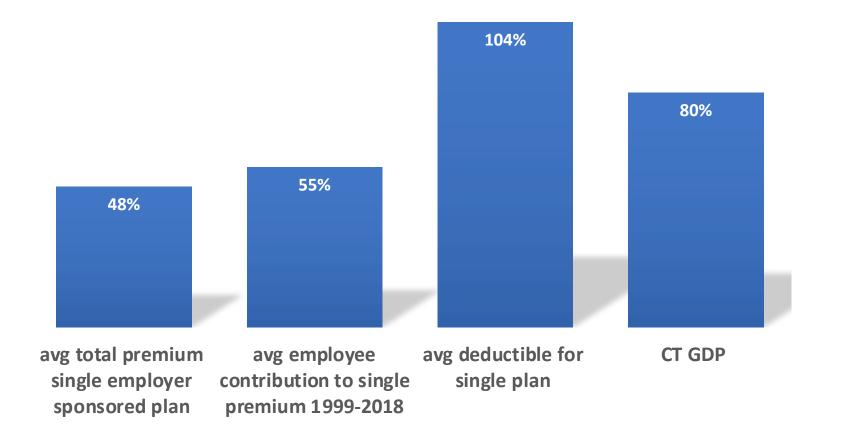
Could a healthcare cost growth benchmark help Connecticut?

Healthcare Affordability Forum Ellen Andrews, PhD November 14, 2019



Connecticut healthcare insurance costs, economy

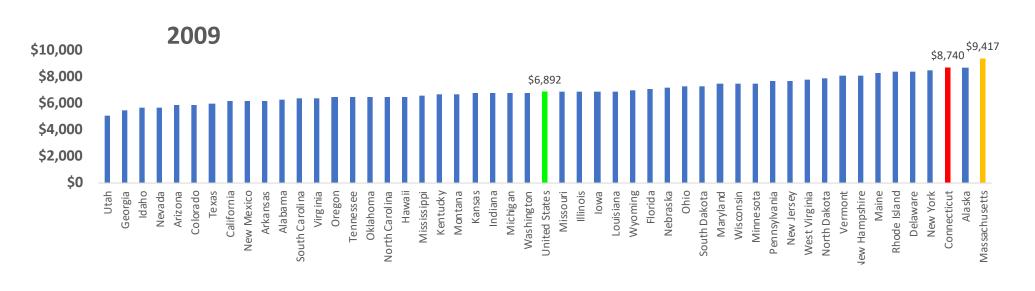
1999 to 2014



Key Findings

From 1999 to 2014, Connecticut private health insurance have premiums grown more slowly than our economy, but average deductibles for consumers doubled.

State per capita healthcare spending





Key Findings

From 2009 to 2014, Connecticut moved from 3rd highest in healthcare costs among states to 5th.

Massachusetts fell from first to second highest.

Price is the problem, not utilization

Per person

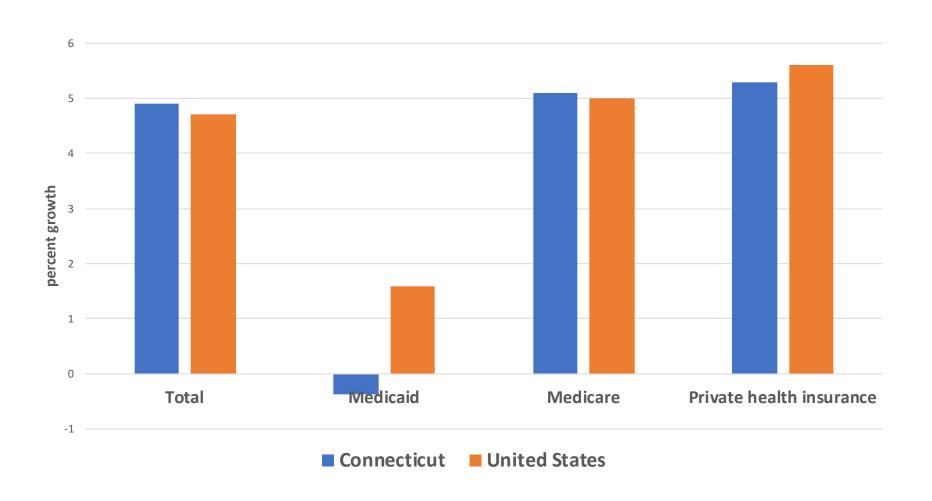
Cumulative Growth in Spending per Person by State since 2013



