

Tulane University
School of Public Health and Tropical Medicine
HPAM 7660 – Health Policy Analysis
Week 10 Reading/Audio Guide Discussion Questions

March 19th and March 21st Reading/Audio Guide Discussion Questions – Please submit through Canvas no later than March 19th at 1:00pm.

Khullar and Jena (2021) – “Natural Experiments” in Health Care Research

- What defines a natural experiment?
- Why might using a natural experiment to estimate the average treatment effect of an intervention be favorable to using an observational study?

Allen et al. (2013) – The Oregon Health Insurance Experiment: When Limited Policy Resources Provide Research Opportunities:

- Who was eligible for enrollment in the OHP Plus and the OHP Standard Programs?
- When Oregon reopened the OHP Standard Program in 2008, how did they determine who would be eligible to apply for coverage?
- According to the authors, “Results from the randomized evaluation showed that Medicaid substantially improved self-reported health. However, if we analyzed the same data using observational methods rather than taking advantage of the randomization, results suggested that Medicaid actually worsens these same self-reported health measures.” What do you think explains these contradictory results of the effect of Medicaid coverage on health?

Frakt on Medicaid and the Oregon Medicaid Study (<https://www.econtalk.org/frakt-on-medicaid-and-the-oregon-medicaid-study/>) *FYI...the discussion moves away from the Oregon Study and evolves into a discussion of the benefits of insurance in general at about the 38 minute mark. It’s a good conversation, but not necessary to answer the following questions:*

- How many people applied for the Oregon Medicaid Lottery? How many were selected to apply for Medicaid? How many of those selected actually enrolled in Medicaid?
- Who made up the “treatment group” and the “control group” in the experiment?
- The Oregon Medicaid Study found no statistically significant effects of winning the lottery on biometric measures of health. Frakt argues that we *should not* interpret these findings as evidence that Medicaid does not improve health. Why not?

Manzi on the Oregon Medicaid Study, Experimental Evidence, and Causality

(<https://www.econtalk.org/jim-manzi-on-the-oregon-medicaid-study-experimental-evidence-and-causality/>):

- Manzi notes that nearly half of the Oregon lottery winners failed to actually enroll in Medicaid. What conclusions does he draw from this information? Do you agree with his conclusions?
- Roberts and Manzi discuss the concept of the intent-to-treat (ITT) estimate as it relates to the Oregon Medicaid Study. In this case, the ITT estimate is *not* the estimated effect of gaining Medicaid coverage. Why don’t we focus on the estimated effect of gaining Medicaid coverage instead of the ITT effect? How is this distinction between ITT and the effect of gaining Medicaid coverage related to the concept of external validity?
- At one point in the discussion Roberts argues that a 1 percentage point change in blood pressure that results from gaining Medicaid coverage might be statistically significant, but that the change is too small to be meaningful. Manzi argues against this interpretation. What’s his objection?
- What’s the “Peltzman Effect” and how does it apply to the findings from the Oregon Health Study?