One County’s Experience With Health Care

The Challenge: Health care reform has received substantial attention with the passage of the Affordable Care Act (ACA). During the next few years, states and the federal government likely will be seeking solutions to control costs and improve quality in the ACA’s insurance marketplaces. There is still much to learn about improving efficacy and efficiency in health care.

Project Goal: Wisconsin state employees choose their health insurance in the Wisconsin State Employee Health Plan, an insurance exchange. Researchers have long noted that premiums in Dane County (which includes the city of Madison) are significantly lower than those in Wisconsin’s other 71 counties. This project sought to explain the reasons for that difference and establish a health policy research partnership between the Community Advocates Public Policy Institute (PPI) and UW-Madison Professor John Mullahy, an economist specializing in health economics.

Results: The project team identified the following four variables as potential areas to explore in future research to more fully understand the relationship between health care plan offerings and costs.

1. The number of health care plans offered in the county’s exchange.
2. The size of the county exchange pool’s membership as a percent of the county’s private insurance market (23.58 percent).
3. The number of health care plans in the county’s exchange that are integrated delivery systems.
4. The quality of the health care plans offered in the county’s exchange.

The team did acknowledge that other explanatory variables (such as hospital reimbursement rates, number of hospitals in the county, physician-to-patient ratio and health of the population) may contribute to Dane County’s experience of being able to offer health plans with lower premiums.


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Academic Partner: John Mullahy, PhD, UW School of Medicine and Public Health, Department of Population Health Sciences

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