



Monitoring the Impacts of the Affordable Care Act in California: Stakeholder Input and Priorities

THE AFFORDABLE CARE ACT (ACA) will have far-reaching effects on health coverage for Californians. In order to monitor the implementation of the law, the State Health Access Data Assistance Center (SHADAC) developed a framework and identified measures on health insurance coverage, affordability and comprehensiveness of coverage, and access to care. These measures are intended to provide policymakers and stakeholders with the means to readily track progress on three of the major aims of the legislation.

The SHADAC framework, released in 2011, identified 51 key indicators of progress and potential data sources for those metrics, and highlighted measures for which data are not currently available (www.chcf.org). It found that data are readily available for less than half of the 51 measures. The data gaps were categorized in two groups: (1) those that can be addressed by building on existing data platforms; and (2) those that require new data collection methods and sources — most of which cannot be implemented until the ACA's coverage provisions take effect in 2014.

Stakeholder Input

To gather broad feedback about the framework and data gaps, the California HealthCare Foundation, funder of the SHADAC project, hosted a stakeholder engagement process led by Masters Policy Consultants in February 2012. Six two-hour focus groups were held to solicit the

perspectives of a wide cross-section of the health policy community:

- Advocacy (8 participants)
- Government—executive and legislative branches (8)
- Researchers and philanthropy (12)
- Health care providers and plans in both the private sector and safety net (15)

The process solicited feedback on the overall framework, as well as participants' priorities for addressing data gaps. Both qualitative and quantitative data collection methods, including rank ordering the importance of filling data gaps, were used to assess overall feedback and prioritization.

With this information, a baseline can be established in 2013, prior to full implementation of the ACA, from which implementation progress can be tracked. Further, the framework and stakeholder input can be a valuable source of information for policymakers, the Health Benefit Exchange and other government agencies, academic institutions, think tanks, and foundations.

For each issue area—coverage, affordability, and access—two types of findings emerged: issues and concerns that arose during the focus groups, and participants' priorities for filling the data gaps identified in the SHADAC report.

Coverage

The framework proposes metrics to track overall coverage trends, the uninsured, public health insurance programs, employer sponsored health insurance, and the Exchange.

Issues and concerns. In general, participants felt that the metrics covered the main issues associated with health insurance coverage. Three main concerns, however, emerged:

- **Churning and transitions between different programs.** Although the framework includes a metric for “churning” within the public coverage category—the percent of people leaving public coverage and then re-enrolling within three months—participants believed that tracking should not be limited to public coverage, since significant movement is likely between Medi-Cal, the Exchange, and employer coverage as people’s incomes change over time.
- **Underinsurance.** Participants suggested tracking the extent to which insurance is covering people’s medical needs, as well as the amount of total out-of-pocket costs, since these are important factors in determining adequacy of coverage.
- **Differentiation between large and small employers.** Participants suggested that employer coverage be broken out by size of employer in order to track trends, particularly with regard to whether employers continue to offer insurance or opt to pay the penalty.

Prioritization of data gaps. Participants indicated that tracking what is happening with people who remain uninsured is a top priority. Several participants noted the importance of understanding “reasons for uninsurance,” a metric for which a data source already exists.

Affordability and Comprehensiveness of Coverage

The framework proposes metrics related to insurance premiums, public subsidies for premiums and enrollee cost-sharing, comprehensiveness of coverage, and financial burden of health care costs.

Issues and concerns. Participants generally felt that the proposed metrics covered the main issues associated with affordability and comprehensiveness of coverage. However, four main concerns emerged:

- **“Comprehensiveness” terminology.** Several participants—advocates, health industry representatives, and researchers—expressed concerns that, for most people, the term “comprehensiveness of coverage” suggests the level of benefits, not just the deductible level or the categories of plans allowable in the Exchange.
- **Inclusion of cost-sharing in the affordability data.** Recognizing the difficulty of collecting cost-sharing data, many participants believed that it was, nevertheless, important to determine total out-of-pocket expenditures for families since these are directly related to affordability. They also suggested tracking cost-sharing data by income group.
- **Inclusion of benefits information.** A range of concerns were raised regarding the types of services covered and cost-sharing requirements. Some issues were related to basic informational needs regarding benefits, and others were about tracking impacts of the ACA. Participants said that without including information about benefits in the framework, the ability to assess comprehensiveness of coverage may be limited.
- **Inclusion of medical debt in the financial burden category.** The issue of medical debt and bankruptcies as a result of medical bills arose in three of the focus groups, with comments specifying that medical debt

should be a metric considered as part of “financial burden.”

