

OVERVIEW OF THE CENTER FOR HEALTH INFORMATION AND ANALYSIS

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CENTER FOR HEALTH INFORMATION AND ANALYSIS

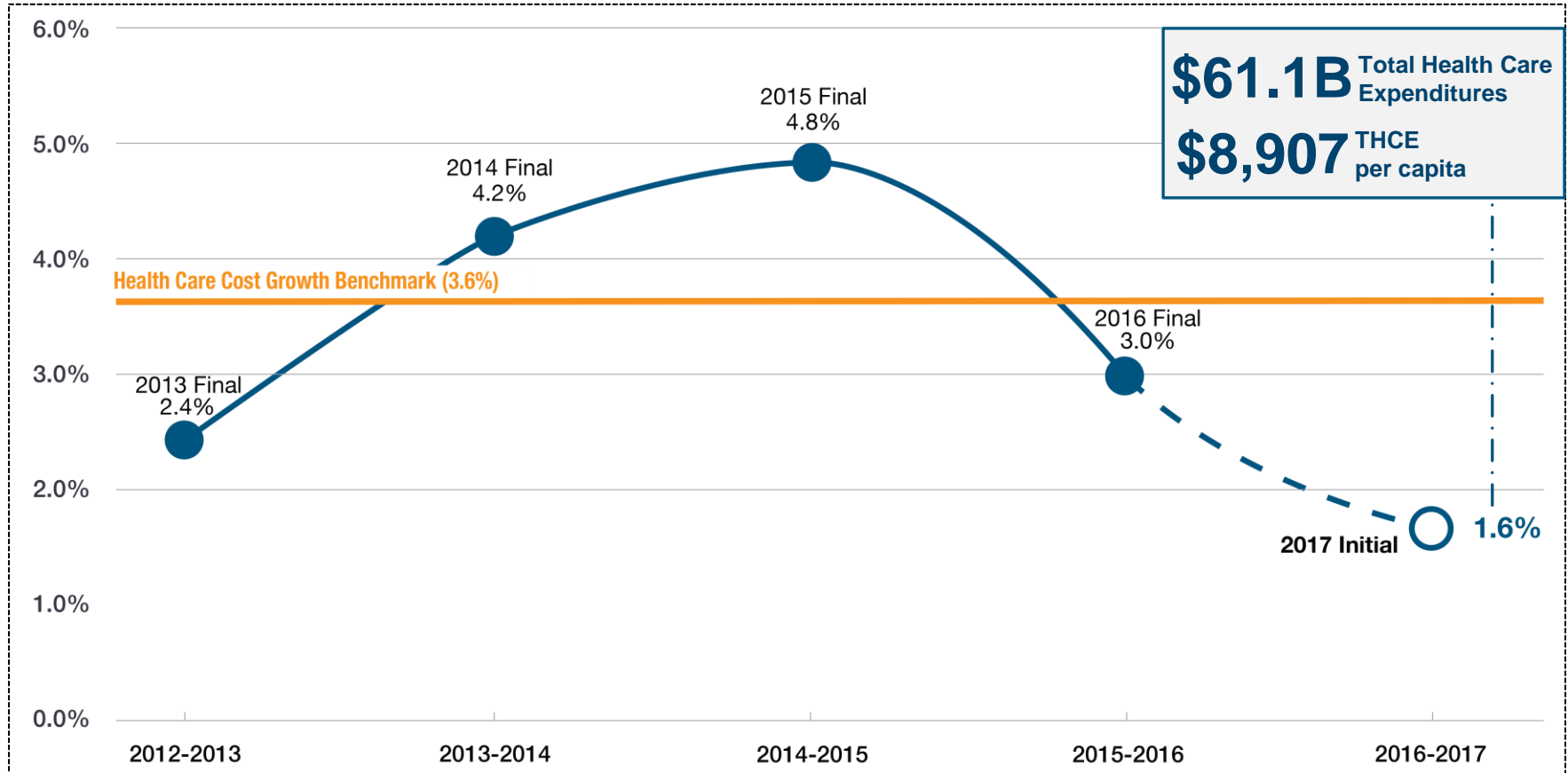


CHIA's Mission and Vision

- CHIA has extensive authority to compel the submission of data from Massachusetts healthcare stakeholders.
- CHIA uses this authority to create and curate several major data assets that support evidence based policy making and program oversight.
- CHIA's major data assets include: (1) provider financial reports; (2) payer expenditure reports; (3) statewide surveys of employers and households; (4) the hospital discharge database; (5) the emergency department database; (6) the all-payer claims database; and (7) the RPO database (medical groups).
- CHIA tries to enable Moneyball in healthcare policy.

