### **Provider Consolidation A Primer and Considerations for Oregon**

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### **Center for Health Systems Effectiveness**

Our mission is to provide the analyses, evidence, and economic expertise to build a more sustainable health care system.



### Today

### What does provider consolidation look like?

What does the evidence say about cost and quality?

Who pays for higher prices?

What do we know about consolidation in health care?

### Types of consolidation in health care

Horizontal vs. vertical

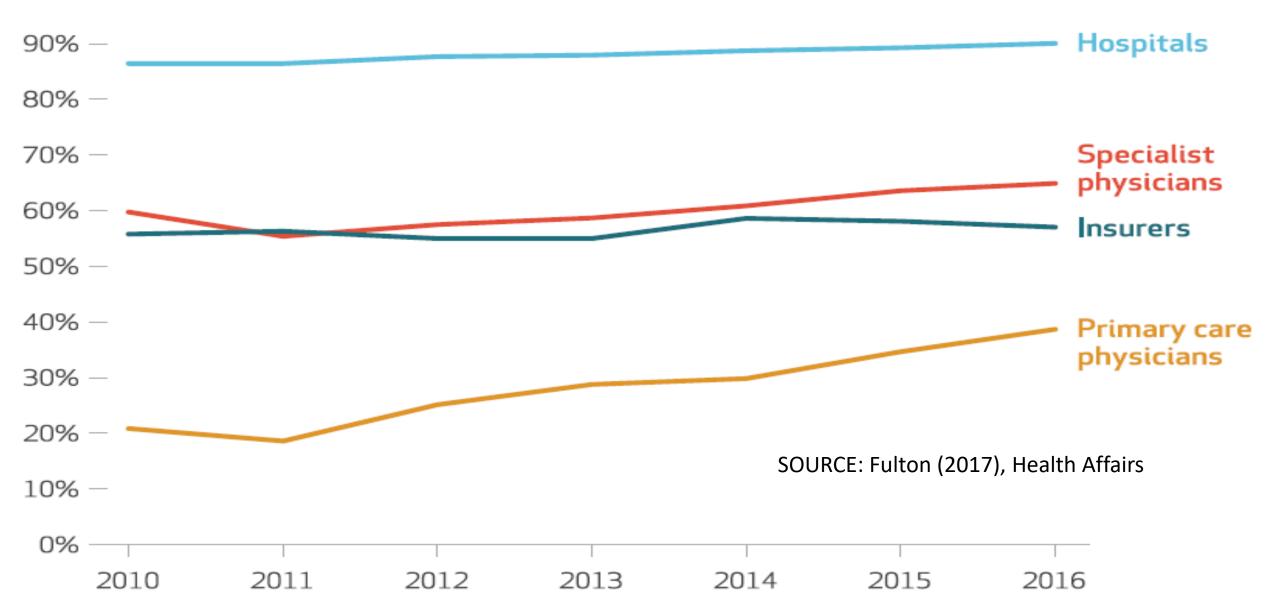
Provider vs. payer

### **Horizontal Consolidation**



Percentages of Metropolitan Statistical Areas (MSAs) whose Herfindahl-Hirschman Index (HHI) was above 2,500 for hospitals, physician organizations, and health insurers, 2010–16





