

METRIC DISCUSSION AND DECISION NOTES

Healthcare Cost Metric Selection Workgroup

First meeting – April 5, 2016

Attendees: Susan Ackerman (JMOC), Traci Barry (Employers Health), Lynnette Cook (Community Research Partners), Heidi Gartland (University Hospitals), Stephanie Gilligan (Ohio Hospital Association), Jodi Mitchell (Health Action Council), Linda Post (UnitedHealthcare), Sam Shalala (Employers Health), Becky Sustersic (HPIO), Steve Wagner (UHCAN Ohio), Romi Wang (Health Collaborative)

At our next meeting our goal is to finalize the recommended metrics for the Healthcare Cost domain. As such, please keep in mind the following Workgroup objectives:

- Keep consistency in the metrics included in the *2014 Dashboard* and the new *2017 Dashboard* so that we are able to track and evaluate Ohio's progress for each metric over time.
- Improve on the Healthcare Cost domain's metrics as deemed appropriate using the [metric selection criteria](#) to "make the case" for adding a new metric.
- Maintain a set of concise metrics to track healthcare costs in the *2017 Dashboard*. If the workgroup decides that a new metric should be included in the Healthcare Costs domain, the workgroup will need to identify an existing metric within the domain that this new metric will replace.

Note that Healthcare Cost workgroup recommendations will go to the full Health Measurement Advisory Group for discussion and approval.

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Meeting discussion and follow-up on current Healthcare Cost domain metrics:

Metric	Issue	Discussion and Follow-up
<p>Healthcare spending per capita Healthcare expenditures per capita defined as aggregate spending divided by population. Healthcare expenditures include spending for all privately and publicly funded personal health care services and products including hospital care and spending, physician services, nursing home care, and prescription drugs. Costs such as insurance program administration, research, and construction expenses are not included.</p>	<p>Data has not been updated since the 2014 <i>Dashboard</i>. CMS has not provided updated healthcare expenditure data broken out by state since 2009.</p>	<ul style="list-style-type: none"> • These metrics are important and will be kept as placeholders in case data is updated. However, substitute metrics will be identified in case data cannot be updated. • The group also felt it would be important to highlight the lack of data if these metrics do not become available. <p>Follow-up: HPIO will reach out to CMS to assess when/if the data will be available at the state-level.</p>
<p>Health spending growth per capita Average annual percent growth in healthcare expenditures per capita defined as aggregate spending divided by population. Healthcare expenditures include spending for all privately and publicly funded personal health care services and products including hospital care and spending, physician services, nursing home care, and prescription drugs. Costs such as insurance program administration, research, and construction expenses are not included.</p>		<p>CMS has indicated that state-level data will likely not be available until 2017.</p>

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<p>Average single premium per enrolled employee Average single premium for private-sector employees enrolled in single coverage under employer-based health insurance.</p>	<p>None.</p>	<p>Follow-up: HPIO will identify whether information is available regarding which types of employers (e.g. self-funded, fully-insured) are covered in this metric.</p>
<p>Average single premium per enrolled employee, percent of employer contribution to premium Percent of employer contribution for private- sector employees enrolled in single coverage under employer-based health insurance.</p>	<p>None.</p>	
<p>Average single premium per enrolled employee, percent of employee contribution to premium Percent of employee contribution for private- sector employees enrolled in single coverage under employer-based health insurance.</p>	<p>None.</p>	
<p>Average family premium per enrolled employee Average family premium for private-sector employees enrolled in family coverage under employer-based health insurance.</p>	<p>None.</p>	
<p>Average family premium per enrolled employee, percent of employer contribution to premium Percent of employer contribution for private- sector employees enrolled in family coverage under employer-based health insurance.</p>	<p>None.</p>	

