



2023 *Health Value* *Dashboard*

Healthcare spending workgroup
August 16, 2022



Vision

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

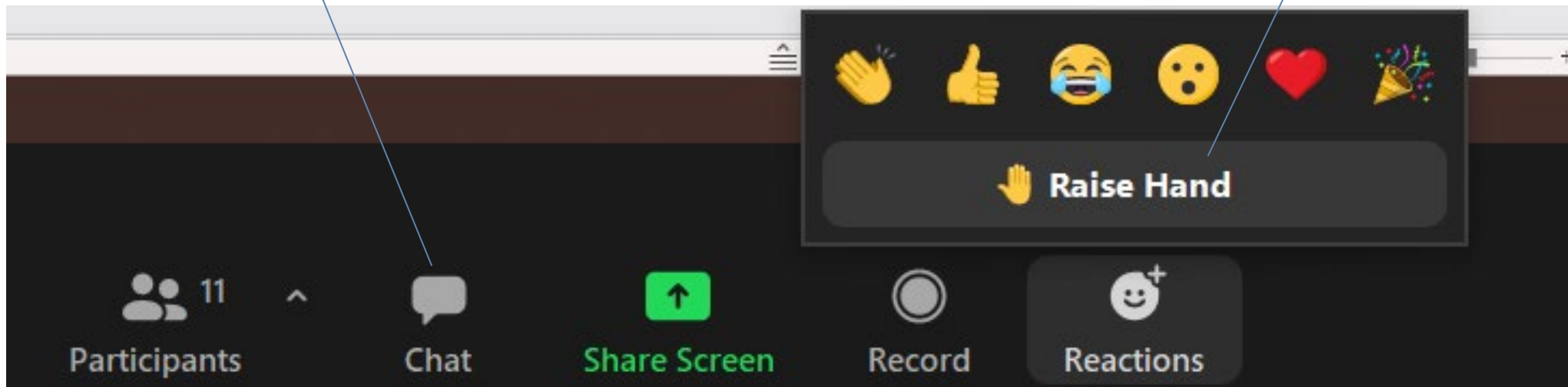
Mission

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)



Dashboard advisory group page

2023 Health Value Dashboard Advisory Group

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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](#)

2023 *Dashboard* Timeline

Activities	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	March 2023
Dashboard Advisory Group Meeting #1									
Methodology and metric updates Including workgroup meetings									
Data compilation and analysis									
Dashboard Advisory Group Meeting #2									
Draft narrative and layout document									
Release <i>2023 Health Value Dashboard</i>									

