



J-PAL

ABDUL LATIF JAMEEL POVERTY ACTION LAB

Introducing the J-PAL Health Care Delivery Innovation Competition

Webinar presenters: Quentin Palfrey and
Amy Finkelstein

April 15, 2016



Introductions



Quentin Palfrey
Executive Director
J-PAL North America



Amy Finkelstein
Co-Scientific Director, J-PAL North
America
Ford Professor of Economics,
MIT

- I. An introduction to J-PAL
- II. Health Care Delivery Innovation Competition
- III. The impact of randomized evaluations
- IV. Case study: Health Care Hotspotting
- V. Other examples
- VI. Closing/questions

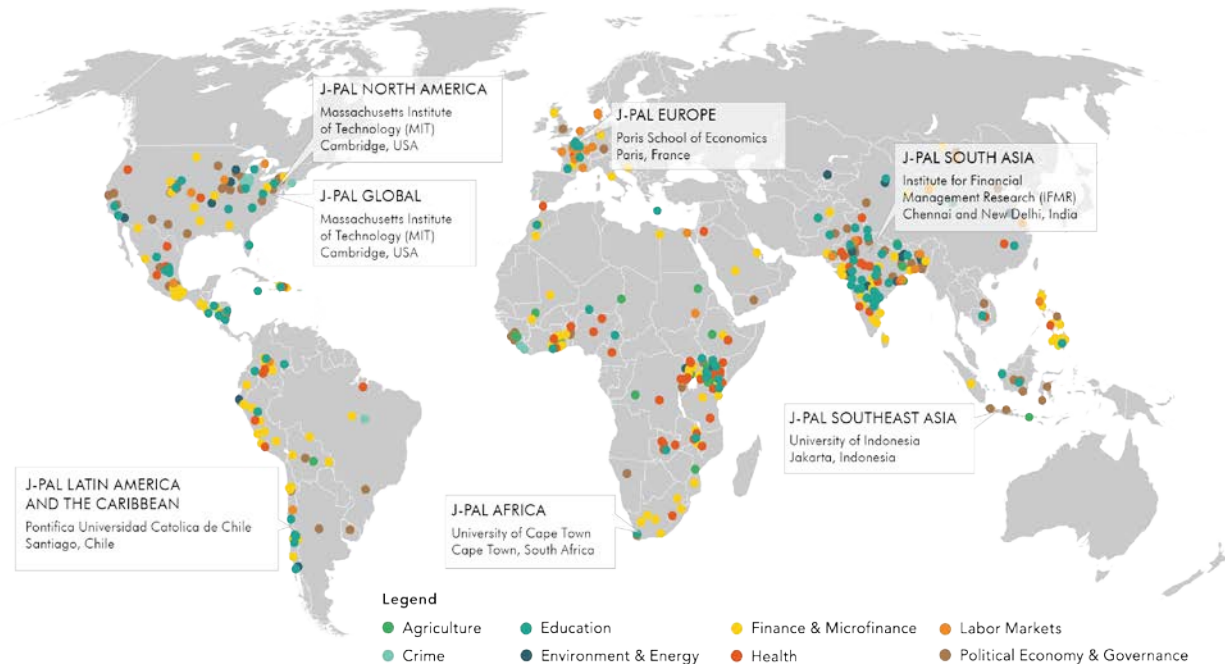


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J-PAL's research and impact

- J-PAL affiliates have 700+ ongoing and completed projects in 67 countries
- Of these, 150+ are health projects
- 200 million+ lives touched by the scale up of proven programs

