

BROOKINGS



AFFORDABLE CARE ACT IMPLEMENTATION RESEARCH NETWORK

Conference on Evolving a Research Strategy for the Affordable Care Act

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BACKGROUND PAPER

Tapping a Network of Field Researchers to Enhance a Culture of Learning

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I. Preface

“Vision without execution is hallucination.” Thomas Alva Edison

When legislative bodies pass new laws to tackle problems and pursue opportunities, the work of government has only just begun. The considerable challenges of accomplishing the intent and requirements of the legislation remain.

Following passage of a law, an initial challenge is putting in place the first set of implementation actions. This requires a full gamut of decisions and actions, including assigning roles and responsibilities, setting timetables, awarding contracts and grants, promulgating rules, establishing effective measurement and management practices as well as systems to control risk, and ensuring ethical integrity.

A second equally important but often overlooked challenge is establishing a healthy, dynamic system that continuously learns and improves. The most successful government endeavors to establish a culture that continually asks and answers a few key questions, such as “Do government actions work as expected?” and “How can government do better across multiple dimensions?” These dimensions include outcomes; return on spending; and the quality of people’s experiences with government. They also include enhanced understanding of what government is doing and why; more informed individual choice; and fairness. The second question needs to be asked, answered, and acted upon more often than the first.

The Volcker Alliance supported preparation of this paper, which explores the potential of creating a network of local researchers ready to work together to learn about implementation of the Affordable Care Act – objectively and with an appropriate level of rigor – from experience and measured field trials and then to share their insights broadly with other researchers and practitioners.

It is our hope that this will contribute to creating the foundation for a culture of continuous learning and improvement resulting in better health care outcomes, greater access, and lower costs. A companion paper surveys current and planned research on implementation of the Affordable Care Act.

We see these papers as a small but important contribution to addressing the challenge of effective execution of public policies and to rebuilding public trust in government. Launched in 2013, The Volcker Alliance seeks to rekindle intellectual, practical, and academic interest in the implementation of policy – the “nuts and bolts” and increasingly the “electrons” of governance – and serve as a catalyst for sustained government improvement.

In this light, the Affordable Care Act represents an important opportunity for improving the delivery of healthcare services, which are significantly funded and regulated by government. Improving healthcare is such an important part of government’s work that it is hard to imagine sustained and overall improvement in government performance unless the performance of the healthcare system is improved. At the same time, the Act demonstrates visibly the importance of execution and implementation in generating, or failing to generate, such improvements.

Shelley Metzenbaum, President
The Volcker Alliance
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II. Introduction

“Justice Louis Brandeis’s observation that ‘states are the laboratories of democracy’ is frequently quoted. Unfortunately, these ostensible laboratories too often lack scientists. Few study state and local experiments taking place across the country.” Shelley H. Metzenbaum

The **Affordable Care Act Implementation Research Network** (herein “the Network”) seeks to demonstrate that Justice Brandeis was right about the laboratory role of state governments in American federalism. The network’s goal include (1) expanding the knowledge base of state experience in the implementation of the ACA; (2) helping states learn from that experience and from each other; and (3) demonstrating that a spirit of continuous improvement can reinvigorate public management.

The essential fact about American federalism is that states are different, and decidedly so. For this reason, the path to implementation that states take to address problems and pursue opportunities may also be quite different. By studying this variation we can learn a great deal about what is working well—and not so well—and then use this information to adjust policies and administrative processes at the federal and state levels.

Variations in the impact of the ACA must be evaluated across three key dimensions:

1. **Immediate effects**, such as changes in health insurance coverage, access to health care services, and the utilization and cost of care;
2. **Intermediate outcomes**, such as the speed and transparency of health insurance marketplace operations and activities; the scope and effects of Medicaid expansion; and the character and efficacy of outreach programs and processes; and
3. **Long-run outcomes**, such as which populations are or are not using new services; how the health and well-being of those populations are affected; and how the ACA changed the cost and quality of health care delivery for those not directly affected by its provisions.

