PIONEER HEALTH

Analysis of Spending on Shoppable Services in Massachusetts

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This paper is a publication of Pioneer Health, which seeks to refocus the Massachusetts conversation about health care costs away from government-imposed interventions, toward market-based reforms. Current initiatives include driving public discourse on Medicaid; presenting a strong consumer perspective as the state considers a dramatic overhaul of the health care payment process; and supporting thoughtful tort reforms.

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Introduction

Healthcare prices widely vary across Massachusetts, however provider price variation is generally not associated with quality.[1] Just beause a service is expensive does not mean that it is of higher quality than a lower-cost service. In the long run, incentivizing consumers to use less expensive providers can help the consumer and the overall system save money.

This paper looks at how much was spent on 16 shoppable services in Suffolk County, Massachusetts during fiscal year 2015. We analyzed how much would have been saved if consumers moved from providers whose prices were in the top 20 percent for those services to providers whose service prices were in the 40th-80th percentile of providers. In one year alone, almost $22 million could have been saved. When projected over an additional four years and adjusted for inflation, total savings to the system would have been $116.6 million.

With financial incentives for consumers from their insurance carriers to utilize lower cost providers and support from administrative staff at physicians' offices to help them find alternative providers and resources, consumers can alter their behavior. The Commonwealth of Massachusetts can also facilitate cooperation among employers and other stakeholders towards a collective effort to advance healthcare price transparency.

Background

Healthcare is the only industry in which consumers are unaware of the price of any service prior to utilization. If you want a car, you look into various models and compare price, reviews, and other metrics. If you want to buy a computer, you do the same. When it comes to getting a service at a hospital or clinic, you go in and see a provider and she tells you what services you need but providers do not disclose the actual overall price or even an estimate; nor are patients told the amount of the costs that could come out of their own pockets for a particular procedure or service. Although most people who are insured know the size of their co-pays and their overall deductible, actual price and out-of-pocket costs above the co-pay are not routinely disclosed. This is especially concerning for those without insurance or those who have not reached their deductible limit.

Until the past couple of decades, many insured consumers were insulated from the direct financial effects of high healthcare costs because such consumers had policies that paid generous benefits, some from the first dollar of coverage. In the past 10 to 15 years, there has been significant cost shifting from employers and insurers to consumers, resulting in less generous benefit packages and much higher deductibles. Before passage of the Affordable Care Act (ACA), there was no limit on deductibles. They still remain high, with maximums of about $7,000 for an individual and $14,000 for a family. Therefore, both uninsured and insured consumers are subject to large out-of-pocket healthcare costs, yet it is exceedingly difficult for consumers to obtain price information — especially from providers.

Under Massachusetts law, all providers, including physicians, hospitals, dentists, and clinics, are required to give consumer price information within two business days upon request. Insurance companies are required to provide members with current out-of-pocket cost information, overall price information, and remaining deductibles through a 1-800 number within two days, and in real time through accessible cost estimator tools.[2]

Most Massachusetts consumers don't know they have the right to such information. Numerous Pioneer Institute studies show that consumers who attempt to obtain price information from providers are met with difficult and frustrating obstacles, such as numerous transfers between departments, long wait times to get an answer, and messages that are not returned.[3,4,5]

Pioneer studies of carrier compliance with state transparency laws show that while carriers are in compliance with state law and have improved their cost estimator tools over the years, only about a third of their members are aware that such tools exist, and even a smaller number have actually tried to use them.[6,7] Pioneer's work among consumers, providers, and carriers shows that healthcare price transparency holds much unfulfilled promise. Our 2019 survey of Massachusetts workers with health insurance showed that they want to know prices before obtaining services but do not know how to access that pricing information.[8] The survey also showed that consumers would respond positively to financial incentives that reward choosing lower cost/high value providers and that they want to hear directly from their insurer about ways to save on healthcare costs.[9]

We know that not all healthcare is shoppable. For example, emergency care is not a shoppable service for obvious reasons. That said, there are many services that are either routine, homogenous, or subject to advance scheduling. For these, comparing prices among providers and/or rewarding consumers for choosing lower cost/high value services makes financial sense for individuals, employers, and the system as a whole. This study seeks to examine savings that could be achieved in one year for a small set of shoppable services in one geographic area.

