Cost Growth Benchmark
Overview and Discussion

Informational Webinar for Hospitals and Provider Stakeholders

July 15, 2021
Project Staff

- **Shabnam Salih**, Director, Office of Health Care Affordability and Transparency
- **Justin Zimmerman**, Chief of Staff, Department of Banking and Insurance

- **The Peterson-Milbank Program for Sustainable Health Care Costs** is providing technical assistance to states developing cost growth benchmarks
- **Bailit Health** provides the Technical Assistance through **Megan Burns, Ann Hwang** and **Erin Taylor**

- **Rutgers Center for State Health Policy** is providing technical assistance and process facilitation on behalf of the Governor’s Office
  - **Joel Cantor**, Distinguished Professor & Director
  - **Margaret Koller**, Executive Director
  - **Maureen Michael**, Senior Policy Consultant
1. Why pursue health care cost growth reduction?
2. New Jersey’s progress to establish a benchmark
3. Questions?
4. Resources
Why pursue health care cost growth reduction?
The burden of health care costs are high for New Jersey families and are outpacing income growth.

*Cost burden* is expressed as the ratio of average family employer sponsored insurance (for both employer and employee contributions) to median household income, adjusted for cost-of-living differences across states.

Source: “The Burden of Health Care Costs for Working Families” Penn LDI, April 2019

Premiums equal 30% of a New Jersey family’s income.

New Jersey had the 14th highest cost burden* in the country for health care faced by working families in 2016.

Premiums and deductibles in New Jersey outpaced household income.

Percent change: 2010-2016

- Average Annual Family Deductible: 26%
- Average Family Premium: 30%
- Median Household Income: 10%
National growth trends from ‘09–’19 are similar to NJ trends

48% Growth in Healthcare Expenditures by Households

42% Growth in Spending on Healthcare by Private Businesses

24% Growth in Median Wage

Employees are burdened with spending a larger proportion of their budget on health care.

High health care costs burden families and businesses

“Behind every data point is a face of a New Jerseyan dealing with a struggle.”

"Every year, [we are] scrambling to still find a plan that works... One employee asked, “When is this going to stop?”
What is the goal of a benchmark program?

1. Set a target for health care cost growth
2. Measure our progress
3. Be transparent and share data
4. Work together to find solutions
5. Make health care more affordable
State activity on health care cost growth benchmarks

- Established (CT, DE, MA, OR, RI)
- Committed to development (NJ, NV, PA, WA)
- Active discussions underway (CA)
Massachusetts’ Cost Growth Benchmark Experience

Commercial spending growth in MA has been below the national rate every year since 2013.

New Jersey’s progress to establish a benchmark
Executive Order 217

Advancing Health Care Affordability Efforts

1. Improve health care affordability, accessibility and transparency for all
2. Support health equity for all
3. Develop cost growth benchmarks to foster accountability
4. Cross departmental support for delivery system reforms, integrated care and cost-effective payment initiatives

Interagency Working Group
Establishes the Health Care Advisory Group to provide expertise, advice and consultation on:

- the development and implementation of the health care cost growth benchmark;
- complementary strategies to collect and use cost, quality and outcome data;
- strategies for benchmark attainment.
Advisory Group Members

- **Cathy Bennett**, President and CEO, New Jersey Hospital Association
- **Dr. Gaurang “Raj” Brahmbhatt**, CMO, Riverside Medical Group
- **Maura Collingsru**, Health Care Program Director, New Jersey Citizen Action
- **Patrick Davish**, Associate Vice President of Global Pricing & Reimbursement, Merck & Co., Inc
- **Robert C. Garrett**, CEO, Hackensack Meridian Health
- **Dr. John Kulin**, Representative for Medical Society of New Jersey
- **Dr. Jeffrey Le Benger**, CEO, Summit Medical Group
- **Mitchell Livingston**, President and CEO, New Jersey Manufacturers Insurance Company
- **Mike Munoz**, AmeriHealth New Jersey Market President
- **Victor Murray**, Director of Field Building and Resources, Camden Coalition of Healthcare Providers
- **Patrick Nowlan**, Executive Director Rutgers AAUP-AFT
- **Linda Nilsen**, Assistant Vice President for Human Resources, Princeton University
- **Kevin M. O'Dowd**, Co-Chief Executive Officer, Cooper University Health Care
- **Barry Ostrowsky**, President and CEO, RWJ Barnabas Health
- **Dennis Pullin**, President and CEO, Virtua Health
- **Ward Sanders**, President, New Jersey Association of Health Plans
- **Tony Sandkamp**, CEO, Sandkamp Wordworks, LLC
- **Linda Schwimmer**, President and CEO, New Jersey Health Care Quality Institute
- **Joe Sheridan**, President and COO, Wakefern Food Corp.
- **Kevin Slavin**, President and CEO, St. Joseph's Health
- **Gary St. Hilaire**, President of Horizon Blue Cross Blue Shield
Six Components to Establishing a Cost Growth Benchmark Program

