# AEA Roundtable Session Summary

|  |
| --- |
| **Roundtable: Brainstorming the Use of Large Data to Assess the Impact of the Affordable Care Act** |
| Roundtable Presentation 208 to be held in Boundary on Thursday, Oct 17, 11:00 AM to 11:45 AM  |
| Sponsored by the Health Evaluation TIG  |
| **Presenter(s):**  |
| Timothy Champney, Integrity Management Services, tfchampney@earthlink.net  |
| **Abstract:** This panel presentation and discussion will consider the possibilities for using large existing data sets such as repositories of health care insurance claims and encounter data and national surveys such as the Medical Expenditure Panel Survey to assess the overall impact of the Affordable Care Act (ACA) on access, outcomes, and costs of health care. Repositories of claims and encounter data may include commercially available data sources such as IMS Pharmetrics(R) or Truven Market Scan(R) and government sources such as the Medicaid Statistical Information System (MSIS). The presentation and discussion will include the logical framework (application of logic models), study design issues and options, data sources and availability, analytic techniques, key evaluation questions, and study limitations, validity threats, and caveats.  |

In discussing the evaluation of ACA impact we concluded that as with Medicaid, the implementation in each state is expected to be different. Furthermore, some state had already implemented aspects of the ACA locally before it became federal law.

We discussed the potential roles of contractors, academics, and foundations. Foundations could be a funding source. Academics focus on publishable research and may be less likely to provide timely and formative feedback to state and federal programs along the way. A lot of need for formative evaluation and implementation monitoring is anticipated. For many potential enrollees, navigating the system and getting signed up is a challenge. Many lack health literacy

 and insurance literacy.

Medicare/Medicaid dual eligible status may be getting phased out as managed care programs that blend Medicare and Medicaid funding streams for dual eligibles get phased in. This issue needs further research.

Study design is essentially a pre- post- design with nonequivalent comparison groups, fraught with all or the threats to validity typically found in this type of design. Applying adjustments for selection effects in nonequivalent groups and applying complex multi-faceted designs with multiple methods and multiple measures may help improve the robustness and generalizability of findings. We should look for agreement and convergence across methods. Bayesian methods may be useful for combining evidence from multiple sources. Comparisons can be made between states, with appropriate adjustments for nonequivalence. Another approach is to project baseline trends from the past ten years of data and compare what is actually observed to what would be expected had the ACA not been implemented. Designs from previous statewide evaluations of Medicaid reforms such as BadgerCare in Wisconsin could be looked at as examples on how to approach state-level evaluations. Another possibility is comparison to actuarial benchmarks such as Milliman benchmarks.

Another design alternative is emergent analysis using data mining techniques, where exploration of data leads to formulation of questions, hypotheses, and discovery. Data mining may be particularly helpful at the formative stage and offers the possibility of rapid feedback.