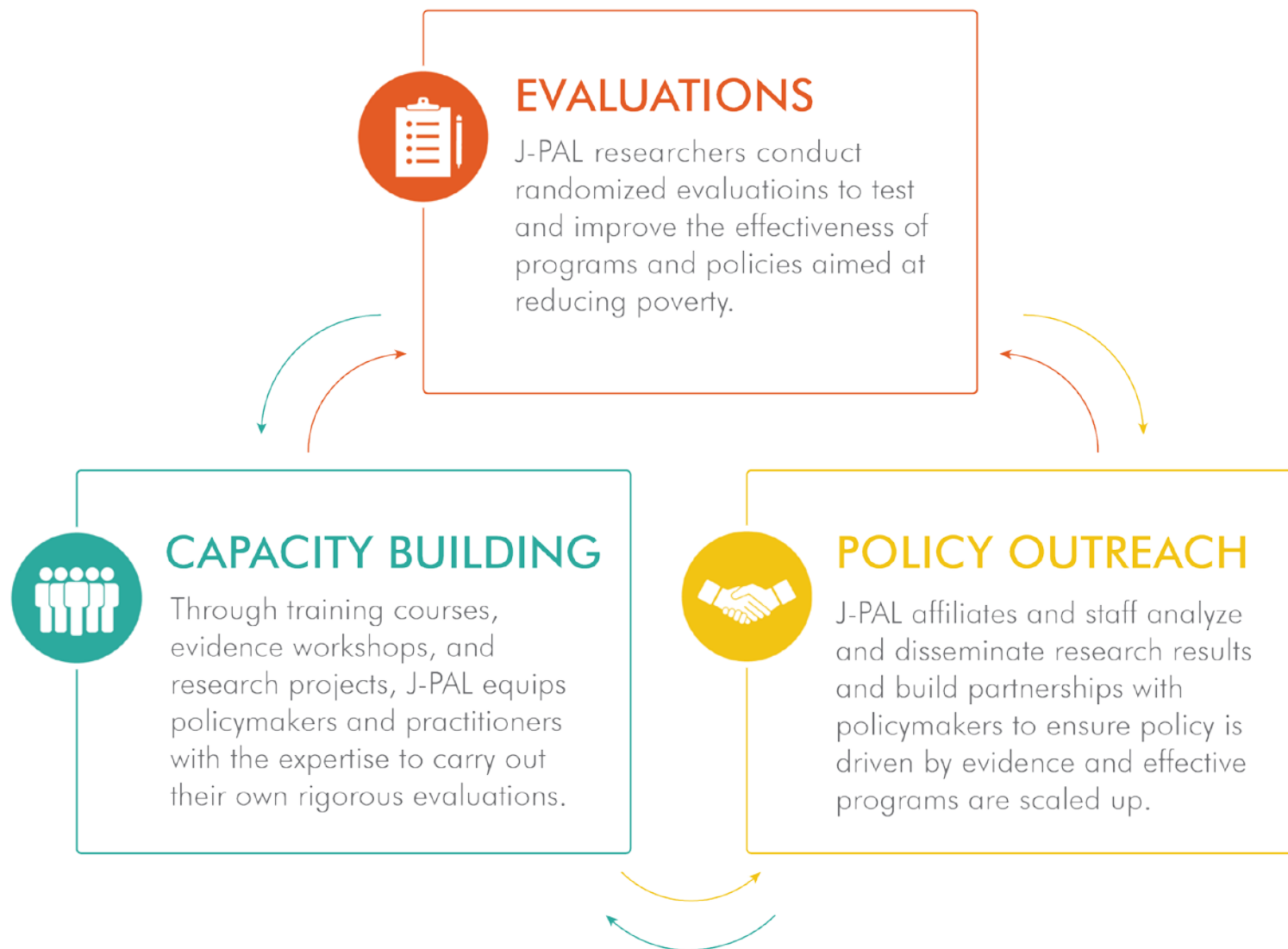


J-PAL's network of affiliated researchers



J-PAL'S MISSION IS TO ENSURE THAT POLICY IS DRIVEN BY EVIDENCE AND RESEARCH IS TRANSLATED INTO ACTION

www.povertyactionlab.org



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The challenge

- We spend about \$3 trillion on health care every year – about 17% of GDP.
- As ACA turns 6, dramatic changes are unfolding at every level of the health care system.
- No one is more impacted than the poor.
- An emerging field of research applies rigorous methodology to health care delivery innovations, but there is much we still do not know about what works best, and why.
- J-PAL seeks to advance rigorous research to help health leaders learn:
 - What has been tried and proven elsewhere
 - Which of their own policies and programs are most effective

U.S. Health Care Delivery Initiative



- Goal: Building partnerships between leading scholars, policymakers, and practitioners to generate rigorous evidence of strategies to improve the quality and value of health care delivery in the United States
- Supported 14 rigorous evaluations of innovative programs
- Generously supported by the Laura & John Arnold Foundation and the Robert Wood Johnson Foundation

J-PAL Health Care Delivery Innovation Competition



Continued barriers

- Health leaders face challenges:
 - Identifying promising and feasible opportunities for rigorous evaluation
 - Building the internal political capital and allocating the initial staff resources to explore these opportunities
 - Finding and partnering with an interested research team
 - Securing funding to carry out the evaluations