Total Health Care Expenditures

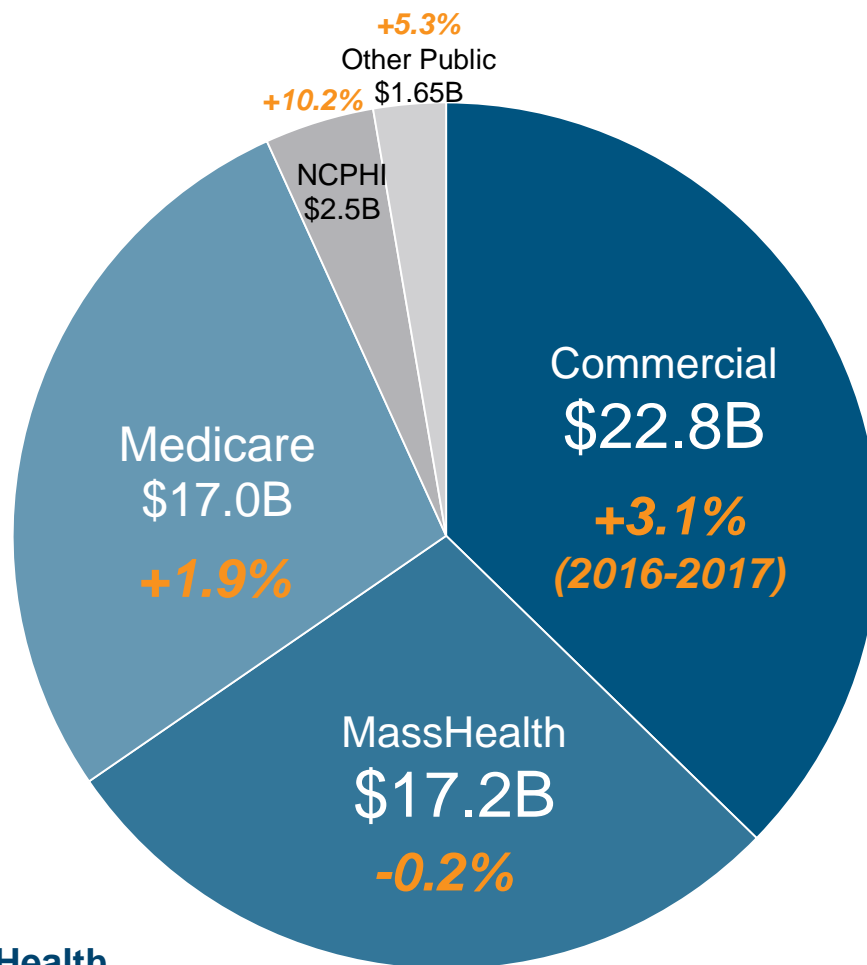
Growth Rates, 2012-2017



THE INITIAL ESTIMATE OF THCE PER CAPITA GROWTH IS 1.6% FOR 2017, THE SECOND CONSECUTIVE YEAR IT FELL BELOW THE HEALTH CARE COST GROWTH BENCHMARK.

