Equitable and Affordable Healthcare: A Shared Responsibility

June 22, 2022
9:00 – 11:30 AM
#UNH22equitablehealth
UNH Land, Water, and Life Acknowledgement

As we all journey on the trail of life, we wish to acknowledge the spiritual and physical connection the Pennacook, Abenaki, and Wabanaki Peoples have maintained to N’dakinna (homeland) and the aki (land), nebi (water), olakwika (flora), and awaasak (fauna) which the University of New Hampshire community is honored to steward today. We also acknowledge the hardships they continue to endure after the loss of unceded homelands and champion the university’s responsibility to foster relationships and opportunities that strengthen the well-being of the Indigenous People who carry forward the traditions of their ancestors.

Listen to the Acknowledgment read by Denise Pouliot
NH Update

Lucy C. Hodder
Director of Health Law and Policy Professor of Law
UNH Franklin Pierce School of Law, Institute for Health Policy and Practice
With acknowledged content from Jo Porter, Deb Fournier, Kelly Dixon and Bridget Drake
Cost Growth Strategy Across New England:
Unlike Others In the Region, New Hampshire Has No Transparent Strategy to Manage Healthcare Cost Growth

Connecticut – Office of Health Strategy and Cost Growth Benchmark Technical Team & Healthcare Affordability Index: 2022 – legislation improved “effort to promote a more transparent, accountable, equitable and innovative healthcare system in CT.”

Rhode Island – Office of Health Commissioner and Health Care Cost Trends Project Collaborative, Cost Growth Benchmark – “the steering committee, comprised of government, business, and community leaders who are committed to improving the health care system by translating data into action.”

Massachusetts – Health Policy Commission, Cost Growth Benchmark, new Performance Improvement Program in 2022 and legislation focused on shifting investment to primary care and behavioral health.

Vermont – Joint Task Force on Affordable, Accessible Health Care – exploring a cost growth benchmark as an option.

Maine – Office of Affordable Health Care (new) to lower health care costs and improve consumer experience with the health care system.
Manatt – State of Play: Cost Growth Benchmarking Programs 1/1/22

California’s AB 1130 is likely to be re-introduced this year.

Oregon is transitioning governance of the Cost Growth Target program to the Advisory Committee.

Washington’s Health Care Cost Transparency Board is discussing risk adjustment for benchmark performance and proposed methodologies for patient attribution.

Nevada Governor Sisolak signed an executive order establishing the state’s cost growth targets for 2022-2026.

Utah Governor Cox announced the formation of the Utah Sustainable Health Collaborative.

Indiana legislators have given healthcare industry leaders until April 1 to propose and implement strategies to address high hospital prices by 2025.

Vermont’s Joint Task Force on Affordable, Accessible Health Care is exploring a cost growth benchmark as an option for future legislative action.

Maine created a new Office of Affordable Health Care, which will seek to analyze health care cost trends and its correlation to health care quality, among other duties.

Connecticut has appointed Sumit Sajani to serve as Health Information Technology Officer within OHS.

The Massachusetts Health Policy Commission (HPC) Board has voted to require its first Performance Improvement Plan (PIP) from Mass General Brigham (MGB).

Rhode Island became the sixth state to join the Peterson-Milbank program.

New Jersey Governor Murphy signed an executive order officially launching the state benchmarking program, accompanied by a stakeholder compact from industry leaders.

Delaware passed SB 120, requiring insurers to spend a defined percentage of their total healthcare spend on primary care and preventive health services, beginning in 2022.

https://www.jdsupra.com/legalnews/the-manatt-state-cost-containment-7389447/
Poll - Which of the following do you think is possible in NH?

- Setting and measuring a statewide healthcare spending target
- Empowering an entity to consistently collect and publicly report understandable healthcare cost, use, quality, and equity trends in NH’s healthcare system
- Shifting healthcare spending to primary care and mental health without increasing overall healthcare budgets
- Developing an office of health consumer advocacy and information
- Creating an entity to engage stakeholders to set healthcare strategy
Rising Healthcare Costs are Impacting New Hampshire Families and Businesses

Can we afford the system we have? The system we want to share?
High Costs Continue to Haunt NH

*NH has consistently had higher premiums and deductibles than the U.S and most NE states in group markets*

In 2020 New Hampshire had **higher premiums** than all but one other New England state.

In 2020 New Hampshire had **deductibles** that were **higher** than **any** other New England State and 19% higher than the U.S average.

NH Patients Identify Access, Trust, Cost and Complexity as Key Barriers to Care

*Greater Patient Engagement is Needed to Build Trust in the Healthcare System*

86% 86 percent of New Hampshire residents think it is important for their state government to provide people with comparative price information

57% 57 percent of New Hampshire residents have tried to find out before getting care how much they would have to pay out of pocket

40% 40 percent of New Hampshire residents say they think hospitals are mostly interested in making money

28% Healthcare spending per person in NH grew 28% between 2013 and 2019, and the average family deductible among employer sponsored plans rose 28% during the same time period.


