

J-PAL Health Care Delivery Innovation Competition Webinar

J-PAL North America (MIT)
January 25, 2018
povertyactionlab.org/hcdi



Who we are



Anna Spier
Policy Manager
J-PAL North America



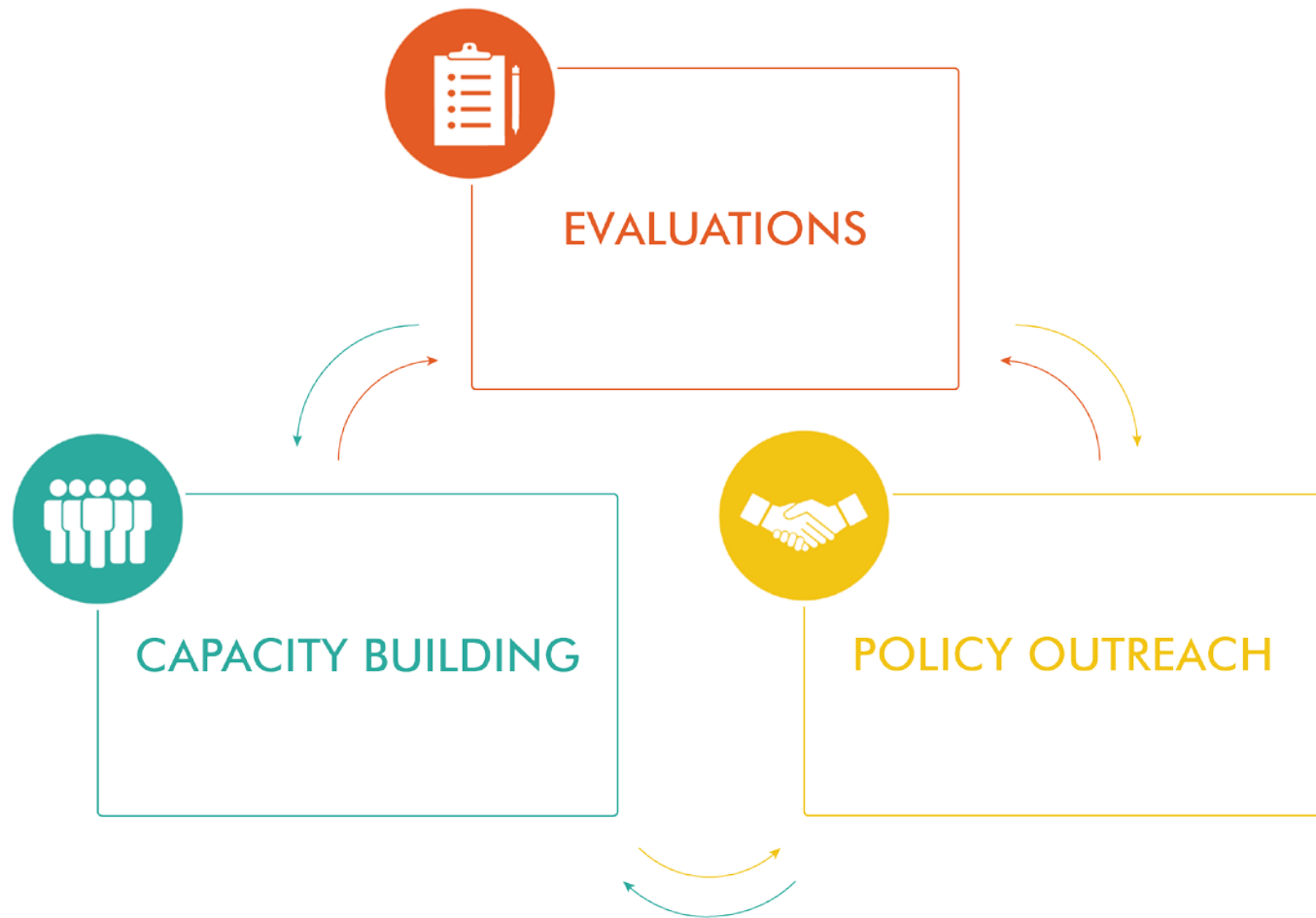
Mary Ann Bates
Executive Director
J-PAL North America

Agenda

- I. Introduction to J-PAL**
- II. The J-PAL Health Care Delivery Innovation Competition
- III. Opportunities for Randomized Evaluations
- IV. Randomized Evaluation in Practice
- V. How to Apply
- VI. Q&A