III. The Role of Field Research

The ACA is a major piece of legislation that has transformed the relationship between the federal and state governments, payers, providers, patients, and a wide range of institutions that interact with the health care industry. Some changes are already evident, but the full picture will unfold slowly over a long period of time. Former White House advisor and physician, Ezekiel Emanuel wrote in 2014: “Health reform is a long-term proposition. Although the media and politicians are focused on the day-to-day battles, success of the ACA will be measured by what happens over the course of a decade.”¹

Field network research and complementary analyses can illuminate the various ways in which governments are coming to terms with their new roles and responsibilities under the ACA, as well as the effects of those differences. For example, the Network expects to analyze individual state performance and practice, particularly through the lens of performance changes that can help states learn from these experiences, reflect on their own experiences, and adjust their policies accordingly to improve performance. Comparable reports and cross-state analysis can also help states learn about what is working well/not well, and use this information to alter their activities at the state level. Further, the

federal government can analyze outcome patterns to help identify effective practices and their prevalence; identify problems needing attention; and design necessary changes in federal legislation, regulations, and other actions over time. These actions may include helping states and other players learn from each other's experiences and collaborate or co-invest in improvement activities.

The Challenge

The basic institutional challenge is to create a culture of continuous feedback and improvement in the implementation of the ACA that can transform federal-state interaction, and improve management and effectiveness of government services at all levels. Therefore, the question is not does the ACA work? Rather it is *how can the ACA be used* to improve access to health care and health care delivery, and what aspects of its design or delivery can be improved?

The ACA envisions multiple new programmatic and administrative responsibilities for America's governments. State governments in particular have many decisions to make, and can play a variety of roles through the law's many initiatives. Even without all of this flexibility built into the law, states vary enormously in their history, culture, health policies and programs, traditions of cooperation with or opposition to federal initiatives, and urban-rural mix—all of which influence their ACA decisions and policy operational roles under the new law. Key state decisions include:

- **Health insurance marketplaces.** States decide what kind of exchange they want, specifically a state-administered, federally-administered or partnership exchange. They are also subject to reliance on state insurance regulation even where an exchange is federally administered, and reliance on state data systems for a number of data and verification needs.
- **Medicaid expansion.** States have significant flexibility in deciding whether and how they administer Medicaid expansion.
- **Delivery system reform.** There is additional and substantial state flexibility under the ACA to reform health care delivery systems.

Learning from State Variations in ACA Implementation

Step one for the Network has been to build a consortium of health and management scholars at the state level. To date, we have recruited researchers from 36 states. We published individual "Baseline Reports" for 16 states describing decisions made, and politics and administrative infrastructure in place (note: an additional four reports are in production and others are in progress).

With this capacity in place, phase 2 of our efforts include conducting cross-cutting/multi-state analytical reports. We expect to use the Network's rich collection of resources, in addition to a wealth of national and state statistical sources and health policy research to deepen our understanding of current implementation efforts. The Network's working conference in October will help share ideas among participants and invited guests to discuss plans for developing these studies that combine quantitative and qualitative data.

Network participants will continue to conduct longitudinal field-research observations as ACA implementation proceeds in their states. In addition, the Network will explore the feasibility and value of constructing coded, verifiable variables that classify and scale the character of ACA implementation activities. Previous field network studies have used these techniques, but the information technology available now offers an exciting opportunity to do it better.

The question is: how? Network participants may explore, for example, the feasibility and potential value of using these studies to determine the character and strength of consumer outreach activities; the interoperability of data systems critical to the operation of ACA health insurance exchanges; and regulations applying to network adequacy for the individual markets and for state Medicaid programs.

Lessons from Past Field Network Research Methods

Previous studies blending quantitative and qualitative data to study the effects of new government policies were conducted at the Brookings Institution beginning with a study in 65 governmental jurisdictions that received funds under the revenue sharing program. Sponsored by the Ford Foundation and the U.S. Treasury, the study produced two Brookings books, several reports, articles in academic journals and newspapers, and Congressional testimony tracking the distributional, fiscal and programmatic effects of revenue sharing.²

Successor field-network implementation studies using this blended methodology were conducted through the Community Development Block Grant (CDBG) program, the public service employment and job training programs, (including the Comprehensive Employment and Training program, CETA and the Public Service Employment Act, PSE), funded by federal agencies and foundations³, as well as studies of two major welfare reforms laws, including the landmark 1992 welfare-reform enacted under the Clinton administration.⁴ This field network methodology also has been applied to broad-gauged federal policy initiatives, including the federalism reforms and budgets cuts in state and local grant-in-aid programs under the Reagan administration⁵ and several urban policy initiatives. The past research was multi-disciplinary, involving economists, political scientists, sociologists, management experts, and substantive-area experts.

The Network can build on the methods of past interdisciplinary research. We also benefit from better access to outcomes and other data, and a significant reduction in the cost of data collection, analysis, and dissemination since the previous studies were completed. We are confident that current research can greatly enrich past multi-disciplinary methods that combined quantitative and qualitative methods to learn from state experience. The network hopes to explore how to best achieve this.