Key Findings

Between 2013 and 2017, CT per person commercial healthcare costs grew 18.5% while utilization fell 1.1%

Per capita spending, average annual growth 2001 to 2014



Key Findings

Trends vary significantly between payers. From 2001 to 2014, average Connecticut per capita healthcare spending tracked with national trends. However, Medicaid per person spending decreased while nationally costs rose.

State rank

Total, per Avg annual capita growth

	o a.p. ta.	9	
	District of Columbia	Alask	
highest	Alaska	Verm	ont
	Massachusetts	New	lampshire
	Delaware	Main	
	Vermont	Wyor	ning
	Connecticut	North	Dakota
		South	Dakota
	North Dakota	West	Virginia
	New York	Delav	are
	New Hampshire	ivebra	
	Rhode Island	iviissi	sippi
	Maine	îvîoni	
	West Virginia	Oreg	in
	Pennsylvania	Wisco	
	South Dakota	Keniu	
	Minnesota	idaho	
	New Jersey	india	
	Ohio	ivii	
	Wisconsin	Ohio	300
	Maryland		: Island
	Nebraska		ichusetts
	Wyoming	iviisso	
	Indiana		Viexico
	Illinois		Carolina
	Montana	Okiai	
	Iowa		
	Missouri		Carolina
	Florida	Virgi	
	Michigan	Arka	
	United States	iowa	
	Oregon		ngton
	Kentucky	iviary	
	Washington	ivew	
	Louisiana		ylvania
	Kansas		1 States
		Co	nnecticut
	Mississippi	iiiinoi	
	Oklahoma	Michi	ran
	Virginia		ersey
	California	Utan	
	Arkansas	Kansa	
	Tennessee	Louisi	
	South Carolina	Texas	
	Hawaii	Aiaba	
	Alabama	Tenne	
	North Carolina	Caiiro	
	New Mexico	Hawa	
	Texas	iveva	
	Idaho	Coior	
	Colorado	Fiorio	
	Nevada		
	Georgia	Arizo	
1	Arizona	Georg	
lowest	Utah	DISTri	t of Columbia

Medicaid, Avg annual per capita growth

North Dakota	Missouri		
Alaska	Mississippi		
Rhode Island	Rhode Island		
New York	Pennsylvania		
Missouri	Kentucky		
Pennsylvania	Arizona		
Montana	California		
Minnesota	Tennessee		
New Hampshire	Alaska		
District of Columbia	Vermont		
Massachusetts	Wyoming		
Indiana	Texas		
Connecticut	West Virginia		
New Jersey	Montana		
Nebraska	Alabama		
Vermont	Illinois		
Wyoming	Nebraska		
Maryland	Virginia		
Maine	Michigan		
Virginia	North Carolina		
Texas	Ohio		
North Carolina	Colorado		
Oregon	Oregon		
Colorado	Maine		
Idaho	United States		
Wisconsin	Oklahoma		
South Dakota	Hawaii		
Kentucky	Arkansas		
Ohio	Maryland		
Delaware	North Dakota		
United States	Wisconsin		
Kansas	Georgia		
owa	Kansas		
Mississippi	Louisiana		
	Massachusetts		
West Virginia	Minnesota		
Oklahoma	District of Columbia		
Utah	Florida		
Louisiana	New Mexico		
Arkansas	Delaware		
Hawaii	Idaho		
Arizona			
Michigan	Now Hamashira		
Washington	New Hampshire		
Tennessee .	Utah		
South Carolina	New Jersey		
Nevada	Washington		
New Mexico	Connecticut		
California	Indiana		
Georgia	New York		
Florida	South Carolina		
Alabama	South Dakota		
Ilinois	Nevada		

