



EBSA Health Outcomes Metrics: Literature Scan

SUMMARY

The U.S. Department of Labor's (DOL) Employee Benefits Security Administration (EBSA) seeks to identify approaches to measure the impact of its work. The objectives of EBSA and CEO for this Health Outcomes Metrics project were to better understand the current landscape, best practices, and data sources related to approaches that federal and state agencies and the insurance industry use to estimate the impacts of their health-related enforcement actions/interventions.

EBSA and CEO were interested in identifying and understanding metrics—both existing and potential—that other health regulators, the insurance industry, and the academic literature use to assess the impacts of enforcement efforts related to changes to health benefits coverage, such as expanding or enhancing benefits and addressing inappropriate restrictions on benefits.

To address the research questions and provide an understanding of health plan oversight and enforcement measurement approaches, the American Institutes for Research (AIR) designed and implemented three study components which included a literature scan, key informant interviews, and a data source review. This report presents findings from the literature scan to provide an understanding of health plan oversight and enforcement measurement approaches. The literature scan findings reflect methods and data sources used by researchers, other regulatory entities/agencies, and the insurance industry to understand the impact of regulatory and enforcement actions and, more generally, to study health plans and related outcomes. These findings are intended to inform the approaches that EBSA could use to measure the impact of its enforcement actions and quantify corrections stemming from its investigations.

KEY TAKEAWAYS

The study team identified outcomes common throughout the studies and organized them, based on the content/focus, into four outcome categories: claims system/benefits management, service utilization, insurance coverage, and macro-level/long-term outcomes. The metrics most relevant to measuring the impact of EBSA's work were found within the three following categories described further below.

- **Claims system/benefits management metrics** such as *Plan design changes to meet regulatory coverage requirements* as well as those related to *Enforcement actions* are relevant as they examine the most immediate results of EBSA's work.
- **Service utilization metrics**, including rates of *Inpatient/outpatient visits* and *Access to and quality of care*, stand out due to their prevalence in the literature. They also relate to the kinds of changes EBSA's interventions can create, such as improving plan members' access to given benefits, and, therefore, utilization.
- **Insurance coverage metrics**, which primarily focus on capturing changes in *Spending/expenditures* (medication cost changes, total/average out of pocket-spending/max, etc.), are worth further exploration because they relate directly to



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some of the changes that EBSA's interventions can create in plans and benefit design.

Additionally, the AIR team reviewed the studies to identify common data sources used by academics, the insurance industry, and other regulatory agencies to estimate the impact of changes to health benefits coverage. Common types of data sources found in the literature included claims data, utilization data, complaints and grievance data, and market conduct and industry trend data.

[SEE FULL STUDY](#)

TIMEFRAME: 2012-2022

PARTNER AGENCY: Employee Benefits Security Administration

SUBMITTED BY: American Institutes for Research

SPONSOR: Chief Evaluation Office

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