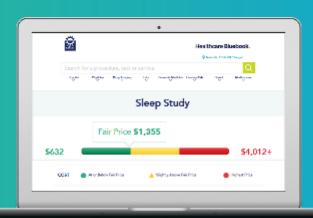
OVERPAY FOR HEALTHCARE AGAIN







THE EFFECTS OF CONSUMERISM:

WINNERS & LOSERS I. Market overview

II. Price and quality transparency

III. Results and outcomes

IV. Trends in employer purchasing

V. Lessons learned

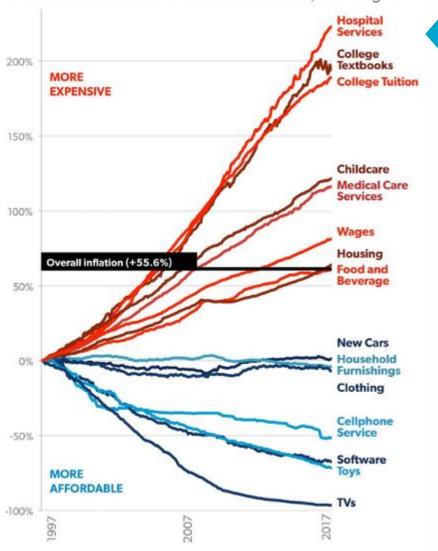


HEALTHCARE INFLATION

CONSUMER
GOODS

Price changes (Jan. 1997–Dec. 2017)

Selected US Consumer Goods and Services, and Wages





Utilization down, spending still up. Price is *the* issue.

March 13, 2018

Health Care Spending in the United States and Other High-Income Countries

Irene Papanicolas, PhD^{1,2,3}; Liana R. Woskie, MSc^{1,2,3}; Ashish K. Jha, MD, MPH^{1,2}

Author Affiliations

JAMA. 2018;319(10):1024-1039. doi:10.1001/jama.2018.1150



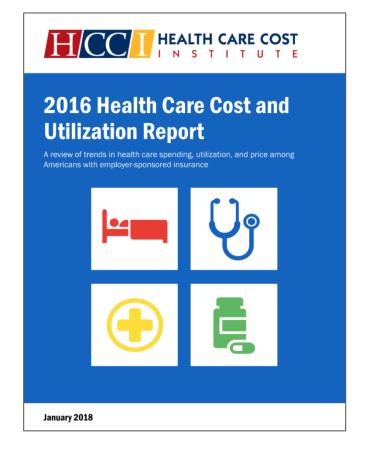
Abstract

Importance Health care spending in the United States is a major concern and is higher than in other high-income countries, but there is little evidence that efforts to reform US health care delivery have had a meaningful influence on controlling health care spending and costs.

Objective To compare potential drivers of spending, such as structural capacity and utilization, in the United States with those of 10 of the highest-income countries (United Kingdom, Canada, Germany, Australia, Japan, Sweden, France, the Netherlands, Switzerland, and Denmark) to gain insight into what the United States can learn from these nations

Evidence Analysis of data primarily from 2013-2016 from key international organizations including the Organisation for Economic Co-operation and Development (OECD), comparing underlying differences in structural features, types of health care and social spending, and performance between the United States and 10 high-income countries. When data were not available for a given country or more accurate country-level estimates were available from sources other than the OECD, country-specific data sources were used.

Findings In 2016, the US spent 17.8% of its gross domestic product on health care, and spending in the other countries ranged from 9.6% (Australia) to 12.4% (Switzerland). The proportion of the population with health insurance was 90% in the US, lower than the other countries (range, 99%-100%), and the US had the highest proportion of private health insurance (55.3%). For some determinants of health such as smoking, the US ranked second lowest of the countries (11.4% of the US population ±15 years smokes daily; mean of all 11 countries, 16.6%), but the US had the highest percentage of adults who were overweight or obese at 70.1% (range for other countries, 23.8%-63.4%; mean of all 11 countries, 55.6%). Life expectancy in the US was the lowest of the 11 countries at 78.8 years (range for other countries, 80.7-83.9 years; mean of all 11 countries, 81.7 years), and infant mortality was the highest (5.8 deaths per 1000 live births in the US; 3.6 per 1000 for all 11 countries). The US did not differ substantially from the other countries in physician workforce (2.6 physicians per 1000; 43% primary care physicians), or nursing workforce (11.1 nurses per 1000). The US had comparable numbers of hospital beds (2.8 per 1000) but higher utilization of magnetic resonance imaging (118 per 1000) and computed tomography (245 per 1000) so ther countries. The US had similar rates of utilization (US discharges per 1000 over e102 for acute myocardial infarction, 365 for pneumonia, 230 for chronic obstructive pulmonary disease; procedures per 100 000 were 204 for hip replacement, 226 for knee replacement, and 79 for coronary