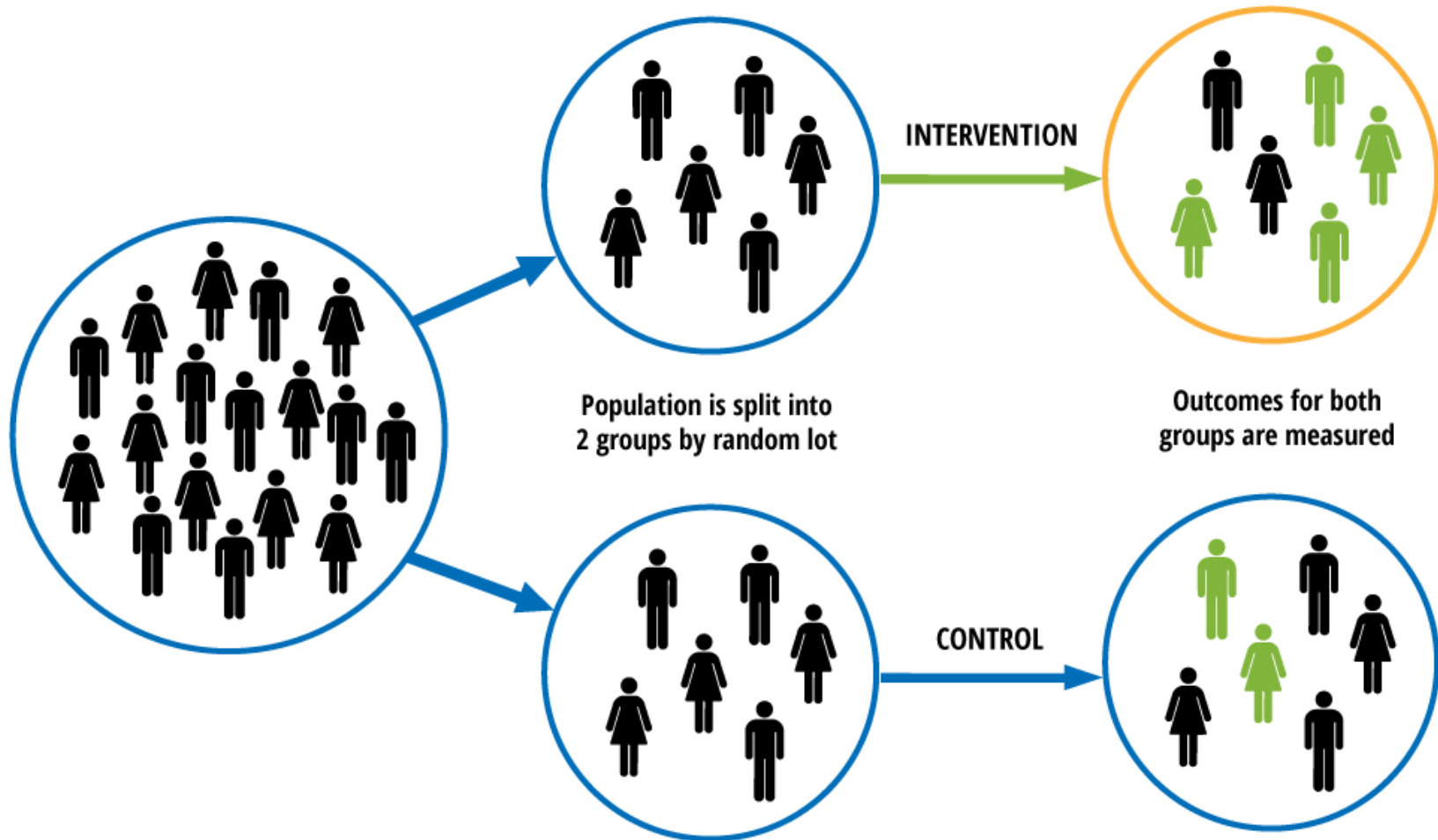
What resources does the competition provide?

- Technical support from J-PAL staff to develop randomized evaluations
- \$50,000 of flexible funding for selected partners
- Partnerships with experienced researchers from J-PAL's network
- Applicants that partner with a researcher from J-PAL's network to design a high-quality randomized evaluation can apply for additional funding (\$150,000 to \$400,000)

What are we looking for in applications?

- Programs that can serve as models for deploying health and social services to improve health outcomes and enhance the accessibility and affordability of quality health care
- Institutional commitment to rigorous evaluation
- Adequate scale, scope, and data infrastructure
- Interest in partnering with a J-PAL affiliate on a policy-relevant study

A feasible opportunity for a randomized evaluation



The value of randomization



- By construction, the treatment group and the control group will have the same characteristics, on average
- Differences after program implementation can be attributed to the impact of that program
- Provides compelling, easy-to-understand, reliable evidence

How to apply

- Applications are easy: we are just looking for a short 3-5 page letter of interest by June 17
- We are happy to help. Email us to set up a time to chat: qpalfrey@mit.edu or jbauman@mit.edu. My phone number is 617-715-5128
- We're also on Twitter @jpal_na and Facebook (J-PAL North America)

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Professor Amy Finkelstein

- Co-Scientific Director, J-PAL North America
- Ford Professor of Economics, MIT
- Chair, Health Care Delivery Initiative



Helpful or harmful: The debate over Medicaid

The Washington Post [Print](#)

How the Medicaid expansion could actually save states money



Expanding Medicaid Would Save New Jersey Billions of Dollars

THE WALL STREET JOURNAL.

OPINION

Medicaid Is Worse Than No Coverage at All

New research shows that patients on this government plan fare poorly. So why does the president want to shove one in four Americans into it?

By SCOTT GOTTLIEB

Why Medicaid is a Humanitarian Catastrophe

Oregon Health Insurance Experiment

Looking for low-cost or free health coverage?



HOW IT WORKS
OHP Standard provides free or low-cost health insurance to Oregon residents who:

- Do not have health care insurance*
- Are 19 years old or older*
- Are not pregnant*
- Have limited income*

Because there are not enough openings to meet everyone's needs, DHS is creating a list of people who would like to apply for OHP Standard. You must place your name on the reservation list during January 28 - February 29, 2008.

