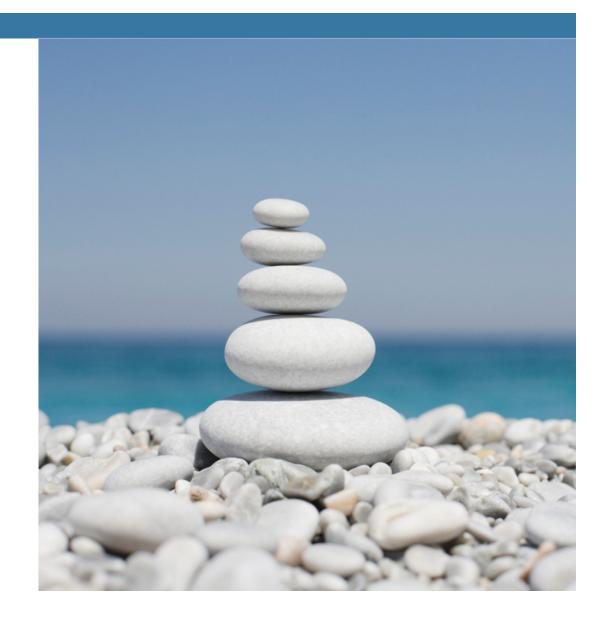


Health Care Costs, Coverage and Providers

Robbin Gaines
Senior Program Officer
February 15, 2013



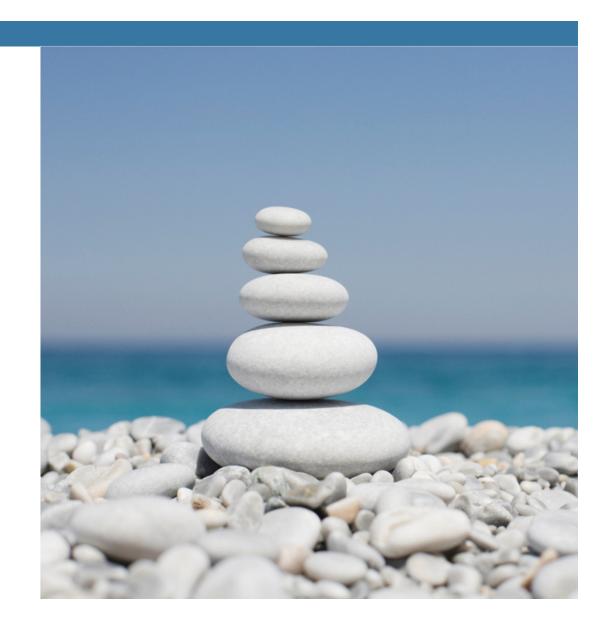
## Agenda

- Costs
- Health Coverage
- Providers
- Resources



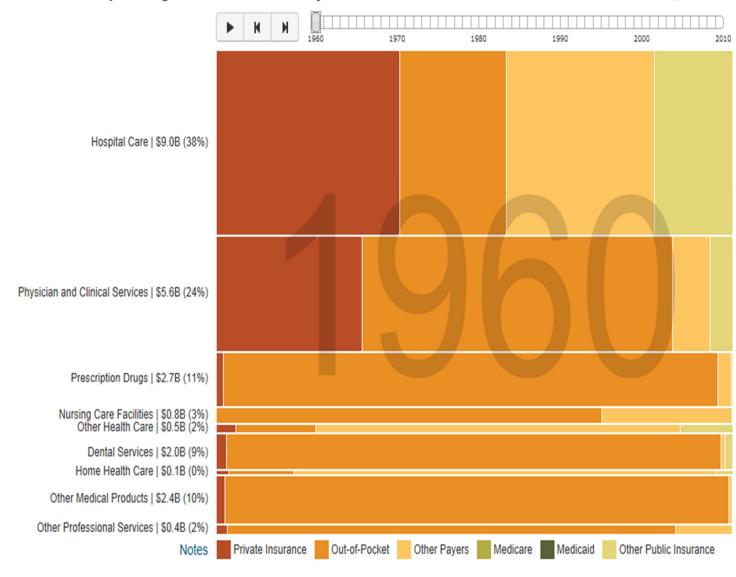
## CALIFORNIA HEALTHCARE FOUNDATION

## **COSTS**



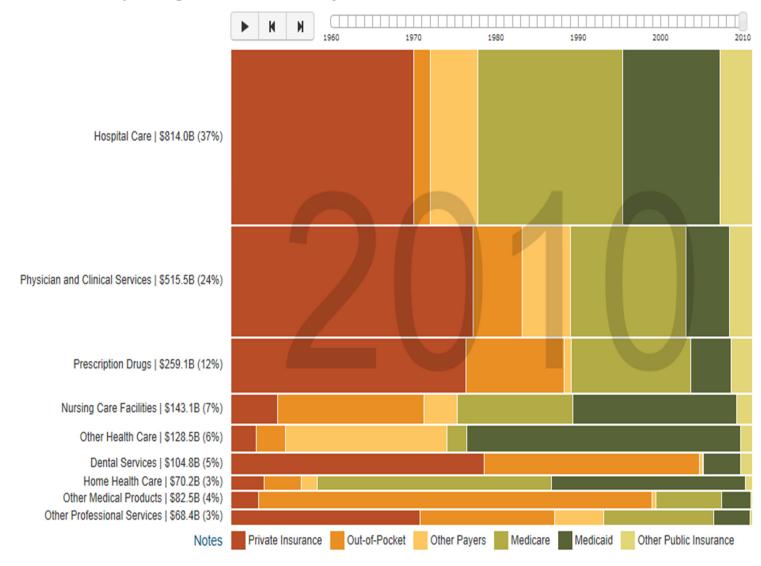
### US Health Care Spending 1960-2010: Who Pays?

