

JULY 2024



# DataMatters.

Providing the Factual Foundation for Health Policy

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Happy summer! We hope our readers have been able to stay cool as we face heat waves across the state.

Today, CHIA has released the latest annual update on provider price variation for calendar year (CY) 2022. Results are available in an executive summary and interactive Tableau dashboard. See more details and key findings in the “News You Can Use” section below.

CHIA also recently published results from the [Massachusetts Health Insurance Survey \(MHIS\)](#), which was fielded in early 2023. The MHIS is a population-based survey that tracks and monitors health insurance coverage, as well as health care access, use, and affordability in the Commonwealth. Read the report to see key findings from across the state.

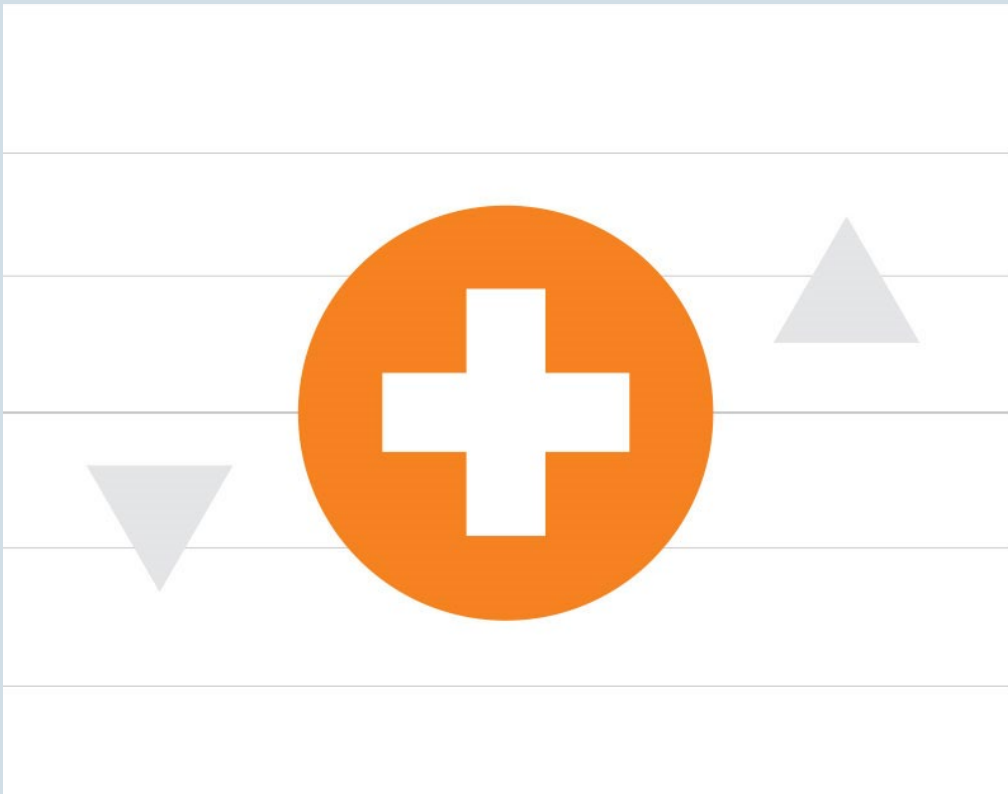
We also want to remind our readers of CHIA’s robust catalog of [interactive Tableau dashboards](#). These reports provide a unique way to engage with CHIA data, covering topics from Massachusetts hospital financials to inpatient utilization, among many others. We regularly produce new dashboards to accompany our publications, so check back often for updates.

Executive Director Lauren Peters was also interviewed on “[The Codcast](#)” last month, the weekly news podcast from the *Commonwealth Beacon*. Lauren describes CHIA’s role in monitoring a variety of health care trends including spending, provider financials, and workforce and discusses how CHIA’s data is used to inform public policy and address pressing issues of the day.

Read our latest interview with a user of CHIA data in the “Data User Profile” segment and catch up on upcoming health care-related events below.

As always, we welcome your feedback on this newsletter at [newsletter@chiamass.gov](mailto:newsletter@chiamass.gov).

[News You Can Use](#)



The Center for Health Information and Analysis (CHIA) today published its [annual update on provider price variation](#) in the health insurance market for calendar year (CY) 2022. Relative Price (RP) shows providers' average prices compared with a payer's network average prices, accounting for differences in patient acuity, the types of services and insurance products (e.g., HMO, PPO) offered.

A related [interactive dashboard](#) shows CY 2022 data for Massachusetts hospitals and physician groups and includes payer-specific results for all hospital types and physician groups as well as cross-payer results for acute care hospitals, known as statewide relative price (S-RP).