Rising Prices Drive Pace of Health Spending Increase

Healthcare spending spikes as Americans use less care

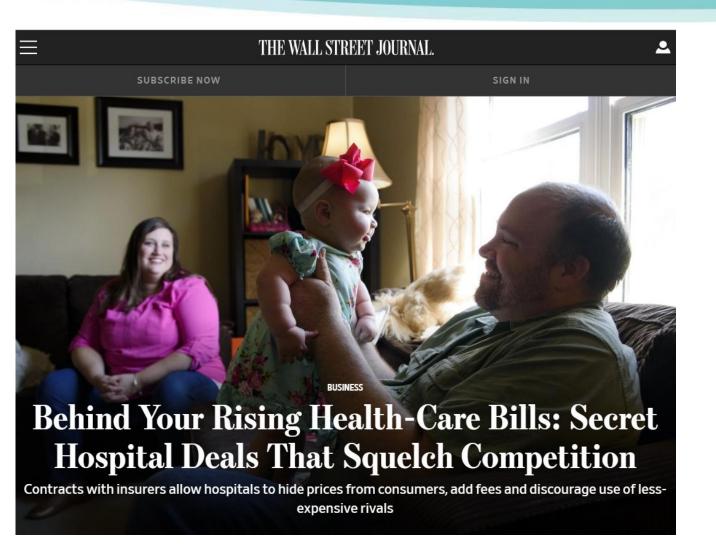
HCCI

U.S. Continues to Spend Much
More on Health Care than
Other Countries, Driven by Prices
of Physician and Hospital
Services, Pharmaceuticals

JAMA



Network conflicts viewed as a barrier to delivering more value for consumers and employers



"Contracts with insurers allow hospitals to hide prices from consumers, add fees and discourage use of less expensive rivals"

THE COST PROBLEM



PRICE VARIANCE REPORT Market | Nashville, TN

MARKET BASKET OF COMMON PROCEDURES	LOW PRICE	HIGH PRICE	VARIANCE
1 Colonoscopy (screening)	\$3,877	\$17,674	456%
2 Shoulder MRI (no contrast)	\$1,639	\$7,843	479%
3 Sleep Study	\$2,287	\$13,384	585%
4 Chest CT (no contrast)	\$939	\$5,252	559%
5 Knee Arthroscopy	\$8,388	\$37,531	447%
6 Upper Gastrointestinal Endoscopy (no biopsy)	\$3,472	\$16,490	475%
7 Abdominal Ultrasound	\$431	\$2,579.00	598%
8 Cataract Surgery	\$7,601	\$34,681	456%
9 Heart Perfusion Imaging	\$2,461	\$15,827	643%
10 Ear Tube Placement (Tympanostomy)	\$5,450	\$22,921	421%
		Average Market Variance	512%