### Total 1960 Spending: \$23.4B



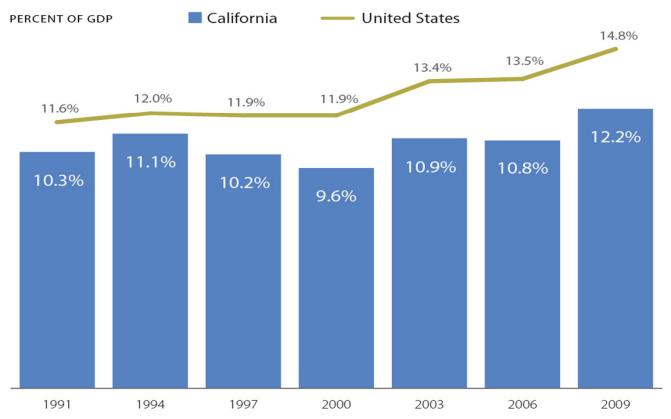
### US Health Care Spending 1960-2010: Who Pays?

### Total 2010 Spending: \$2186.0B



## Health Spending\* as a Share of the Economy,

California vs. the United States, 1991 to 2009, selected years



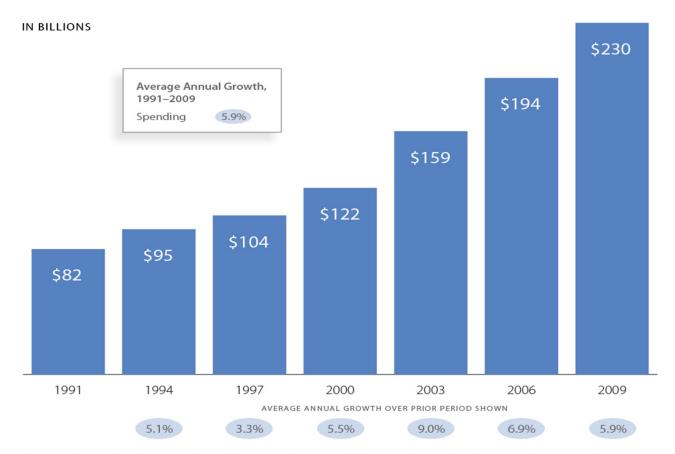
\*Personal health care (PHC), as reported by Centers for Medicare and Medicaid Services (CMS). See Appendix B for additional detail on spending categories.

Notes: Spending relative to the economy is computed here based on PHC, the most comprehensive measure available at the state level. In many publications, US health spending as a share of GDP is based on national health expenditures, a metric which includes additional spending categories, such as construction, public health activities, and administration.

Source: CMS, Office of the Actuary, State Health Expenditures by State of Provider, 1980–2009, www.cms.gov.

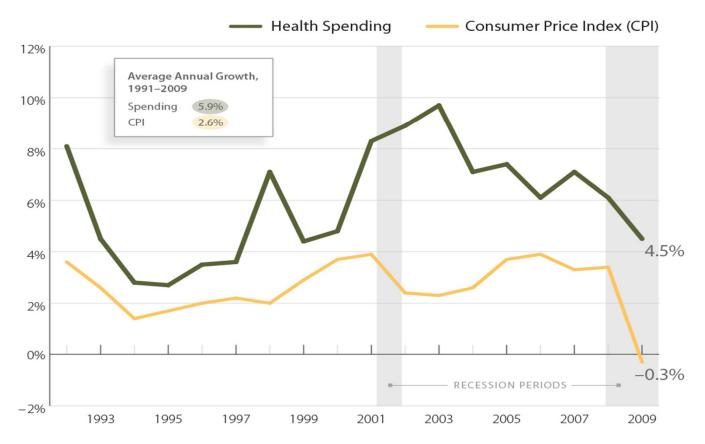
## California Health Spending,\*

1991 to 2009, selected years



\*Personal health care (PHC), as reported by Centers for Medicare and Medicaid Services (CMS). See Appendix B for additional detail on spending categories. Source: CMS, Office of the Actuary, State Health Expenditures by State of Residence, 1991–2009, www.cms.gov.

# Annual Growth Rates, Health Spending\* vs. Inflation, California, 1991 to 2009



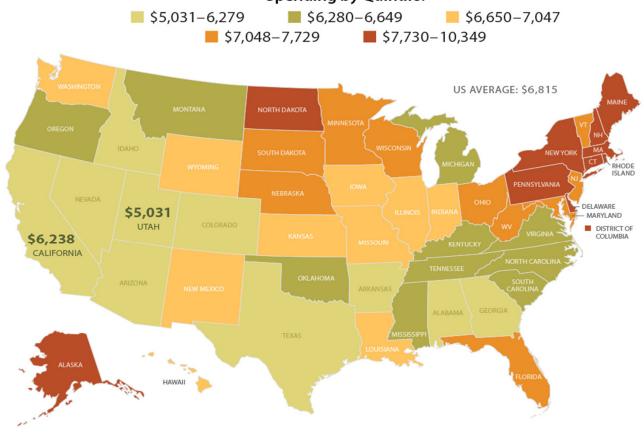
\*Personal health care (PHC), as reported by Centers for Medicare and Medicaid Services (CMS). See Appendix B for additional detail on spending categories.