J-PAL's mission is to reduce poverty by ensuring that policy is informed by scientific evidence



J-PAL's network of affiliated researchers



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J-PAL's U.S. Health Care Delivery Initiative (HCDI)

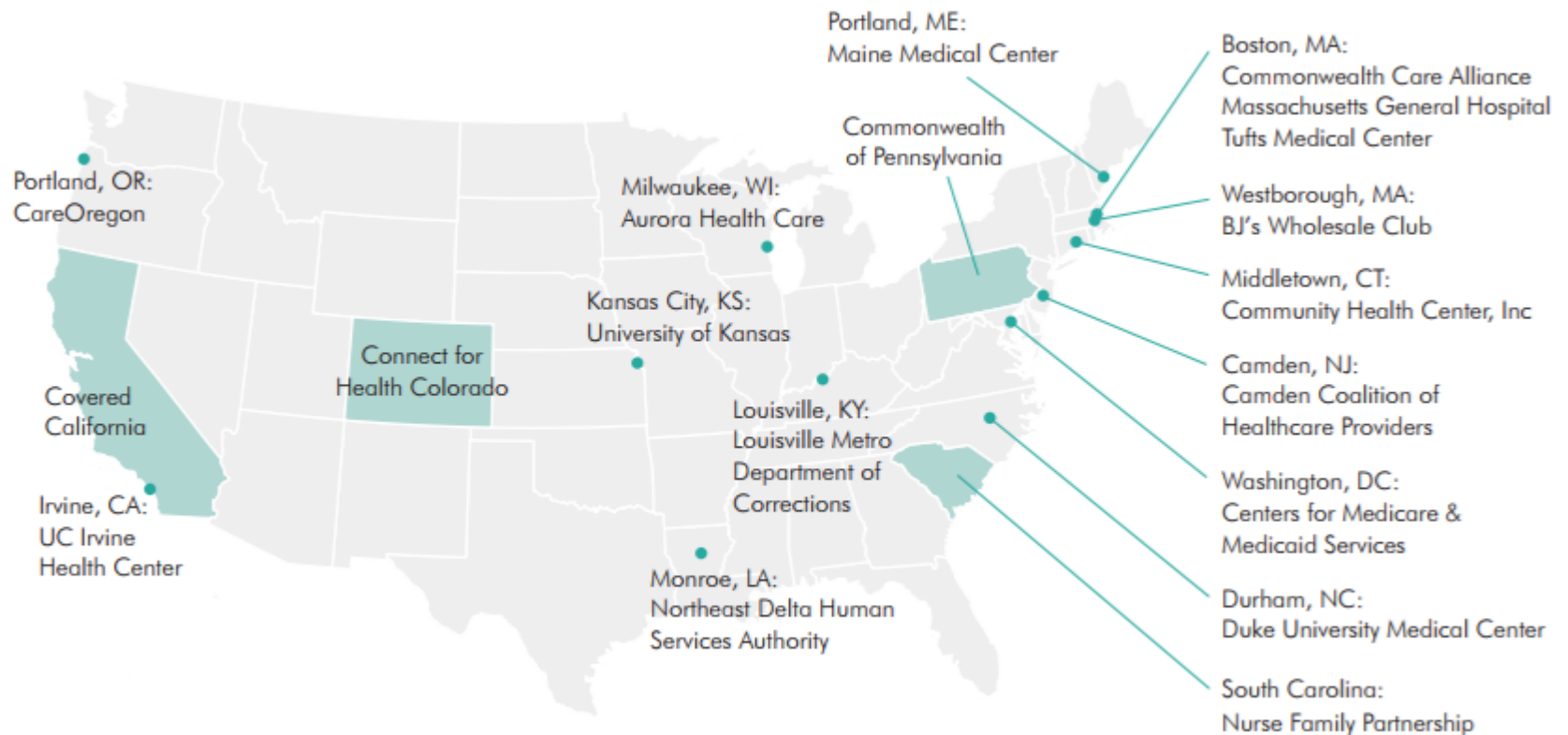


Photo Credit: Elisabeth O'Toole

Goal: develop rigorous evidence of strategies to improve the quality and value of health care delivery

- **Why health care delivery?**
 - 80% of **medical** interventions studied with randomized evaluations
 - Only 18% of studies in U.S. **health care delivery** are randomized
 - See [Review Paper](#) for details.