Methodological Challenges in Learning from ACA Variations

A major challenge is combining quantitative and qualitative data analysis to maximize what can be learned from interstate variation. A great deal of quantitative data is being collected by governments and researchers, as is evident in the companion paper, *"Preliminary Scan of Organizations Tracking and Analyzing ACA Implementation."* We acknowledge that even for quantitative data there are serious issues of definition and measurement (i.e., number of newly insured, breadth of network, costs for similar situations). The Network's objective is to get the clearest picture possible of changes in outcomes of interest and the impact and potential trade-offs of these outcomes.

As noted above, qualitative data can be coded in a way that can inform quantitative analysis. The challenge here is thinking carefully about what information is worth coding initially, and then determining feasible ways to code consistently and meaningfully. Researchers must carefully consider that the value of this information can exceed the cost of collecting it.

Field researchers that are familiar with the local scene may be best positioned to interpret the strengths and weakness of local data sources. They can supplement quantitative analysis with in-depth

descriptions of problems states are facing, and how they may or may not be getting solved. They can also enrich the analysis with anecdotal evidence of how ACA implementation is working on the ground.

How a State Network Can Contribute to Building a Learning Culture at Both Levels

“Whole to the specific:” As the companion paper shows, multiple researchers are beginning to identify and share analyses of outcome trends, outliers, patterns and relationships. A network of ACA researchers can begin to ask questions such as: how can we build on current knowledge, amplify it, and plug any gap? They can share information about:

- Changes in trends in outcomes of interest, as well as identification of outliers, shared and divergent patterns across different subsets, and relationships to trigger the question, “Why are these occurring?” The effort to answer this question will point to better practices worth promoting for broader adoption, and problems (associated with practices or populations) needing attention.
- Useful analytic methods for finding similarities, differences, outliers, and relations to focus follow-up questions and get them answered.

Individual researchers with a closer view of local variation and deeper understanding of local actions can help formulate and test a broader range of hypotheses. Because of proximity, many can offer more refined hypotheses that identify reasons for outcome similarities, variations, and relationships across states (i.e., better practices, barriers).

“Specific to the whole:” A network of experienced scholars with on-the-ground knowledge of conditions and developments in their state can work together to analyze variation across states. Local researchers are likely to hear and see things locally that may explain variations and similarities in outcomes that cannot be detected otherwise.

They can build closer local relationships with government to test hypotheses and replication demonstrations. Local researchers who build close ties to local government officials can work with them to test new practices. Some may be suggested by government officials and others suggested by researchers based on findings from other fields, theory, and logic, to find more effective, cost-effective, and people sensitive ways to deliver. They can also test if practices identified as promising in other locations can be replicated.

They can build close working relationships among themselves to understand and tap their respective strengths and establish a strong continuous learning and improving community.

- Recurring relationships build trust and understanding, and reduce “start-up” costs in collaborations
- A ready and safe resource for feedback on proposed methodological approaches can be used to strengthen research quality
- Synergies and recurring, but focused brainstorming among a network can advance state of knowledge, research, and practice

They can find and grow a network of local practitioners interested in working closely with researchers to find evidence-based ways to improve.

- Potential to improve practice by increasing practitioners familiarity with evidence-based findings
- Potential to improve practice and research through measured field trials by integrating evidence-based practices into operations, (e.g., testing different communications methods for reaching different populations to increase use of available medical services or to adopt recommended medical practices)

- Potential to enhance relevance of research through closer proximity of researchers to needs of field

IV. About the October 23-24 Conference

The October 23-24 event is a “working” conference. Its purpose is to discuss and refine ideas for applying a field network research methodology to the ACA. The agenda focuses on plans and priorities for phase 2, which focuses on conducting cross-cutting/multi-state analytical studies. The suggested topics for crosscutting studies described below will be used to stimulate action-oriented consideration of research designs and methods at the conference. We are unsure about their importance, and invite reactions on both of these topics and others.

Illustrative Discussion Topics for Cross-Cutting/Multi-State Analyses

Information Technology Performance and Capacity: Michael Sparer and Larry Brown of the Columbia University Mailman School of Public Health (New York) are conducting pilot studies on the vast technological challenges of the ACA, along with Network colleagues from Massachusetts and Maryland. Their research planning focuses on assessing and comparing ACA information technology capacity in states with both state and federally-administered marketplaces. They are examining the speed and transparency of exchanges and their interoperability; specifically to determine eligibility, connect programs (e.g., Medicaid CHIP and the marketplaces), provide information necessary for deciding on and enrolling in Qualified Health Plans (QHPs), adjusting to changes in life circumstances, and maintaining eligibility over time.