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<p>Average family premium per enrolled employee, percent of employee contribution Percent of employee contribution for private- sector employees enrolled in family coverage under employer-based health insurance.</p>	<p>None.</p>	
<p>Total commercial health spending growth per enrollee Total reimbursements per commercially insured enrollee ages 18-64. Spending estimates include reimbursed costs for health care services from health plans, enrollees and third party payers. Outpatient prescription drug charges are not included. For more information on this metric, please see Appendix B in the Commonwealth Fund Scorecard on U.S. Local Health System Performance, 2012.</p>	<p>Data has not been updated since the 2014 Dashboard. Most recent data is from 2009.</p>	<p>Follow-up: HPIO will reach out to the Commonwealth Fund to assess when the data for this metric will be updated.</p> <p>Commonwealth Fund has indicated that data for this metric will be available in June 2016.</p>
<p>Out-of-pocket costs Percent of individuals who are in families where out-of-pocket spending on health care, including premiums, accounts for 10% or more of annual income</p>	<p>Data has been updated since the 2014 Dashboard. Most recent data is 2014. However, a similar metric is newly available from the Commonwealth Fund State Scorecard, 2015: Out-of-pocket medical expenses equaled 10 percent or more of income, or five percent or more of income if low-income (under 200% of Federal Poverty Level), not including health insurance premiums. Data is 2014-2015.</p>	<p>Heidi Gartland asked whether self-insured employers are included in this metric.</p> <p>A preference was voiced for keeping the same metric to enable comparison with the 2014 <i>Dashboard</i>.</p> <p>Follow-up: Workgroup members will recommend whether the metric should be replaced with the similar metric from the Commonwealth Fund (see Appendix Exhibit H1, pg. 42 – metric #4)</p>

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		<p>Follow-up: HPIO will review source to identify whether health plan enrollees of self-insured employers are included in this metric.</p>
<p>Medicare spending per enrollee Spending includes personal health care services and products, such as hospital care, physician services, nursing home care and prescription drugs.</p>	<p>Data has not been updated since the 2014 Dashboard. Most recent data is from 2009.</p>	<ul style="list-style-type: none"> • These metrics are important and will be kept as placeholders in case data is updated. However, substitute metrics will be identified in case data cannot be updated. • The group also felt it would be important to highlight the lack of data if these metrics do not become available.
<p>Medicare spending growth per enrollee Average annual percent growth in Medicare spending per enrollee. Spending includes personal health care services and products, such as hospital care, physician services, nursing home care and prescription drugs.</p>		<p>Follow up: HPIO will reach out to CMS to assess when/if updated Medicare data will be available.</p> <p>CMS has indicated that state-level data will likely not be available until 2017.</p> <p>Follow up: Workgroup members will review and recommend metrics to reflect Medicare spending in the <i>Dashboard</i>. HPO has compiled some metric options below, however workgroup members should feel free to suggest/recommend other existing metrics:</p> <ul style="list-style-type: none"> • Amount of price-adjusted Medicare reimbursements per enrollee, County Health Rankings • Total Medicare (Parts A&B) reimbursements per enrollee, Commonwealth Fund State Scorecard, 2015

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		<ul style="list-style-type: none"> • Medicare costs per enrollee, RWJF DataHub • Medicare average total cost metrics in https://data.cms.gov/mapping-medicare-disparities. <i>Note that many of these metrics align with metrics in the population health domain of the Dashboard, particularly around: mental health, heart disease, obesity and diabetes</i> • Medicare cost metrics in the State/County Table or Report (Click here if you have trouble downloading)
<p>Medicaid spending per enrollee, all Average amount Medicaid spends per enrollee. Spending includes state and federal payments to Medicaid but does not include disproportionate share hospital payments.</p>	<p>Data has been updated since the 2014 Dashboard, but most recent data is from 2011.</p>	<p>The group felt these metrics are important. However, there were concerns about using data from 2011 since so much has changed in Medicaid since that time.</p> <p>Follow up: Workgroup members will review and recommend metrics to reflect Medicaid spending in the <i>Dashboard</i>. HPO has compiled some metric options below, however workgroup members should feel free to suggest/recommend other existing metrics:</p> <ul style="list-style-type: none"> • 2011 data from Kaiser State Health Facts (same metric) • 2012 data from MACPAC, see https://www.macpac.gov/publication/medicaid-benefit-spending-per-full-year-equivalent-fye-enrollee-by-
<p>Medicaid spending per enrollee, aged Average amount Medicaid spends per enrollee in the aged enrollment group. Spending includes state and federal payments to Medicaid but does not include disproportionate share hospital payments.</p>		
<p>Medicaid spending per enrollee,</p>		