DHS will randomly select names monthly from the list starting in March. If your name is selected, DHS will mail you an OHP Standard application form. If you apply and qualify, you will be enrolled in OHP Standard.

DHS wants you to be independent, healthy and safe. The Oregon Health Plan can help make that possible.



GET STARTED
There are three ways to get on the reservation list:

FILL OUT A REQUEST ONLINE.
Visit the OHP Standard reservation list Web site at www.oregon.gov/DHS/open and enter your information electronically.

MAIL A REQUEST.
Complete the OHP Standard reservation request form. Forms are available at any DHS office, county health department and most hospitals and clinics.

SIGN UP BY PHONE.
Call 800-699-9075 or 503-378-7800 (TTY) Monday through Friday, 7:00 a.m. to 7:00 p.m. If you cannot call during the hours listed, you can have anyone call for you - they just need your name, date of birth and mailing address.

IT'S EASY, IT'S FAIR, GET ON THE LIST!
The reservation list is only open from January 28 - February 29, 2008.

  OREGON HEALTH PLAN

* The information above applies only to OHP Standard. Other benefit packages, such as those that cover pregnant women or people who are under 19 years of age, have different eligibility requirements and are always open. To find out if you are eligible for one of these benefit packages, complete an OHP application. OHP applications are available by calling 800-359-9517 or at any DHS branch office.

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Left no data stone unturned...

- Administrative data (e.g. hospital discharge records, emergency room visits, credit reports, earnings) (~75,000)
- Mail surveys (sent to ~55,000 people)
 - Questions on health care use, financial strain, self-reported health and well-being
- In-person interviews and physical health exams (~12,000)
 - Clinical measures: blood pressure, cholesterol, blood sugar, etc.
 - Detailed medication catalog
 - Medical history (e.g. dates of diagnoses)

Effects of Medicaid after 1-2 years

BRIEFCASE

J-PAL POLICY BRIEFCASE [JANUARY 2014]

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Poverty Action Lab

TRANSLATING RESEARCH INTO ACTION

INSURING THE UNINSURED

The Oregon Health Insurance Experiment found that covering the uninsured with Medicaid increased the use of health care, including primary care, hospitalizations, and emergency room visits; diminished financial strain; and reduced depression. There was no statistically significant impact on physical health measures, employment, or earnings.

Featuring an evaluation by principal investigators Katherine Baicker and Amy Finkelstein



The impact of extending health insurance coverage to the uninsured persists as a topic of debate in the United States, but there is limited rigorous evidence on the effects of expanding health insurance, and Medicaid in particular, on health care use, health outcomes, financial hardship, and employment.

Prevailing theories offer conflicting predictions for the impact of expanding Medicaid, the public health insurance program in the United States for low-income adults and children. For example, by reducing the costs patients face in seeking care, Medicaid may increase health-care use, improve health, and reduce financial hardship from large, out-of-pocket health expenditures. However, these effects could be negligible in magnitude if the program does not in fact afford newly insured individuals access to health-care services, or if these individuals had already been able to receive comparable cost-free services through public-health clinics or uncompensated care. In these cases, the magnitude of the expected change is uncertain.

In some cases, both the direction and the magnitude of changes caused by Medicaid are unclear. For example, expanded Medicaid coverage could either increase or decrease emergency-department use. On the one hand, by reducing the costs the patient faces for emergency-department care, expanding Medicaid could increase use and total health-care costs. On the other hand, if Medicaid increases primary-care access or improves health, expanding Medicaid could reduce emergency-department use and perhaps even total health-care costs.

In 2008, the state of Oregon expanded Medicaid coverage to a limited number of individuals selected by a lottery. This provided a rare opportunity for researchers to use the random selection of lottery winners to better examine and understand the effects of expanding Medicaid to the uninsured.

IN THE FIRST ONE TO TWO YEARS:

Medicaid increased the use of health-care services. It increased hospitalizations, emergency-department visits, outpatient visits, prescription-drug use, and preventive-care use. Medicaid also improved access to medical-care services.

Medicaid decreased financial strain. It reduced medical debts sent to collection agencies, lowered the likelihood of borrowing money or skipping other bill payments to cover medical expenses, and virtually eliminated catastrophic out-of-pocket medical expenditures.

Medicaid improved self-reported health and reduced rates of depression, but had no statistically significant effect on physical health outcomes. Clinical measures included screenings of blood pressure, cholesterol, and glycated hemoglobin.

Medicaid had no statistically significant effect on employment or earnings.

- Increased health care use across the board
 - Hospital, ER, primary care, drugs, preventive care
- Reduced out-of-pocket costs and financial strain
 - Virtually eliminated “catastrophic” out-of-pocket spending
 - No detectable effect on earnings and employment
- Health
 - Improved self-reported health
 - Reduced depression
 - No detectable effects on measured physical health

Media response

5 Things the Oregon Medicaid Study Tells Us About American Health Care

A landmark new study of Oregon's Medicaid program reveals what's wrong with American health care

Does The Oregon Health Study Show That People Are Better Off With Only Catastrophic Coverage?