J-PAL North America Health Sector Partners: Past and Present



Goals of the innovation competition

- Catalyze rigorous research to develop compelling and reliable evidence of innovative programs in health care delivery
- Build the capacity of healthcare organizations to create and use rigorous evidence
- Facilitate connections between academia and implementing organizations

Competition components

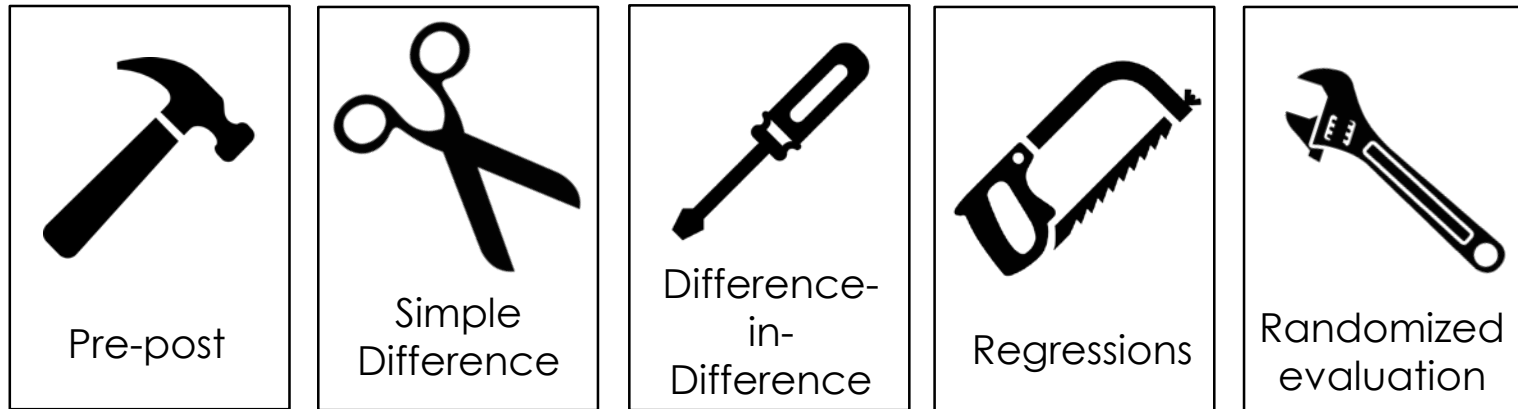
- Opportunity to receive:
 - Technical support
 - Online and in-person training opportunities
 - Matchmaking with J-PAL's network of researchers
- Applicants who partner with a researcher from J-PAL's network can jointly apply for randomized evaluation funding

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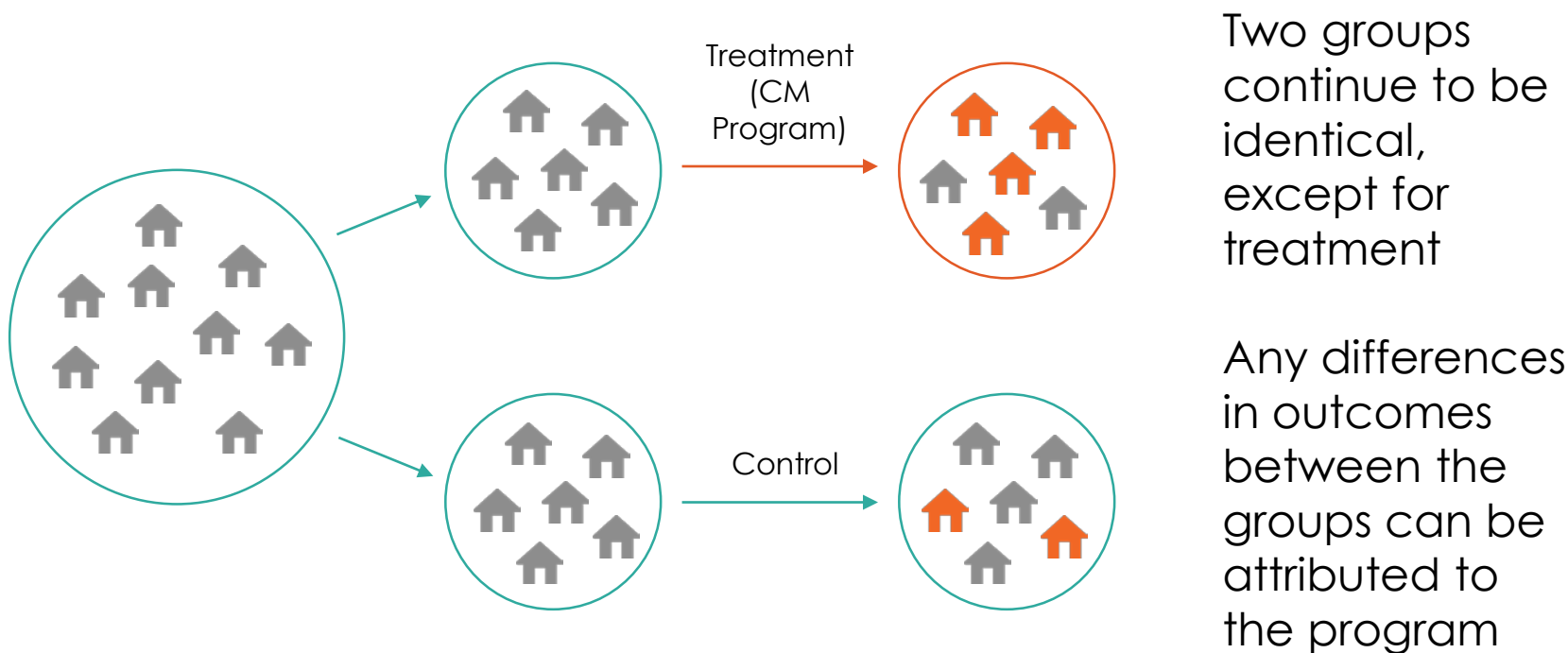
Methods as tools



