State-Level Data & Collaborations: Broadening the Concept of Equity

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Overview

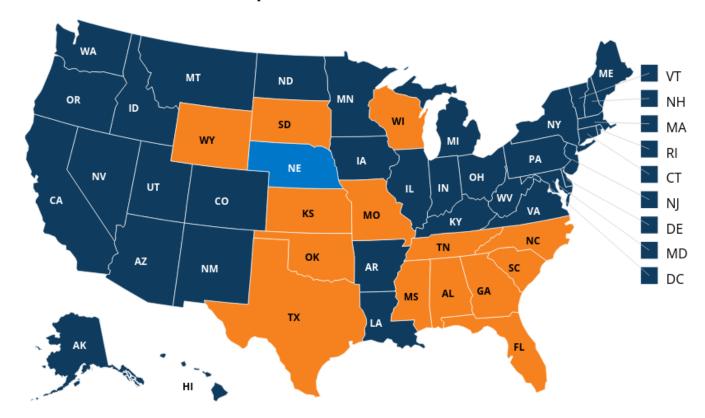
 Why Expand Focus to the Federal/State Partnership in Medicaid and CHIP?

 Example of Building Federal/State Data Capacity for Advancing Equity in Person-Centered Care (i.e., NAM CAHPS Survey)

 Potential Partners and Opportunities for Collaboration

State Policies and Practices Matter in Achieving Equity in Access and Quality

Status of State Action on the Medicaid Expansion Decision



Example of Building Federal/State Data Capacity for Advancing Equity in Person-Centered Care: NAM CAHPS –

Nationwide Adult Medicaid (NAM) Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, 2014-2015 (1 of 2)

- Federal Partners CMCS, ASPE, Other CMS (OCSQ, OMH)
- Funding ACA appropriations for Medicaid Quality Measurement and Reporting
- Contractor NORC at the University of Chicago
- State participation 46 states & DC
- Sample ~ 29,000 adult beneficiaries per state, resulting in 272,679 completed surveys
- Sample Stratified into 4 subgroups
 - Dually-eligible beneficiaries
 - Individuals qualifying for coverage based on a disability (non-duals)
 - Medicaid managed care (non-duals, non-disabled)
 - Fee-for-service Medicaid (non-duals, non-disabled)
- URL: <u>Nationwide Adult Medicaid Consumer Assessment of Healthcare</u>
 <u>Providers and Systems | Medicaid</u>

Example of Building Federal/State Data Capacity for Advancing Equity in Person-Centered Care: NAM CAHPS –

Nationwide Adult Medicaid (NAM) Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, 2014-2015 (2 of 2)

Data files available

- Limited Data Set (LDS)
- Public Use File (PUF)
- State-specific NAM CAHPS files

Issue Briefs

- Medical Assistance with Smoking and Tobacco Cessation (CMS,CMCS)
- Health Care Experiences of Non-Elderly Adults with Disabilities (CMS,CMCS)
- How Does Disability Affect Access to Health Care for Adult Non-Dually Eligible Medicaid Beneficiaries? (CMS,OMH)

Posting of Information on SHADAC Website

Journal publications

- Barnett M and Sommers B. 2017. A National Survey of Medicaid Beneficiaries' Experiences and Satisfaction With Health Care. JAMA Internal Medicine
- Barnett M, Clark K, and Sommers B. 2018. State Policies and Enrollees' Experiences in Medicaid. *Health Affairs*
- Martino et al. 2019. National Racial/Ethnic and Geographic Disparities -Experiences with Health Care Among Adult Medicaid Beneficiaries. HSR

What is Known about the Relationships between Selected State Characteristics and Adult Medicaid Enrollee Reported Experiences Based on NAM CAHPS?

Five Self-Reported Outcomes Examined

- Ratings of satisfaction (scale of 0-10)
- Potentially avoidable ED use
- Whether respondent had a personal doctor
- Ease of getting needed care
- Ease of getting specialty care

Six Indicators of State Characteristics Examined

- State political ideology index (metric of Berry et al, 1998)
- State spending per Medicaid enrollee
- Physicians participating in Medicaid per 100,000 population
- Medicaid expansion state (y/n)
- Physician payment ratio relative to Medicare
- Cost sharing (average annual out of pocket spending)

Key Finding

- Access was better in states where more physicians per capita accepted Medicaid
- A one-standard-deviation increase in participating physicians per 100,000 population was associated with a 4.6-percentage-point increase in having a personal doctor.

Challenges and Opportunities

- Aligning Priorities: Both federal and state partners will need to identify the data collection effort as a priority.
- Cost: Funding needs to be allocated for this type of data collection and analysis.
- Longitudinal Data: Baseline data has value but ongoing data collection (even if only every 3 to 5 years) is needed.
- **Methodological Issues:** Comparative analysis across states requires adjustments for state variations in variables that may be unmeasured or not well-measured.
- Linking Data: Future federal/state Medicaid surveys will need to include permission in the consumer consent form to link personally identifiable information.

Partners and Opportunities for Collaboration

State & Federal Partners

- Medicaid Agencies
- Medicaid Medical Directors Network
- Public Health and Mental Health Agencies
- ASPE
- CMS (OCSQ, OMH, CMMI)
- Other HHS agencies (etc. AHRQ, SAMHSA, CDC, HRSA)

Stakeholders & Partners

- Professional associations
- Advocacy groups
- Clinicians & provider groups
- Consumer groups

- Academic institutions
- Policy research organizations
- Foundations

Building Capacity

- Support development of state Medicaid infrastructure for data collection, analysis, reporting
- Develop training opportunities & funding for researchers in collecting and analyzing Medicaid data
- Some state Medicaid agencies currently have strong infrastructures for data collection (e.g., MA, MI, NY, MI, AL) or partnerships with academic institutions (e.g., PA, AR)

Life is filled with golden opportunities carefully disguised as irreversible problems

Dr. David Satcher, Former (16th) U.S. Surgeon General & Assistant Secretary for Health