Programs Driving Progress in Health Policy Research
A Compendium of Abt Associates’ Work in Health Policy Research
Why Abt Associates?

Improving the nation’s health has been a key focus of ours since our founding in 1965. Clients have sought our expertise to expand access to quality care; support payment policy and service delivery reforms; determine policy and program effectiveness; and reduce health disparities—recognizing that our solutions are rooted in evidence and framed in actionable terms.

**Our Core Competencies**

- Program Evaluation
- Health Care Financing and Health Economics
- Health Care Reform
- Health Policy Analysis
- Quality Measures and Public Reporting
Shaping Health Care Policy

Our work has shaped innovations in health policies and programs for a half century. We’ve steered important improvements in patient safety and the quality of nursing homes; enhanced Medicare and Medicaid payment systems; identified better ways to measure provider performance and quality across the continuum of care; and enabled individuals with a disability or chronic illness to receive home and community-based services.
OUR WORK

Program Evaluation

Abt Associates employs rigorous qualitative and quantitative methods to answer questions about policy impacts, program effectiveness and cost benefits of government and foundation initiatives to improve population health, service quality and cost-efficiency.

Assessing Long Term Services and Supports (LTSS) Practices at Aging and Disability Resource Centers

CLIENT: Administration on Aging

Through the use of mixed research methods, Abt Associates and prime contractor IMPAQ International informed the Agency’s understanding of whether Aging and Disability Resource Centers (ADRCs) had best practices that resulted in more integrated access to long-term services and supports, and if consumers who access ADRCs self-reported more positive experiences than consumers of other long-term service systems.

Evaluating Health Care Innovation Awards for Hospital Setting Interventions

CLIENT: Centers for Medicare & Medicaid Services (CMS)

Abt Associates is assessing hospital setting interventions aimed at delivering better, less expensive health care to Medicare, Medicaid, and CHIP beneficiaries. The evaluation is designed to examine clinician hiring and training, quality of care, readmissions and returns to the emergency department, use of acute and post-acute services, total episode costs of care, and patient satisfaction with care. Abt, with its partners, is employing a mixed methods approach that incorporates primary and secondary data collection and analyses from surveys, administrative data sets, and structured site reviews.


CLIENT: Centers for Medicare & Medicaid Services (CMS)

Abt assisted CMS with system and impact evaluations of the Real Choice Systems Change (RCSC) grants, including 18 System Transformation grants and 18 Person-Centered Planning grants. In addition, the evaluation examined how the efforts of the FY2005 Family-to-Family and Aging and Disability Resource Center grants supported systems change. Abt collected data for the evaluations through site visits, key respondent interviews, and web-based data reporting; and in the first year for each grant award, Abt provided technical assistance to System Transformation grantees as they developed their strategic plans and evaluation strategies.
Health Care Financing and Health Economics

Abt conducts data analyses, linking survey and administrative data sets across benefits, settings and systems. We also model health, social and economic impacts of policy or program decisions under study to inform implementation efforts and account for government and foundation investments.

**Home Health Value-Based Purchasing Implementation and Monitoring**

**CLIENT:** Centers for Medicare & Medicaid Services (CMS)

In 2016, CMS launched the Home Health Value-Based Purchasing (HHVBP) Model. The goals of HHVBP include incentivizing HHAs to provide better quality care with greater efficiency, enhance current public reporting processes, and study potential quality and efficiency measures for appropriateness in the home health setting. As lead contractor of the HHVBP implementation and monitoring, Abt’s role is to calculate performance scores and payment adjustments, report these results to both CMS and the HHAs, support development of new measures for the program, and to provide overall monitoring of the program. HHVBP represents an important step in moving Medicare home health payments more towards value-based payments, consistent with CMS’s overall delivery system reform goals.

**Assessing and Modeling Reforms to the Medicare Hospice Prospective Payment System**

**CLIENT:** Centers for Medicare & Medicaid Services (CMS)

Since 2011, Abt Associates has conducted comprehensive analyses of Medicare Hospice Benefit utilization for the Centers for Medicare & Medicaid Services (CMS).

This work helped identify vulnerabilities in the payment system, which led to Abt developing alternative hospice payment systems that better align payment with patient resource use.

Additionally, Abt has provided extensive operational and rulemaking support to CMS as they refine the payment system and implement large scale changes as mandated by the Affordable Care Act.

Abt’s work has contributed to the first major changes to the hospice payment system since the inception of the benefit in 1983. Starting in 2016, payment for Routine Home Care services will be based on the length of the beneficiary’s enrollment in hospice. Additionally, hospices have the ability to receive a service intensity adjustment if they provide certain services to their patients at the end of life.

