

Appendix A: Overview of OTA Assessment: Technology, Insurance, and the Health Care System

Background

Congress has been concerned for many years with serious and growing problems of health care costs, access, and quality. In response to a request from the Senate Committee on Labor and Human Resources (Edward M. Kennedy, Chairman) that was endorsed by the House Committee on Energy and Commerce (John D. Dingell, Chairman), the House Committee on Ways and Means Subcommittee on Health (Willis D. Gradison, then Ranking Minority Member), and Senator Charles E. Grassley (Committees on Budget, Finance, Special Committee on Aging), the Office of Technology Assessments (OTA's) assessment, *Technology, Insurance, and the Health Care System*, addresses these congressional concerns by focusing on the following issues:

1. What does the available literature say about the impact of health insurance on access to care and patient health outcomes?
2. Can a minimum benefit package for uninsured people be fashioned from the perspective of effectiveness and cost-effectiveness?

In addition, Senator Ted Stevens (as a member of the Technology Assessment Board) asked OTA to examine an additional question under the auspices of this assessment:

3. What cost implications do the leading types of health care reform proposals have in seven areas: health care spending and savings; Federal, State, and local budgets; employers (large and *small*); employment; households (low-, middle-, and upper-income); other costs in the economy; and administrative costs?

The assessment was approved by the Technology Assessment Board in April 1991, and began in July, 1991. In June 1992, the letter was received from Senator Stevens. An advisory panel for the overall assessment was formed in November 1991. The advisory panel met in January 1992, December 1992, and in May 1993.

Documents Produced as Part of the Assessment

The following documents have been or will be available as part of the assessment.

Publications Available From the U.S. Government Printing Office

Does Health Insurance Make a Difference? (OTA-BP-H-99).

This interim report, requested by the U.S. Senate Labor and Human Resources Committee, summarizes the state of the literature on the relationships among insurance coverage, access, and patient health outcomes; provides a conceptual framework for evaluating access to health care and the health effects of such access; and provides an overview of insured and uninsured populations in the United States as of 1990. The background paper is available from the U.S. Superintendent of Documents (phone number 202/275-3030; address: Washington, DC 20402; GPO stock number 052-003-01301-1, \$5.00 per copy) or, for congressional purposes, from OTA (49241).

An Inconsistent Picture: A Compilation of Analyses of Economic Impacts of Competing Approaches to Health Care Reform by Experts and Stakeholders (OTA-H-54).

This report compiles and summarizes available analyses of the economic impacts of four major competing approaches to health care reform (popularly known as “single payer,” “play-or-pay,” “individual vouchers or tax credits,” and “managed competition”). The report was requested by Senator Ted Stevens, and was released in June 1993. The report is available for public use from the U.S. Superintendent of Documents (phone number 202/783-3238; address: P.O. Box 371954, Pittsburgh, PA 15250-7954; GPO stock number 052-003-01327-4, \$8.00 per copy) or, for congressional purposes, from OTA (49241).

Benefit Design Series-Publications from this series of reports explore issues involved in designing a benefit package based on effectiveness and cost-effectiveness, in relation to other critical factors in benefit design. Two of the topics (clinical preventive services; mental health/substance abuse) were chosen in part because of Congressional interest in them as contentious, ‘gray’ areas in benefit design and in part because of OTA’s already-existing expertise in the topics. Patient cost-sharing was in some respects a new area for OTA, but was an issue of particular importance in the benefit design debates. The general issues report will pull together lessons learned about benefit design from the other reports in the Benefit Design Series and from other sources, including previous work by OTA. The reports in this series are:

Benefit Design in Health Care Reform: Report #1—Clinical Preventive Services (September 1993).

This report addresses issues pertaining to insurance coverage of clinical preventive services. The report describes how information on effectiveness and cost-effectiveness can, and cannot, be used for purposes of insurance benefit design and for improving access to effective clinical preventive services.

Benefit Design in Health Care Reform: Background Paper-Patient Cost-Sharing (September 1993).

This background paper describes what is known, and not known, about the effects of patient cost-sharing on the use of health care services, expenditures, and health outcomes based on a review of the literature.

Benefit Design in Health Care Reform: Report #2—Mental Health and Substance Abuse Treatment Services (in preparation).

This report addresses issues pertaining to insurance coverage for mental health and substance abuse services. The report emphasizes the role that scientific data on efficacy, effectiveness, and cost-effectiveness can, and cannot, play in the design of insurance benefits for mental health and substance abuse treatment.

Benefit Design in Health Care Reform: Report #3-General Policy Issues (in preparation).

This report reviews policy issues related to the topic of designing benefit packages based on effectiveness and cost-effectiveness in relation to other factors such as public preferences, professional judgment, and political concerns.

Background Papers Available Only From OTA

These background papers are available from OTA. For Congressional use call 49241, and for public use, call 202/228-6590.

Health Insurance: The Hawaii Experience Background Paper (OTA-BP-H-108). (June 1993).

This Background Paper provides a detailed look at the State that is often considered a model for what other States can do to help provide universal or near-universal health insurance coverage for their residents. Unfortunately, valid data were not available to demonstrate either the overall financial costs of Hawaii’s approach or the health effects on residents.

Coverage of Preventive Services: Provisions of Selected Current Health Care Reform Proposals (OTA-BP-H-110). (October 1992).

This background paper summarizes the provisions of selected congressional (102d Congress) and private health care reform proposals with respect to the coverage of clinical preventive services.

Contractor Papers Available from National Technical Information Service or from the Authors *Primary Care for the Uninsured: A Review of the Literature*

Paper prepared under contract to OTA by David Blumenthal, M. D., M. P., P., Elizabeth Mort, M. D.,

M. P. H., and Jennifer N. Edwards, M.H.S., Health Policy Research and Development Unit, General Internal Medicine, Massachusetts General Hospital (May 1993).

The Relationship among Insurance Coverage, Access to Services and Health Outcomes: Case Study of Depression

Paper prepared under contract to OTA by Thomas McGuire, Ph. D., Department of Economics, Boston University, Boston, MA (July 1993).

Nonfinancial Barriers to Access to Health Care

Paper prepared under contract to OTA by Joanne Lukomnik & M. D., New York, NY (in preparation for October 1993).

Other Contractor Papers to be Available from OTA or GPO

Insurance Status and Health Care Utilization: Analysis of Four Data Bases and Cost Implications for Universal Coverage & Background Paper

Paper in preparation under contract to OTA and CRS, by Steven Long and M. Susan Marquis, Rand Corporation, Washington, DC (in preparation).

This background paper is scheduled to be available in January 1994; plans for distribution are not yet final.

Lasers in Health Care: Coverage Decisions

The results of this survey, being conducted under contract to OTA by Neil Powe, M. D., M. B.A., M. P. H., and Claudia Steiner, M.D., M. P. H., Johns Hopkins University, are scheduled to be available in September 1994. Plans for distribution of the results are not yet final.