Methodology & Analysis

To gauge the amount of healthcare savings that could be achieved if consumers avoided the highest cost providers, Pioneer embarked on an analysis with data from the Massachusetts Center for Health Information and Analysis's (CHIA's) public website. The goal was to look at the money spent on

Suffolk County, Massachusetts providers whose prices were in the top 20 percent for 16 shoppable services in 2015.[10] The shoppable services selected were taken in part from a list of procedures that had been the subject of incentive rewards from the Massachusetts Group Insurance Commission and, in part, from the most commonly used procedures in the CHIA data set. Table 1 contains a list of the shoppable services Pioneer selected for this study, together with the numbers of each procedure performed, their total cost, and the total amount spent on these services.

The cost attributed to each procedure is taken from the Massachusetts All Payer Claims Database (APCD), which displays all insurance claims paid by carriers.[11] Claims reflect a per-unit cost estimate, which is a combination of payer paid and member cost-sharing amounts for the allowed amount of that procedure.[12]

The data used applies to Suffolk County, Massachusetts, which covers roughly 58.2 square miles and has a population of about 807,252 people.[13] It consists of the cities of Chelsea, Revere, Winthrop, and Boston, the capital of Massachusetts.[14] We selected an area the size and composition of Suffolk County with the rationale that the average person in the metropolitan Boston area would not in general be willing to travel long distances to obtain healthcare services or procedures in other parts of the state. Procedures in our analysis were chosen from three categories of services: radiology, physical therapy, and colonoscopy (laboratory tests were excluded).

For each procedure, payments were divided into three categories to reflect low, medium and high priced tiers. **Table 1 of the attached Appendix** illustrates these breakdowns by tier. We used percentile categories of 0–40th, 40th–80th, and 80th–100th percentiles to create the tiers. We examined the total cost paid from all procedures in the top tier (80th–100th percentile) and calculated the savings that might be attained if consumers moved from the most expensive providers to those in the 40th to 80th percentile.

To calculate possible savings, we determined the average price per procedure in the middle percentile for each procedure. Then we multiplied that average price by the number of the same procedures in the top tier. This result is the amount of money that would have been spent if consumers in the top tier switched to middle percentile providers. The overall savings for that particular procedure is the difference between the amount that was spent at the most expensive percentile and the spending that would have occurred at the middle percentile if consumers had switched (Example 1 on page 6). Total 2015 savings calculations for patients moving to medium-priced care settings for all 16 shoppable services are demonstrated in **Table 2 of the Appendix**.

Table 1. List of 16 Common Shoppable Services

Procedure Name	Total Amount Paid	Number of Procedures	Procedure Category
Mammography	$40,501,955	98,142	Radiology
MRI brain	$24,697,201	13,012	Radiology
CT of the abdomen and pelvis, with contrast	$16,737,340	14,534	Radiology
CT of chest, with contrast	$7,767,754	12,717	Radiology
Chest X-Ray	$6,345,257	42,515	Radiology
Foot X-Ray	$2,489,339	18,603	Radiology
Biopsy of Large Intestine	$20,474,329	8,297	Colonoscopy
Biopsy of the esophagus, stomach, and/or upper small intestine	$15,561,320	6,880	Colonoscopy
Diagnostic Exam of Large Bowel	$12,703,589	5,925	Colonoscopy
Biopsy of the esophagus, stomach, and/or upper small intestine, with colonoscopy	$10,299,780	2,482	Colonoscopy
Screening Colonoscopy	$6,793,827	2,814	Colonoscopy
Physical Therapy with exercise – 15 min	$11,768,563	193,488	Physical Therapy
Physical Therapy Evaluation	$4,424,237	30,622	Physical Therapy
Therapy for Neuromuscular Re-Education	$2,456,450	51,929	Physical Therapy
Manual for one or more regions of body – 15 min	$1,916,994	68,874	Physical Therapy
Physical Therapy exercise, in-person with therapist – 15 min	$1,184,549	28,954	Physical Therapy
TOTAL	**$186,122,485**		

Example 1. Net Savings Calculation for Biopsy of Large Intestine

Total monies shifted to 40th-80th percentile = 84 procedures* x $2,733* = $229, 532

Net savings = Total monies spent at the most expensive care settings ($425,584)* – monies that would have been spent at mid-tier average price if consumers switched ($229, 532) = $425,584 - $229, 532 = $196,052

*** Data taken from Appendix, Tables 1 and 2**

To illustrate further, for an individual consumer, on average, the most expensive large intestine biopsy costs $5,066. For middle tier care settings, the average amount is $2,733. For anyone needing a biopsy, an additional $2,333 is significant.