Since randomization requires fewer assumptions, we can be more confident that the impact we estimate reflects the actual impact of the program.

What is a randomized evaluation?

Before the program starts, eligible individuals are randomly assigned to two groups so that they are statistically identical before the program.



When to consider randomization

- An **unstudied** or **understudied** program
 - e.g. a program that has not yet been rigorously evaluated
- Program or service is **over-subscribed**
 - If you can't serve everyone, what is the optimal way to allocate spots?
- Program **expansion**
 - e.g. moving into a new location, service area, or target population
- **Adding** a new **component/service**
 - Can you roll out the new component to some people and not others?
- Program **thresholds/cutoffs**
 - Those just below the cutoff could be randomly admitted

When does a randomized evaluation **not** make sense?

- **Too small:** sample is too small to pick up a reasonable impact
- **Too early:** still ironing out logistics
- **Too late:** already serving everyone who is eligible, and no randomization was built in
- When **a positive impact has been proven**, and we have the resources to serve everyone

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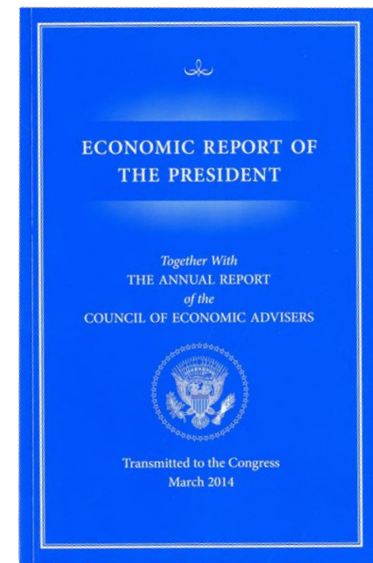
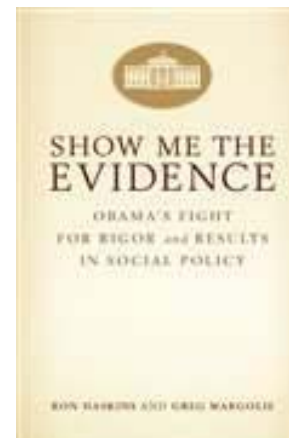
Unmet need

- SC ranks 45th in child well-being
- SC has implemented many effective programs, but aiming to scale up
- Goal:
 - Focus on evidence-based programs
 - Find partners, funders
 - Generate evidence to focus resources on programs that work

KIDS COUNT DATABOOK, 2013

Overall Rank	
1	New Hampshire
2	Vermont
3	Massachusetts
4	Minnesota
5	New Jersey
6	North Dakota
7	Iowa
8	Nebraska
9	Connecticut
10	Maryland
11	Virginia
12	Wisconsin
13	Maine
14	Utah
15	Wyoming
...	
43	Georgia
44	Alabama
45	South Carolina
46	Louisiana
47	Arizona
48	Nevada
49	Mississippi
50	New Mexico

