# Operationalizing Measures and Identifying Data Sources

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# Framework Development



- ✓ Defined scope
- ✓ Determined focus
- ✓ Selected measures
- ✓ Benchmark (or not)

➡️ Operationalize measures & select data

# Operationalize the Measure

- Create a working definition or preferred method for calculating the measure
  - e.g., how do you calculate churn?
- Specify the level of detail you want to capture
  - e.g., number of people getting exchange subsidies or number of people getting subsidies at each level?
  - e.g., public coverage or Medicaid, CHIP, etc.

# Data Scan

1. Identify data sources on measures of interest
2. Assess data against a defined set of criteria
3. Identify gaps
4. Prioritize ways of filling gaps
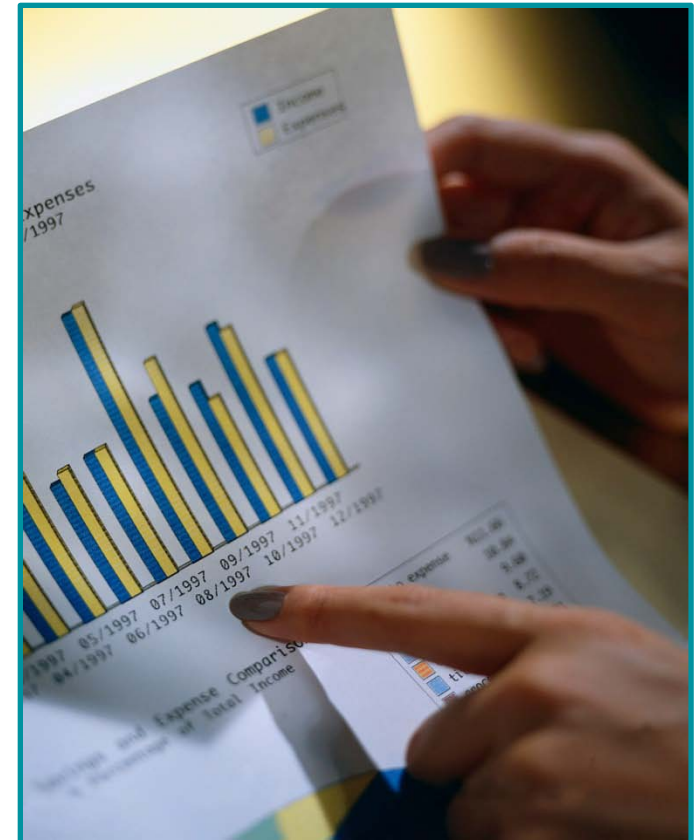
# Identify Data Sources

- **Survey data**
  - Population surveys (e.g., ACS, CPS, NHIS, MEPS, BRFSS)
  - Provider surveys (e.g. NAMCS)
  - State surveys
- **Administrative data**
  - State Medicaid/CHIP programs
  - Health insurance regulators
  - Health insurance exchanges
  - Tax records
- **Data from health carriers, hospitals, providers**
- **Other?**

# Develop Data Selection Criteria

- Level of Geography
- Subpopulation analysis
- Available benchmarks
- Timeliness
- Ability to trend
- Breadth and depth of topics
- Methodology
- Ease of use and procurement
- Other

# Key Federal Surveys



- General household survey
  - ACS:  American Community Survey
- Employment/Income survey
  - CPS:  Current Population Survey
- Health surveys
  - NHIS:  National Health Interview Survey
  - MEPS-HC:  Medical Expenditure Panel Survey-Household Component
  - BRFSS:  Behavioral Risk Factor Surveillance System

# Data Criteria - Assessment of Breadth

|  | ACS | CPS | NHIS | MEPS HC | BRFSS |
|---|---|---|---|---|---|
| Insurance coverage |  |  |  |  |  |
|    Point in time | ✓ |  | ✓ | ✓ | ✓ |
|    Prior calendar year |  | ✓ | ✓ | ✓ |  |
| Affordability of coverage/ comprehensiveness of coverage |  |  | ✓ | ✓ |  |
| Access to care/barriers to care |  |  | ✓ | ✓ | ✓ |
| Health care use |  |  | ✓ | ✓ | ✓ |
| Affordability of care |  | ✓ | ✓ | ✓ |  |
| Quality of care |  |  |  |  |  |

| | ACS | CPS ASEC | NHIS | MEPS | BRFSS |
|---|---|---|---|---|---|
| et population | Entire population | Civilian noninstitutionalized | Civilian noninstitutionalized | Civilian noninstitutionalized | Adult Civilian noninstitutionalized |
| ary focus | General household survey | Labor force and unemployment | Population health | Health care access, utilization, and cost | Population health, risk factors, and health behaviors |
| s available | Data on health insurance coverage available since 2008 | Data on health insurance coverage available since the 1980s | Annually since 1957 | Annually since 1996 | Annually since 1984 |
| uency | Continuous | Annually | Annually | Annually | Annually |
| g of data release | 8-9 months after end of calendar year (fall) | 5-6 months after data collected (early fall) | 6 months after data collection year | Staggered monthly releases; timing after data collection varies | About 6-7 months after data collected |
| onse rate | 97.50% | 83.80% | Family: 78.7%; sample adult :60.8% | 57.20% | Varies by state (19.3% to 57.4%, median 35.8%) |
| cly available data | Public use file with state and sub-state identifiers | Public use file with state identifiers | Public use file w/o state identifiers; state identifiers w/ restricted access | Public use file w/o state identifiers; state identifiers w/ restricted access | Public use file with state identifiers |
| s of geography in c use data | National, state, and substate | National, state, and some substate | National and Census region | National and Census region | National and state |
| orts state ates? | Yes | Yes | Restricted access | Restricted access | Yes |
| orts sub-state ates? | Yes | Limited | Restricted access | Restricted access | Yes |
| s | Moderate | Low | Low for public use data; higher for restricted | Relatively high | Low |

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# Identifying Data Gaps

- Data that is lacking or incomplete
  - Market wide data
  - Data on safety net and uninsured
  - Provider and system capacity
- New measures related to the ACA:
  - Health insurance exchange
  - Information on mandate
  - Employer pay or play

# Filling Data Gaps

- Consider ways of collecting additional data through existing collection efforts
  - Existing state surveys
  - Provider licensure process
  - State tax return

- Identify data that might come out of new systems/processes
  - Health Insurance Exchanges
  - Upgraded IT systems

- Enlist outside support (e.g., state foundations)

# Related SHADAC Work

- Data scans

- Generating state-level estimates from the NHIS

- Federal survey work – exchange questions

- State survey work – reform  related questions

- Priority measure to

evaluate the exchange

– vendor requirements

# For More Information

- *Monitoring the Impacts of Health Reform at the State Level: Using Federal Survey Data*, March 2012 (left hand side of folder)

- *Data Sources for Monitoring and Evaluation of Health Reform* (left hand side of folder)

- Sonier, J. and Haber, S., *Review of Existing Data Sources for Evaluating the ACA's Impacts on Individuals and Health Care Providers*, April 2012 (will be distributed via email)

# Discussion Questions

- What other sources of data are states using?

- Are states engaging in new data collection activities to monitor/evaluate reform?

- What are the key data gaps?

# Contact Information

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