**Home Health Prospective Payment System Case-Mix Methodology Changes**

**CLIENT:** Centers for Medicare & Medicaid Services (CMS)

Abt Associates is reassessing the home health prospective payment system and developing potentially large-scale payment methodology changes to the system to better align payment with patient needs and address undesirable payment incentives and vulnerabilities in the system.
Abt has conducted a number of empirical analyses including:

• Simulating the impact of new payment models that seek to eliminate vulnerabilities in the current payment system;
• Monitoring the current prospective payment system (PPS) and providing descriptive analysis of trends in utilization, beneficiary characteristics, and agency characteristics;
• Analyzing home health agency costs and Medicare margins under the current PPS and providing technical support for rebasing the home health payment rates;
• Assisting CMS in rulemaking related to current and future refinements to the PPS, including recalibration of the payment weights and calculation of predicted impacts of proposed system changes and updates on providers with certain characteristics; and
• Supporting CMS’s transition of the payment system from ICD-9 to ICD-10 by refining the case-mix classification algorithm that was created using ICD-9 diagnosis codes.

Analysis of Medicaid and CHIP Waiver and State Plan Amendment Authorities

CLIENT: Medicaid and CHIP Payment Access Commission (MACPAC)

Under contract with the Medicaid and CHIP Payment Access Commission (MACPAC), Abt Associates evaluated statutory, regulatory, and policy guidance as well as current application and approval processes for demonstration/program waivers and state-offered alternatives to waivers. Abt and its partners collected data and presented a comprehensive waiver-by-waiver summary of findings in an interim report for inclusion in MACPAC’s Report to Congress. We also conducted interviews with Medicaid experts and thought leaders in the field to gain further insight into the status and efficacy of existing programs. Drawing from the findings and interviews, Abt identified 10 potential options for changes to waiver and/or state plan authorities and presented these to MACPAC.
Health Care Reform

With the execution of the Affordable Care Act (ACA), CMS’s Center for Medicare & Medicaid Innovation (CMMI) was established to design, test and evaluate service delivery reform models and take successful models to scale. Achieving these aims in the aggressive timeframes required by the ACA calls for the application of proven health services research competencies tempered by insight into service delivery and care financing methods. Abt’s knowledge of legacy programs and systems across the nation, combined with an understanding of CMMI priorities and methods is critical to parsing effects of model demonstrations from those driven by other factors in the delivery and financing environment.

Evaluation of Accountable Care Organizations

**CLIENT: L&M Policy Research and the Centers for Medicare & Medicaid Services (CMS)**

Accountable Care Organizations (ACOs) were enacted under the Affordable Care Act (ACA) to respond to concerns about patient quality of care and rising health care costs. ACOs are groups of providers who come together voluntarily to give coordinated care to the Medicare patients they serve.

Abt Associates is assisting L&M Policy Research in evaluating the effectiveness of ACOs in reducing expenditures relative to traditional Medicare fee-for-service and assessing early markers of ACO success. The evaluation is focused on measuring the success of ACO programs in achieving lower costs and improvements in quality of care. The mixed methods evaluation also includes in-depth analyses of the structure and processes of ACOs intended to contribute to the identification of best practices.

Abt is contributing to the conceptualization, design, and implementation of the quantitative and qualitative aspects of the project. Quantitative analysis will consider changes in access and utilization patterns and unintended consequences of the ACO model. Qualitative analyses will address the structure and processes of ACOs and contribute to a national rapid-cycle evaluation of best practices.

Evaluation of the Accountable Care Organization Investment Model

**CLIENT: Centers for Medicare & Medicaid Services (CMS)**

Abt was recently awarded a contract by CMS to design and conduct an evaluation of the Accountable Care Organization (ACO) Investment Model (AIM). The AIM is an ACO model created through the Center for Medicare and Medicaid Innovation for existing or new Medicare Shared Savings Program (MSSP) ACOs. It was developed to encourage participation from ACOs that lack access to capital by offering up-front initial and ongoing payments. The goals of the evaluation are to assess whether the funds provided to AIM ACOs result in increased MSSP participation, sustained ACO participation in the MSSP, and increased willingness to accept greater levels of risk. The study team will involve the collection of both quantitative and qualitative data, mixed methods analysis and rapid-cycle reporting.
Evaluation of the Bundled Payment for Care Initiative

CLIENT: The Lewin Group and the Centers for Medicare & Medicaid Services (CMS)

Some Medicare payments are made based on where care is provided such as inpatient, outpatient and home health. Concerned that this approach causes inefficient and fragmented care, CMS is piloting innovative new “bundled” payment models with select providers, covering all services a patient needs for an entire episode of care.