Nurse-Family Partnership (NFP)



Potential to expand

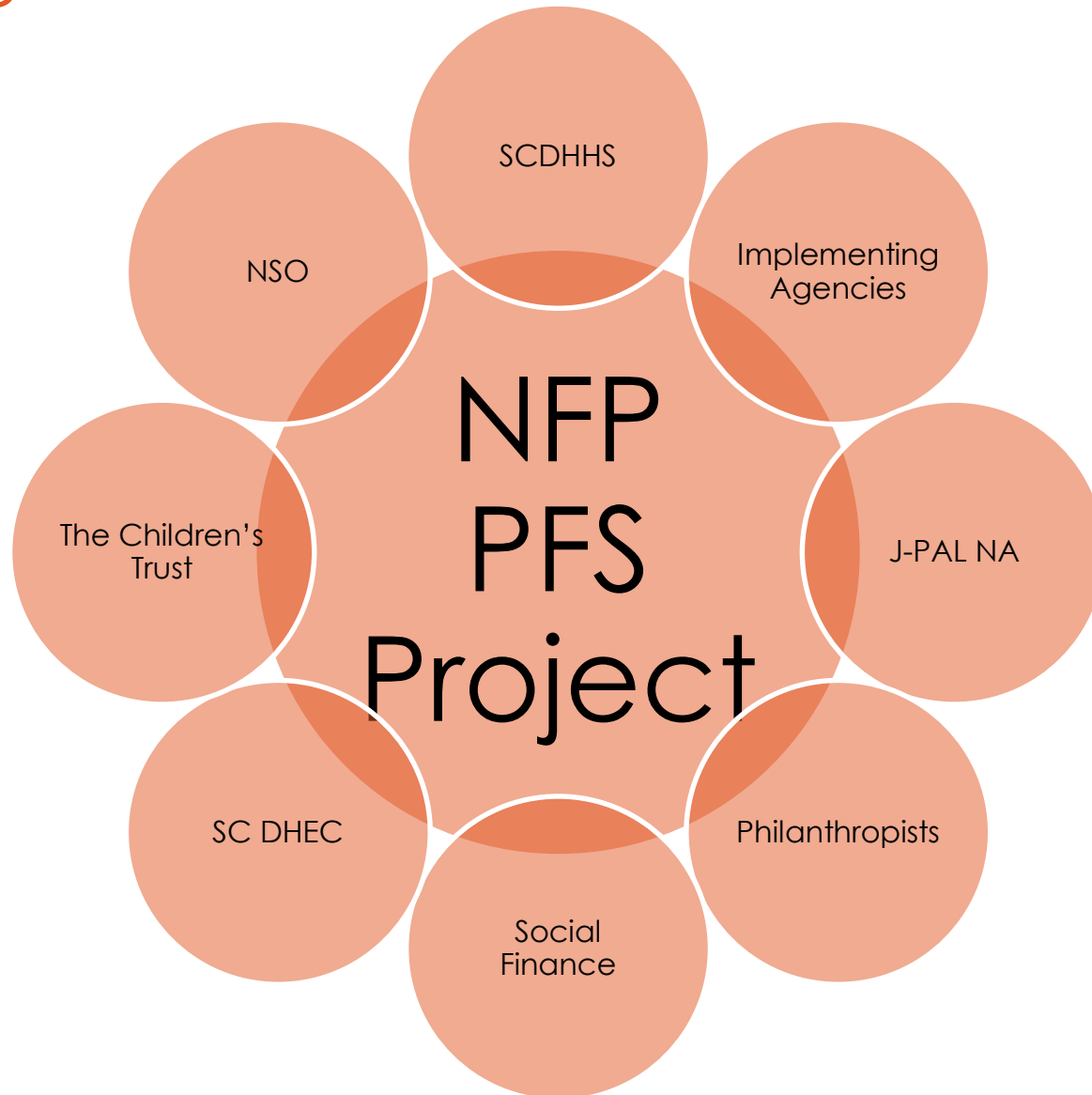
- NFP served <**600** out of **11,500** eligible high-risk mothers each year
- Capacity to expand while maintaining fidelity to evidence-based model
- But need new funding



Novel expansion

- Medicaid Waiver
 - Services available through Medicaid for first time
- Pay for Success (PFS) contract
 - Additional resources if program meets success metrics
- Both contingent on randomized evaluation
 - Key for expansion in SC
 - Enormous value more broadly
- Requires wide set of partners

