OVERVIEW OF THE CENTER FOR HEALTH INFORMATION AND ANALYSIS

Ray Campbell
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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.
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

- Commercial $22.8B +3.1% (2016-2017)
- MassHealth $17.2B -0.2%
- Medicare $17.0B +1.9%
- Other Public $1.65B +10.2%
- NCPHI $2.5B +5.3%

For more information, see page 12 of CHIA’s Annual Report
HEALTH CARE SPENDING DECELERATED ACROSS ALL SERVICE CATEGORIES, WITH THE HIGHEST GROWTH IN PHARMACY AND OUTPATIENT SPENDING.
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.
FULLY-INSURED PREMIUMS INCREASED BY 4.9% FROM 2016 TO 2017. SMALL GROUP MEMBERS EXPERIENCED THE LARGEST PERCENTAGE INCREASE (+6.9%).
MEMBER COST-SHARING AND FULLY-INSURED PREMIUMS GREW FASTER THAN WAGES AND INFLATION IN 2017.

Note: Total Medical Expenses reflects commercial full-claim only.
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 Name: Brigham and Women's Hospital, Inc.
Provider Type: General Acute Care Hospital
Price: $128
Volume: 2,818
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.