Vision
Ohio is a model of health, well-being and economic vitality.

Mission
To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.
Participating in Zoom

Chat
(found in bottom toolbar)

Raise hand
(found inside reactions button)
2023 Health Value Dashboard Advisory Group

As HPIO begins developing the next edition of the Health Value Dashboard™, we asked experts from throughout the state to join HPIO’s Health Value Dashboard Advisory Group (Dashboard AG). The Dashboard AG will provide input on development of the 5th edition of the Health Value Dashboard, which will be released in 2023.

The Health Value Dashboard is a tool to track Ohio’s progress towards health value — a composite measure of Ohio’s performance on population health outcomes and healthcare spending. The Dashboard examines Ohio’s performance relative to other states, tracks change over time and examines Ohio’s greatest health disparities and inequities.

Click here to view a list of Advisory Group members
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Today’s agenda

• Overview of feedback from Dashboard AG discussion group and updates to the healthcare spending domain
• Group discussion: Feedback on potential metrics related to the drivers of healthcare spending in the 2023 Dashboard
• Next steps
Today’s objectives

As a result of this meeting, Workgroup members will inform development of the 2023 Dashboard by providing:

• Guidance on potential metrics and methodology updates regarding the drivers of healthcare spending in the 2023 Dashboard
Pathway to improved health value

World Health Organization definition of health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
<table>
<thead>
<tr>
<th>Metric</th>
<th>Ohio rank</th>
<th>Metric code</th>
<th>Most recent data</th>
<th>Trend†</th>
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<tbody>
<tr>
<td><strong>27 Out-of-pocket spending</strong></td>
<td>Ohio rank</td>
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<tr>
<td>Total out-of-pocket spending, percent of individuals who are in families where out-of-pocket spending on health care, including prescription drugs, accounts for more than 10% of annual income (2019)</td>
<td>37</td>
<td>$16.3%</td>
<td>Moderately increased</td>
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<td>Out-of-pocket employee-sponsored health insurance spending, per enrollee. Out-of-pocket spending, such as co-payments, co-insurance and deductibles, per enrollee under age 65 in major employee-sponsored health insurance plans (2018)</td>
<td>37</td>
<td>$1,046</td>
<td>Moderately increased</td>
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<tr>
<td><strong>43 Healthcare service area spending</strong></td>
<td>Ohio rank</td>
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<td>Nursing home average daily cost, per capita. Average daily cost for an individual to pay for all private pay costs for a shared room in an nursing home (i.e., without insurance contributions) (2019)</td>
<td>17</td>
<td>$2,700</td>
<td>N/A</td>
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<td>Prescription drug expense per enrollee. Prescription drug and direct out-of-pocket spending, per enrollee under age 65 in major employee-sponsored health insurance plans (2018)</td>
<td>37</td>
<td>$1,291</td>
<td>Moderately increased</td>
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<td>Hospital adjusted charge per inpatient day. Adjusted expenses per inpatient day for community hospitals (2019)</td>
<td>39</td>
<td>$8,999</td>
<td>No change</td>
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<td>Outpatient employee-sponsored health insurance spending, per enrollee. Outpatient service, visit spending, per enrollee under age 65 in major employee-sponsored health insurance plans (2018)</td>
<td>40</td>
<td>$2,077</td>
<td>Moderately increased</td>
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<td><strong>29 Private health insurance spending</strong></td>
<td>Ohio rank</td>
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<td>Employer contributions to employee-sponsored health insurance premiums, employee contributions to employee-sponsored health insurance premiums as a percent of state median income (2019)</td>
<td>12</td>
<td>3.5%</td>
<td>No change</td>
<td></td>
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<tr>
<td>Total employer-sponsored health insurance spending, per enrollee. Total spending on health care insurance premiums, per enrollee under age 65 in major employee-sponsored health insurance plans (2018)</td>
<td>37</td>
<td>$4,081</td>
<td>No change</td>
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<td>Average monthly marketable premium. Average monthly premium for enrollees in the federal Affordable Care Act health insurance marketplace or states-based exchanges after application of an advanced premium tax credit (2020)</td>
<td>39</td>
<td>$260</td>
<td>No change</td>
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<td><strong>26 Medicare spending</strong></td>
<td>Ohio rank</td>
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<td>Average total cost per Medicare beneficiary without chronic conditions. Average total cost per Medicare beneficiary without chronic conditions (2018)</td>
<td>27</td>
<td>$3,009</td>
<td>No change</td>
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<td>Average total cost per Medicare beneficiary with one chronic condition. Average total cost per Medicare beneficiary with one chronic condition (2018)</td>
<td>28</td>
<td>$3,057</td>
<td>No change</td>
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<td>Average total cost per Medicare beneficiary with two chronic conditions. Average total cost per Medicare beneficiary with two chronic conditions (2018)</td>
<td>29</td>
<td>$3,577</td>
<td>No change</td>
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<td>Average total cost per Medicare beneficiary with three or more chronic conditions. Average total cost per Medicare beneficiary with three or more chronic conditions (2018)</td>
<td>30</td>
<td>$13,938</td>
<td>No change</td>
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<td>Total Medicare spending, per beneficiary. Total Medicare reimbursements, per Medicare beneficiary, (Part A and B), aged 65+ (2021)</td>
<td>43</td>
<td>$10,862</td>
<td>Moderately increased</td>
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*Warning or improved compared Ohio’s change from baseline to most recent year relative to other states’ performance on the metric. For more details, see the methodology section on the 2023 Health Value Dashboard web page.