Sources: CMS, Office of the Actuary, State Health Expenditures by State of Residence, 1991–2009, www.cms.gov. California Department of Finance, Consumer Price Index, All Urban Consumers, Calendar Year Averages, www.dof.ca.gov.

## Per Capita Health Spending,

by State of Residence, 2009

### **Spending by Quintile:**

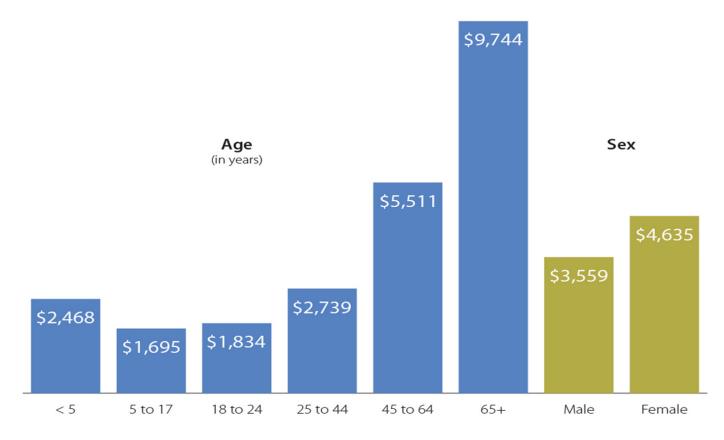


\*See Appendix A for table of per capita spending levels for each state.

Sources: Centers for Medicare and Medicaid Services (CMS), Office of the Actuary, State Health Expenditures by State of Residence, 1991–2009, www.cms.gov. Martin Cuckler, Anne Martin, et al, "Health Spending by State of Residence, 1991–2009," Medicare and Medicaid Research Review, 2011: Vol. 1, No. 4.

## Distribution of Average Spending Per Person

by Demographic, United States, 2009

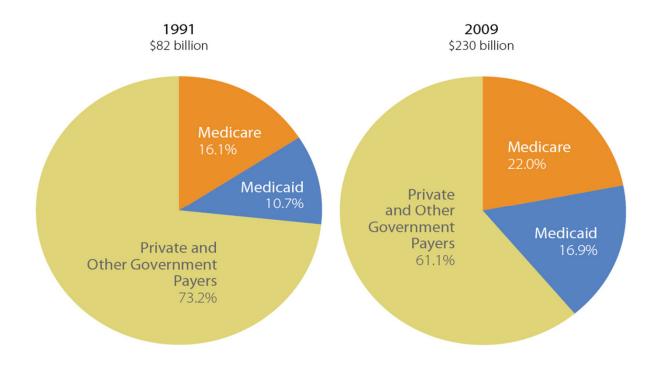


Note: Population is the civilian noninstitutionalized population, including those without any health care spending. Health care spending is total payments from all sources (including direct payments from individuals and families, private insurance, Medicare, Medicaid, and miscellaneous other sources) to hospitals, physicians, other providers (including dental care), and pharmacies; health insurance premiums are not included.

Source: Kaiser Family Foundation calculations using data from U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS), 2009.

## Health Spending\* Distribution, by Payer,

California, 1991 vs. 2009

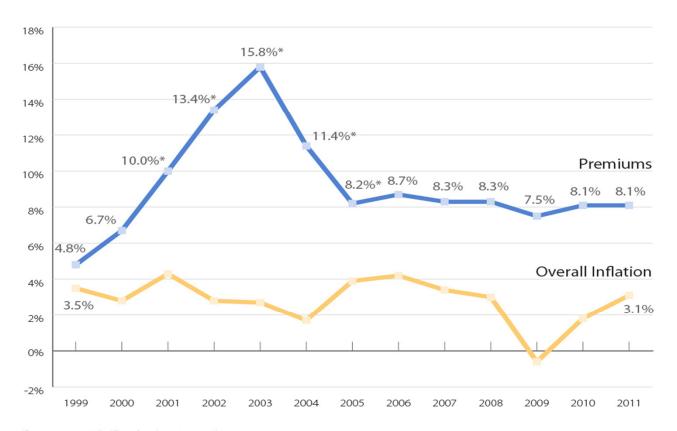


Note: Private payers include insurance and consumers (out-of-pocket spending on copays, coinsurance, and uncovered goods and services); other government includes Veterans Affairs and Department of Defense spending and the Childrens Health Insurance Program (CHIP).

Source: CMS, Office of the Actuary, State Health Expenditures by State of Residence, 1991-2009, www.cms.gov.

<sup>\*</sup>Personal health care (PHC), as reported by Centers for Medicare and Medicaid Services (CMS). See Appendix B for additional detail on spending categories.

# Premium Increases Compared to Inflation, Family Coverage, California, 1999—2011

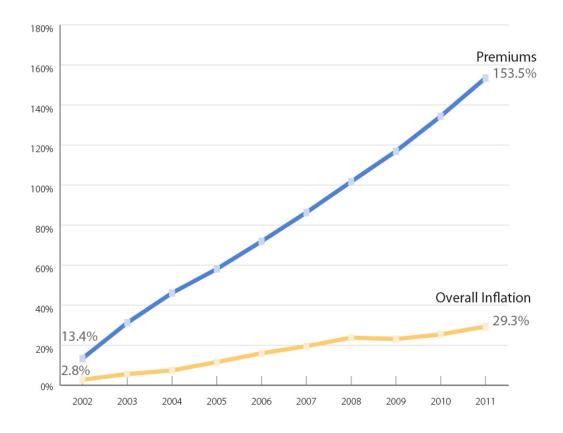


\*Estimates are statistically different from the previous year shown.