A multi-company evaluation team is using mixed methods and multiple data sources to assess the impact of bundled payments on quality of care and Medicare expenditures. Abt and Abt SRBI are assessing patient satisfaction, access to services, recovery, quality of care provided in post-acute settings, and market impacts. This program could ultimately lead to more coordinated and higher quality care at a lower cost to Medicare.

Evaluation of the Medicaid Innovation Accelerator Program (IAP) Technical Assistance (TA) Activities

CLIENT: Centers for Medicare & Medicaid Services (CMS)

Abt is evaluating the technical assistance provided to states to accelerate Medicaid innovations related to program priority areas such as: substance use disorders; beneficiaries with complex needs; community integration to support long-term services and supports; and physical and mental health integration.

Evaluation of the Oncology Care Model (OCM)

CLIENT: Centers for Medicare & Medicaid Services (CMS)

Abt is conducting a mixed methods evaluation of the impact of the OCM on all-cause mortality, quality of end-of-life care, medication management, disparities in cancer care, impacts of other payer participation, and unintended consequences.
Assessing Emerging Issues Related to ACA Implementation: The Future of Ryan White Services: A Snapshot of Outpatient Ambulatory Medical Care

CLIENT: The Health Resources and Services Administration

This study assessed the status of Ryan White HIV/AIDS Program (RWHAP) services during the early and later stages of implementation of the Affordable Care Act (ACA). This research involved sampling 30 Ryan White provider sites, analyzing service utilization and clinical outcomes data, and conducting interviews with clinical and other care providers to assess the impact of the ACA on RWHAP providers and their Ryan White clients.

Ryan White HIV/AIDS Program Outcomes within the Context of the ACA

CLIENT: The Health Resources and Services Administration

Abt together with its partners is evaluating the effect of the Affordable Care Act on the health outcomes, service utilization, and gaps in care for HIV-positive persons. The study will assess how RWHAP provider sites meet the needs of clients under the variety of health care coverage types that clients are experiencing and focus on the health care needs of persons living with HIV/AIDS. The study will utilize data from medical records, provider interviews and site surveys.
Health Policy Analysis

Abt’s expertise in policy assessment and analytics provides regular feedback, background analysis, impact analysis, and recommendations for local, state, and federal clients around the world. We have completed systematic and in-depth literature reviews, developed and pilot-tested data collection instruments and protocols, analyzed nationally representative survey data from HHS and other federal agencies, collected primary data from state and local agencies and community-based organizations, analyzed state-level strategic plans, abstracted data from federal and state databases, and engaged stakeholders in active discussions about key policy and program issues. Our analyses routinely contribute to state and federal policy, programmatic, and budgetary decision making.

Massachusetts Health Policy Commission Behavioral Health and Substance Use Disorder Consulting Services

CLIENT: Massachusetts Health Policy Commission

Abt provided consulting services to the Massachusetts Health Policy Commission to refine and/or develop new policy recommendations related to behavioral health integration and substance use disorder treatment services. The work involved a comprehensive review of state substance use and behavioral health service policies relating to opioid use and abuse; synthesis of findings; review of the evidence base for existing standards to measure behavioral health integration into primary and physical health care settings; engagement of state and community stakeholders for their thoughts and feedback on said standards; an inventory of four states’ current ACO credentialing processes, specifically as they relate to behavioral health service integration; and a summary report and recommendations to the Health Policy Commission.

Evaluation of Meaningful Use Stage 3

CLIENT: Agency for Healthcare Research and Quality

The Health Information Technology Policy Committee (HITPC) developed objectives and certification criteria for Meaningful Use Stage 3 (MU3), with a Notice of Proposed Rule-Making released recently. In collaboration with the HITPC, AHRQ funded twelve projects to gather feedback on the draft MU3 objectives and criteria that could inform the HITPC’s final proposed language. As one of the funded projects, Abt Associates, in partnership with Geisinger Health System and Intermountain Healthcare, conducted pilot implementation of select MU3 objectives and certification criteria in the Patient and Family Engagement, Care Coordination and Interoperability domains. The purpose of the collaboration was to gain feedback on ways to enhance the feasibility and value of these objectives for MU3 participants. To gain a broader industry perspective, we also assembled a panel of senior IT professionals from hospitals and health systems currently working to complete Meaningful Use Stages 1 and 2.
Evaluation Services to Support the Community Hospital Acceleration, Revitalization and Transformation (CHART) Investment Program