Total Health Care Expenditures

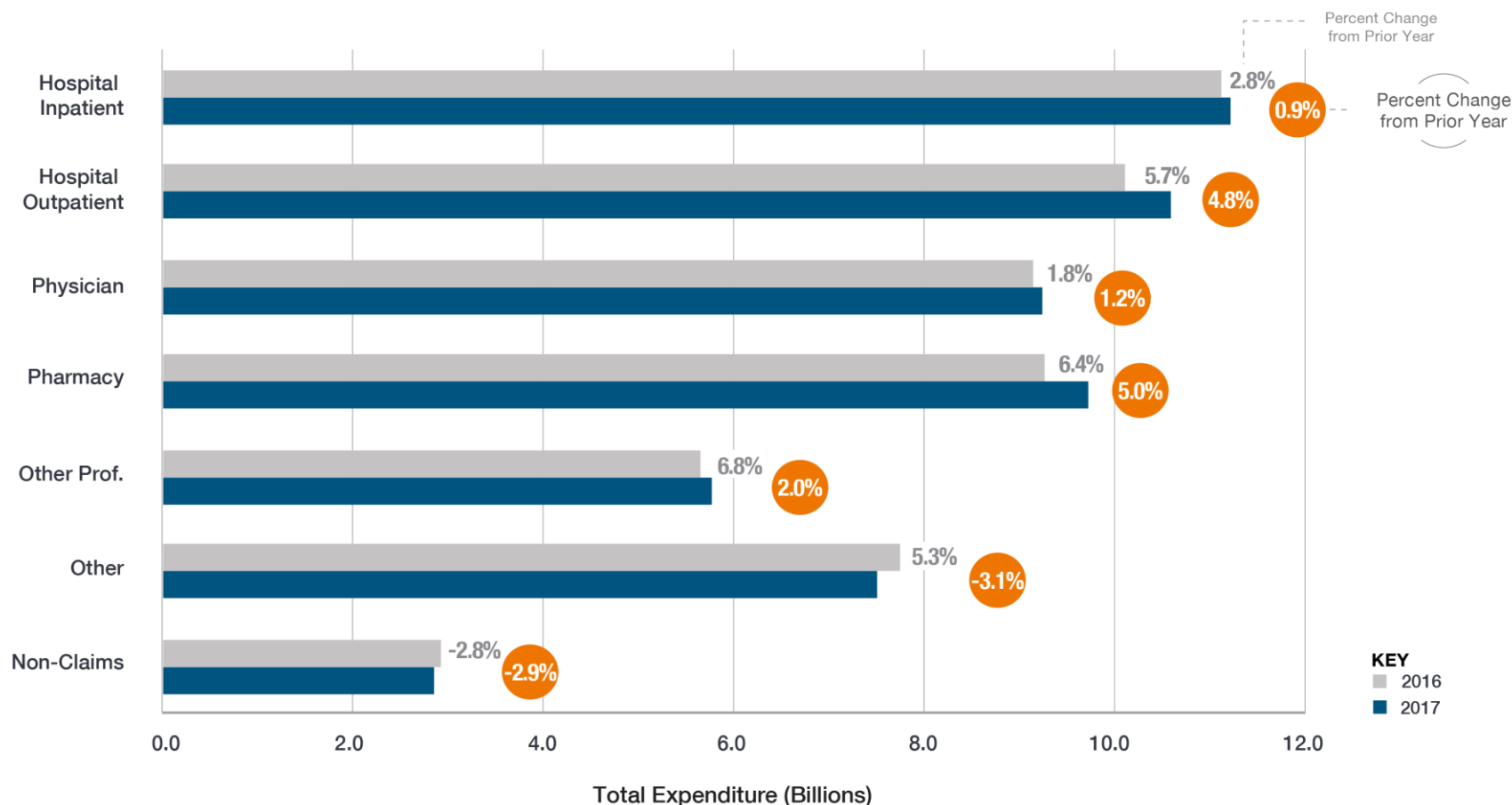
Insurance Categories, 2017



\$61.1B Total Health Care Expenditures

Total Health Care Expenditures