Sources: California HealthCare Foundation (CHCF)/NORC California Employer Health Benefits Survey: 2007–2011. CHCF/HSC California Employer Health Benefits Survey: 2005–2005; CHCF/HRET California Employer Health Benefits Survey: 2004. Kaiser/HRET California Employer Health Benefits Survey: 1999–2003. California Division of Labor Statistics and Research, Consumer Price Index, California Average of Annual Inflation (April 10 April) 1999–2011.

### Cumulative Premium Increases Compared to Inflation,

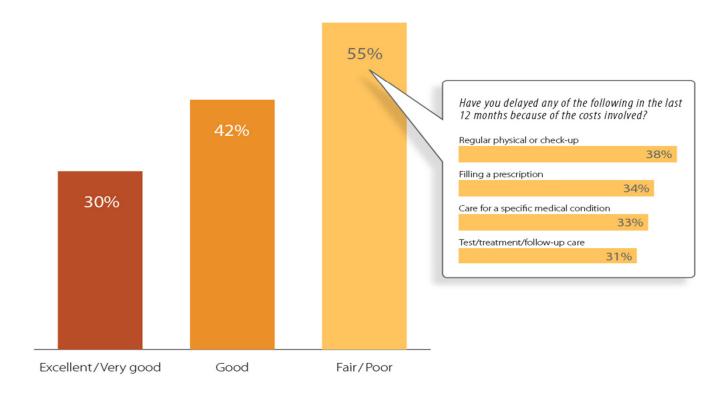
Family Coverage, California, 2002—2011



Sources: California HealthCare Foundation (CHCF/NORC California Employer Health Benefits Survey: 2007–2011, CHCF/HSC California Employer Health Benefits Survey: 2008. CHCF/HRET California Employer Health Benefits Survey: 2008. California Division of Labor Statistics and Research, Consumer Price Index, California Average of Annual Inflation (April to April) 2002–2011.

# Delaying Care Due to Costs, by Health Status, California, 2011

BASE: ALL ADULTS (n = 1,528)



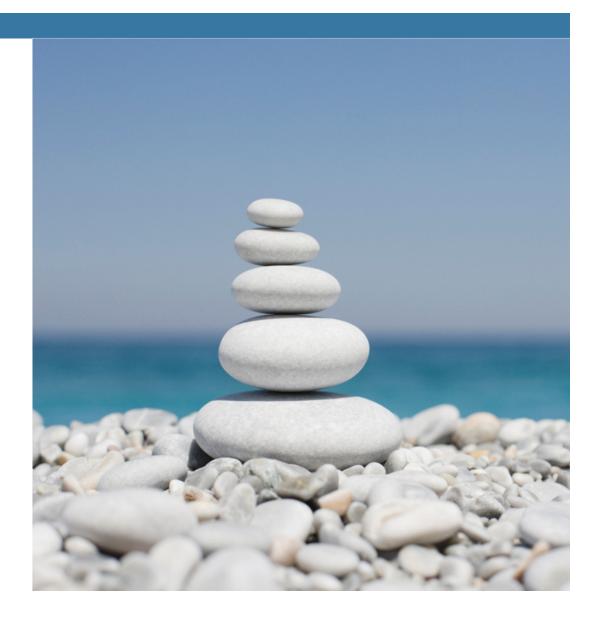
Source: California General Public Survey, conducted by Lake Research Partners between May 6 and 23, 2011.

## **Health Care Cost Drivers**

- Population Changes
  - Aging
  - Prevalence of chronic disease
- Health Care Technologies
  - New technology, drugs and treatments
  - Earlier, more expansive diagnoses
- Unnecessary Spending
  - Inefficiencies (e.g. waste, uncoordinated care, administrative complexity)
- Provider payments

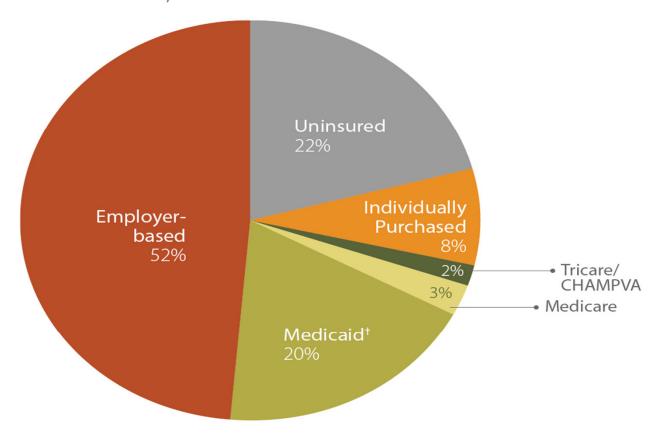


## **COVERAGE**



### **Health Insurance Sources**

California Residents, 2011\*

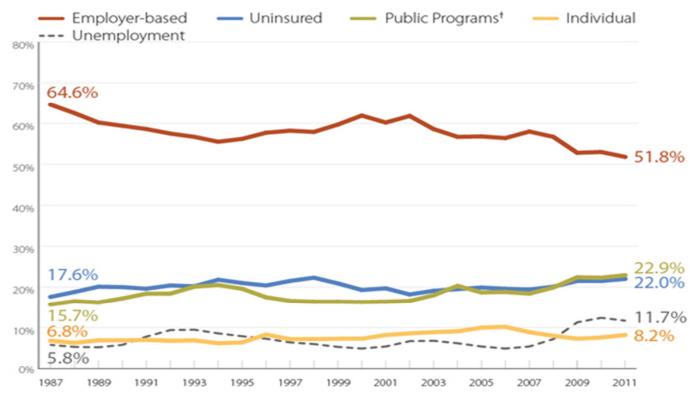


\*All numbers reflect the nonelderly population, under age 65. †Includes Medi-Cal and Healthy Families.