Although the CHIA data is from 2015, to approximate the savings from 2015 through 2019, a medical consumer price index (CPI) inflation figure was used. Annual inflation rates were taken from the U.S. Bureau of Labor Statistics database on the Consumer Price Index for All Urban Consumers: *Medical Care*.[15] Using each year's inflation rate, we can adjust for inflation over an additional four-year period using a medical inflation percentage. The inflation rate and its corresponding year are shown in Table 2. With respect to utilization, we conservatively assume utilization to be flat over the course of this time period.

The analyses show that almost $22 million could have been saved in 2015 had consumers sought out lower cost providers. This is the amount that results from savings of all the 16 services. **After applying each year's inflation rate, projected savings over the course of an additional four years could total up to more than $116.6 million dollars (Table 2).**

Table 2. Annual Savings Adjusted for Inflation

2016 Savings with Inflation Adjustment:

$21,998,316
+ 0.0379
x $21,998,316
= $22,832,052

Year	Inflation Rate per Year	Annual Savings
2015	-	$21,998,316
2016	3.79%	$22,832,052
2017	2.51%	$23,405,137
2018	1.97%	$23,866,218
2019	2.83%	$24,541,632
GRAND TOTAL		**$116,643,355**

*Annual Savings are the total savings calculated for each year for all 16 services in Suffolk County

Recommendations

1. **Massachusetts insurers can incentivize their members to move to low-cost providers through rewards or cash-back programs.**
   Pioneer surveys have shown that three out of four people would be interested in such incentive programs, such as cash back opportunities and notifications from their insurers on ways to save.[16] This demonstrates that incentives may be able to influence consumer behavior to shift to lower cost, high value providers.[17] Pioneer surveys have also shown that insurance carriers are the most trusted entity for price information in Massachusetts, demonstrating that any efforts to relay price information on their part would be met with attention and confidence from their members.[18]

   It is unwise, however, to shift all responsibility onto the consumer. Our healthcare system is so complicated that we are not at the point where a patient can necessarily navigate everything on her own, regardless of background or capability. As such, support from carriers is imperative to ensure successful outcomes for patients. In addition to Pioneer's work, other studies show strong support for the ability of incentive programs to change consumer behavior.[19,20]

   Several Masschusetts insurers already have incentive programs. Blue Cross Blue Shield of Massachusetts has the *Blue365* value-added program, which helps provide savings and discounts on various health and wellness services.[21] Harvard Pilgrim has the *Reduce My Costs* program, at no extra cost for employers and members, for HSA-qualified health plans.[22] Members can call a *Reduce My Costs* nurse to find more affordable options if they are referred for either a diagnostic or rehab service.[23] If a member is already scheduled with a low-cost provider or she chooses to go with a lower-cost provider, she is provided with a cash reward. Tufts has a *MyRewards* feature in all fully insured commercial plans that also encourages smart shopping for high-quality, lower-cost providers in New England in exchange for a cash reward.[24] These are the top three carriers in Massachusetts, meaning their efforts would reach a vast amount of people in the Commonwealth.[25] However, it is also imperative that these incentives are promoted to members to ensure high usage.