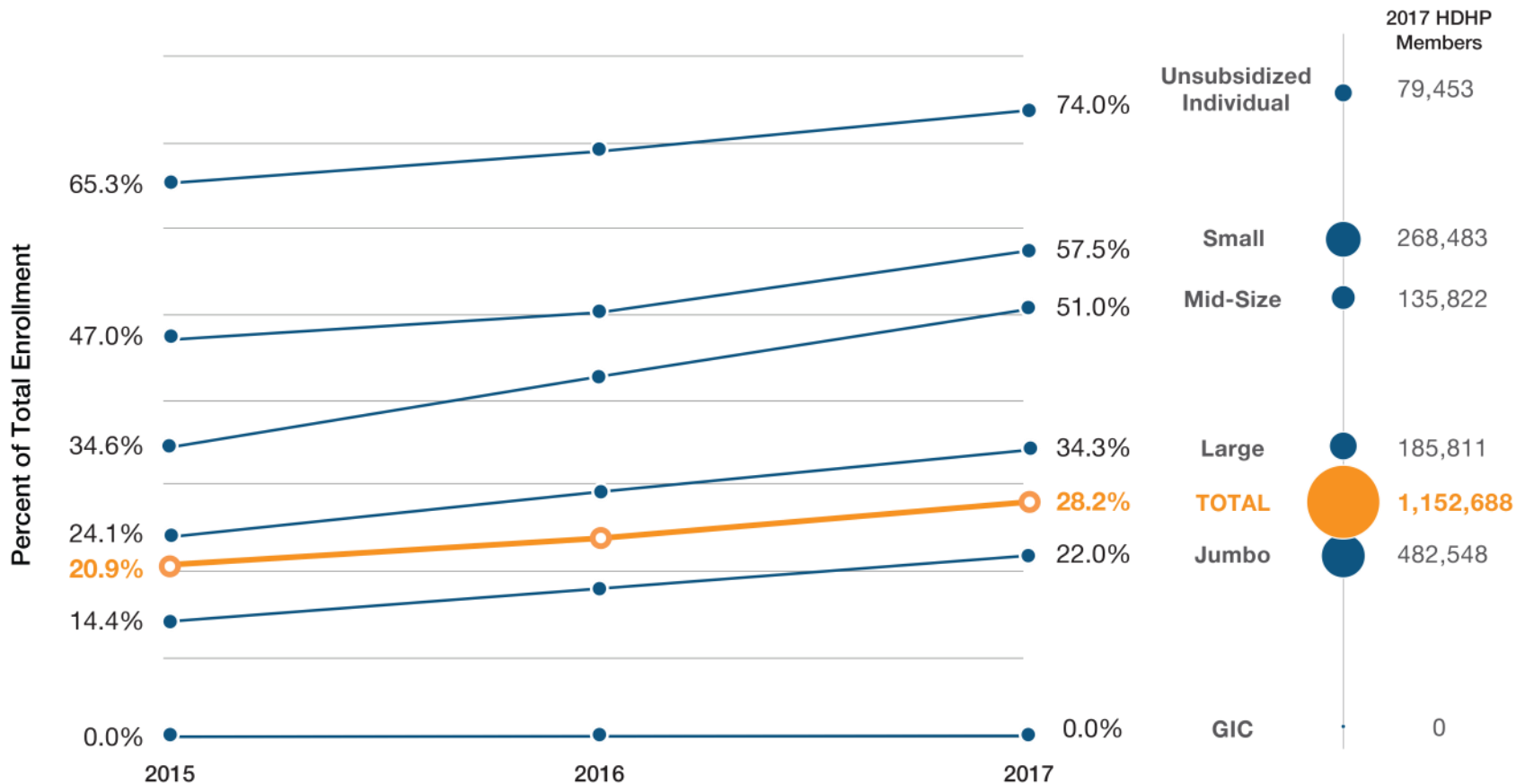
Service Categories, 2016-2017



HEALTH CARE SPENDING DECELERATED ACROSS ALL SERVICE CATEGORIES, WITH THE HIGHEST GROWTH IN PHARMACY AND OUTPATIENT SPENDING.