#### **Key Findings:**

- Academic medical centers had the highest median S-RP at 1.10, indicating that these hospitals had prices 10 percent above the statewide average. Teaching hospitals and community hospitals had the next highest median S-RP (0.94), followed by community-high public payer hospitals (0.93), indicating that hospitals in these three cohorts had average prices of 6 percent, 6 percent, and 7 percent, respectively, *below* the statewide average.
- In 2022, the median commercial S-RP for acute hospitals was 0.95; of the 60 hospitals with a calculated S-RP, 16 hospitals had S-RP values greater than the statewide median by more than 10 percent; 30 hospitals had an S-RP within 10 percent of the median, and 14 had S-RP values lower than 10 percent below the statewide median.
- Consistent with trends seen in prior years, most (51.7 percent) commercial payments to physician groups were made to the physician groups with the highest prices in 2022.

This publication includes an [executive summary](#), [interactive Tableau dashboard](#), and an analytic [databook](#), as well as a [technical appendix](#) and [methodology report](#).

## Data User Profile

In each issue of *DataMatters*, we are excited to share an academic paper or research that uses CHIA data. [Clinician Risk Tolerance and Rates of Admission From the Emergency Department](#) used the Massachusetts All-Payer Claims Database (MA APCD) to explore whether clinician risk tolerance is associated with the decision to admit a patient from the emergency department.

We want to thank Dr. Peter Smulowitz from the University of Massachusetts Medical School and Milford Regional Medical Center, along with his co-authors, for taking the time to answer our questions.

### **What was your research question? Why did you choose that question?**

Our main research question was, are emergency clinician (physicians and advanced practice clinicians) tendencies to admit explained by their risk tolerance.

The role of risk in medicine has potentially dramatic impacts on practice patterns and on patients. While the actual cost of defensive medicine is highly debated and difficult to measure, it is undoubtedly steep. The true toll of defensive practice patterns on patients is also not truly known but significant. Both assurance behaviors (ordering more tests, admissions, procedures, etc.) and avoidance behaviors (restricting or limiting practice to avoid higher risk patients) have direct consequences on patients. In this case we were interested in whether physician risk tolerance explains one of these assurance behaviors, i.e., the decision to admit.

### **Which CHIA data did you use?**

We used the Massachusetts All-Payer Claims Database (MA APCD).

### **Please briefly describe your research and a few key findings.**

There were two key parts to this analysis. In the first part, we evaluated variation in the rate of admission from the ED, looking at the difference between the observed and predicted admission rates as a measure of deviation from typical clinician practice. We also looked at whether clinicians have consistent or disparate practices of admission depending on the clinical condition of the patient.

In the second part, we evaluated whether the extent to which clinicians deviate from the expected admission rates is associated with their risk attitudes as measured by four commonly used risk scales that we had previously collected on almost 80 percent of practicing emergency clinicians in Massachusetts.

We found wide variation in the decision to admit (36.3 percent at the 25th percentile to 48 percent at the 75th percentile) but that clinicians were just as likely to over-admit as under-admit compared to predicted. We found that clinicians were not consistent in their approach to admission based on the clinical condition, a finding contrary to one we published previously using Medicare data. Finally, we found that only one of the four scales we studied—one associated with risk preferences in general as opposed to related to medical practice specifically—demonstrated any significant association with the tendency to admit. The bottom line of this finding is that risk tolerance, at least as

measured by these four scales, was not significantly associated with admission tendencies in this largely Medicaid and commercially insured and younger population. Additional study is warranted in a Medicare population with an overall higher admission rate, which our team is currently working on.

**Which findings were particularly interesting, or surprising for you?**

We were surprised that these risk tolerance scales were only minimally associated with any tendency to admit, mainly given the substantial role that exposure to risk plays in the practice of medicine. However, we think this has more to do with how these scales are actually measuring risk or whether there is social desirability bias in the response to these questions, as opposed to that clinicians are able to make decisions without any influence of the potential risks involved. The impact also could be less in this population which has a relatively low admission rate compared to an older Medicare population.

**What “takeaway” information would you like to highlight from your research and/or experience using our data?**

First, additional research is clearly warranted to better unpack the factors driving emergency clinician decision-making and why there is substantial variation in the same decision even between hospitals in the same region and between clinicians in the same hospital. Concerns over causing patient harm or exposure to risk undoubtedly play a role, but researchers as of yet have not been able to pinpoint how much this plays a role or what other factors related to a clinician’s personality traits may be driving much of this variation.

Researchers should also be mindful of some limitations of the MA APCD data. The MA APCD does not include Medicare data and self-insured plans are not required to submit data.

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## Publications and Data Releases

### Results from the 2023 Massachusetts Health Insurance Survey (MHIS)

June 2024

CHIA released [summary results](#) from the 2023 Massachusetts Health Insurance Survey (MHIS). The MHIS is a biennial, population-based survey that provides valuable information on health insurance coverage, as well as health care access, use, and affordability for Massachusetts residents. The 2023 survey included new questions on primary care, telehealth, and behavioral health to capture data on the changing post-pandemic health care landscape.

### 2024 Quality Measure Catalog

June 2024

In late June, CHIA published an [interactive dashboard](#) with updated results from the 2024 Quality Measure Catalog survey.