\$2.50

\$12.80

512%

EQUIVALENT VARIANCE IN A GALLON OF GAS

PRICE VARIANCE REPORT Market | Dallas, TX

MARKET BASKET OF COMMON PROCEDURES	LOW PRICE	HIGH PRICE	VARIANCE
1 Colonoscopy (screening)	\$1,275	\$7,609	597%
2 Shoulder MRI (no contrast)	\$285	\$4,036	1416%
3 Sleep Study	\$723	\$5,232	724%
4 Chest CT (no contrast)	\$194	\$1,762	908%
5 Knee Arthroscopy	\$2,135	\$17,347	813%
6 Upper Gastrointestinal Endoscopy (no biopsy)	\$1,381	\$7,102	514%
7 Abdominal Ultrasound	\$101	\$732.00	725%
8 Cataract Surgery	\$2,183	\$8,551	392%
9 Heart Perfusion Imaging	\$522	\$6,361	1219%
10 Ear Tube Placement (Tympanostomy)	\$1,644	\$9,110	554%
		Average Market Variance	786%
EQUIVALENT VARIANCE IN A GALLON OF GAS	\$2.50	\$19.65	786%

PRICE VARIANCE REPORT Market | Chicago, IL

MARKET BASKET OF COMMON PROCEDURES	LOW PRICE	HIGH PRICE	VARIANCI
1 Colonoscopy (screening)	\$769	\$5,660	736%
2 Shoulder MRI (no contrast)	\$435	\$2,829	650%
3 Sleep Study	\$732	\$3,938	538%
4 Chest CT (no contrast)	\$257	\$1,899	739%
5 Knee Arthroscopy	\$1,887	\$23,935	1268%
6 Upper Gastrointestinal Endoscopy (no biopsy)	\$960	\$5,704	594%
7 Abdominal Ultrasound	\$115	\$483	420%
8 Cataract Surgery	\$2,307	\$11,830	513%
9 Heart Perfusion Imaging	\$793	\$6,670	841%
10 Ear Tube Placement (Tympanostomy)	\$1,890	\$8,775	464%
		Average Market Variance	676%

\$2.50

\$16.91

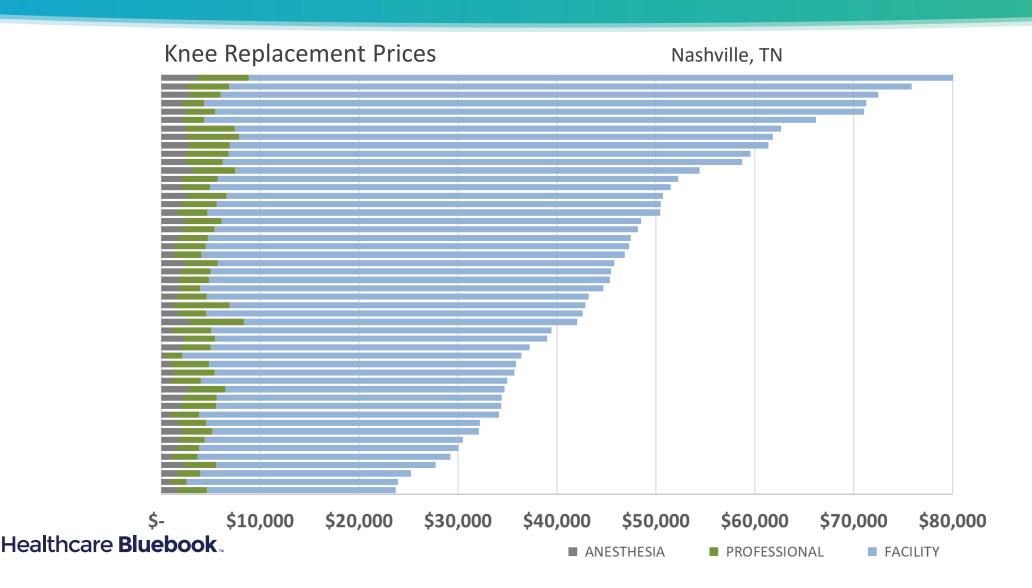
676%

PRICE VARIANCE REPORT Market | New York, NY

MARKET BASKET OF COMMON PROCEDURES	LOW PRICE	HIGH PRICE	VARIANCE
1 Colonoscopy (screening)	\$1,818	\$12,582	692%
2 Shoulder MRI (no contrast)	\$627	\$4,724	753%
3 Sleep Study	\$1,157	\$6,167	533%
4 Chest CT (no contrast)	\$341	\$2,150	630%
5 Knee Arthroscopy	\$3,756	\$28,318	754%
6 Upper Gastrointestinal Endoscopy (no biopsy)	\$1,661	\$11,351	683%
7 Abdominal Ultrasound	\$209	\$2,680.00	1282%
8 Cataract Surgery	\$3,173	\$18,221	574%
9 Heart Perfusion Imaging	\$1,064	\$7,761	729%
10 Ear Tube Placement (Tympanostomy)	\$2,981	\$24,654	827%
		Average Market Variance	746%