Marketplace and Insurance Efforts: Focusing on changes in health insurance markets resulting from ACA regulations are field researchers Michael Morrissey, Texas A&M (Alabama); Mark Hall, Wake Forest University (Connecticut); and Micah Weinberg (California). The essential challenge for ACA marketplace is to transform individual and small-group markets from markets where insurers compete based on their ability to measure and select risk, to markets where insurer competition is based on value. The initial research planning is focused on the character and adequacy of provider networks being offered through the exchanges and the related effects on the quality and cost of treatment.

Enrollment, Consumer Support and Outreach: It is well known that outreach services for consumers are needed, not just for enrollment, but over time. To address this challenge, John Hall, Arizona State University and the University of Washington; and Aaron Katz and Patricia Lichiello, University of Washington (Arizona and Washington), are evaluating the variations in the auspices, structure, character, quality sustainability and effects of navigational and enrollment assistance. Currently they are conducting a comparative case study on Arizona and Washington and are engaged in field research at the 14 counties in eastern Washington.

Reform of the Organization of Health Care and Medical Services: The ACA created a variety of mechanisms for states and communities to achieve fundamental changes in the organization and delivery of health care services to improve the quality of care, access to care, reduce wasteful, unnecessary and harmful care and constrain long-term spending. Glen Mays and associates at the University of Kentucky will discuss ways to use the field-research network to conduct systematic scans and comparative case studies on the character, scope, and effects of reform strategies and activities.

Medicaid Expansion: Donna Friedsam of the University of Wisconsin will lead a discussion of the ways in which the network can study the ACA’s effect on the Medicaid program. Among half of the states that expanded Medicaid, in some cases they have done so, or are seeking to do so, under federal waivers.

This includes Arkansas, Indiana, Michigan, New Hampshire and Pennsylvania. Meanwhile, in a number of states that have not yet taken action to expand Medicaid, decisions about whether and how to do so are still in play as the election nears. The conference will emphasize network standards for Medicaid programs and their enforcement, which is an intriguing issue parallel to increasing public attention to network adequacy standards and their enforcement for individual ACA marketplaces..

ACA Implications for Public Management and American Government: In two thirds of the states, marketplaces are operated by the federal government. Half of these states have not expanded Medicaid as the law allows. The conference will consider the role of federalism in these decisions and the extensive regulatory flexibility available to states under the law. Elaine Kamarck of Brookings will lead a preliminary discussion about what the ACA means for American governance.

v. Conclusion: Looking Ahead and Staying the Course

The ACA provides a huge learning opportunity with potentially far-reaching consequences for the effectiveness of public programs that involve the states and the federal government. The law is an ideal federalism “laboratory.” Drawing on a companion background paper prepared for the Brookings conference summarizing ongoing research on ACA outcomes, we want the Network to build on this existing knowledge base by providing a continuous longitudinal capacity to identify and study emerging ACA implementation issues and challenges.

Proximity can be a resource for developing, refining and testing hypotheses to promote better practices. With their close view of state and local practices, field researchers are in a position to help formulate and test hypotheses about the effects of different policies and administrative strategies and structures. For example, they can study different evidence-based methods for reaching different populations to increase use of medical services, or to adopt particular recommended health care strategies and practices. We are committed in this way and others to building collaborative relationships with other researchers to help establish and maintain a continuous learning/improving community.

The key point for the Network’s phase 2 is conducting cross-cutting/multi-state analyses that can raise additional questions. Much can be learned from staying the course on ACA implementation research. The Network can conduct and disseminate a running history and assessment of the capability of government to meet a hugely difficult public management challenge under immense political pressures in a constantly shifting technological and scientific environment.

ENDNOTES

¹ Ezekiel Emanuel, *Reinventing American Health Care* (New York: Public Affairs), 2014), p. 291.

² Richard P. Nathan, Allen D. Manvel and Susannah E. Calkins, *Monitoring Revenue Sharing* (Washington, Brookings, 1975). A successor book was published in 1977.

³ Richard P. Nathan, Robert F. Cook, V. Lane Rawlins and Associates, *Public Service Employment: A Field Evaluation* (Washington, Brookings 1981).

⁴ This research was conducted by Thomas Gais, Richard Nathan and associates based at the Rockefeller Institute of Government, State University of New York.

⁵ Richard P. Nathan, Fred C. Doolittle and Associates, *Reagan and the States* (Princeton: Princeton University Press, 1987).