1. Defining Total Health Care Expenditures
2. Establishing the Benchmark Methodology
3. Measuring Performance
4. Transparency and Accountability
5. Cost Driver Analysis Strategy
6. Strategies to Meet the Benchmark
Defining Total Health Care Expenditures

- Total Health Care Expenditures:
  - Definition largely consistent across states
  - Captures payments to providers that are tracked by insurers
Claims-based payments are grouped into categories, such as:

- Professional Services (Primary Care, Specialty Care, Other)
- Hospital Inpatient
- Hospital Outpatient
- Pharmacy
- Etc.
Establishing the Benchmark Methodology

- Benchmark Methodology:
  - Pegged to an economic indicator (e.g. inflation, income, economic growth)
  - Criteria developed to guide methodology
Establishing the Benchmark Methodology

- **Criteria for Choosing an Economic Indicator for the Benchmark**
  1. Provide a stable and therefore predictable target.
  2. Rely on independent, objective data sources with transparent calculations.
  3. Capture the real world “pocketbook” experience of consumers through data that relies on median experience (not average experience).
  4. Lower health care spending growth.

- **Discussion of the benchmark value will be continuing over the summer**
Looking Ahead: Cost Driver Analyses

- Uses claims data to:
  1) Understand the impact of the cost growth benchmark, and
  2) Identify the factors driving health care cost and cost growth.

- A Cost Driver Analysis Strategy may be used to institutionalize routine analyses that pinpoint opportunities to reduce health care spending at a state, market, insurer, or provider entity level.

- Initially, Medicaid and State Health Plan Benefit claims data may be used to explore cost drivers.

- These analyses can also inform recommended policy actions.
With the transparency of cost growth benchmark performance data and the cost driver analyses, we intend to work with stakeholders to develop strategies to reduce cost growth.

These actions could be:
- Policy actions led by the Governor
- Market-based ideas generated from and implemented by provider and payer stakeholders

While it will take some time to collect data on performance, we expect to begin active discussions on strategies in the fall.
The Healthcare Cost Growth Benchmark is intended to serve as a beacon towards which all parties which have some measure of influence on spending – the state, payers, employers and providers – can strive.

Concrete solutions, however, require understanding of why health care spending is high, how it varies across the state, and what is driving spending growth.
Discussion
Together, we can make health care more affordable

We can make sure that all New Jerseyans can continue to access high-quality health care in a way that is sustainable
What does this mean for providers?

Benchmarking emphasizes long-term sustainability, through public awareness and transparency.

Benchmarking looks at health care cost growth holistically, not at the level of individual clinicians.

Your expertise will be particularly important in putting forth solutions for improving how care is delivered, to make high quality health care more sustainable.
How you can help

Share your perspectives on components of the benchmarking program

Inform development of strategies to achieve the benchmark

Sign up for updates:
http://www.cshp.rutgers.edu/content/nj-benchmark-program
Discussion

What goals do you have for the benchmark program?

What questions do you have about the benchmark program?

From your perspective, what considerations should we be aware of in developing the benchmark program?

What strategies do you think will be most effective in slowing health care cost growth?
Resources
More Information

http://www.cshp.rutgers.edu/content/nj-benchmark-program
State Cost Growth Benchmarks

- Delaware: https://dhss.delaware.gov/dhcc/global.html
  - CHIA Annual Reports: https://www.chiamass.gov/annual-report/
- Oregon: https://www.oregon.gov/oha/HPA/HP/Pages/Sustainable-Health-Care-Cost-Growth-Target.aspx
- Rhode Island: http://www.ohic.ri.gov/ohic-reformandpolicy-costtrends.php
Other Resources


Thank you!