Note: Segments may not add to 100% because individuals may receive coverage from more than one source. Source: Employee Benefit Research Institute estimates of the Current Population Survey, 2012 March Supplement.

## Insurance Coverage Source and Unemployment Trends

California Residents, 1987 to 2011\*



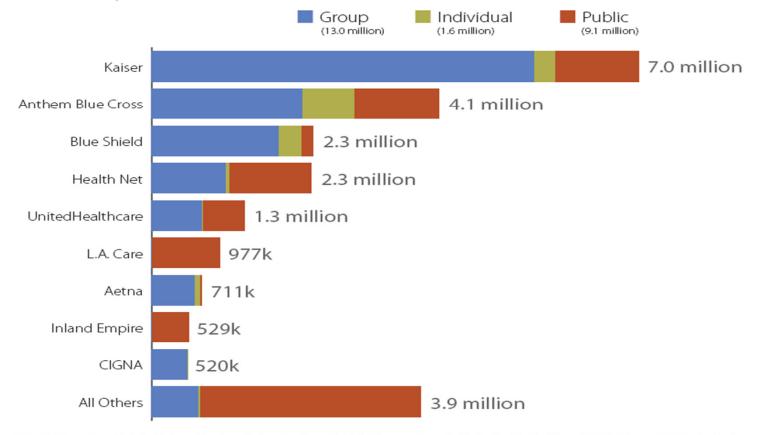
\*All numbers reflect the nonelderly population, under age 65.

†Includes Medi-Cal, Healthy Families, Medicare, and Tricare/CHAMPVA.

Notes: 1987–1998 data are not directly comparable with 1999–2011 data because of a methodological change in the way individuals with coverage were counted. Unemployment rates are annual averages without seasonal adjustment.

Sources: Employee Benefit Research Institute estimates of the Current Population Survey, 1988-2012 March Supplements.

# Enrollment in Group, Individual, and Public Coverage All Carriers, 2011

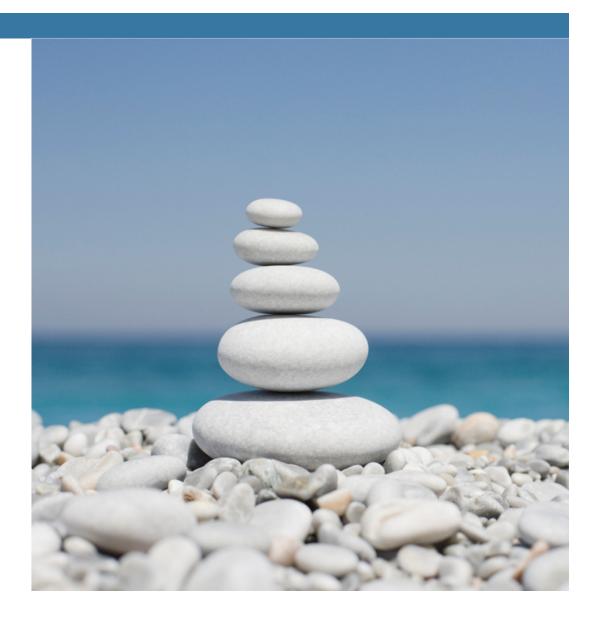


Notes: Public enrollment includes Medicare Advantage, Medicare Supplemental, Medi-Cal managed care, Healthy Families, Healthy Kids, and AlM. Not shown: Administrative Services Only enrollment (864,000 under DMHC; N/A under CDI), Plan-to-Plan enrollment (788,000 under DMHC). All Others includes carriers that had fewer than 500,000 combined enrollees. These plans include CalOptima, Care 1st, and Heritage. Figures for UnitedHealthcare represent enrollment from both UnitedHealthcare and Pacificare.

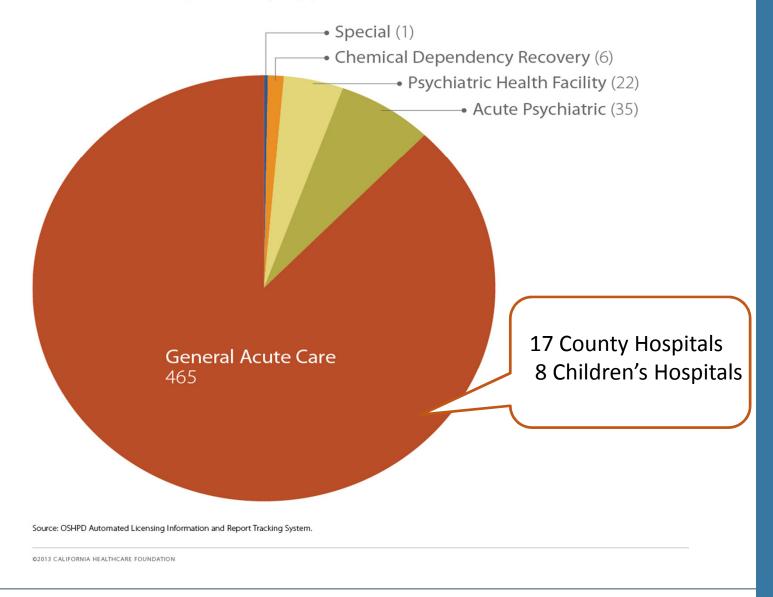
Sources: Department of Managed Health Care (DMHC), Health Plan Financial Summary Data; California Department of Insurance (CDI), Statistical Analysis Division, Group & Individual Covered Lives for Comprehensive Major Medical, 2012.