Commercial Insurance

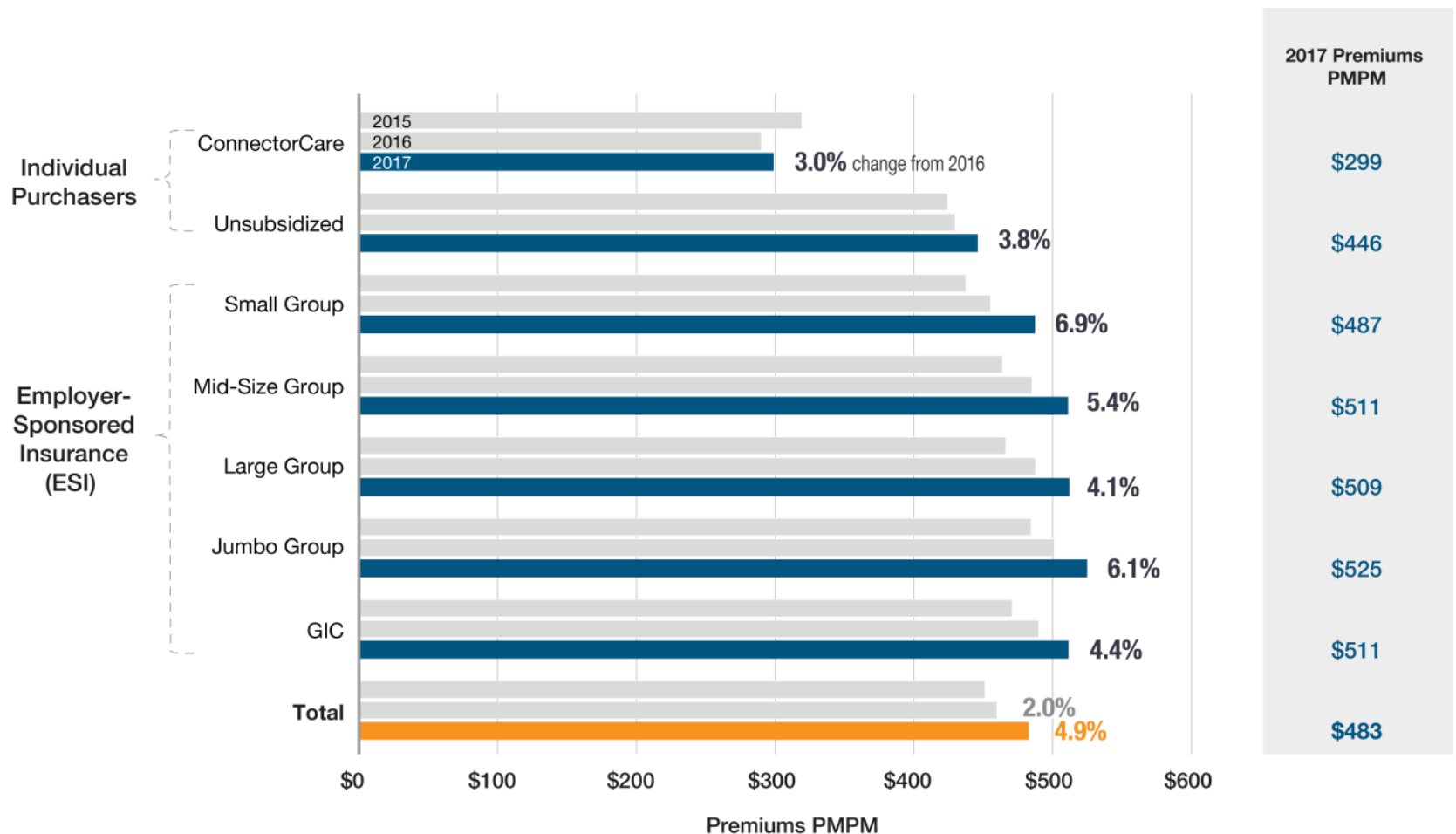
High Deductible Health Plans by Market Sector, 2015-2017



IN 2017, MORE THAN ONE IN FOUR (28.2%) MASSACHUSETTS CONTRACT MEMBERS WERE ENROLLED IN AN HDHP. THESE PLANS WERE MORE COMMON AMONG SMALLER EMPLOYER GROUP PURCHASERS.