2. **Administrative staff for primary-care physicians or physicians who make frequent referrals should be trained to increase a patient's awareness of cost estimator tools. Primary care physicians' offices, for example, should also be able to give a list of lower cost, high value specialists or imaging centers from which patients can make the price-conscious decisions that work best for them.**
   Referring physicians have a strong influence on a patient's path through the healthcare system. For patients with minimal knowledge of the system, a physician's recommendation goes a long way. As such, when a physician recommends a diagnostic or laboratory test facility or a specialist, it most likely will be accepted by the patient. Not only is it a result of trust, but also because the referral itself greatly reduces the patient's decision fatigue. The procedures in our analysis are largely ones where a physician will make a recommendation to a patient about where to obtain such services. These types of shoppable services give providers an opportunity to provide information and guidance to patients and help make cost a more transparent factor in the choice of testing facility or specialist. Patients are likely to be sent by most physicians to their hospital group for radiology services and scans, leading, in many cases, to higher costs for the patient and/or insurer.[26] With combined support from administrative staff and insurers' patient navigators, patients can understand the alternative resources that are available to them.
3. **The Commonwealth of Massachusetts can use its bullypulpit to bring employers and other stakeholders together to facilitate cooperation and enforce transparency laws.**
   A recent Pioneer consumer survey found that the Commonwealth is the third most trusted entity for price information, behind only insurers and physicians.[27] This trust can be leveraged by showing public support for incentive programs and other innovations by employers and carriers that influence consumer behavior.

   The state is in a unique position to lead collaborations among consumers, employers, and industry organizations to focus on price transparency and to spur innovation regarding incentive programs. The state's Center for Health Information and Analysis

(CHIA) is a trusted source of price information and can, through its public-facing website, provide pricing information and education to citizens and researchers alike.

The state is also in the prime position to bring an enforcement spotlight on the compliance issue. As previously mentioned, a number of Pioneer surveys have shown fairly lax compliance by providers of all types in terms of the state's transparency laws. In addition, state-carrier-employer partnerships on price transparency could result in more access to online price applications and greater use of carrier cost estimator tools.

Conclusion

This study estimates cost savings to the Massachusetts healthcare system if all consumers using providers whose prices are in the top 20 percent switched to lower cost providers. Of course, it is unlikely that all such consumers could be influenced to make such a shift in their behavior. However, it is fair to say that some would do so given appropriate information and incentives. Such a switch would generate tremendous healthcare cost savings.

For their behavior to change, consumers must be made aware of such options and that changing their behavior would be in the consumers' best interest. This is why proactive insurers and providers, as well as state government leadership, are so important in providing consumers with incentives and easily accessible health-care cost information.

Appendix

Table 1. Total Percentile Breakdown of Procedure Payments for 2014–2015

Procedure Name	Number of Procedures	Percentiles	Total Cost/ Allowed Amounts
RADIOLOGY			
Mammography	3,544	0–40	$706,444
	64,350	40–80	$22,526,671
	30,248	80–100	$17,268,841
Total	**98,412**		**$40,501,955**
Chest X Ray	11,508	0–40	$820,657
	27,744	40–80	$4,632,105
	3,263	80–100	$892,496
Total	**42,515**		**$6,345,257**
Foot X Ray	6,111	0–40	$404,740
	11,285	40–80	$1,761,352
	1,207	80–100	$323,247
Total	**18,603**		**$2,489,339**
CT abdomen + Pelvis with contrast	4,085	0–40	$3,127,507
	10,361	40–80	$13,411,466
	88	80–100	$198,367
Total	**14,534**		**$16,737,340**
MRI Brain	540	0–40	$515,459
	7,084	40–80	$10,367,673
	5,388	80–100	$13,814,069
Total	**13,012**		**$24,697,201**
CT chest with contrast	7585	0–40	$4,231,615
	5037	40–80	$3,390,803
	95	80–100	$145,337
Total	**12,717**		**$7,767,754**
COLONOSCOPY			
Biopsy of large intestine	1,464	0–40	$1,606,908
	6,749	40–80	$18,441,836
	84	80–100	$425,584
Total	**8,297**		**$20,474,329**
Diagnostic examination of large bowel	942	0–40	$862,392
	1,577	40–80	$3,171,079
	3,406	80–100	$8,670,118
Total	**5,925**		**$12,703,589**
Biopsy of the esophagus, stomach, and/or upper small intestine	587	0–40	$520,229
	5,548	40–80	$12,265,974
	745	80–100	$2,775,116
Total	**6,880**		**$15,561,320**
Screening Colonoscopy	0	0–40	$0.00
	977	40–80	$1,909,576
	1,837	80–100	$4,884,251
Total	**2,814**		**$6,793,827**
Biopsy of the esophagus, stomach, and/or upper small intestine with colonoscopy	176	0–40	$257,600
	1,978	40–80	$7,858,153
	328	80–100	$2,184,027
Total	**2,482**		**$10,299,780**
PHYSICAL THERAPY			
Physical Therapy with exercise 15 min	128,703	0–40	$3,849,088
	37,793	40–80	$3,638,544
	26,992	80–100	$4,280,931
Total	**193,488**		**$11,768,563**
Physical Therapy evaluation	1,388	0–40	$107,156
	14,747	40–80	$1,632,615
	14,487	80–100	$2,684,466
Total	**30,622**		**$4,424,237**
Therapy for Neuromuscular Re–Education	43,011	0–40	$1,178,026
	2,296	40–80	$227,380
	6,622	80–100	$1,051,044
Total	**51,929**		**$2,456,450**
Manual for one or more regions of body - 15 min	65,130	0–40	$1,584,593
	2,082	40–80	$151,426
	1,662	80–100	$180,975
Total	**68,874**		**$1,916,994**
Physical therapy exercise, in-person with therapist - 15 minutes	23,582	0–40	$598,144
	2,381	40–80	$169,931
	2,991	80–100	$416,474
Total	**28,954**		**$1,184,549**

