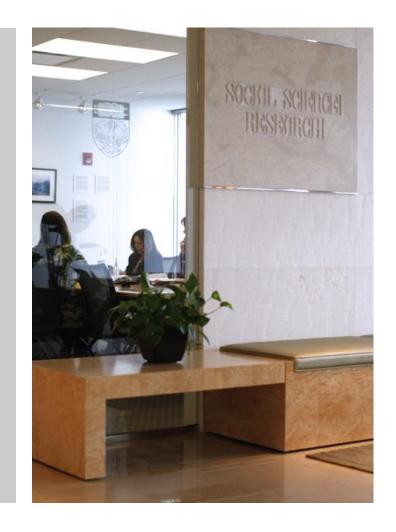
California Health Benefit Exchange

Overview of Evaluation Planning Webinar



November 9, 2012 10:00 - 11:30 AM (PT)



Evaluation Objectives



Core Evaluation Plan Presented in this Webinar

 Determine the Exchange's success and effectiveness in achieving its mission and fulfilling its vision

Additional Evaluation Work in Progress

- Assess performance of Exchange as an enterprise
- Ensure that federal and state reporting requirements are met

Evaluation Principles Anchored in Exchange Values



Evaluation anchored in core value of results:

The impact of the Exchange will be measured by its contributions to expanding coverage and access, improving health care quality, promoting better health and health equity, and lowering costs for all Californians

Implementation Principles:

- 1. Regularly evaluate effectiveness of programs and policies
- 2. Identify trends to enable continuous improvement
- 3. Inform evidence-based decision making
- 4. Identify disparities in access, utilization and quality
- 5. Align evaluation measurement with state and federal efforts
- 6. Partner broadly to assess impacts on health care system
- 7. Share findings broadly

Evaluation Audiences



- Exchange Board and management
- Consumers
- Health plans and providers
- Stakeholders
- State partners
- Congress, state legislature, and other policymakers

Evaluation Planning Process: Participants



- NORC/Exchange senior staff working group
- Evaluation experts
- State partners
- Stakeholders/general public
- Exchange Board

Evaluation Planning Process: Steps



Presented in this Webinar

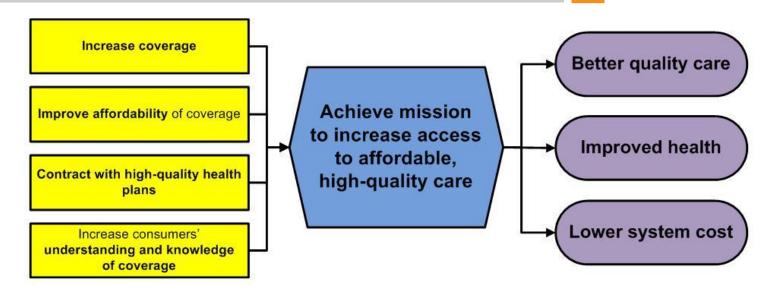
- Logic model
- Key evaluation domains and questions

Next Steps

- Selection <u>data sources and indicators</u> to inform progress toward meeting objectives
- Develop an <u>evaluation implementation plan</u> prior to open enrollment

Evaluation Plan: Logic Model





The Exchange and its partners will assess and work to reduce disparities across all domains.



The Logic Model was derived from the Exchange's mission statement.

Version 11/08/12

Evaluation Plan: Analytic Framework



- The evaluation will include whenever possible <u>separate</u> analyses across all domains and questions.
- Some key stratification groups include:
 - Benefit level, design, and plan
 - Race and ethnicity
 - Language
 - Region
 - Income
 - Education
- Determination of which segments to analyze will vary by evaluation question, data source, and sample size.

Evaluation Plan: Section 1 – Exchange Objectives (1 of 4)



- Increase Health Insurance Coverage
 - Evaluation Question 1: Has Covered California achieved its enrollment goals?

Evaluation Plan: Section 1 – Exchange Objectives (2 of 4)



- Improve Affordability of Coverage
 - Evaluation Question 2: Are Covered California enrollees offered affordable health insurance coverage?
 - Potentially indicated by:
 - Premium and out-of-pocket costs in the context of annual income
 - Forgoing needed care due to cost

Evaluation Plan: Section 1 – Exchange Objectives (3 of 4)



- Contract with High-Quality Health Plans
 - Evaluation Question 3: Do Covered California health plan choices offer as good or better quality for consumers compared to those offered outside the Exchange?

Evaluation Plan: Section 1 – Exchange Objectives (4 of 4)



- Increase Consumer Knowledge & Understanding of Coverage
 - Evaluation Question 4: Do Covered California enrollees demonstrate knowledge and understanding of the costs and benefits of their health insurance coverage?

Evaluation Plan: Section 2 – Intended Exchange Outcomes (1 of 2)



- Increased Access to Care
 - Evaluation Question 5: Do Covered California enrollees have access to high quality care?
 - Potentially indicated by:
 - Having a usual source of care
 - Receiving culturally and linguistically appropriate care

Evaluation Plan: Section 2 – Intended Exchange Outcomes (2 of 2)



- Improved Quality of Care & Experience of Care
 - Evaluation Question 6: Are Covered California enrollees able to get <u>appropriate clinical care and</u> <u>preventive services</u>?
 - Evaluation Question 7: Are Covered California QHP enrollees satisfied with their <u>health care providers</u> and office staff?
 - Evaluation Question 8: Are Covered California QHP enrollees satisfied with their <u>health plans</u>?

Evaluation Plan: **Section 3 – Long-term System Impacts**



For each system impact below, Covered California intends to work with state partners over the next decade and beyond to: monitor the long-term impacts of the ACA in CA; track changes over time; and compare CA to other states.

Better Quality Care

- Receiving appropriate clinical care and preventive services
- Satisfaction with healthcare providers and office staff
- Safe delivery of care

Improved Health

- Monitor statewide health outcomes
 - E.g., rates of child and adult obesity, death rates by disease, infant mortality

Lower System Cost

- Monitor proportion of state GDP spent on healthcare system
- Reduce waste, fraud, and abuse in healthcare system



Please send written comments by November 26th to

info@hbex.ca.gov

Thank You!



