Post-Briefing FACT SHEET

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STATE LEADERSHIP NETWORK

State Leadership on Health Care Costs Reporting and Actions

November 14, 2022

Introduction

Rising health care costs are squeezing the budgets of states, employers, and households. This briefing focused on an approach for advancing sustainable health care cost growth. Pioneered by Massachusetts, state cost growth target programs are a way to create transparency and accountability for health care cost growth. The Peterson-Milbank Program for Sustainable Health Care Costs provides technical assistance through Bailit Health to six states with cost growth targets.

The Logic Model for a Health Care Cost Growth Target



A cost growth target is a per annum rateof-growth target for health care costs for a given state. This logic model shows how states can develop cost growth targets to slow spending growth. Activities begin with measuring performance against the set cost growth target and end with implementing the identified strategies to slow cost growth.

"A critical goal of cost growth target programs is to shine a light on what is driving spending growth so that stakeholders and policymakers can begin to identify opportunities to address them."

- Michael Bailit, Bailit Health

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What Are Cost Growth Targets?

Michael Bailit of Bailit Health began the discussion by defining cost growth targets, explaining how states set their targets, how health care costs are measured, and the logic model supporting cost growth target programs. Bailit presented data analysis from Delaware, Rhode Island, Connecticut, and Massachusetts that looked at spending by insurance market, provider, and service category. He went on to share cost growth mitigation strategies that can be informed by cost-driver analysis. These strategies include:

- Prescription drug affordability strategies
- Adoption of advanced multipayer value-based payment
- · Restriction of market consolidation
- Provider price cap and/or price growth cap
- Strengthening and expanding health insurance rate review

Finally, Bailit previewed Making Health
Care More Affordable: A Playbook for
Implementing a State Cost Growth
Target, a new Peterson-Milbank
resource that will be released in
early 2023 to provide a roadmap for
interested state and other stakeholders.

Oregon's Legislative History to Address Health Costs

Sarah Bartelmann of the Oregon Health Authority described health care cost containment efforts in Oregon over the last decade. Prior to expanding its growth target to all insurance markets, Oregon had a 3.4% growth target and spending caps for Medicaid. She shared a state analysis showing that expanding cost growth targets to all markets could save Oregon \$31 billion by 2030. Bartelmann described the 2017 legislative task force report that recommended a statewide cost growth target, the 2019 legislation to implement the cost growth target program, and the 2021 law establishing accountability mechanisms.

Key Data Sources for Cost Driver Analysis in Massachusetts

David Auerbach of the Massachusetts
Health Policy Commission discussed
the key data sources used to identify
cost drivers in Massachusetts, the first
state to implement a cost growth target
program. Auerbach cited the following
as important data sources:

- Hospital discharge data
- Massachusetts Health Interview Surveys
- National employer premium data
- Payer-reported spending breakdowns into cost, utilization, etc.
- Payer-reported aggregate total medical expenditures for HMO members by provider groups
- Spending category codes

Auerbach noted how using both aggregate and detailed data allowed Massachusetts to identify unit cost and spending per encounter as the key cost drivers in the state.

"While the issues of health care cost growth are complex and politically sensitive, it is possible for any state to start with health cost data analysis and present that information publicly. It will enable them to step back and say, 'What is going on for the state as a whole — and what are some of the best opportunities that we have to systematically address health care cost growth?""

— Rachel Block, Milbank Memorial Fund