EQUIVALENT VARIANCE IN A GALLON OF GAS	\$2.50	\$18.65	746%

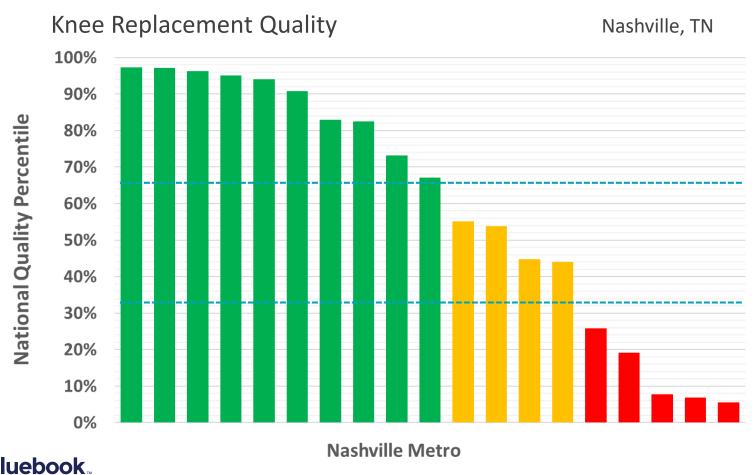
What's Behind the Price Variance?



THE QUALITY PROBLEM



Facility Quality Varies as Much as Price



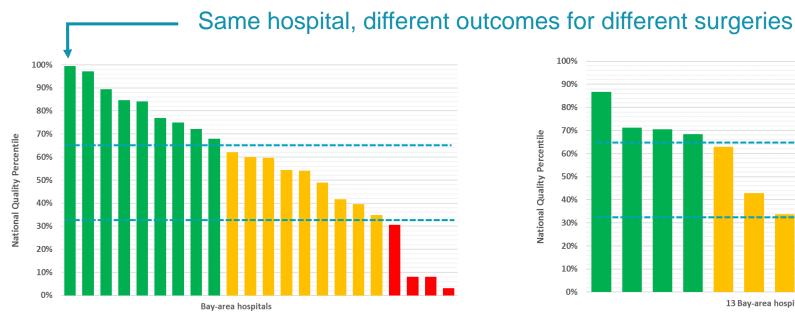


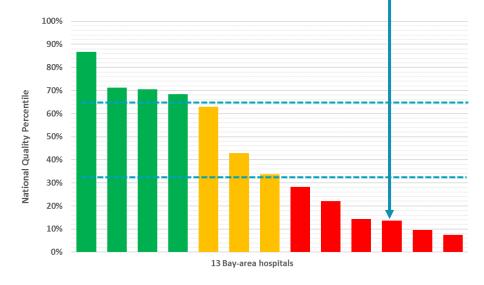
Hospitals may do everything, but they are not *great* at everything...



CA Example: Hospital Quality







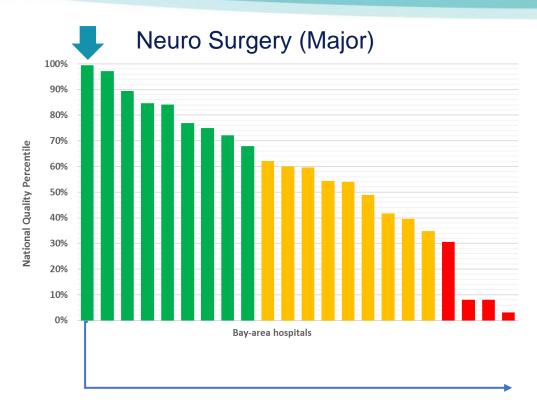
Neuro Surgery (Major)