Is health insurance an antidepressant?

New findings show that wider coverage has one clear effect on the population, and it's not one that anyone is talking about.

Here's what the Oregon Medicaid study really said

Medicaid Access Increases Use of Care, Study Finds

Oregon Health Study: The Surprises in a Randomized Trial

Updating based on the findings

- “Medicaid is worthless or worse than no insurance”
 - Not true: Increases in utilization, perceived access and quality, reductions in financial strain, and improvement in self-reported health
- “Covering the uninsured will get them out of the Emergency Room”
 - Not true: Medicaid increases use of ER (overall and for a broad range of visit types)
- “Health insurance expansion saves money”
 - Not true in short run: increases in health care use
 - In long run, remains to be seen: increases in preventive care and improvements in self-reported health

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An important policy question



Camden Coalition of Healthcare Providers

- Rapidly rising health care costs put pressure on patients, employers, and government budgets
- Five percent of patients account for more than half of costs in the U.S.
- How can we help patients with complex needs?

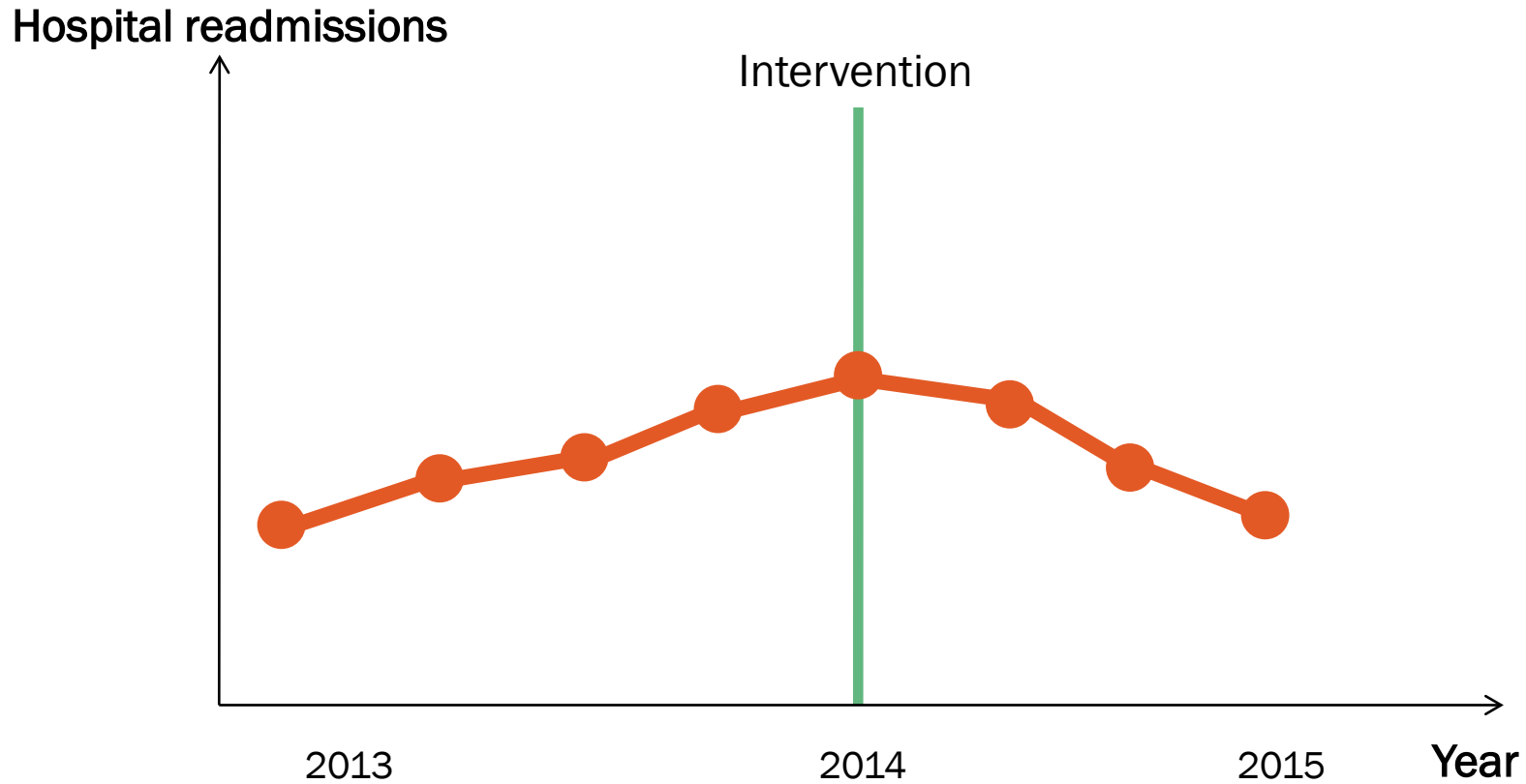
A promising approach



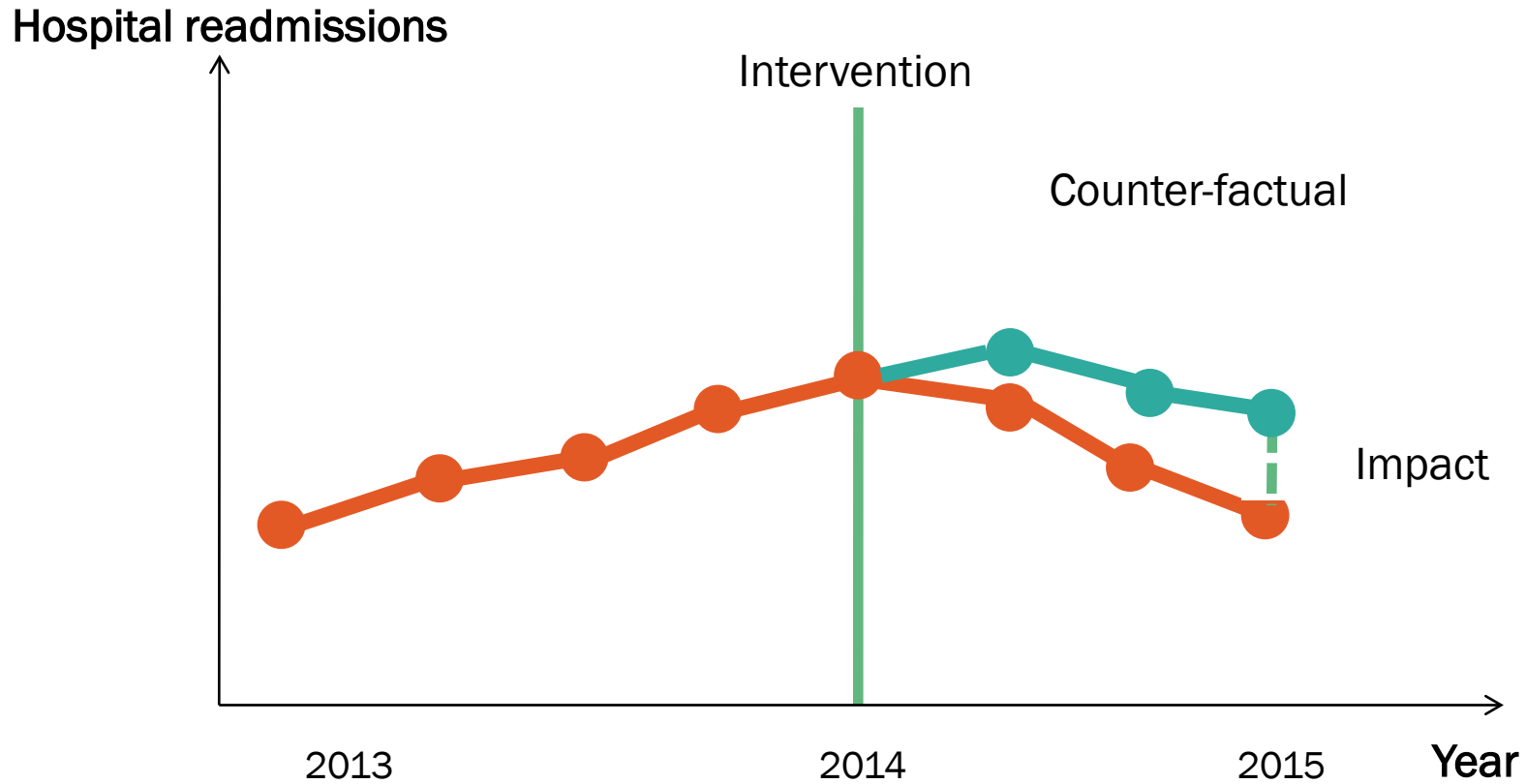
- Camden Coalition of Health Care Providers' Link2Care program serves "super-utilizers" of health care system
- Camden program drawing interest from health care practitioners around the country
- Initial indications that program was effective in reducing costs, improving health outcomes