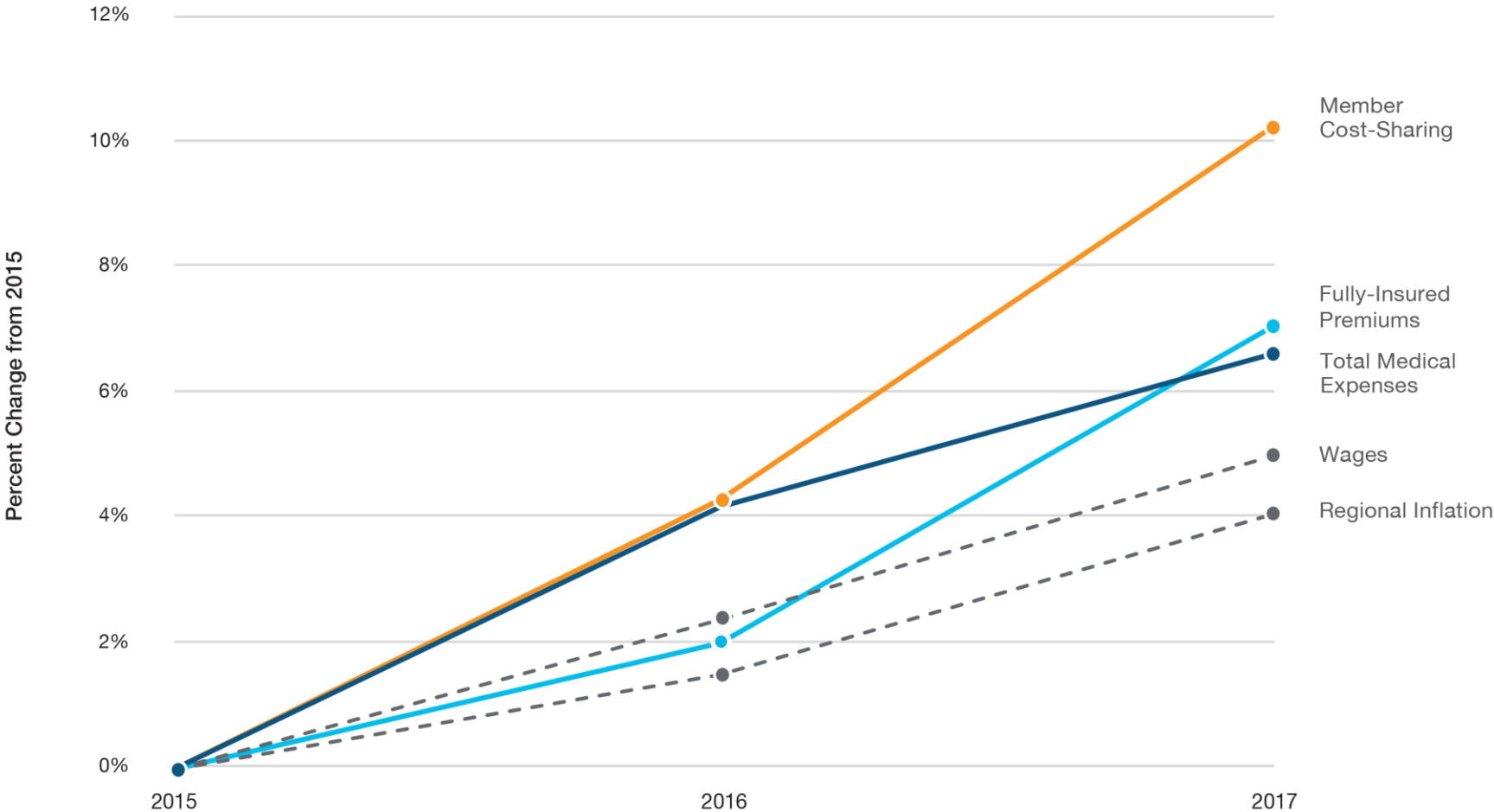
Commercial Insurance

Fully-Insured Premiums by Market Sector, 2015-2017



FULLY-INSURED PREMIUMS INCREASED BY 4.9% FROM 2016 TO 2017. SMALL GROUP MEMBERS EXPERIENCED THE LARGEST PERCENTAGE INCREASE (+6.9%).

Commercial Insurance Expense Trends, 2015-2017



MEMBER COST-SHARING AND FULLY-INSURED PREMIUMS GREW FASTER THAN WAGES AND INFLATION IN 2017.

Biennial Household and Employer Surveys

Massachusetts Health Insurance Survey

Monitors health care coverage, access, utilization and affordability

- 3.7% of Massachusetts residents uninsured
- 89% respondents had usual source of care
- 35% respondents visiting the emergency department who sought care for a non-emergency condition
- 45% of respondents reported a health care affordability issue*

Massachusetts Employer Survey (2016)

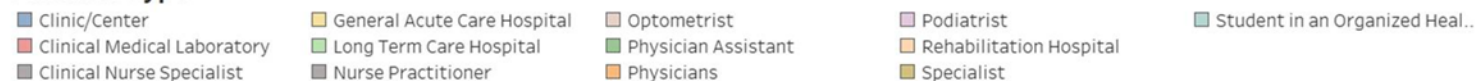
Monitors employer insurance market, cost-sharing, and benefit decision making

- 65% of Massachusetts firms offered health insurance
- 74% eligible employees enrolled in their employer's health plans
- Small firms required employees to contribute substantially more towards their premiums than large firms
- About half of firms cited "increased copayments and deductibles" as a cost control strategy
- Results from the 2018 MES to be available in next few months