## **PROVIDERS**

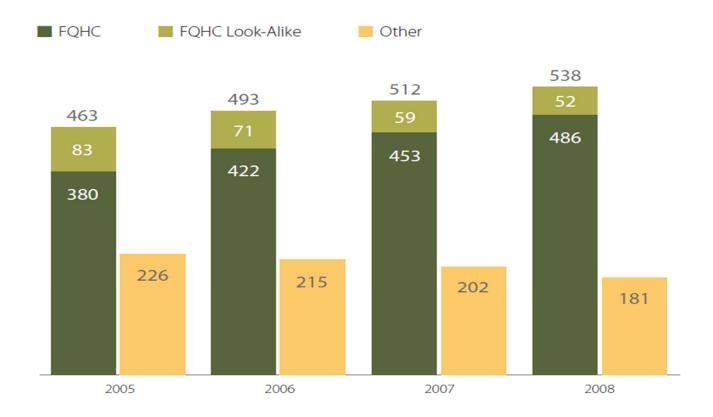


## California Hospitals, by Type, 2011



## Community Clinic Sites,

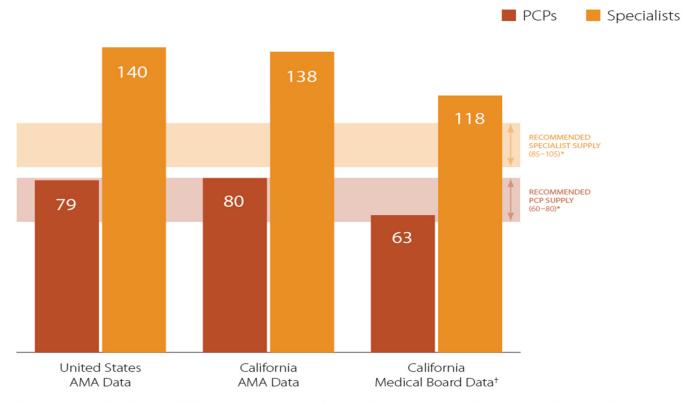
by Type, 2005—2008



Note: See Clinic Definitions on page 28 for a description of FQHCs and list of other types of community clinics included in this report. Source: Capital Link, California Community Clinics—A Financial Profile, 2010.

### Active PCPs and Specialists per 100,000 Population,

California vs. United States, 2008



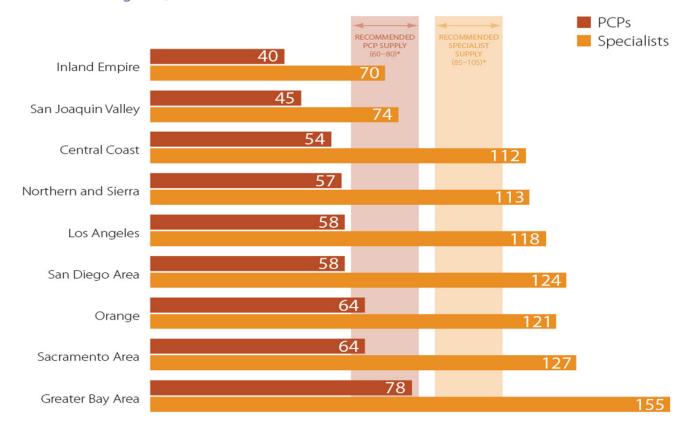
\*The Council on Graduate Medical Education (COGME), part of the U.S. Department of Health and Human Services, studies physician workforce trends and needs. The latest COGME benchmarks are 60 to 80 PCPs per 100K population, and 85 to 105 specialists per 100K population. COGME ratios include DOs. The AMA defines active patient care as 20 hours or more a week with a plurality of hours in patient care. †Supply number includes an estimate of DOs using AMA data.

Note: See Appendix A for PCP specialties.

Sources: California HealthCare Foundation, Fewer and More Specialized: A New Assessment of Physician Supply in California, June 2009, www.chcf.org. Association of American Medical Colleges, 2009 State Physician Workforce Data Book.

### Active PCPs and Specialists per 100,000 Population,

California Regions, 2008



\*The Council on Graduate Medical Education (COGME), part of the U.S. Department of Health and Human Services, studies physician workforce trends and needs. The latest COGME benchmarks are 60 to 80 PCPs/100K population, and 85 to 105 specialists/100K population. COGME ratios include DOs.