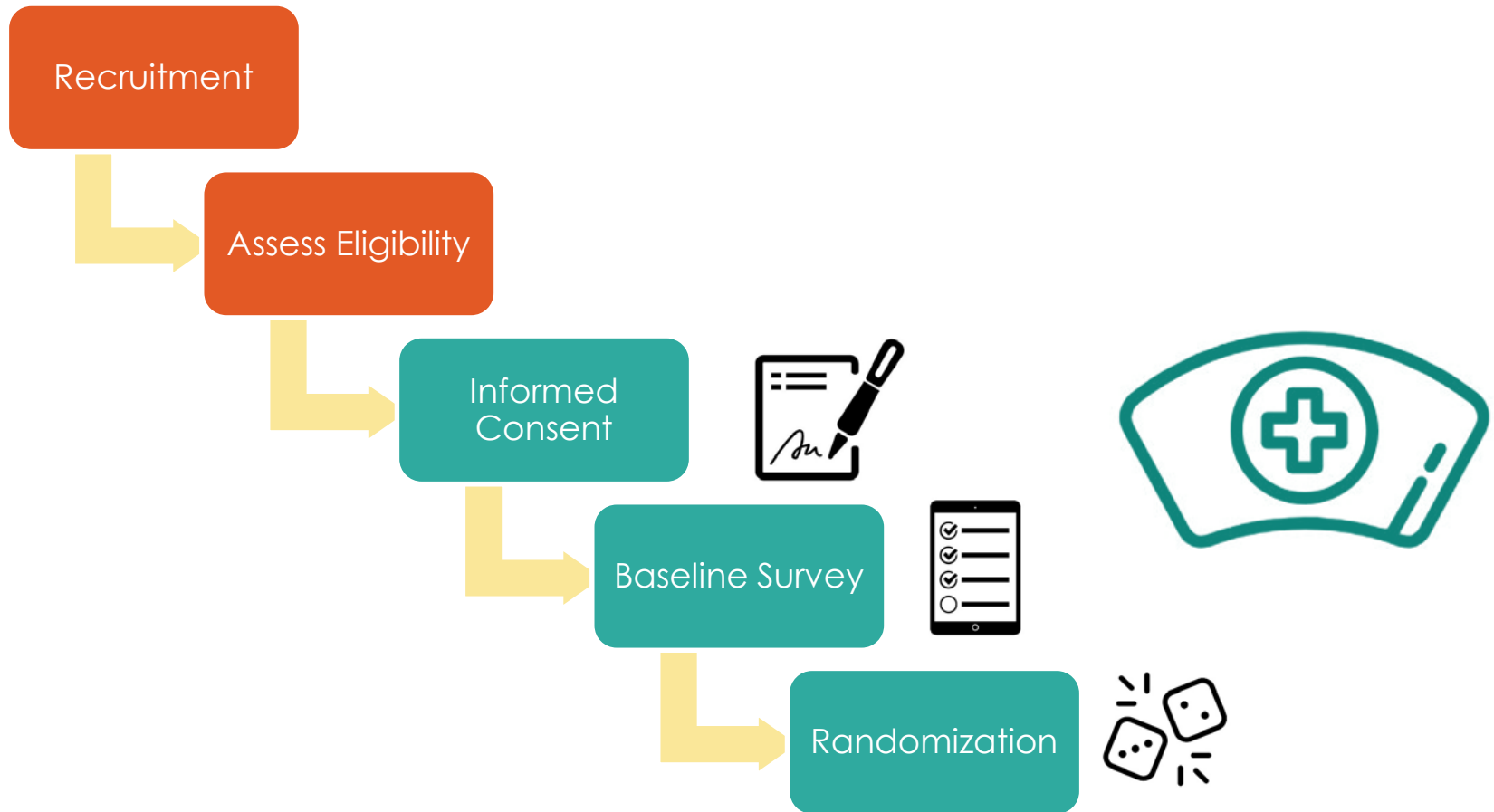
Building collaboration



Shared goals

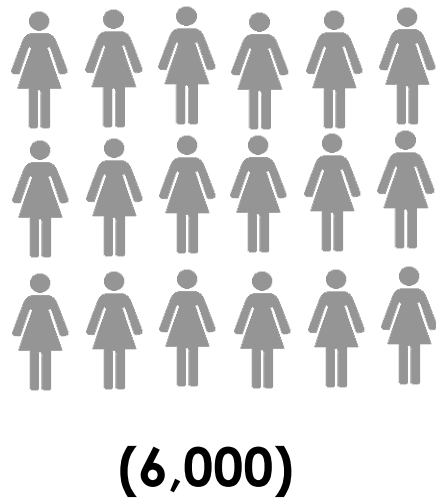
- Expand NFP statewide, with a focus on underserved rural areas
 - Opportunity to reach new populations
- Assess how NFP improves outcomes for:
 - Mothers
 - Children
 - Resources
- Generate rigorous evidence to inform future decisions
 - High-quality evidence needed for decisions on expansion, payment rates, resource use

Study enrollment

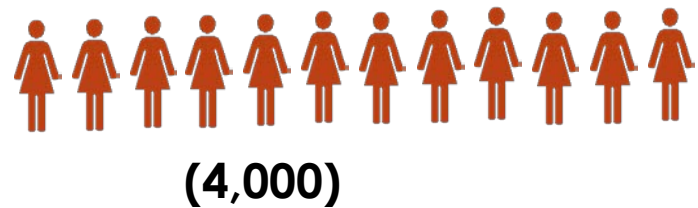


Sample population & randomization

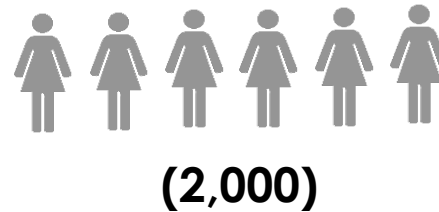
Eligible mothers



Treatment



Control



NFP staff wear two hats

Researcher



Conducting study enrollment

Nurse Home-Visitor



Delivering the NFP program

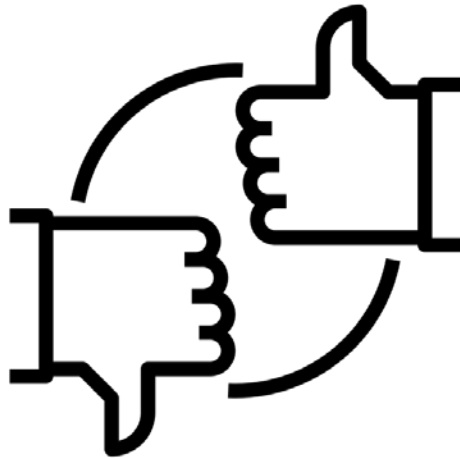
Measuring outcomes

- Rich administrative data
 - Minimizes burden; requires partner commitment
- Measured outcomes
 - Pre-term birth
 - Birth spacing
 - Childhood injuries
 - Health
 - Education
 - Employment
 - Crime
 - Use of Social Services



Why evaluate NFP?

- Not up/down verdict
- Be creative in design and data collection to learn about key questions



