HEALTH CARE DELIVERY INNOVATION COMPETITION POLICY BRIEF

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ABDUL LATIF JAMEEL POVERTY ACTION LAB
NORTH AMERICA

THE VALUE OF RESEARCH PARTNERSHIPS

Partnerships between health care leaders and researchers can improve existing programs, direct scarce funding to programs with the largest impacts, and support the scale up of effective programs in order to reach more people. The J-PAL North America U.S. Health Care Delivery Innovation Competition supports U.S. federal, state, and local health agencies and other health organizations in building these partnerships.

We describe below examples of how health care leaders and researchers have worked together to study important policy issues. We also discuss the types of programs and policy questions that are particularly well-suited for the randomized evaluations that this competition supports.

EVALUATING THE IMPACT OF MEDICAID COVERAGE

The expansion of health insurance to the uninsured has been one of the most salient policy debates of the last decade. Until recently, however, there has been little rigorous evidence about the impact of providing health insurance to the uninsured.

In 2008, the state of Oregon decided that its Medicaid program could accommodate 10,000 new enrollees. Oregon state health officials correctly anticipated that the demand for the program would far exceed the number of slots available and decided that a lottery was the fairest way to allocate these scarce slots. A research team led by Katherine Baicker and Amy Finkelstein took advantage of this lottery to study the impact of providing Medicaid coverage to uninsured low-income adults. To determine what happened to the applicants for Medicaid coverage, the researchers used a combination of administrative data sources, in-person interviews, and mail surveys to collect information on earnings, financial hardship, health care use, insurance coverage, medical history, and physical health, over an approximately two-year period after the lottery.

The results of the study challenged many divergent, yet persistent claims about the Medicaid program. Researchers found that, in the first two years after the lottery, Medicaid coverage substantially reduced financial hardship, provided better access to quality medical care, reduced rates of depression and led to improvements in self-reported health. Medicaid coverage also broadly increased health care utilization, leading to not only more primary care visits, but increasing hospitalizations and emergency room admissions as well. Medicaid had no detectable effect on physical health measures or on individuals' employment or earnings.

PROVIDING BETTER AND MORE EFFICIENT CARE TO HIGH-UTILIZING PATIENTS

With five percent of the U.S. population accounting for more than half of health care expenditures, there is great interest in developing interventions that can reduce the cost and improve the quality of health care delivered to high-utilizing patients.

The Camden Coalition of Healthcare Providers developed a care management program that provides medical management and assistance in accessing social programs to high-utilizing patients. A team of registered nurses, social workers, licensed practical nurses, and community health workers address individualized patient needs as patients transition from being in the hospital to being at home, with the goal of establishing ongoing outpatient care and social

support. The program lasts between one and three months, typically involves three to ten home visits, and aims to improve health and reduce future hospital use. Substantially more high-utilizing patients are interested in the program than the program has the capacity to serve.

To rigorously evaluate the program, Dr. Jeffrey Brenner, founder of the Camden Coalition, is collaborating with researchers Joseph Doyle, Amy Finkelstein, Sarah Taubman, and Annetta Zhou to allocate the scarce program slots through random assignment. The researchers will take advantage of this randomization and rich administrative data to measure the impact of the program on hospital readmissions, as well as longer term outcomes such as health care utilization, participation in social programs, earnings and employment, and mortality.

HOW YOU CAN GET INVOLVED

These are just two of many examples of how collaboration between health care organizations and researchers can inform our understanding of how to improve the quality and efficiency of health care delivery in the United States. A selection of the research funded by the J-PAL North America U.S. Health Care Delivery Initiative can be found here.

J-PAL North America seeks to encourage these collaborations through its' Health Care Delivery Innovation Competition. This competition supports health agencies and organizations interested in designing and implementing randomized evaluations to test the impact of innovative programs.

When does a randomized evaluation make sense?

Oversubscription. If a program is oversubscribed, a lottery can be a fair method for determining who gets access.

Undersubscription. If a program is undersubscribed, it may be possible to randomly encourage eligible individuals to sign up for the program.

New or expanding programs. Pilot programs, or programs that are being expanded to new locations, can provide opportunities to randomly select who receives the program first.

Expanded eligibility criteria. It is also possible to guarantee access to a program to all individuals meeting certain eligibility criteria (based on financial or medical need for example), with randomization limited to those people on either side of the criteria (perhaps for whom the potential benefit may be less clear).

Applicants are encouraged to reach out to J-PAL North America staff (hcdi@povertyactionlab.org) for further guidance in assessing when and how randomization may be feasible.

POSSIBLE RESEARCH QUESTIONS

What kinds of health care questions could a randomized evaluation help answer? The following is a list of some policy questions for which rigorous evidence could help to inform decision-making. This list is not meant to be exhaustive, and we welcome applications focused on the policy questions that are most relevant to their expertise and location. The review paper created at the beginning of the U.S. Health Care Delivery Initiative provides more detail (beginning at page 34) on what a randomized evaluation of many of the questions below would look like.

Possible Policy Questions	Examples of Approaches that Health Care Leaders Have Considered or Implemented
Preventive care How can we encourage individuals to receive recommended preventive care?	• Education about the health benefits of vaccines • Reminders to obtain immunizations • Financial incentives for preventive screenings • Education about the importance of dental health
Diagnostic screening How can we ensure that patients receive appropriate diagnostic tests?	• Incorporation of behavioral health screening into prenatal and post-partum care • Mental health screening for homeless individuals and families • Clinical decision support for high-cost scans
Care providers and methods How can we more efficiently and effectively provide care?	• Early post-partum discharge after a Caesarian delivery with post-discharge home visits • Mandatory in-hospital pain specialist consultations prior to discharging opioid tolerant patients • Virtual primary care visits
Care coordination How we can coordinate various health and social services to holistically improve health outcomes and reduce utilization?	• Care coordination for high-utilizing patients • Early screening and provision of social services for high-risk patients
Insurance design How can we design insurance plans to better manage costs and incentivize high value care?	• Coverage of only reference pricing for high cost scans • Adjustment of reimbursements depending on the value of care • Limiting coverage to a network of high-value providers
System-wide innovations How can we holistically improve the health care delivery system?	• Shared saving contracts for healthcare providers • Provision of information about the cost and quality of health care and health insurance