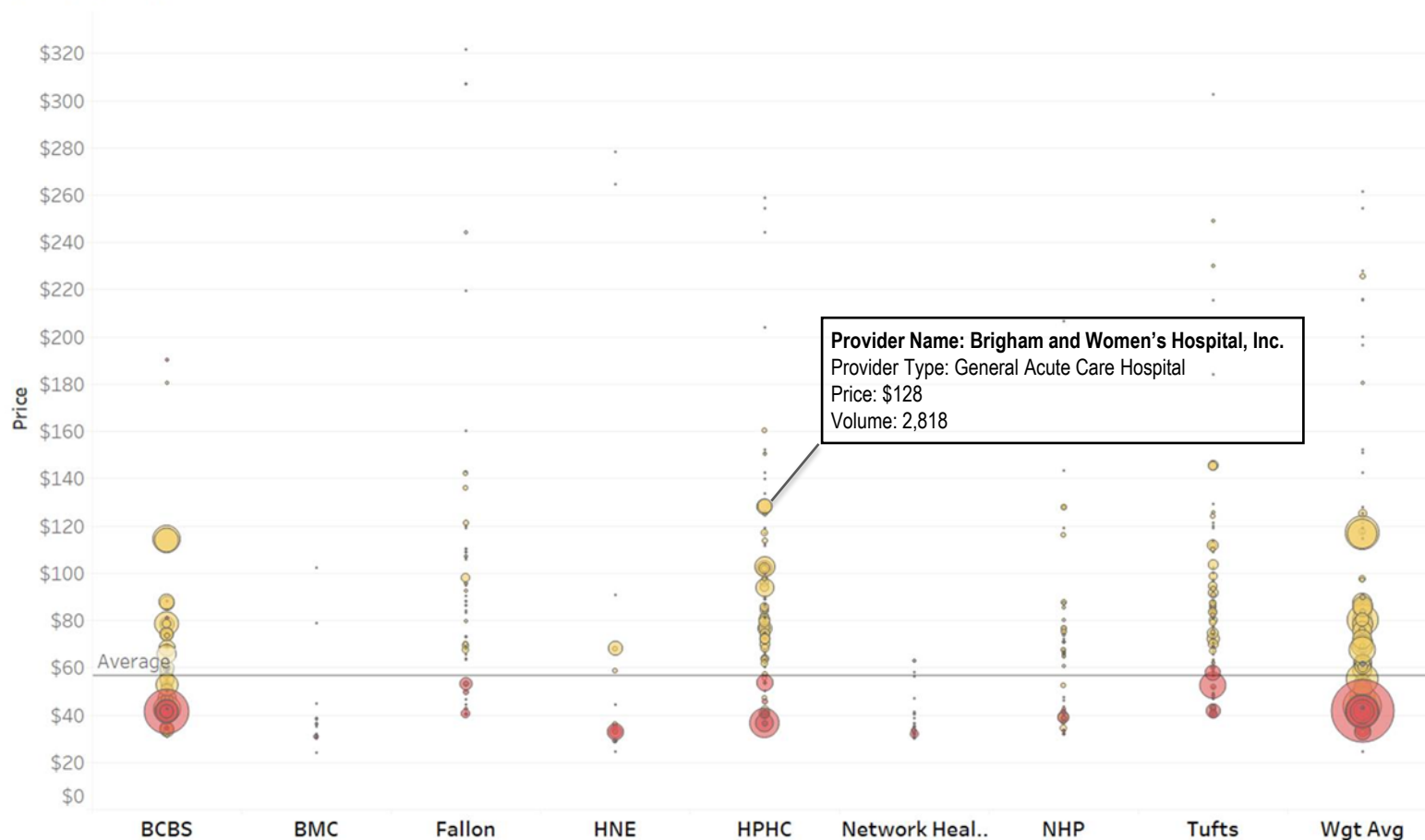
* Respondents were considered to have an affordability issue if they reported any of the following: problems paying family medical bills, medical debt, any unmet health care need due to cost, or spending a high share of family income on out-of-pocket health care expenses (5% or more for families with incomes less than 200% of the federal poverty level (FPL), and 10% or more for families with incomes 200% FPL or higher.)