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<p>disabled Average amount Medicaid spends per enrollee in the disabled enrollment group. Spending includes state and federal payments to Medicaid but does not include disproportionate share hospital payments.</p>		<p>state-and-eligibility-group/</p> <ul style="list-style-type: none"> • More recent data from Ohio Department of Medicaid • Average annual growth in Medicaid spending from Kaiser State Health Facts (FY2010-2014)
<p>Medicaid spending per enrollee, adult Average amount Medicaid spends per enrollee in the adult enrollment group. Spending includes state and federal payments to Medicaid but does not include disproportionate share hospital payments.</p>		
<p>Medicaid spending per enrollee, children Average amount Medicaid spends per enrollee in the children enrollment group. Spending includes state and federal payments to Medicaid but does not include disproportionate share hospital payments.</p>		
<p>Local public health funding per capita Per capita median of total annual expenditures for local health departments.</p>	<p>Data has not been updated since the 2014 <i>Dashboard</i>. Data in 2014 <i>Dashboard</i> is from 2013.</p>	<p><u>Follow up:</u> HPIO will explore comparable metrics with public health stakeholders.</p> <p>No comparable metrics are available at this time.</p>
<p>State public health funding per capita State public health budget</p>	<p>None.</p>	

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funding per capita during the fiscal year. Dollar amount represents state funding only.		
<p>State mental health agency funding per capita State mental health agency per capita mental health services expenditures. Expenditures reflect spending in the state fiscal year.</p>	None.	

Meeting discussion and follow-up on potential new Healthcare Cost domain metrics:

Discussion	Additional metrics for the workgroup to consider
<p>1. Workgroup members suggested adding metrics around:</p> <ol style="list-style-type: none"> 1. high deductible health plans 2. prescription drug spending per capita 3. nursing home or long-term care costs 4. health insurance marketplaces 5. individual market 	<p>HPO has compiled some metric options below, however workgroup members should feel free to suggest/recommend other existing metrics:</p> <ol style="list-style-type: none"> 1. high deductible health plans <ul style="list-style-type: none"> • No cost-related metrics identified. 2. prescription drug spending per capita <ul style="list-style-type: none"> • Health spending by service by state of provider, 2009 (Kaiser State health Facts) 3. nursing home or long-term care costs <ul style="list-style-type: none"> • Health spending by service by state of provider, 2009 (Kaiser State health Facts) 4. health insurance marketplaces <ul style="list-style-type: none"> • Average monthly premium among consumers with APTC (Table 4, ASPE Issue Brief) • Average monthly marketplace premiums <ul style="list-style-type: none"> ○ 27 year old, with income of \$25,000 ○ Family of four with income of \$60,000 5. individual market <ul style="list-style-type: none"> • Average monthly premiums per person in the individual market, 2013 (Kaiser State Health Facts)

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Other meeting discussion and follow-up:

- Workgroup members suggested reframing the subdomain names to more accurately reflect the metrics within the subdomain – particularly the consumer spending subdomain.
- Workgroup members did not feel that Guroo and other transparency tools provided accurate data for the *Dashboard*.
- Steve Wagner suggested looking into cost metrics that may paint a picture of disparities in health care. Overall, the group felt that stand-alone cost metrics may not be ideal for showing disparities, but if a cost metric was considered along with a population health or health care system performance metric, it could be more useful.
- HPIO is planning to have a more robust equity component for the 2017 *Dashboard*. Healthcare cost workgroup members interested in joining the *Dashboard* equity workgroup should let Reem know.