PCE: https://meps.ahrq.gov/about_meps/Price_Index.shtml
### Medical Per Member Per Month Cost for Commercial Enrollees by Age Category and Year – Steady Rise

<table>
<thead>
<tr>
<th>Age Category</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>$326</td>
<td>$342</td>
<td>$325</td>
<td>$337</td>
<td>$369</td>
<td>$381</td>
</tr>
<tr>
<td>6-17</td>
<td>$185</td>
<td>$175</td>
<td>$170</td>
<td>$174</td>
<td>$201</td>
<td>$202</td>
</tr>
<tr>
<td>18-24</td>
<td>$245</td>
<td>$247</td>
<td>$246</td>
<td>$243</td>
<td>$275</td>
<td>$275</td>
</tr>
<tr>
<td>25-34</td>
<td>$306</td>
<td>$325</td>
<td>$322</td>
<td>$324</td>
<td>$318</td>
<td>$376</td>
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<tr>
<td>35-44</td>
<td>$349</td>
<td>$346</td>
<td>$341</td>
<td>$341</td>
<td>$367</td>
<td>$376</td>
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<tr>
<td>45-54</td>
<td>$494</td>
<td>$504</td>
<td>$513</td>
<td>$513</td>
<td>$482</td>
<td>$513</td>
</tr>
<tr>
<td>55-64</td>
<td>$560</td>
<td>$561</td>
<td>$564</td>
<td>$564</td>
<td>$562</td>
<td>$562</td>
</tr>
<tr>
<td>Total</td>
<td>$380</td>
<td>$401</td>
<td>$410</td>
<td>$410</td>
<td>$424</td>
<td>$434</td>
</tr>
</tbody>
</table>

2021 is through June 2021 ONLY

Source: Analysis of NH Comprehensive Information System Data; Center for Health Analytics, UNH IHPP
Pharmacy Per Member Per Month Cost for Commercial Enrollees by Age Category and Year – Steady Rise

Year:
- 2016
- 2017
- 2018
- 2019
- 2020
- 2021

Age Category:
- 0-5
- 6-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- Total

Cost:
- 2016: $14
- 2017: $16
- 2018: $16
- 2019: $15
- 2020: $15
- 2021: $15

2021 is through September 2021 ONLY

Source: Analysis of NH Comprehensive Information System Data; Center for Health Analytics, UNH IHPP
# NH Cost by Chronic Condition Indication: Commercial Population

<table>
<thead>
<tr>
<th>Chronic Indication Level</th>
<th>% of Member Months Jul 2018 to Jun 2019</th>
<th>PMPM Jul 2018 to Jun 2019</th>
<th>% of Member Months Jul 2019 to Jun 2020</th>
<th>PMPM Jul 2019 to Jun 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Members</td>
<td>100.0%</td>
<td>$394</td>
<td>100.0%</td>
<td>$364</td>
</tr>
<tr>
<td>Members without Chronic Condition(s)</td>
<td>52.2%</td>
<td>$221</td>
<td>52.8%</td>
<td>$204</td>
</tr>
<tr>
<td>Members with Chronic Condition(s)</td>
<td>47.8%</td>
<td>$582</td>
<td>47.2%</td>
<td>$544</td>
</tr>
<tr>
<td>Members with 1 Chronic Condition</td>
<td>29.3%</td>
<td>$458</td>
<td>29.3%</td>
<td>$422</td>
</tr>
<tr>
<td>Members with 2+ Chronic Conditions</td>
<td>18.5%</td>
<td>$779</td>
<td>17.9%</td>
<td>$742</td>
</tr>
</tbody>
</table>
Our healthcare system does not make sense to families in New Hampshire

Who can patients and employers trust to be minding the ‘store’?
Price Transparency Confusion – What Do Savvy Patients Discover?

Prices at Hospitals in One Health System for Same Service
CPT Code 72148 Back MRI Without Contrast

<table>
<thead>
<tr>
<th></th>
<th>Hospital A</th>
<th>Hospital B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Charge</td>
<td>$3,750</td>
<td>$3,375</td>
</tr>
<tr>
<td>Payer Allowed</td>
<td>$2,488</td>
<td>$2,478</td>
</tr>
<tr>
<td>Amount</td>
<td>$1,183</td>
<td>$1,183</td>
</tr>
<tr>
<td>Uninsured Cash Price</td>
<td>$1,571</td>
<td>$1,571</td>
</tr>
<tr>
<td>Min Negotiated Price</td>
<td>$1,613</td>
<td>$1,613</td>
</tr>
<tr>
<td>Max Negotiated Price</td>
<td>$1,070</td>
<td>$1,070</td>
</tr>
</tbody>
</table>

Source Data: https://search.hospitalpriceindex.com/hpi2/shoppables/elliothospital/7855or/all; https://search.hospitalpriceindex.com/hpi2/shoppables/southernnhmedicalcenter/7862or/all
Source Analysis: UNH IHPP

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...and Prices Vary By Insurance Carrier for the Same Service at the Same Hospital

CPT Code 72148 Back MRI Without Contrast
CPT Code 99213 Outpatient/Office Visit 30 Min Established Patient
CPT Code 99283 ED Visit - Moderate Severity

Source Data: https://search.hospitalpriceindex.com/hpi2/shoppables/elliothospital/7855or/all; Data Analysis UNH IHPP
Range of Prices for Same Service Same Health Plan
CPT Code 72148 – Back MRI Without Contrast

Largest Medium NH Average Smallest - NH

$2635 (Plymouth)

$1058 (Lebanon)

$787 (NH Average)

$439 (Nashua)

Range of Prices for Same Service Same Health Plan
CPT Code 99283– Emergency Department Moderate Severity

$1135 (Derry)

$609 (NH Average)

$555 (Manchester)

$300 (Woodsville)

$80 (Massachusetts)
Have You Been Confused By the Healthcare System?
What do we value from our health system?

What are our core values for building a healthier tomorrow?
What Are Our Core Values For Building A Healthier Tomorrow?

- Affordability
- Sustainability
- Trust
- Equity
How do we get there?

Accessible and Affordable Health Insurance Coverage

Affordable

Built on Enhanced Primary Care

Trusted

Equitably Resourced and Accessible

Equitable

An Accountable System

Long-term Budget Strategy for NH

Sustainable
We have a collective responsibility to work towards an affordable and equitable system.

Our health and wellbeing depend on it!
Support for this event provided by:

Co-hosted by The Warren B. Rudman Center for Justice, Leadership & Public Service

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