CLIENT: The Commonwealth of Massachusetts Health Policy Commission (HPC)

The HPC made 25 investments in community hospitals in Massachusetts, primarily targeting high-utilizing and behavioral health patient populations. Abt Associates designed a mixed methods evaluation plan to assess the impact, scalability, and sustainability of the individual investments, as well as the program as a whole. The design entailed creation of a unifying evaluation framework and development of a schedule for providing timely, formative feedback to the HPC. Abt also provided a menu of options and recommendations regarding qualitative and quantitative sources of data and specification of measures to capture changes in health care spending, utilization, and overall system transformation.

Study of Safety Net Accountable Care Organizations (ACOs)

CLIENT: Medicaid and CHIP Payment and Access Commission

From 2014 to 2015, Abt and partner Bailit Health Purchasing implemented a study of Safety Net Accountable Care Organizations (ACOs) by conducting a systematic environmental scan and claims-based data analysis to determine how safety net providers are organizing into Medicaid ACOs, and identifying the functionalities required to succeed in such arrangements. The team synthesized results in a report prepared for Medicaid and CHIP Payment and Access Commission (MACPAC) Commissioners, a final version of which is now available on MACPAC’s website.
Quality Measures and Public Reporting

Abt aligns its work on quality measures and public reporting with the National Quality Strategy established as part of the Affordable Care Act. The Strategy serves to channel the nation’s attention on quality improvement efforts and an approach to measuring quality. It is guided by three objectives: 1) to improve overall quality of care, 2) to improve the health of the U.S. population, and 3) to reduce the cost of quality health care for individuals, families, employers, and government. To gauge progress in reaching these objectives, Abt is providing quality measure implementation and development services to CMS in a variety of health care settings and supporting CMS in developing and testing new clinical quality measures, building risk adjustment models for the measures, and publicly reporting quality measures on Medicare.gov.

Improving Hospital Quality through eMeasures

CLIENT: Centers for Medicare & Medicaid Services (CMS)

To support the use of robust metrics to drive hospital quality improvement, Abt Associates identified new potential clinical quality measures and retooled existing clinical quality measures (CQMs) to be used in the incentive payment program. This work entailed developing and/or refining the data elements, logic and value sets of individual paper-based CQMs, supporting de novo eCQM development and testing, and documenting these in the Measure Authoring Tool (MAT) to develop eMeasures, in accordance with the CMS Blueprint.
Nursing Home Compare
CLIENT: Centers for Medicare & Medicaid Services (CMS)

Since 2008, Abt Associates has worked closely with CMS to develop implement, refine and support the Five-Star Quality Rating System for nursing homes that is part of CMS’s Nursing Home Compare website. The ratings—a set of “stars” grading the quality of each of the nation’s more than 16,000 nursing facilities participating with Medicare or Medicaid—are designed to help consumers gauge the differences in quality among nursing homes. Ratings are based on a set of quality measures including a nursing facility’s staffing levels, performance on annual health inspection surveys, and other measures derived from the Minimum Data Set (MDS). Nursing homes are given an overall rating as well as a rating of each of the domains of quality.

Abt provided significant analytic input into the development of the Five-Star Quality Rating System, including exploring the statistical distribution of potential measures, the results of alternative specifications of the rating system, as well as securing input from a Technical Expert Panel of leading researchers in long-term care, and stakeholder input from consumer and provider groups.

OASIS Quality Measures
CLIENT: Centers for Medicare & Medicaid Services (CMS)

Under the Outcomes and Assessment Information Set (OASIS) Quality Measure Development and Maintenance MIDS task order contract, Abt, in collaboration with its partners, is developing and testing quality measures suitable for public reporting and value-based purchasing for home health care. The Abt team is also assisting CMS with development of the five-star quality rating system for home health. We maintain previously developed process, outcome, and potentially avoidable event measures based on OASIS assessment data and have overseen a comprehensive revision of the OASIS instrument.
Our Team

We are economists, clinicians, health researchers, epidemiologists, methodologists, health care operations managers, and public health professionals—delivering data-driven solutions, innovative modeling and high level technical assistance to improve the nation’s health.

Abt Associates is a mission-driven, global leader in research and program implementation in the fields of health, social and environmental policy, and international development. Known for its rigorous approach to solving complex challenges, Abt Associates is regularly ranked as one of the top 20 global research firms and one of the top 40 international development innovators. The company has multiple offices in the U.S. and program offices in more than 40 countries.

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