Prioritization of data gaps. Of the metrics that represent data gaps the top priority of participants was tracking data related to the number of people receiving premium and cost-sharing subsidies. Medical debt/bankruptcy was also identified as an important data gap to address.

Access

Within the access area, the framework proposes metrics related to service use, barriers to care, the safety net, and system-level access measures.

Issues and concerns. In general, participants felt that the proposed metrics covered the main issues associated with access to care. However, three main concerns emerged:

- **Provider capacity.** There was significant discussion regarding the metrics and availability of data to assess provider capacity—especially the importance of tracking whether physicians are accepting new patients and are participating in public programs. A related issue concerned broadening the definition of provider to include more than physicians, when looking for data to track both individuals’ access to care and system-level access.
- **Inclusion of behavioral health.** Many participants noted the lack of inclusion of metrics for behavioral health. Several asked whether the metric for “usual source of care” captures behavioral health, as many people with severe mental illness turn to the behavioral health provider as their primary provider.
- **Uncompensated and indigent care.** Because many of the metrics for the safety net are incomplete or inadequate, participants discussed the need for more standardized measures to be developed.

Prioritization of data gaps. Of the data gaps, each of the top five priorities concerned access to primary care—at both the individual and system levels. Safety-net metrics were also prioritized highly.

Data Priorities and Overarching Themes

The primary goals of the stakeholder process were to solicit feedback on the framework and inform policymakers about which new data elements are most needed. The top two data gap priorities concern: (1) individuals who are not receiving health coverage either through their employers or through the Exchange; and (2) issues associated with cost-sharing and affordability. In the access category, participants prioritized metrics associated with primary care, particularly provider capacity, as well as broadening the definition of primary care to include behavioral health.

Several overarching themes also emerged with regard to data gaps across all three issue areas.

- **Undocumented immigrants.** Although the framework is designed to capture the impacts of the ACA, many participants were concerned that it should also address those who remain marginalized or left out after the ACA is fully implemented, particularly undocumented persons.
- **Geographic diversity/rural.** The ability to analyze the impacts of the ACA by geographic region was important to many participants, especially those from rural areas. In addition, some participants wanted to be able to assess data at the sub-county level and by assembly/senate district.
- **Population and demographic data.** Stakeholders from all groups discussed the importance of being able to monitor enrollment and impacts in key populations, particularly non-English speakers, as well as by race and ethnicity, age, and income. One participant noted that the state has a legal framework for language access that could be used in the data collection.

Next Steps

Although the ACA holds the potential to extend health coverage to millions of Californians and to increase affordability and access, those benefits will not accrue instantly or evenly across the state's diverse populations and wide geography. To guide implementation efforts and assure that resources are having the intended impact, it will be important to monitor progress as provisions of the law unfold.

As a next step, CHCF will explore how best to help establish a dashboard based on the SHADAC framework and stakeholder input that can be used to track metrics related to coverage, access, and affordability. One of the top priorities will be to determine how to fill the data gaps. This will entail assessing what elements of the current data infrastructure (across various state and federal agencies, as well as academic institutions and industry trade groups) could be modified, which will need to be created, and at what cost. The timing is right as the Exchange begins its determination of which data will be collected and how.

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The California HealthCare Foundation works as a catalyst to fulfill the promise of better health care for all Californians. We support ideas and innovations that improve quality, increase efficiency, and lower the costs of care. For more information, visit us online at www.chcf.org.