Dr. Jeffrey Brenner, founder of the Camden Coalition of Healthcare Providers

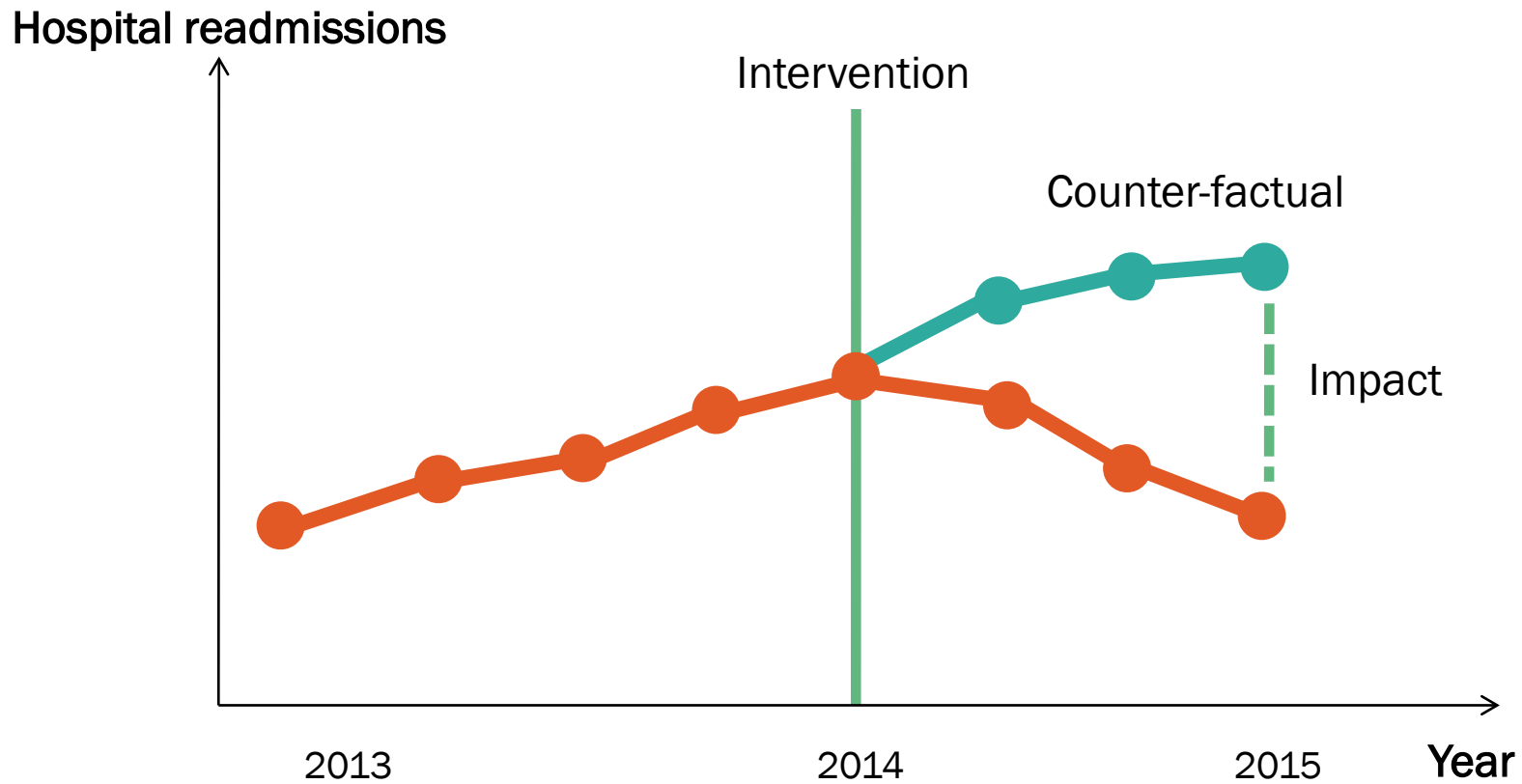
Why randomize?



Why randomize?



Why randomize?



Identification of eligible participants



Camden Coalition of Healthcare Providers

- Health Information Exchange provides daily report of patients with 2 or more hospital admissions in previous six months
- Staff review hospital chart data to further verify eligibility