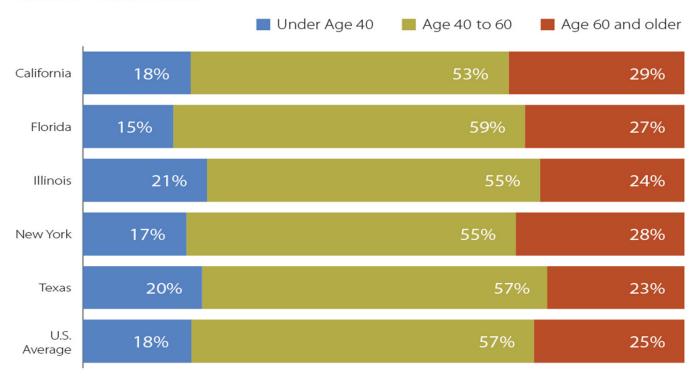
Notes: Data does not include DOs. The most recent California data shows 4.3 PCP DOs and 3.5 specialist DOs per 100,000 population. See Appendix A for PCP specialties and Appendix B for a list of counties within each region.

Source: California HealthCare Foundation, Fewer and More Specialized: A New Assessment of Physician Supply in California, June 2009, www.chcf.org.

## Active Physicians, by Age,

California vs. Select States and United States, 2008

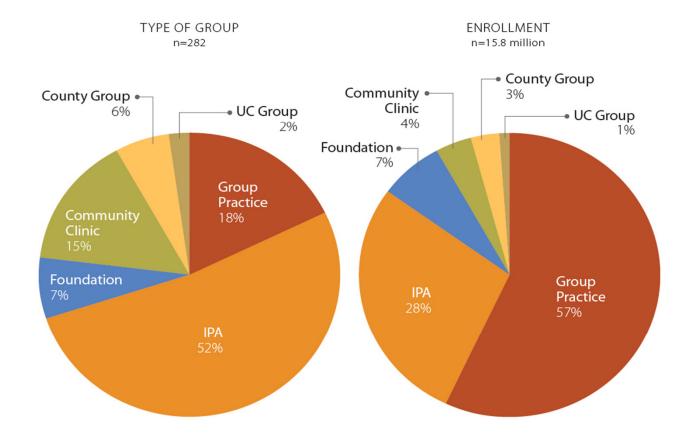
### PERCENT OF TOTAL PHYSICIANS



Notes: Includes only MDs practicing at least 20 hours a week. Segments may not add to 100 percent due to rounding. Source: Association of American Medical Colleges, 2009 State Physician Workforce Data Book.

## Medical Groups, by Type and Enrollment,

California, 2009

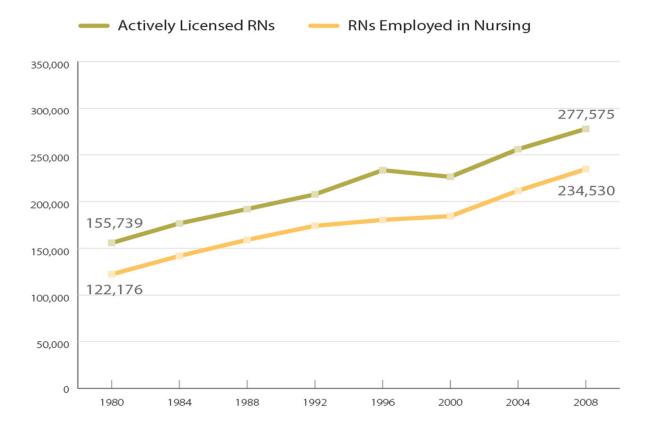


Notes: Includes medical groups with at least six PCPs and accepting contracts directly from HMOs. Physicians frequently participate in more than one IPA. See Appendix A for definitions of medical groups. Segments may not add to 100 percent due to rounding.

Source: Cattaneo & Stroud, Medical Group Survey; September 2009, www.cattaneostroud.com.

## Actively Licensed RNs and RNs Employed in Nursing,

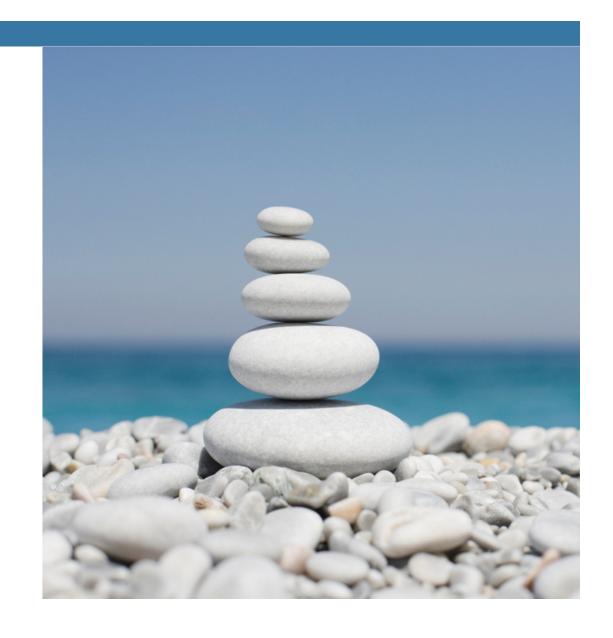
California, 1980 to 2008, Selected Years



Note: These data refer to RNs who have an active license and reside in California.

Source: "The Registered Nurse Population, Initial Findings from the 2008 National Sample Survey of Registered Nurses"; "The Registered Nurse Population, Findings from the National Sample Survey of Registered Nurses" (1992, 1996, 2000, 2004); National Sample Survey of Registered Nurses, Public Use Data Files (1980, 1984, 1988).