Created by Becris
from Noun Project

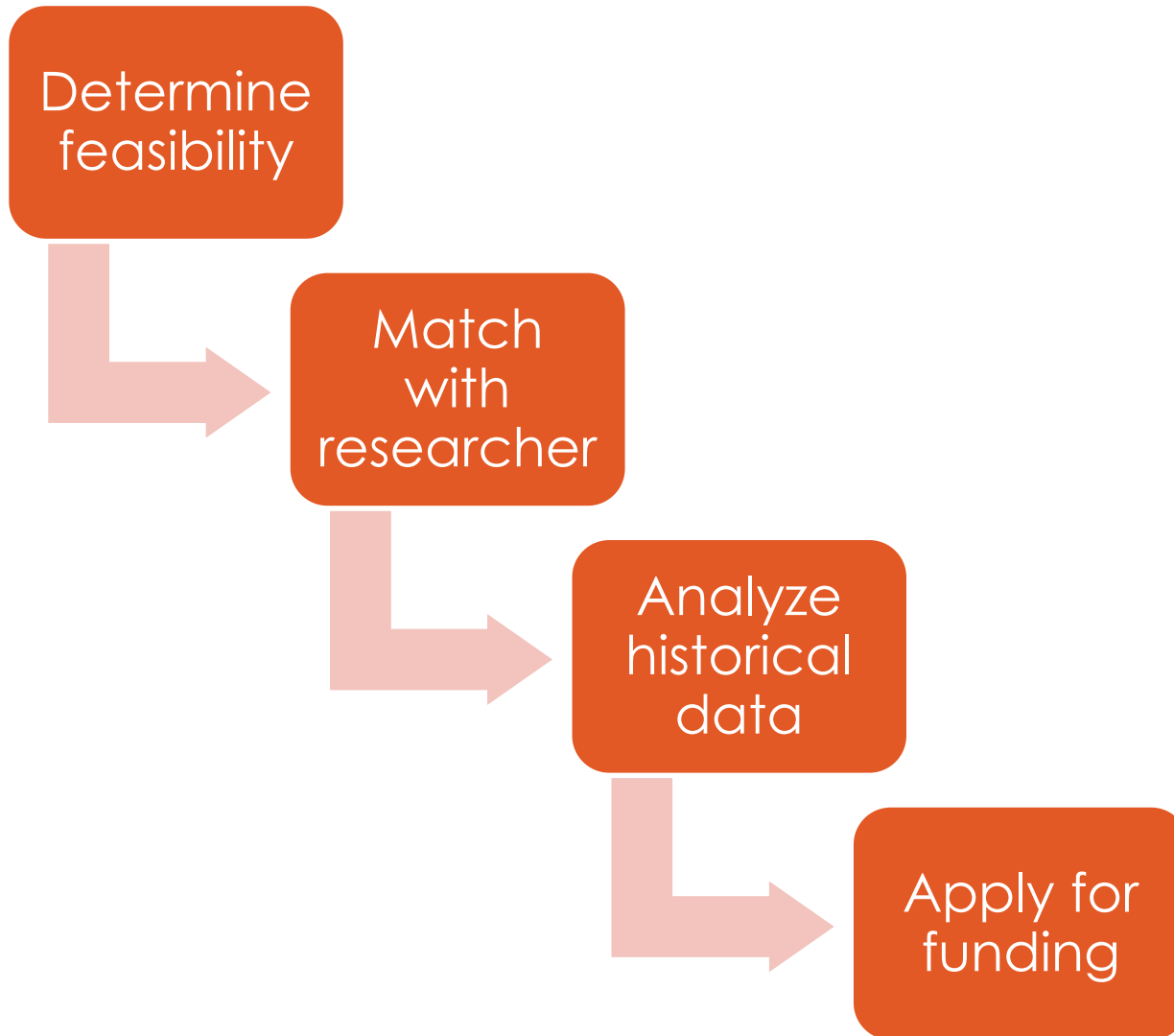


Common questions

- Do I have to freeze innovation on my program to do an RCT?
- Does my organization have to collect all the outcome data points of interest?



How does this typically work?



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J-PAL is now inviting Letters of Interest from health care organizations

- To apply, submit a 3-5 page [letter of interest](#) describing:
 - The policy question or challenge that motivates your application
 - The intervention/program you would like to evaluate
 - How many people are currently reached
 - Potential opportunity for a randomized evaluation
 - Access to data for measuring outcomes

Why apply?

- Opportunity to receive:
 - Technical support
 - Online and in-person training opportunities
 - Matchmaking with J-PAL's network of researchers
- Applicants who partner with a researcher from J-PAL's network can jointly apply for randomized evaluation funding

Timeline

- March 2, 2018 – Deadline to submit letters of interest
- Week of April 23, 2018 – Applicants notified
- June 21-22, 2018 – Workshop in Cambridge, MA
- September 2018 – Fall HC DI RFP deadline
- Go to povertyactionlab.org/hcdi for more information

Characteristics of a strong application

- Potential to meaningfully improve health care delivery in U.S.
- Clearly defined program and outcomes of interest
- Feasibility
 - Potential sample size
 - Availability of data, particularly administrative data
 - Willingness and feasibility of randomization
- Organizational capacity and commitment

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Learn more



USING ADMINISTRATIVE DATA FOR RANDOMIZED EVALUATIONS

Laura Feeney, Jason Bauman, Julia Chabrier,
Geeti Mehra, Michelle Woodford

J-PAL North America, December 2015

povertyactionlab.org/na



REAL-WORLD CHALLENGES TO RANDOMIZATION AND THEIR SOLUTIONS

Kenya Heard, Elisabeth O'Toole, Rohit Nainpally, Lindsey Bressler
J-PAL North America, April 2017

povertyactionlab.org/na

www.povertyactionlab.org/admindata



Thank you

If you have additional questions, please
contact Anna Spier at:

aspier@povertyactionlab.org