Data sources are available in data appendices posted on the HPIO Health Value Dashboard web page.
Advisory Group small group discussion themes

• There are additional data available since the 2021 Dashboard (e.g., Medicaid expenditures; medical debt)
• Consider additional metrics related to prevention spending (such as tobacco cessation)
• Draw connections between other domains (such as healthcare system, access and prevention) and the healthcare spending domain
Drivers of healthcare spending
Metric selection

Rigor
• Source integrity
• Data quality
• New evidence
• Face value

Alignment
• Sub-state geography
• Ability to track disparities
• Relevance

Feasibility
• State-level data that can be ranked
• Availability and consistency
• Timeliness
• Variation across states
Drivers of healthcare spending
Metric overview
Proposed Spending Driver Metrics: Prices

Private Insurance Reimbursement Rates. Relative price of Private insurance compared to Medicare insurance

Availability:  
- 2018  
- 5 States Missing

Concerns:  
- Trend not available

Source: RAND Corporation
Proposed Spending Driver

Metrics: Prices

Provider Salary. Median hourly mean wage for all physicians and surgeons

Source: U.S. Bureau of Labor Statistics

Availability:
- 2012 through 2021
- ~1-2 states missing

Concerns:
Proposed Spending Driver
Metrics: Differences in Utilization

**Low-Value Health Care.** Low-value care spending Per Member Per Year, privately insured

*Source: Altarum*

**Availability:**
- 2015
- All 50 States + D.C.

**Concerns:**
- Data not recent
- Trend not available

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Proposed Spending Driver Metrics: Differences in Utilization

**Number of Prescriptions.** Retail Prescription Drugs Filled at Pharmacies per Capita

Source: Kaiser Family Foundation (KFF)

**Availability:**
- 2019
- All 50 States + D.C.

**Concerns:**
- Trend not available
- Conceptual flaws... insufficiently targeted
Proposed Spending Driver Metrics: Infrastructure and Workforce

**Hospital Beds per Capita.** Hospital beds per 1000 population

Source: Kaiser Family Foundation (KFF)

**Availability:**
- 2004 through 2020
- All 50 States + D.C.

**Concerns:**
Proposed Spending Driver Metrics: Infrastructure and Workforce

**Specialist to PCP Ratio.** Ratio of specialist physicians to primary care physicians per state

Source: Kaiser Family Foundation (KFF)

**Availability:**
- 2022
- All 50 States + D.C.

**Concerns:**
- Trend maybe not available
Proposed Spending Driver Metrics: Infrastructure and Workforce

**Medicaid HCBS Spending.** Percent of Medicaid spending on Long-Term Services and Supports that is for home- and community-based waiver services

Source: Centers for Medicare and Medicaid Services (CMS)

**Availability:**
- 2018
- All 50 States + D.C.

**Concerns:**
- Trend maybe not available
Proposed Spending Driver Metrics: Markets and Malpractice

**Malpractice and Adverse Events.** Number of malpractice payments and adverse actions against practitioners per state

**Source:** National Practitioner Data Bank

**Availability:**
- 1990 through 2020
- All 50 States + D.C.

**Concerns:**
Proposed Spending Driver
Metrics: Markets and Malpractice

Malpractice Payments Amount.
Average dollar amount of malpractice payment per state

Source: National Practitioner Data Bank

Availability:
– 1990 through 2020
– All 50 States + D.C.

Concerns:
Proposed Spending Driver

**Metrics: Markets and Malpractice**

**Insurance Market Competition.**
Health Insurance Herfindahl-Hirschman Index, by state

**Source:** Kaiser Family Foundation (KFF)

**Availability:**
- 2009 through 2019
- All 50 States + D.C.

**Concerns:**
- Metric separated for large, small and individual markets
Discussion

• Which of these proposed metrics do you think are the strongest addition to the 2023 Health Value Dashboard?

• Do you recommend removing any of these metrics from consideration?

• Are there any additional drivers (with available state-level data) that we should consider?
Incorporating spending drivers into the 2023 Dashboard

**Option 1: New Domain**
- Highlights structural accounts of healthcare spending
- Would be separated from other important drivers that are found elsewhere in HVD (ex: population health)

**Option 2: Integrate into Existing Domains**
- Optimizes connections between metrics (ex: hospital beds per capita alongside healthcare access and quality measures)
- Some metrics do not have an obvious home
Discussion

What is the best approach to incorporating these additional drivers of healthcare spending into the 2023 Health Value Dashboard?
Next steps
## 2023 Dashboard Timeline

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Workgroup meeting dates

• Equity: September 13, 1-2:30pm
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THANK YOU