Sources

- Comparability over time
- Ability to do in-depth analysis (e.g., by geography, age, income, race/ethnicity)
- Population coverage – complete population of interest
- Availability of benchmarks/national comparisons
- Timeliness of estimates
- Accessibility of data
- Flexibility to adapt to changing needs
Review of Data Sources

- We reviewed and assessed existing state and national data sources to determine how each might be used to measure the ACA’s impacts in California:
  1. We compiled technical information on each data source (e.g., how the data are collected and from whom; data elements collected)
  2. We conducted key informant interviews with experts who collect the data or who are regular users of the data to better understand the strengths and weaknesses of CA-specific data sources
Recommended Priority Measures
Priority Measures: Coverage

Distribution of Insurance Coverage

**Uninsured**
- Point in time
- Uninsured for a year or longer
- Uninsured at some point in past year
- Reasons for uninsurance
- Exempt from mandate
- Paying penalty

**Public Coverage**
- Enrollment trend
- Participation rate
- Churning

**Employer Coverage**
- Employers offering
- Employees in firms that offer
  - % Eligible
  - % Enrolled
- Families with ESI offer
  - All family members enrolled
- Employers paying penalty

**Health Insurance Exchange**
- Nongroup coverage: exchange and as % of market
- Employer coverage: exchange and as % of market
Priority Measures: Affordability & Comprehensiveness of Coverage

**Insurance Premiums**
- Employer coverage
  - Total premium
    - Single
    - Family
  - Employee share
    - Single
    - Family
- Nongroup coverage
  - Per enrollee

**Comprehensiveness**
- Enrollment by benefit level
  - ESI
  - Nongroup
- Deductibles
  - ESI: single, family
  - Nongroup: single, family

**Financial Burden**
- % of families with high cost burden
- “Affordable” premium as % of income

**Subsidies**
- # receiving premium and cost sharing subsidies in exchange
- Average value of subsidies
## Priority Measures: Access to Care

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<thead>
<tr>
<th><strong>Individuals</strong></th>
<th><strong>System</strong></th>
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<tbody>
<tr>
<td><strong>Use of services</strong></td>
<td><strong>Safety net</strong></td>
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<tr>
<td>Has usual source of care</td>
<td>Volume and type of services provided by safety net clinics</td>
</tr>
<tr>
<td>Type of place for usual source of care</td>
<td>Uncompensated care</td>
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<tr>
<td>Preventive care visit in past year</td>
<td>County indigent care volume and cost</td>
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<tr>
<td>Any doctor visit in past year</td>
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<tr>
<th><strong>Barriers to care</strong></th>
<th><strong>% of physicians accepting new patients, by payer</strong></th>
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<tr>
<td>Did not get necessary care (&amp; reasons)</td>
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<tr>
<td>Not able to get timely appointment</td>
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<tr>
<td>Difficulty finding provider to take new patients</td>
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<tr>
<td>Difficulty finding provider that accepts insurance type</td>
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<th><strong>System</strong></th>
<th><strong>Volume and type of services provided by safety net clinics</strong></th>
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<tbody>
<tr>
<td>% of physicians participating in public programs</td>
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<td>Ambulatory care sensitive hospital admissions</td>
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<td>Emergency room visit rate</td>
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<td>Preventable/avoidable ER visits</td>
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Data Gaps – 2 Types

• Existing data collection infrastructure:
  – Specific measures not collected
  – Data not collected from entire population of interest

• Measures that can’t be collected until full ACA implementation in 2014:
  – Health insurance exchange
  – Other ACA provisions that have yet to be implemented – e.g., coverage mandate
Stakeholder Feedback

- CHCF solicited stakeholder feedback on the framework through a series of 6 stakeholder meetings in Feb. 2012
- Response to the framework was largely positive
- Key coverage and access issues identified by stakeholders:
  - “Drill-down” is very important (e.g., by geography, race/ethnicity, large vs small employers)
  - Understanding who remains uninsured and why is a top priority
  - Need for better measures of access:
    - Providers accepting Medi-Cal
    - Consider broadening the definition of provider beyond physicians
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