- 99th Percentile Nationally
- out of 22 in Bay-area
- 5 out of 1,148 nationally

Bariatric Surgery

- 10th Percentile Nationally
- 23 out of 24 in Bay-area
- 690 out of 900 nationally

A great hospital \neq A great doctor



Physicians Performing Complex Neuro Surgery



Physician	Specialty	Bluebook Quality Rating
Physician 1	Neurological Surgery	•
Physician 2	Neurological Surgery	•
Physician 3	Neurological Surgery	•
Physician 4	Neurological Surgery	•
Physician 5	Neurological Surgery	•
Physician 6	Neurological Surgery	•
Physician 7	Neurological Surgery	•
Physician 8	Neurological Surgery	•



ADDRESSING VARIATIONS





PRICE +QUALITY TRANSPARENCY



COST



Highest Quality



At or Below Fair Price



Average Quality

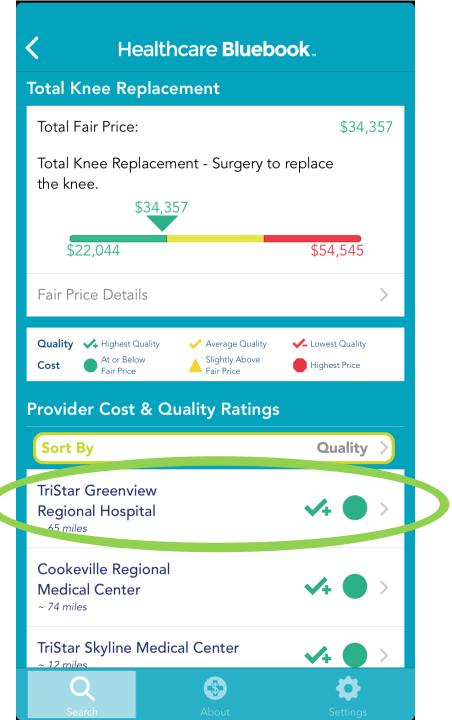


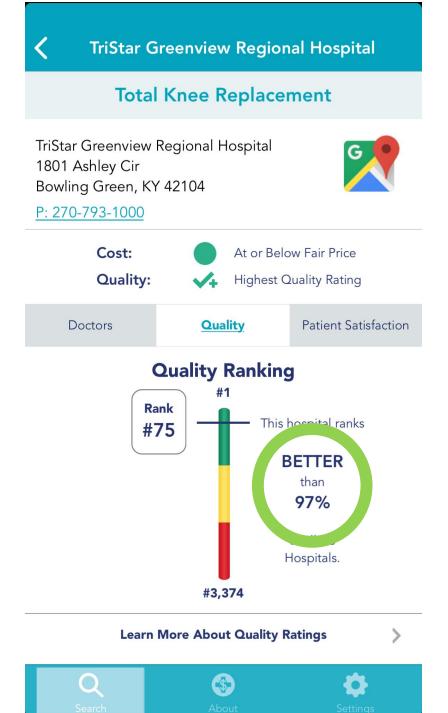
Slightly Above Fair Price



















Total Knee Replacement

TriStar Stonecrest Medical Center 200 Stonecrest Blvd Smyrna, TN 37167



P: 615-625-2385

Cost:

Highest Price

Quality:

V-

Lowest Quality Rating

Doctors

Quality

Patient Satisfaction

Quality Ranking



Learn More About Quality Ratings









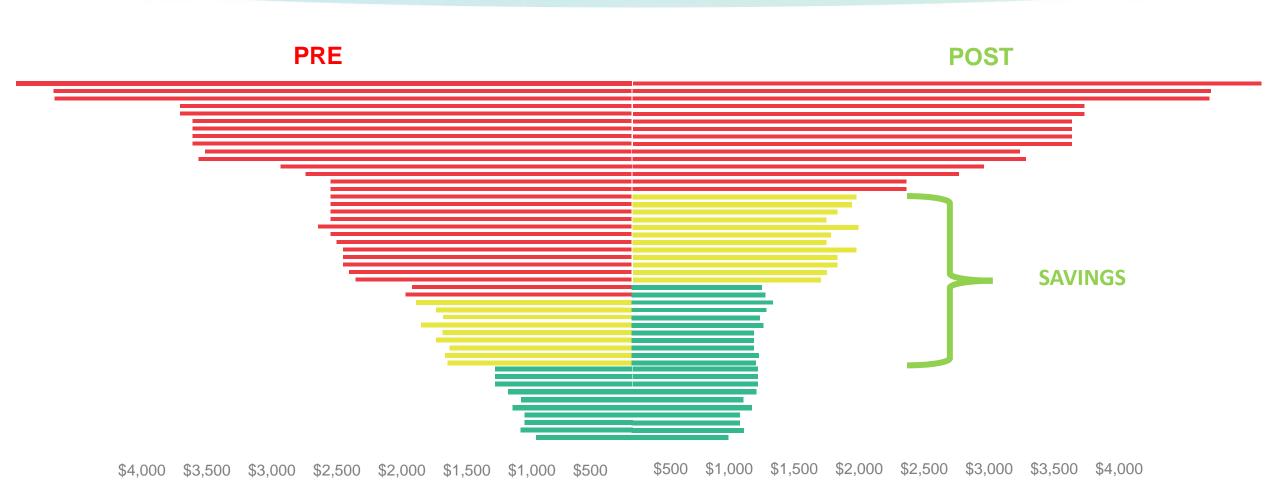
RESULTS OUTCOMES

COSTS

QUALITY



SAVINGS



Employer Purchasing Trends

Top Concern?

#1 Cost

#2 Cost

#3 Cost



EMPLOYER RESPONSE

High-Deductible Plans

Cost and Quality Transparency

- "Value Certified Providers"
 - Centers of Excellence
 - Bundles
 - Direct Pay / Prompt Pay
- Home Hospitalization

Value-based Benefit Design



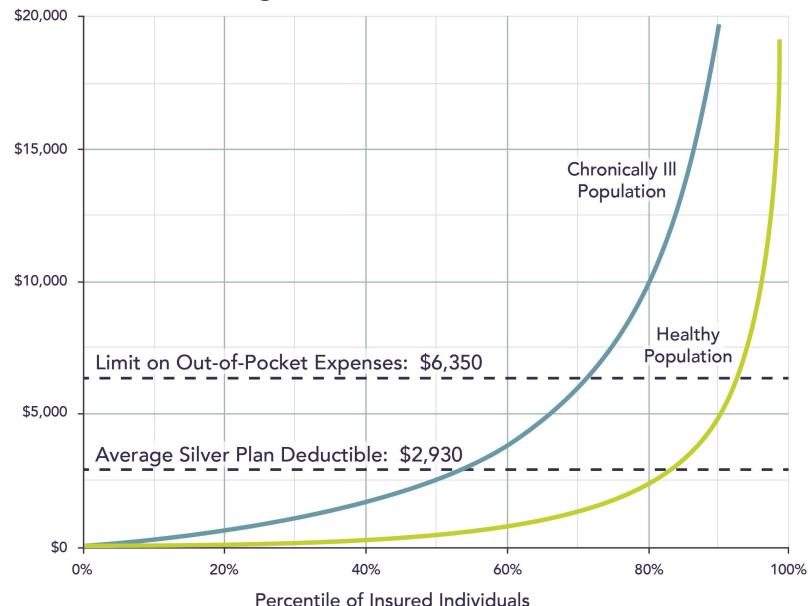
>70% OF CONSUMERS = 100% SELE-PAY

...BUT....