Table 2. Savings from Consumers Shifting to Middle Tier Providers by Each Service

	Percentile	Total Spending	New Total Cost for 40th–80th Percentile	Shifted Cost to Middle Tier Providers	Net Savings
RADIOLOGY					
Mammography	40–80	$22,526,671	$33,115,431	$10,588,761	$6,680,080
	80–100	$17,268,841			
Chest X Ray	40–80	$4,632,105	$5,176,891	$544,787	$347,709
	80–100	$892,496			
Foot X Ray	40–80	$1,761,352	$1,949,740	$188,387	$134,859
	80–100	$323,247			
CT abdomen + Pelvis with contrast	40–80	$13,411,466	$13,525,375	$113,909	$84,458
	80–100	$198,367			
MRI Brain	40–80	$10,367,673	$18,253,192	$7,885,520	$5,928,549
	80–100	$13,814,069			
CT chest with contrast	40–80	$3,390,803	$3,454,755	$63,952	$81,385
	80–100	$145,337			
COLONOSCOPY					
Biopsy of large intestine	40–80	$18,441,836	$18,671,368	$229,532	$196,052
	80–100	$425,584			
Diagnostic examination of large bowel	40–80	$3,171,079	$10,019,967	$6,848,888	$1,821,231
	80–100	$8,670,118			
Biopsy of the esophagus, stomach, and/or upper small intestine	40–80	$12,265,974	$13,913,081	$1,128,010	$1,128,010
	80–100	$2,775,118			
Screening Colonoscopy	40–80	$1,909,576	$5,500,048	$3,590,472	$1,293,779
	80–100	$4,884,251			
Biopsy of the esophagus, stomach, and/or upper small intestine with colonoscopy	40–80	$7,858,153	$9,161,224	$1,303,071	$880,957
	80–100	$2,184,027			
PHYSICAL THERAPY					
Physical Therapy with exercise - 15 min	40–80	$3,638,544	$6,237,215	$2,598,671	$1,682,260
	80–100	$4,280,931			
Physical Therapy evaluation	40–80	$1,632,61	$3,236,447	$1,603,831	$1,080,635
	80–100	$2,684,466			
Therapy for Neuromuscular Re-Education	40–80	$227,380	$883,178	$655,798	$395,246
	80–100	$1,051,044			
Manual for one or more regions of body - 15 min	40–80	$151,426	$272,304	$120,879	$60,097
	80–100	$180,975			
Physical therapy exercise, in-person with therapist - 15 minutes	40–80	$169,931	$383,396	$213,466	$203,009
	80–100	$416,474			
TOTAL SAVINGS					**$21,998,316**

Endnotes

1 https://www.mass.gov/doc/2016-examination-of-market-health-care-cost-trends-and-cost-drivers/download

2 https://malegislature.gov/Laws/SessionLaws/Acts/2012/Chapter224

3 https://pioneerinstitute.org/featured/study-finds-patient-cost-for-mri-largely-unrelated-to-overall-price-or-insurer-contribution-at-14-ma-hospitals/.