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

*2021 Health Value
Dashboard*

Healthcare spending
overview

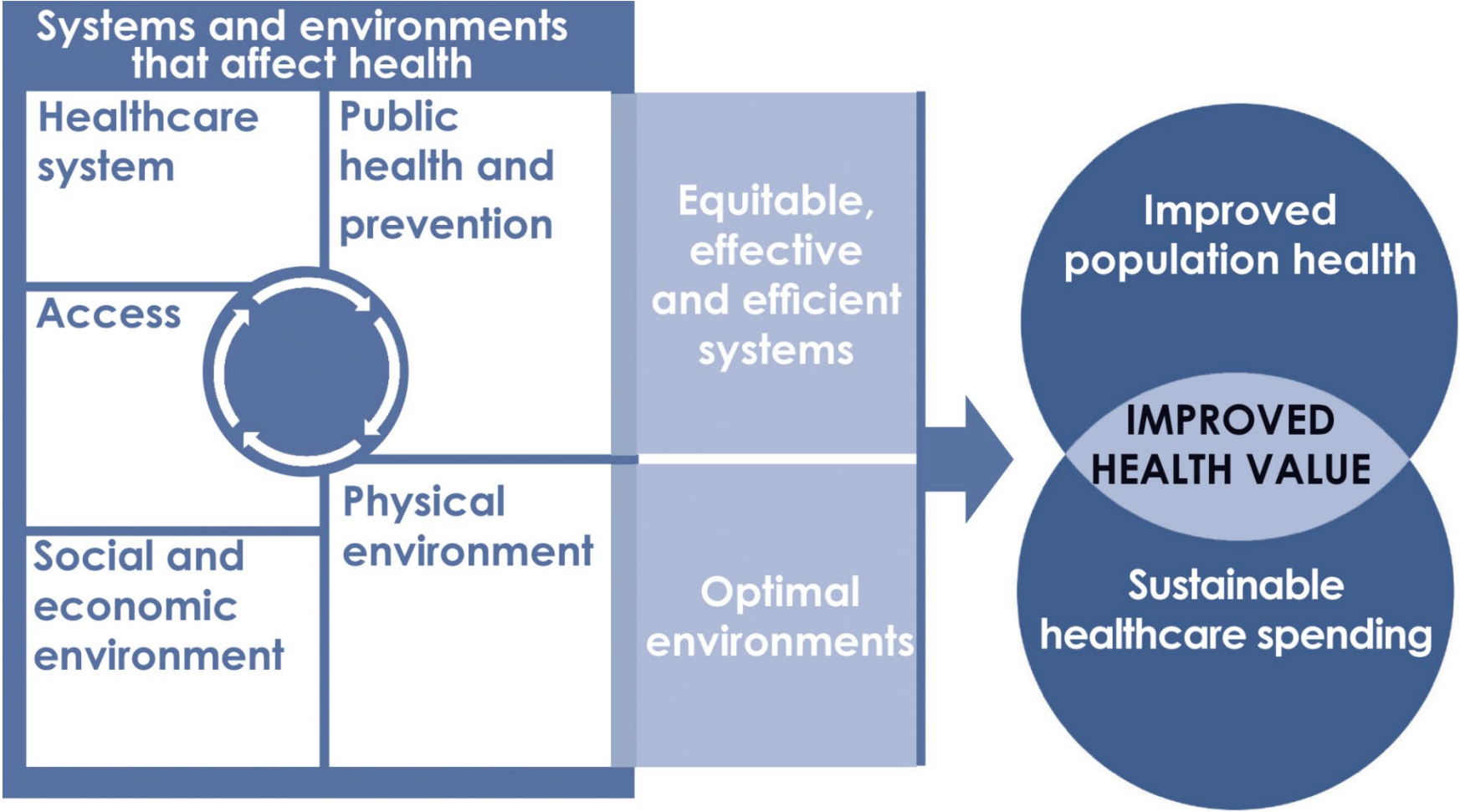


2021

HEALTH VALUE 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.

HEALTHCARE SPENDING

Ohio rank
37



Ohio's rank	Metric	Most recent data	Trend*
27	Out-of-pocket spending		
21	Total out-of-pocket spending. Percent of individuals who are in families where out-of-pocket spending on health care, including premiums, accounts for more than 10% of annual income (2019)	18.5%	Moderately decreased
37	Out-of-pocket employer-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 employer-sponsored health insurance plans (2018)	\$1,043	Moderately increased
43	Healthcare service area spending		
17	Nursing home average daily cost, per capita. Average daily cost for an individual to pay the full, private pay cost for a shared room in a nursing home (i.e., without insurance contribution) (2019)	\$230	N/A
37	Prescription drug employer-sponsored health insurance spending, per enrollee. Prescription drug and device total spending, per enrollee under age 65 in major employer-sponsored health insurance plans (2018)	\$1,208	Moderately increased
39	Hospital adjusted expenses per inpatient day. Adjusted expenses per inpatient day for community hospitals (2018)	\$2,829	No change
42	Outpatient employer-sponsored health insurance spending, per enrollee. Outpatient service total spending, per enrollee under age 65 in major employer-sponsored health insurance plans (2018)	\$2,077	Moderately increased
29	Private health insurance spending		
12	Employee contributions to employer-sponsored insurance premiums. Employee contributions to employer-sponsored health insurance premiums as a percent of state median income (2019)	5.5%	No change
37	Total employer-sponsored health insurance spending, per enrollee. Total spending on medical and pharmacy claims, per enrollee under age 65 in major employer-sponsored health insurance plans (2018)	\$6,181	Moderately increased
39 (out of 49)	Average monthly marketplace premium. Average monthly premium for enrollees in the federal Affordable Care Act health insurance marketplace or state-based exchanges after application of an advanced premium tax credit (2020)	\$230	No change
26	Medicare spending		
22	Average total cost per Medicare beneficiary without chronic conditions. Average total cost per Medicare beneficiary without chronic conditions (2018)	\$3,909	No change
25	Average total cost per Medicare beneficiary with one chronic condition	\$5,437	No change
21	Average total cost per Medicare beneficiary with two chronic conditions	\$6,373	No change
38	Average total cost per Medicare beneficiary with three or more chronic conditions	\$13,938	No change
43	Total Medicare spending, per beneficiary. Total Medicare reimbursements, per Medicare beneficiary (Parts A and B), ages 65-99 (2017)	\$10,862	Moderately increased

■ Top quartile
 ■ Second quartile
 ■ Third quartile
 ■ Bottom quartile
 NR Not ranked
 N/A Data not available for trend
Of the 50 states and D.C.

*Worsened or improved compares 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 [2021 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



OHIO

UNIVERSITY

**Voinovich School of
Leadership and Public Affairs**

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

Source: RAND Corporation

Availability:

- 2018
- 5 States Missing

Concerns:

- Trend not available

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

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

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Workgroup meeting dates

- Equity: September 13, 1-2:30pm



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THANK YOU