



Profiles of Recent RAND Health Research

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For more than 40 years, RAND Health has been working to advance the understanding of health and health behaviors; to examine how the organization and financing of care affects costs, quality, and access; and to improve policy and decisionmaking through research and analysis.

Key Findings

Establishing State Health Insurance Exchanges: Implications for Health Insurance Enrollment, Spending, and Small Businesses

Eibner et al., RAND Corporation TR 825-DOL, 2010.

This analysis used RAND's COMPARE microsimulation model to estimate the likely impact of the recently enacted Patient Protection and Affordable Care Act (PPACA) on, among other outcomes, insurance coverage among employees of small firms (those with 100 or fewer employees). The model's results showed that the percentage of employees insured by small firms would increase under PPACA. These results are driven primarily by the presence of the individual mandate requiring people to have coverage, which will increase demand for employers to offer insurance to employees.

Grandfathering in the Small Group Market Under the Patient Protection and Affordable Care Act: Effects on Offer Rates, Premiums, and Coverage

Eibner et al., RAND Corporation OP-313, 2010.

Another set of policies under PPACA, designed to ensure that current coverage options do not change, exempts existing health insurance plans from certain regulations, a policy known as "grandfathering." This paper uses RAND's COMPARE microsimulation model to analyze the effects of grandfathering in the small group market. Results suggest that, while grandfathering may lead to slightly higher exchange premiums, grandfathering is also associated with higher employer-sponsored insurance enrollment and lower government spending. Therefore, grandfathering may be an effective policy if the goal is to maximize the number of people enrolled in employment-based coverage.

The Role of Faith-Based Organizations in HIV Prevention and Care in Central America

Derose et al., RAND Corporation MG-891-RC, 2010.

This study describes faith-based organizations' involvement in HIV/AIDS prevention and care in three Central American countries hard hit by this epidemic: Belize, Guatemala, and Honduras. The authors describe the range of FBO activities and assess the advantages of FBO involvement in addressing HIV/AIDS, such as churches' diverse presence and extensive reach, and the challenges to such involvement. The authors conclude with a discussion of possible ways that FBOs can address the HIV epidemic, both independently and in collaboration with other organizations.

The Quality of Care Provided to Hospitalized Patients at the End of Life

Walling et al., *Archives of Internal Medicine*, June 2010.

Patients admitted to a teaching hospital for an end-of-life illness generally received high-quality medical care, but this study identified a need for better care planning and symptom palliation, as well for improved communication between providers and families.

Diagnosing and Managing Common Food Allergies: A Systematic Review

Schneider et al., *The Journal of the American Medical Association*, May 2010.

This comprehensive study by the Southern California Evidence-Based Practice Center found that food allergies are a frequently diagnosed condition, yet variation in the measures used to make the diagnosis is limiting advancements in how to best treat patients with the condition.

Paying for Performance in Primary Care: Potential Impact on Practices and Disparities

Friedberg et al., *Health Affairs*, May 2010.

This study used a simulation model to examine the potential impact of performance-based payments among primary care practices in Massachusetts and found that typical practices serving higher shares of vulnerable populations would receive substantially less per practice compared to others. These findings suggest that pay-for-performance programs should monitor and address the potential impact of performance-based payments on health care disparities.

An Economic Evaluation of the War on Cancer

Lakdawalla et al., *Journal of Health Economics*, May 2010.

For decades, the US public and private sectors have committed substantial resources to cancer research, but the societal payoff has not been well-understood. This analysis quantified the value of recent gains in cancer survival and found that improvements in cancer survival between 1988 and 2000 created 23 million additional life-years and roughly \$1.9 trillion of additional social value.

Trends in Disability and Chronic Conditions Among People Ages 50 to 64

Martin et al., *Health Affairs*, April 2010.

The proportion of people ages 50-64 who reported needing help with personal care activities increased significantly from 1997 to 2007. This pattern contrasts with reported declines in disability among the population age 65 and older.

Physician Cost Profiling – Reliability and Risk of Misclassification

Adams et al., *The New England Journal of Medicine*, March 2010.

Increasingly common insurance plans that encourage patients to receive care from physicians who keep medical costs lower are based on unreliable estimates of doctor performance and may not achieve the intended savings.

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