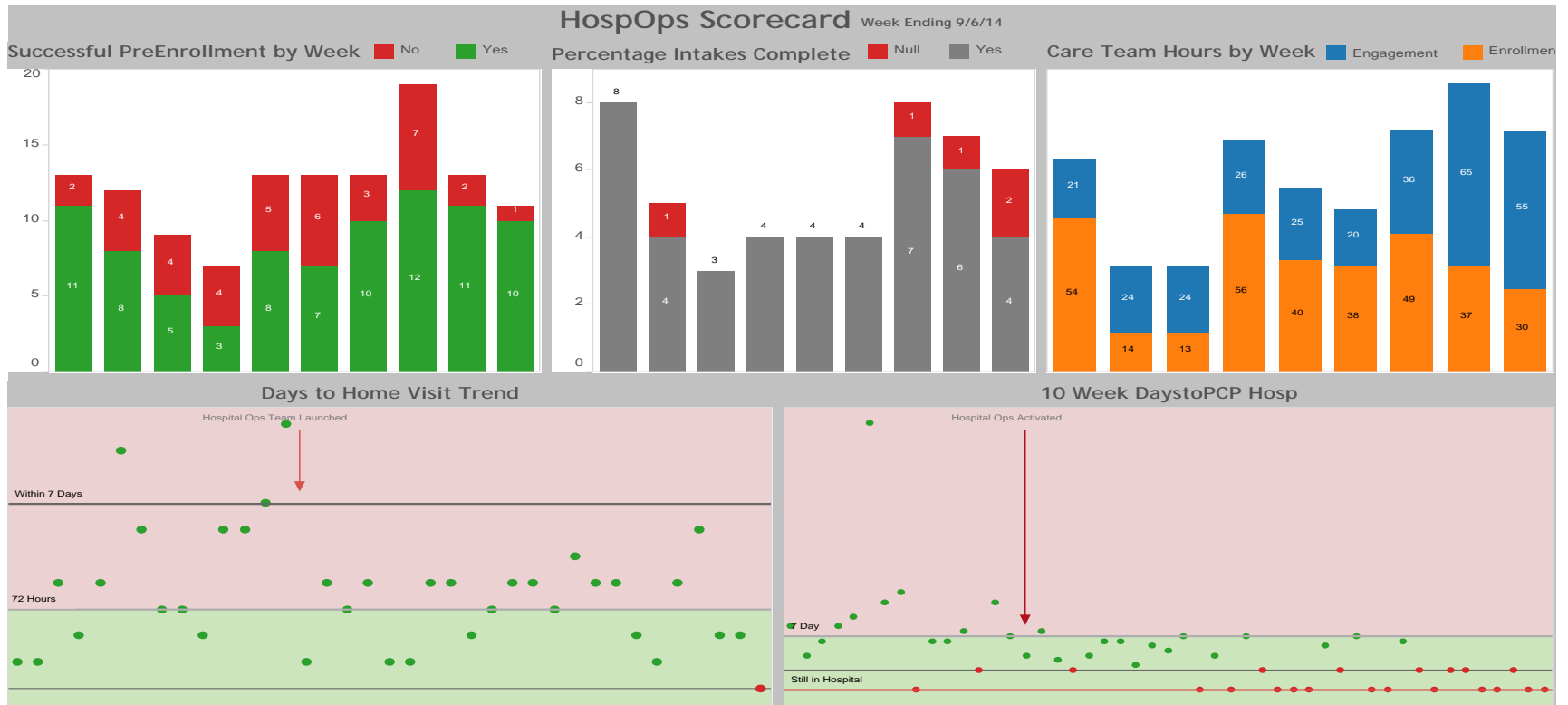
Recruitment, consent, and randomization



Camden Coalition of Healthcare Providers

- Camden Coalition staff introduce program, obtain consent, and randomize using survey software on tablets

Service delivery and process monitoring



- Real-time analysis of primary outcome (hospital re-admissions) using Health Information Exchange

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Prescriber letters



- Distribution of informative letters to physicians suspected of overprescribing high-risk controlled substances
- Leverages administrative data to support a low-cost, rapid turnaround study
- Collaborators: Centers for Medicare and Medicaid Services, Social and Behavioral Sciences Team

Clinical Decision Support

Lumbar Spine MRI has low utility for the clinical indications provided



Indicated 7-9 Marginal 4-6 Low Utility 1-3

Alternate procedures to consider:

X-Ray	CT
3	1

Options:

- [Proceed](#) with exam
- [Cancel](#) or select new exam
- [Change](#) indications and resubmit

Order patient decision aids
(only available to PCP's with OnCall accounts):

- [Acute Low Back Pain: Managing Your Pain Through Self-Care](#)
- [Chronic Low Back Pain: Managing Your Pain and Your Life](#)
- [Herniated Discs: Treating Low Back and Leg Pain](#)
- [Spinal Stenosis: Treating Low Back and Leg Symptoms](#)

- CDS notifies physicians in real time when they have ordered a diagnostic scan that is inconsistent with current professional guidelines
- Physician-level randomization

Other ideas

- Preventive care
 - Immunizations
 - Flu vaccines
 - Recommended screenings
- Care providers, methods and environments
 - Post-partum length of stay
 - In-hospital pain specialist consultations
 - Telemedicine
- Resource optimization
 - Appointment scheduling
 - Emergency department staffing
 - Outlier billing

Other ideas (continued)

- Insurance/reimbursement
 - Reference pricing-based coverage limits
 - Value-based pricing
 - Limited network plans
- System-wide innovations
 - Hospital management practices
 - Bundled payments
 - Shared savings contracts

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J-PAL North America is now inviting letters of interest

Timeline

- May 19, 2016 – [Second webinar](#) for potential partners
- June 17, 2016 – Deadline to submit letters of interest
- July 15, 2016 – Winners announced

Sign up for updates at povertyactionlab.org/hcdi-innovation-competition

For any follow-up questions, please contact competition manager Jason Bauman at jbauman@mit.edu



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Questions?



Contacts, resources, and updates

- Competition manager Jason Bauman
 - Email: jbauman@mit.edu
 - Phone: (617) 324-6917
- Sign up for updates at povertyactionlab.org/hcdi-innovation-competition
- [Second webinar](#): May 19, 2016, 2pm – 3pm
- Twitter: @jpal_na
- Facebook: J-PAL North America