

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

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**Marsha Lillie-Blanton, DrPH**  
Associate Research Professor  
GWU Milken Institute School of Public Health

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# Overview

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- 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

## Status of State Action on the Medicaid Expansion Decision



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# 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)

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- **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:** [Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems | Medicaid](#)

# 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)

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- **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?

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- **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

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- **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**

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