Medicare, Avg annual per capita growth

New Jersey	Nebraska		
Florida	South Carolina		
New York	North Dakota		
Maryland	South Dakota		
Connecticut	Idaho		
Massachusetts	Indiana		
Texas	Texas		
California	Minnesota		
District of Columbia	North Carolina		
Louisiana	Iowa		
Delaware	Maine		
Michigan	New Jersey		
Pennsylvania	Utah		
Illinois	Vermont		
Ohio	Wisconsin		
Mississippi	Mississippi		
United States	New Hampshire		
Rhode Island	Oklahoma		
Nevada	West Virginia		
Indiana	Connecticut		
Missouri	Kansas		
Georgia	Ohio		
Oklahoma	Florida		
Tennessee	Illinois		
Kentucky	Kentucky		
South Carolina	Missouri		
West Virginia	Oregon		
Alabama	Rhode Island		
North Carolina	Wyoming		
Kansas	United States		
Arizona	Michigan		
Nebraska	Nevada		
Minnesota	New Mexico		
Virginia	New York		
Wisconsin	Virginia		
Arkansas	Montana		
North Dakota	Colorado		
New Hampshire	Hawaii		
Maine	Tennessee		
Iowa	Alabama		
South Dakota	Arkansas		
Alaska	California		
Colorado	Maryland		
Vermont	Massachusetts		
Utah	Arizona		
Wyoming	Delaware		
Washington	Georgia		
Oregon	Louisiana		
Idaho	Washington		
	Alaska		
New Mexico	Alaska		
New Mexico Hawaii			
	Alaska District of Columbia Pennsylvania		

Key Findings

While Connecticut's relative per capita health care costs are high among states, the rate of growth is much lower, particularly for Medicaid.

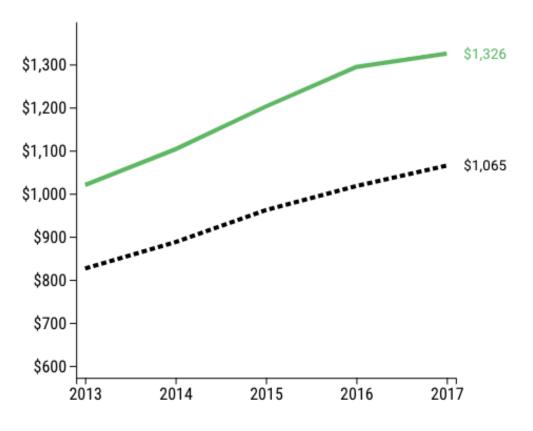
Per capita – 2014

Average annual growth – 1991 to 2014

Source: State Health Expenditure Data, CMS

Drug spending per capita

Average Annual Spending per Person on Prescription Drugs in Connecticut



Key Findings

Prescription
drug spending is
higher for
Connecticut
residents than
for most
Americans.

And the gap is growing.

State rank

per capita drugs, nondurable product spending

Per capita - 2014

Average annual growth -1991 to 2014

Total per capita drugs, nondurable products cost, 2014

per capita, avg annual percent growth, 1991 to

2014

highest

Connecticut

Connecticut

Rhode Island North Dakot South Carolina Nebraska Pennsylvania North Carolina

South Carolina Oklahoma North Dakota District of Columbia District of Columbia

South Dakot Kentucky Michigan Ohio Virginia Illinois Michigan Virginia

Key Findings

Connecticut residents spend more per person than all but one other state's residents on prescriptions and nondurable healthcare products and that rate is growing much faster than other states.

Could a healthcare cost growth benchmark help Connecticut?

- Wouldn't hurt, knowing how and where costs are growing, with timely data, across the system is always an advantage
- Massachusetts's growth benchmark works because stakeholders trust the data and believe the state will act with constructive, evidence-based policies, so the state devotes resources
- Connecticut has trust, capacity issues
- It needs to be more than a set of reports
- To make it work, we would need:
 - An operational, transparent APCD to identify problems
 - Build analytic capacity in-state, both in and outside government then **show the math**
 - Independent leaders/facilitators using a **transparent**, **multi-payer process** to develop meaningful solutions that are fair, reasonable and will address the problems
 - Be realistic about state levers and whether they are powerful enough to make a difference
 - Political commitment to follow through
 - **Test options**, evaluate, revise
- Beware unintended consequences i.e. Medicaid shared savings