CONSUMERS HAVE < \$1,000



Distribution of Total Medical Expenditures Among Insured Americans in 2012



VALUE CERTIFIED PROVIDERS

Data-Driven COE's

Hospital Quality: Spinal Fusion

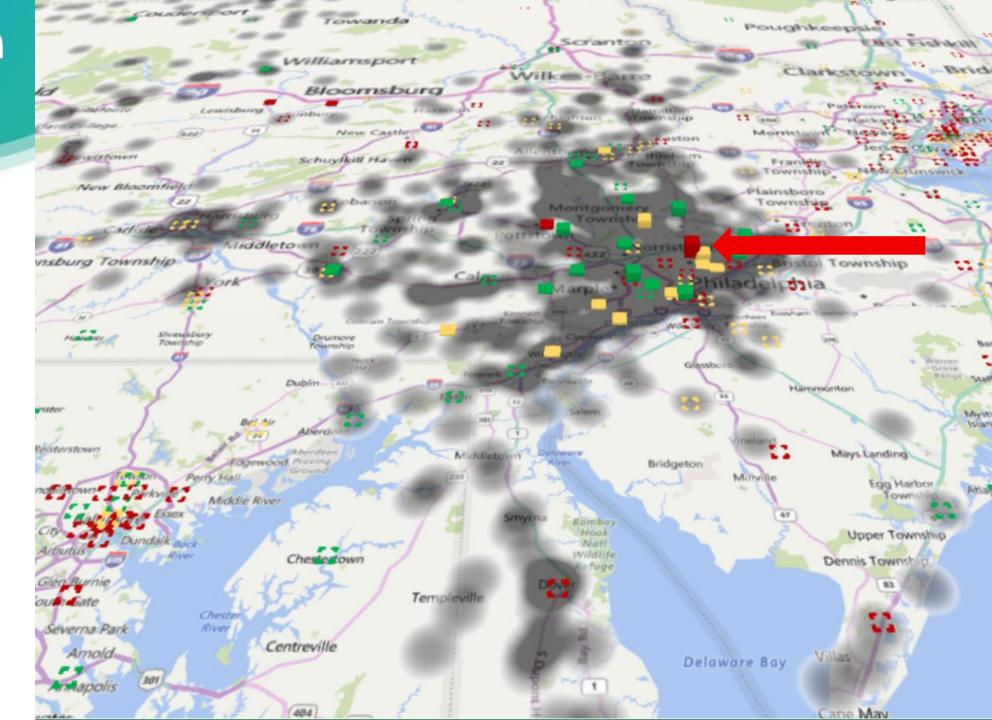
Highest 1/3

Middle 1/3

Lowest 1/3

Member Density

"C.O.D's"



IP Utilization & Price Savings

(Total Hip/Knee, Spinal Fusion, Hysterectomy)



Case Counts: 4 Years

Total Cases: 434

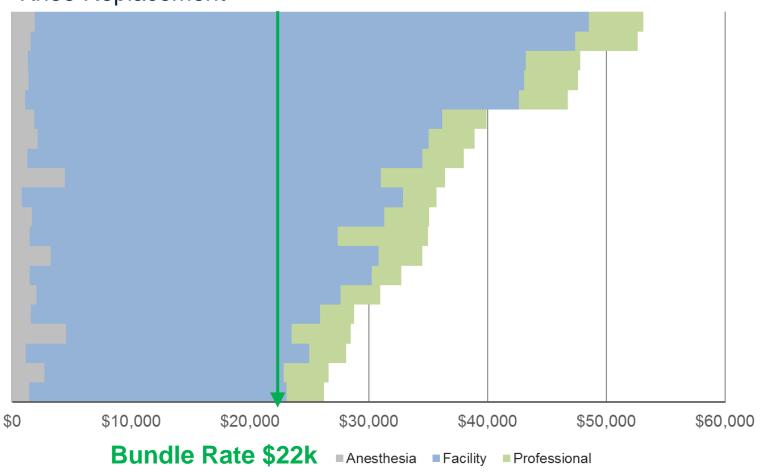
Opportunities to Save: 349

Estimated Savings Opportunity: (by price only, not including the cost of quality) \$3.5M



Example: MSK Cash-Pay Bundle





41% Savings from moving to ASC cash-pay bundles

- 20 Cases total
- 20 cases over the ASC price
- Total potential savings \$300k

LESSONS LEARNED

 >70% of 'insured' consumers are effectively self-pay

Growing impact of Value Certified
 Providers + Benefit Design

 Patients and Employers moving towards "The GreenZone"

 What happens when unemployment returns to 'normal'?