## **RESOURCES**



SUPPORTING IDEAS & INNOVATIONS TO IMPROVE HEALTH CARE FOR ALL CALIFORNIANS

SEARCH

Topic, Title, Name, Keyword.



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### CALIFORNIA HEALTH CARE ALMANAC

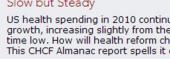


### A Mixed Bag

How does California rate on quality of health care for select clinical areas and patient conditions? Despite improvements on some measures, the state struggles to close other persistent gaps.

See the Report >

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These reports track developments in the areas of health care costs, quality, and performance to help further efforts to improve transparency and consistency.

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#### Providers >

These reports provide financial and utilization data on hospitals and health systems, community clinics, physicians, and long term care facilities.

#### Regional Markets >

These reports provide details of health care delivery and finance in the state's large and diverse regional markets.

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### ALMANAC UPDATES

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#### QUICK REFERENCE GUIDES

US Health Care Spending, 2012 Data on national spending levels, payers, categories, and trends.

### California Health Care Spending,

Data on spending levels, payers, categories, and growth trends.

### California Health Plans & Insurers,

Data on market share, financial performance, and consumer satisfaction ratings.

#### California's Health Care Workforce, 2011

Five guides profile the supply and demand for various professions.

California's Uninsured, 2011



### Slow but Steady

US health spending in 2010 continued its slow growth, increasing slightly from the prior year's alltime low. How will health reform change this trend? This CHCF Almanac report spells it out.



### One Million Lives

A great deal is known about who gets cancer and who dies from it, but little data exists on the quality and cost of cancer care in California. This CHCF Almanac report looks at what we know in our state.



### Perceptions of Care

Californians are increasingly concerned about getting and paying for health care. This report looks at what consumers know about their coverage and what drives their medical decisions.



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Password:

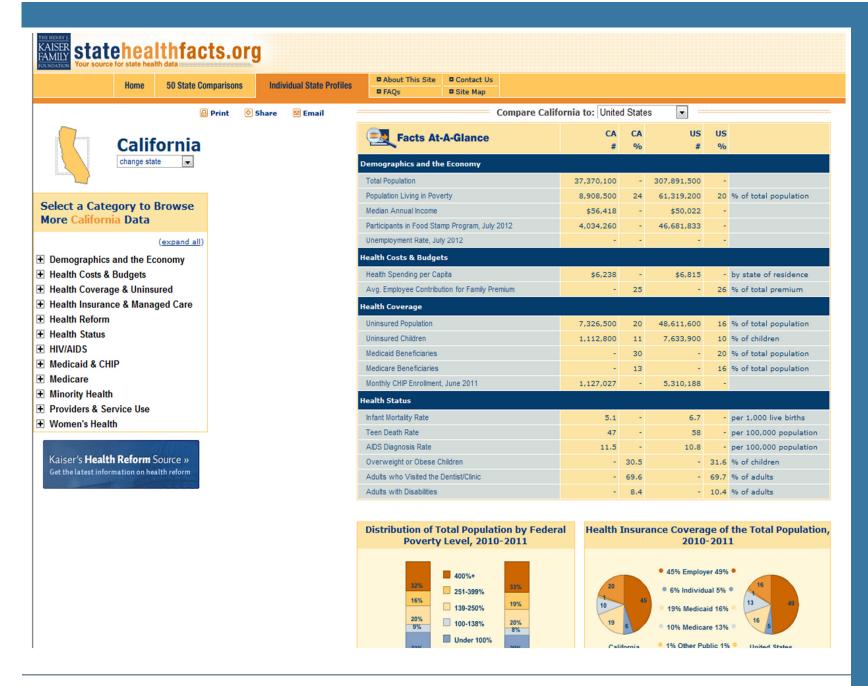
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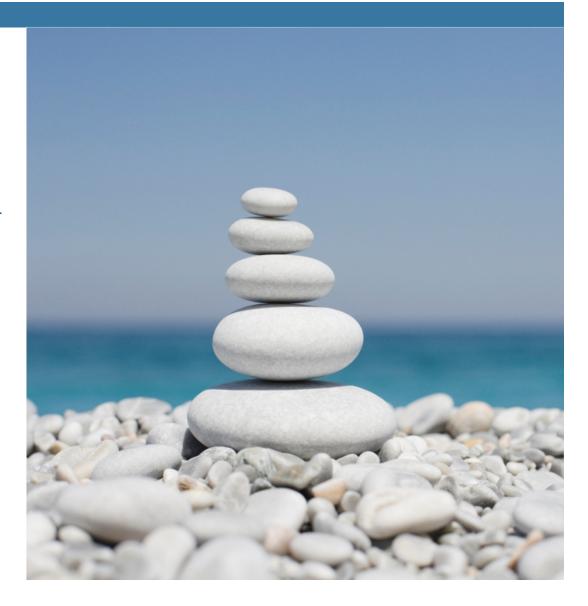


CHCF California Health Care Almanac <a href="http://www.chcf.org/almanac/">http://www.chcf.org/almanac/</a>

California Health Interview Survey <a href="http://ask.chis.ucla.edu/main/default.asp">http://ask.chis.ucla.edu/main/default.asp</a>

Statehealthfacts.org <a href="http://www.statehealthfacts.org/">http://www.statehealthfacts.org/</a>

Office of Statewide Health Planning <a href="http://oshpd.ca.gov/">http://oshpd.ca.gov/</a>





**QUESTIONS**RGAINES@CHCF.ORG