Price Variation — Vitamin D-3 Test

Provider Type

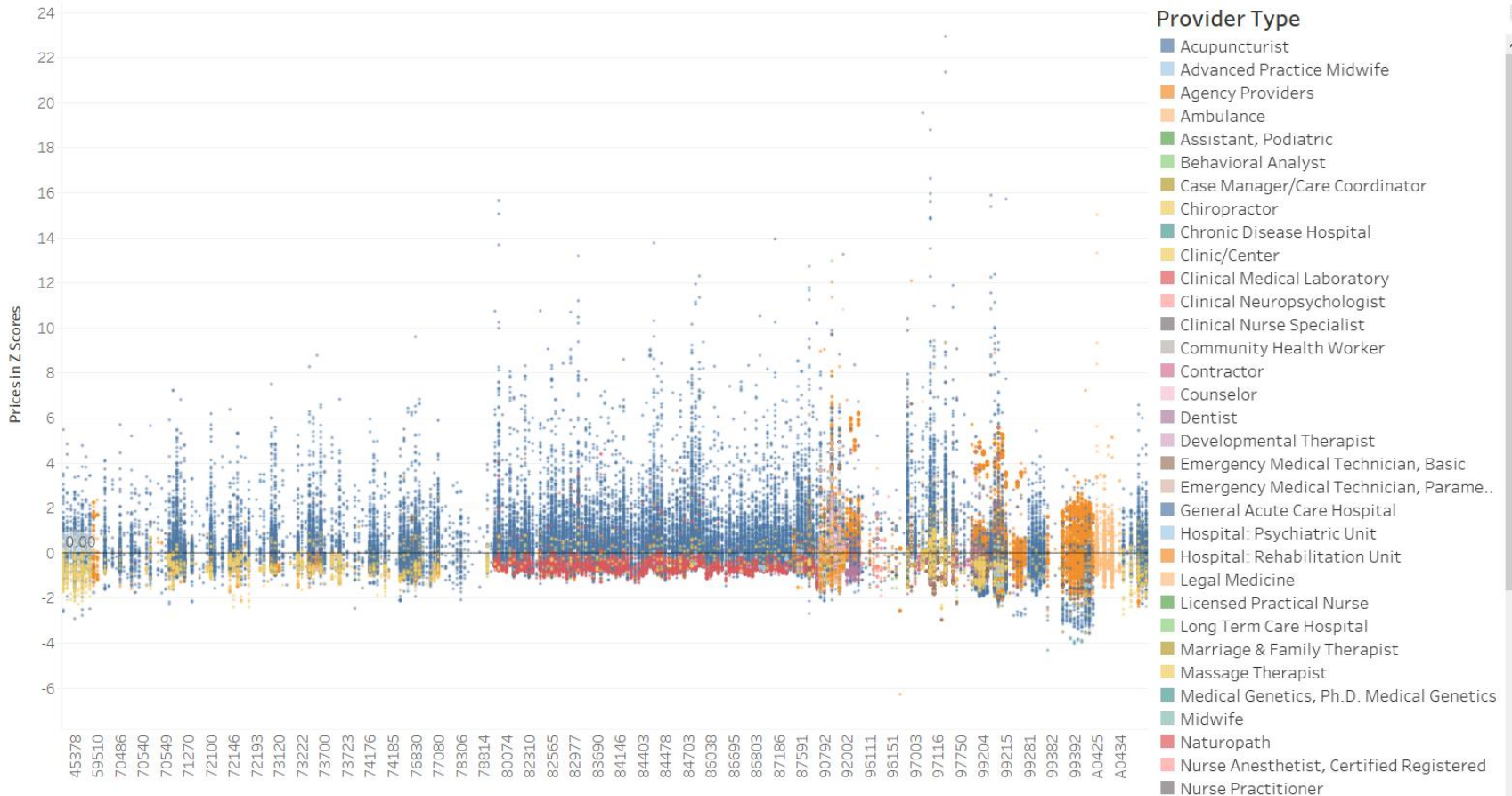


Vitamin D-3 level



Price Variation — “Wide Field” View

Provider Price Variation Across 300 Procedures



CHIA's Hidden Talent – Deidentification

- CHIA has developed extremely sophisticated ways of deidentifying and managing data from many different data originators.
- CHIA believes this capability could be applied to state agency and program membership rosters to create a God's eye view of interactions between individuals and state programs, at a point in time or over time, without ever sharing anyone's identity or violating any privacy laws.

