The AcademyHealth Listening Project: Improving the Evidence Base for Medicaid Policymaking

January 23, 2015

The Listening Project and This Report

- Listening Project
  - A project of AcademyHealth's Translation & Dissemination Institute
  - Goal: Identify the most pressing research needs of health policy and delivery system leaders over the next three to five years
  - Other Listening Project reports: Medicare (2014); Safety net delivery system leaders (late 2015)
- The Listening Project Medicaid report
  - Supported by MACPAC and the Robert Wood Johnson Foundation
  - Conscious decision not to interview MACPAC commissioners/staff

Whom Did We Interview?

Category	Number of Interviewees
Federal policymakers	11
State policymakers/analysts	16
National associations	11
Non-governmental experts	15
Total	53

Interviewees represented a broad range of expertise including:

- Dual eligibles/LTSS
- Women and children
- Medicaid managed care
- Individuals with disabilities
- Individuals with mental illness and substance use disorders
- Justice-involved individuals
- Quality, costs, access, and disparities

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How Did We Analyze the Interviews?

- Identified themes in interview transcripts using standard qualitative research methods and NVivo10 software
- Prepared draft report (interviewee anonymity preserved)
- Reviewed by six-person external committee of interviewees and other content experts
- Refined coding scheme and revised report

Structure of the Report

- Gaps in Research
- Gaps in Data
- Use of Evidence to Inform Medicaid Policymaking
- Advice for Producing and Communicating Policy Relevant Research

Research Need:

Understanding implications of Medicaid expansion

"I think having an evidence base, really foundational evidence about what the impacts are of expanding or not expanding … [is] going to be critical for understanding the fiscal impacts and the impacts on people's lives in our communities."

-Interviewee

Research Need:

Strategies for driving quality and value through payment and delivery system reform

"How do we expand access to care while coupling it with reforms in the way we pay for care and the way care is organized and delivered?... I don't think you can really look at one without the other."
-Interviewee

Research Need:

Targeted strategies for serving high-cost, high-need enrollees

"I think that's a huge issue coming forward with the recognition that there is so much comorbidity and that…the highest cost patients tend to have both physical health and behavioral health issues."
-Interviewee

Additional Research Needs

- Enrollment, retention, and engagement
- Benefit design
- Behavioral health
- Service coordination and integration
- Access to care

Data Need:

Higher quality, more timely data

"In most states, claims lag in terms of when publicly available data files are available…Historically, Medicaid claims have been extremely 'dirty' and very hard for researchers to clean and make useable. [This] continues to be the biggest problem from a researcher perspective."
-Interviewee

Data Need:

Comparative information across states

"If you want to do something in Medicaid, almost everything you would need to gather would be state by state. There are very few data sources that are comparable across states that you could use for anything of interest."
-Interviewee

Data Need:

Detailed encounter data to understand trends in utilization, access, and costs

"When we ask [Medicaid managed care plans] how they're spending the dollars…the response we get is that it's proprietary and that it can't be shared with us. The converse of that is we're paying for the care so we feel like we … should be able to access that information to analyze it and get data [on] utilization, cost, trends, et cetera."
-Interviewee

Data Need:

Better measures of access to care, quality of care, and health outcomes

"People are getting care…through self-care, pharmacists and allied health professionals, or via telemedicine, e-mail consults, and phone visits. We don't really measure that when we ask people [about] when they last sought care at a physician's office and whether they had any trouble making an appointment..."
-Interviewee

Areas for Research

- Medicaid expansion
- Payment and delivery system reform
- Specific enrollee populations
- Enrollment, retention, and engagement
- Benefit design
- Behavioral health
- Service coordination and integration
- Access to care

Data Needs

- Higher quality, more timely data
- Comparative information across states
- Detailed managed care encounter data
- Better measures of access, quality, and outcomes

For More Information

- Michael Gluck, Ph.D., M.P.P.
  Senior Director, Translation Strategies
  michael.gluck@academyhealth.org

- Lauren Radomski, M.P.P.
  Senior Manager
  lauren.radomski@academyhealth.org

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