

Health Reform Monitoring Survey (HRMS)

Survey Objective

RWJF's Monitoring and Tracking of the Implementation of the Affordable Care Act (ACA) project, begun in 2011, is assessing the implementation and impacts of the ACA at the national and state levels, with a focus on 11 study states—AL, CO, IL, MD, MI, MN, NM, NY, OR, RI, and VA. The impact analysis is addressing the effects of the ACA on health insurance coverage, access to and use of health care, and health care spending and affordability using national data sources, including the American Community Survey (ACS), the Behavioral Risk Factor Surveillance System (BRFSS), the Current Population Survey (CPS), the Medical Expenditure Panel Survey (MEPS), and the National Health Interview Survey (NHIS). Because of the timing of those surveys and the timing of the release of public use data from those surveys, there will be little information on ACA impacts based on those sources in 2014.

The Health Reform Monitoring Survey (HRMS) began in January 2013 to provide a baseline for rapid-cycle feedback on changes under the ACA in 2014 to supplement the other analyses under RWJF's Monitoring and Tracking project. The goal was to replicate key outcomes measures from the national surveys on insurance coverage, access to and use of health care, and health care affordability that will be part of the impact analysis using the national surveys on a more timely basis than is possible with the national surveys, as well as to provide information on additional topics that would help guide ACA implementation (e.g., information on outreach issues) and identify challenges with implementation (e.g., information on early experiences under the exchanges).

Survey Design

The HRMS is a stratified random sample of non-elderly adults 18 to 64. The stratification will allow for analyses of important subgroups defined according to income levels or groups of states, particularly the RWJF states that are the focus of the Monitoring and Tracking project. This projected sample size for the survey is roughly 7,500 per quarter, which will support statistical tests of relatively small minimum detectable differences over time and across key population groups.

Survey Content

Given the goal to supplement the analyses based on national surveys, the core survey instrument for adults draws largely on those national surveys and includes measures of:

- Physical and mental health status
- Usual source of care
- How long since routine checkup
- Provider access problems
- Current insurance coverage/uninsurance
- Uninsurance over the past year
- Satisfaction with current insurance coverage on various dimensions
- ESI offer (own or other family members)
- Unmet need for care (by type)
- Problems paying medical bills
- Amount of annual deductible
- Amount of OOP costs

Information is being collected on both nonelderly adults 18 to 64 and children 0 to 18. Data collection on children is beginning in June of 2013, with survey content that has been tailored to allow of a number of important outcomes that may be changing for children under the ACA. .

Beyond the core questions, topical modules will be fielded each quarter to address other topics. These may be questions that are asked one time (e.g., questions on health literacy) or questions that are asked on a regular basis each year (e.g., awareness of health insurance coverage options). For June, we are asking questions that are intended to inform outreach efforts, including awareness of health insurance coverage, awareness of sources of information on coverage options, and health insurance decision-making.

Survey Timing

The survey will be fielded once each quarter, in the final month of each quarter (March, June, September, and December). This is a shift from the initial plan to field the survey on a monthly basis. The data for first quarter 2013 was collected over the January-March period.

Products

Given that the objective of the HRMS is to provide rapid-cycle feedback, we will release short, targeted policy briefs on survey content within 1-3 months of survey fielding. The initial policy briefs based on the June 2103 HRMS have yet to be determined but may include (1) Strategies for reaching the uninsured who are likely to be eligible for the Medicaid expansion under the ACA, (2) Health insurance literacy and coverage choices, or (3) the adequacy of Medicaid coverage. Policy briefs in 2014 will focus on changes over time, building on the baseline data from 2013.

Supplemental Funding and Collaborations

We are currently seeking additional partners to support expanded samples in selected states or for selection populations (e.g., uninsured adults) and to support additional topical modules on key issues.