4 https://pioneerinstitute.org/healthcare/follow-survey-finds-hospitals-still-fall-short-price-transparency/

5 https://pioneerinstitute.org/healthcare/survey-price-information-difficult-to-obtain-from-massachusetts-hospitals/

6 https://pioneerinstitute.org/download/massachusetts-consumer-healthcare-price-transparency-survey/, Slide 11

7 https://pioneerinstitute.org/featured/ma-health-insurers-have-made-good-progress-in-price-transparency-but-significant-work-remains/

8 *Ibid*, Slide 13

9 *Ibid,* Slide 20

10 In March 2020, the Center for Health Information and Analysis (CHIA) released an updated version of the All Payer Claims Database (APCD) containing data from 2015-2018. We were not able to obtain this data as a result of COVID-19 temporarily suspending data extract distribution

11 https://www.chiamass.gov/assets/Uploads/transparency/CHIATransparency-CostEstimatesMethodology-20180720.pdf. This data was collected during the state's fiscal year: from July 1, 2014 through June 30, 2015.

12 Ibid.

13 https://censusreporter.org/profiles/05000US25025-suffolk-county-ma/

14 https://www.sec.state.ma.us/cis/cisctlist/ctlistcoun.htm

15 https://data.bls.gov/pdq/SurveyOutputServlet

16 https://pioneerinstitute.org/download/massachusetts-consumer-healthcare-price-transparency-survey/, Slide 19,20

17 *Ibid*.

18 *Ibid*, Slide 22.

19 https://bcht.berkeley.edu/sites/default/files/paying_patients_to_switch_impact_rewards_program_on_choice_providers_prices_utilization_3.19.pdf

20 https://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-032315-021457

21 https://www.blue365deals.com/

22 Health Savings Accounts allow you to set aside money on a pre-tax basis to pay for qualified medical expenses. These accounts are common among individuals with high-deductible health plans. https://www.healthcare.gov/glossary/health-savings-account-hsa/

23 https://www.harvardpilgrim.org/employer/reduce-my-costs/

24 https://tuftshealthplan.com/member/employer-individual-or-family-plans/tools-resources/digital-tools/myrewards

25 https://pioneerinstitute.org/download/massachusetts-consumer-healthcare-price-transparency-survey/, Slide 3

26 https://www.nber.org/papers/w24869.pdf

27 https://pioneerinstitute.org/download/massachusetts-consumer-healthcare-price-transparency-survey/, Slide 22.

About the Authors

Barbara Anthony, lawyer, economist, and public policy expert, is a Senior Fellow in Healthcare Policy at the Pioneer Institute. She was also a former Senior Fellow and Associate at the Harvard Kennedy School's Center for Business and Government where she researched and wrote about Massachusetts market reform and healthcare cost containment efforts. She served as Massachusetts Undersecretary of the Office of Consumer Affairs and Business Regulation from 2009 to 2015 and has worked at the intersection of federal and state commercial regulation and the business community for many years. Among other positions, Anthony served as the Director of the Northeast Regional Office of the Federal Trade Commission in Manhattan, and was a top deputy to the Massachusetts Attorney General. She began her career as an Antitrust Trial Attorney at the U.S. Justice Department in Washington, D.C. Anthony is a well-known consumer advocate and regularly appears as a media commentator on consumer protection and business regulation issues.

Seher Chowdhury graduated this Spring from the Boston University School of Public Health (BUSPH) with a Masters Degree in Public Health; her areas of specialization include Health Policy & law and Epidemiology and Biostatistics. She has been a Pioneer Research Assistant in Healthcare Policy since June 2019. She has worked extensively in the area of healthcare price transparency along with Pioneer's Senior Fellows. She participated extensively in Pioneer's first state poll and analysis of consumers' attitudes toward healthcare price transparency. Outside of price transparency, her areas of interest include Medicaid reform and expansion; reproductive and minority health access and equity; and the intersection of health, human rights, and bioethics. Seher graduated from the University of California at Los Angeles (UCLA) in 2018 with a Bachelor of Science degree, where she completed a major in Biology and minor in Asian Languages (Korean concentration).

About Pioneer

Pioneer Institute is an independent, non-partisan, privately funded research organization that seeks to improve the quality of life in Massachusetts through civic discourse and intellectually rigorous, data-driven public policy solutions based on free market principles, individual liberty and responsibility, and the ideal of effective, limited and accountable government.

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