The interactive dashboard presents information about the composition of the Aligned Measure Set for contract years 2021-2024 as well as overall payer adherence to the set, details about specific measures used in contracts, and an overview of measures being stratified by race, ethnicity, and/or language to support prioritization of health equity measurement and reporting. An overview of the measure alignment initiative, including survey results and methodology, can be found in the [executive summary](#).

## **Interactive Report on Commercial Prescription Drug Use and Spending in Massachusetts**

June 2024

Last month, CHIA published an [analysis of commercial prescription drug use and spending](#) to shine a light on the drivers of pharmacy expenditures, including high-volume and high-cost drugs. The interactive dashboard and [detailed dataset](#) allow users to see drivers of prescription drug spending as well as the associated conditions these drugs treat.

## **Drivers of Commercial Prescription Drug Spending: Cost or Utilization**

June 2024

CHIA produced its latest interactive data visualization exploring the drivers of commercial prescription drug spending as a special supplement to CHIA's latest report on this topic (highlighted above). Explore "[Drivers of Commercial Prescription Drug Spending: Cost or Utilization](#)" to see more on how this issue is impacting Massachusetts residents.

## **OOD, HIDD, and EDD Case Mix Quarterly Dashboards**

June 2024

The most recent quarterly interactive dashboards on [emergency department](#) (ED) visits and [hospital inpatient discharge data](#) (HIDD) as well as the first interactive dashboard on [outpatient observation data](#) (OOD) are now available. These updates shows trends revealed by Case Mix data from October 2018 to December 2023. Quarterly reports are based on interim data and are updated as more complete information becomes available.

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## **Upcoming Events and Resources**

*This section includes events and announcements of interest to our community, organized by CHIA, other Commonwealth agencies, and others.*

### **CHIA Data User Workgroups**

*Tuesday, August 27, 2024, 3 PM*

*Virtual*

These ongoing meetings are designed for data users and other interested parties to connect with CHIA to discuss analytical techniques and best practices in research using CHIA's MA APCD and Case Mix databases.

The next virtual workgroup meeting will be on **Tuesday, August 27, at 3 PM**. For more information, including past presentations and user support materials, visit the [information page](#). To learn more about CHIA data, please visit <https://www.chiamass.gov/chia-data/>.

### **National Academy for State Health Plans (NASHP) 37th Annual Conference**

*September 9-11, 2024*

*Nashville, TN*

Join hundreds of state leaders from all 50 states and DC as [#NASHPCONF24](#) brings attention to the most timely, cutting-edge issues facing state health policymakers and

highlights innovative solutions shared by the nation's leading experts. Topics include lowering prescription drug costs, hospital costs, Medicaid, health insurance marketplaces, telehealth, social determinants of health, behavioral health, and more.

### **CHIA Oversight Council Meeting**

*Tuesday, September 17, 2024, 2 PM*

*Virtual*

CHIA's appointed [Oversight Council](#) meets quarterly to discuss agency priorities and agenda-setting. The next meeting is scheduled for September 17 and will stream live on [CHIA's YouTube channel](#).

### **Massachusetts Health Policy Commission Board Meeting**

*Thursday, September 19, 2024, 12 PM*

*Virtual*

The HPC's 11-member Board [meets](#) approximately every six weeks throughout the year to review overviews of the agency's major workstreams and other topics related to health care cost containment and reform. Major reports, statutory regulations, and publications are authorized by a majority vote at these meetings. Meetings will stream live on [HPC's YouTube channel](#).

### **American Public Health Association (APHA) Annual Meeting and Expo**

*October 27-30, 2024*

*Minneapolis, MN*

The [2024 APHA Annual Meeting and Expo](#) will take place in Minneapolis, MN, on Oct. 27-30, 2024. The annual conference provides high-quality, science-based education, engaging networking opportunities, and cutting-edge resources to thousands of public health professionals from across the nation. This year's theme is "rebuilding trust in public health and science." Registration and housing are open.

### **National Association of Health Data Organizations (NAHDO) 39th Annual Conference**

*November 12-14, 2024*

*Virtual*

Save the Date for NAHDO's 39th Annual Conference (Virtual), November 12-14! We are excited about the quality of abstracts that we received and are busy organizing topical sessions that will provide maximum impact. Registration will open by **August 15**. Please monitor the conference website ([nahdo.org/conference/2024](https://nahdo.org/conference/2024)) for more information as it becomes available.

### **Massachusetts Association of Health Plans (MAHP) 2024 Annual Conference: Health Care Affordability at a Crossroads—Federal and State Solutions for Change**

*Friday, November 15, 2024*

*Boston, MA*

MAHP will be holding this year's [conference](#) at the Seaport Hotel in Boston on Nov. 15. To attend, please register [here](#) now. For details on [sponsorship opportunities](#), please reach out to Ann Chamberlin LaBelle at [chamberlin@mahp.com](mailto:chamberlin@mahp.com). The [MAHP conference webpage](#) has a full agenda and additional information on the conference.

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## Join Our Team

A selection of open positions at CHIA. Please feel free to share broadly with your network. Follow [CHIA on LinkedIn](#) for more regular updates.

**Manager, Health Informatics and Reporting**  
Health Informatics and Reporting Team

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