Latest Results from the Health Care Satellite Account

Abe Dunn
Office of the Chief Economist
November 13, 2015
Health Care Satellite Account (HCSA) Update

- January 22\textsuperscript{nd} release of HCSA
How much does the United States spend to treat different medical conditions?

Circulatory system
(hypertension, heart attack, etc.)

Musculoskeletal system
(arthritis, back pain, etc.)

Respiratory
(pneumonia, asthma, etc.)

Endocrine
(diabetes, high cholesterol, etc.)

Nervous system
(alzheimer’s, MS, epilepsy, etc.)

Neoplasms
(cancers, tumors, etc.)

Medical condition data, including spending and price indexes, are available at http://go.usa.gov/JNnP

Source: Health Care Satellite Account, Bureau of Economic Analysis

Health Care Satellite Account (HCSA) Update

- January 22\textsuperscript{nd} release of HCSA
- May 5\textsuperscript{th} CNSTAT meeting of experts
Expert meeting: Evaluation of BEA’s Health Care Satellite Account, Next Steps

Agenda

Brief description of the measurement issue, conceptual solutions; plan for the day
  – Joe Newhouse, Harvard University

Summary of the BEA accounts, unresolved issues, and planned next steps
  – Abe Dunn, Bureau of Economic Analysis

Overview of BLS work on medical care price indexes
  – Ralph Bradley, Bureau of Labor Statistics

Discussion of above presentations
  – Mike Chernew, Harvard University
  – Ana Aizcorbe, Virginia Tech University

Overview of quality adjustment literature
  – Anne Hall, Bureau of Economic Analysis

Discussion of quality adjustment methods
  – Ernie Berndt, MIT
  – David Cutler, Harvard University

Open Discussion.
  ▪ Zack Cooper, Yale University
  ▪ Steve Heffler, Centers for Medicare & Medicaid Services
  ▪ Charlie Roehrig, Altarum Institute
  ▪ Louise Sheiner, Brookings Institution
  ▪ Bill Marder, Truven Health Analytics
  ▪ Steven Cohen, Agency for Healthcare Research and Quality
Health Care Satellite Account (HCSA) Update

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- July 30\textsuperscript{th} Altarum Institute update of disease-based statistics for NHEA from Charlie Roehrig from 1996 through 2012
National Health Spending by Medical Condition

Updates and Enhancements

July 30, 2015

Charles Roehrig & Craig Lake
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- August 12\textsuperscript{th} HCSA update for years 2011 and 2012
Annual Growth Rates in Per Capita Expenditures & Disease-based Prices

CAGR [percent]

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<th>Year</th>
<th>Per Capita Spending Growth</th>
<th>Disease-based Price Growth</th>
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<td>2000/01</td>
<td>9%</td>
<td>7%</td>
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<td>8%</td>
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</table>
Post-Recession Disease-Specific Per Capita Trends

Medical services by disease

Symptoms
Circulatory
Musculoskeletal
Respiratory
Endocrine
Nervous
Neoplasms

CAGR [percent]

2005-2010 Average growth rate
2010-2012 Average growth rate

0.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0
ACA expansion of coverage for preventive services

Exam/Evaluation

Price [index numbers, 2005 = 1.0]

- per capita
- per case
- prevalence

2005 2006 2007 2008 2009 2010 2011 2012
Health Care Satellite Account (HCSA) Update

- January 22nd release of HCSA
- May 5th CNSTAT meeting of experts
- August 12th HCSA update for years 2011 and 2012
- September 9th meeting with BLS on reconciling differences in the BEA’s HCSA and BLS disease-based statistics, released this July.
BLS and BEA price comparison

Disease-Based Price Index Comparison

Price [index numbers, 2000=1.0]

- BEA Disease-Based Index
- BLS Disease-Based Index

[Graph showing the comparison of BEA and BLS disease-based price indices from 2000 to 2012]

http://www.bls.gov/pir/diseasehome.htm
Completed projects related to HCSA

- **Quality adjustment**

- **Nursing homes**

- **Historical estimates**

- **Dissemination of statistics**
  - “What Medical Conditions Drove The Slowdown? An Analysis Using the BEA’s New Health Care Account”, Abe Dunn, Lindsey Rittmueller and Bryn Whitmire, Forthcoming in *Health Affairs*
Ongoing work

- Release of HCSA in 2016 to include 2013 estimates
- Release of Industry Account tables for HCSA
- HCCI contract for commercial claims
- Improving NIPA advance estimates for the health sector
  - Athenahealth – real-time physician data – Ana Aizcorbe, contracted for analysis
Future work

▪ Other potential data sources to improve NIPA - (e.g., IMS, CMS, Emdeon, and MarketScan)

▪ Medical claims data projects for HCSA
  ▪ Representativeness issues
  ▪ HMO capitated plans
  ▪ Medicare Advantage
  ▪ Medicare Part D data
  ▪ Medicaid – working on access through HHS for free
  ▪ MarketScan data expansion – additional historic data (1995-1999) and Medicare retirees

▪ Quality adjustment - exploring recommendation of health experts