### **Vertical Consolidation**

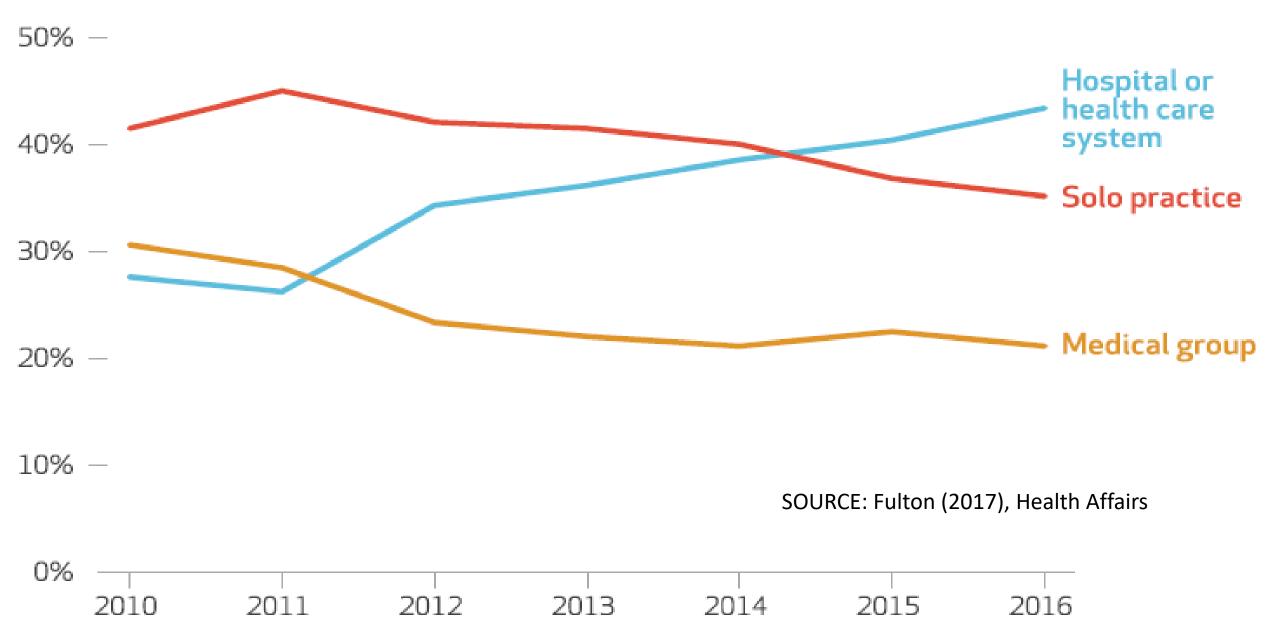








### Percentages of primary care physicians working in organizations, by ownership type, 2010–16



### **Mergers and affiliations in Oregon**

#### **Mergers & Acquisitions**

Providence Health & Services – St. Joseph Health (2017) Quorum Health Corp. – McKenzie-Willamette Medical Center (2015) Legacy Health – Silverton Hospital (2015) Asante Health Systems – Ashland Community Hospital (2012) St. Alphonsus Health – Trinity Health (2012) Affiliations OHSU, Tuality, Adventist Health (2017) **Provider-Insurer Partnerships** PeaceHealth – Kaiser Permanente NW (2017) Legacy Health – PacificSource Health Plans (2015) OHSU – Moda (2015) Providence St. Joseph Health – Providence Health Plan (2019)

## Why should we care about consolidation?

### **Competition & commercial prices**

Commercial prices determined by negotiations between providers and insurers

Provider's "must-have" status increases ability to negotiate higher prices

Consolidation (and resulting increased market concentration) can bestow "must have" status

### **Consolidation** ≠ **Integration**

### Is Integration Good or Bad?

AggregationIncreasedHigher pricesof ownershipMarket powerLower quality



### What's the evidence?

### **Horizontal Hospital Consolidation**

- Higher prices for insurers
- Lower or unchanged quality (e.g. mortality rate)
- Some scale economies
- Costs lower only when facilities combined (e.g. hospital closure, consolidating service lines)

### **Horizontal Hospital Consolidation**

Average 6% price increase for mergers of geographically close hospitals, 2007-2011 Monopoly hospitals have 12% higher prices Monopoly hospitals' contracts place more risk on insurers (e.g., prices as share of charges)

### **Vertical Integration**

Vertical integration associated with higher prices (e.g. 6% higher in independent practices vs. hospital-owned)

Almost all savings from Medicare MSSP ACO program come out of physician-owned ACOs; no savings from hospital-integrated ACOs

No change in quality from integration

### Types of consolidation in health care

Horizontal vs. vertical

Provider vs. payer

## Important concept: balance of insurer vs. provider market power

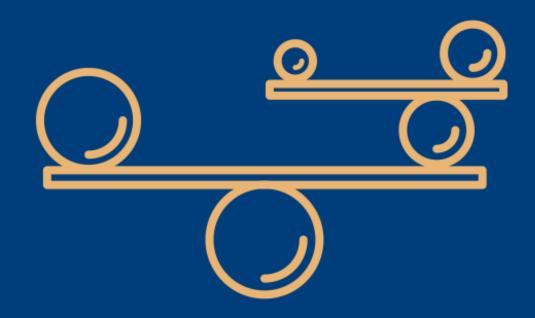


Figure 1. The Effect of Insurer Market Concentration on Health Insurance Premiums For a Fixed Level of Hospital Market Concentration **Excess Hospital Excess Insurer** Concentration Concentration Premiums

### **Insurance Market Concentration**

### **Insurer consolidation - prices**

Allows insurers to negotiate lower provider prices In one study, insurers with market shares of 15% or more negotiated prices for physician office visits that were 21% lower than those with less than 5% market share

### **Insurer consolidation - premiums**

Savings from lower provider prices are not passed on to the consumer as lower premiums

Insurer consolidation tends to lead to premium increases

Findings may differ between for-profit/not-for-profit insurers

## **Commercial insurers vs providers,**

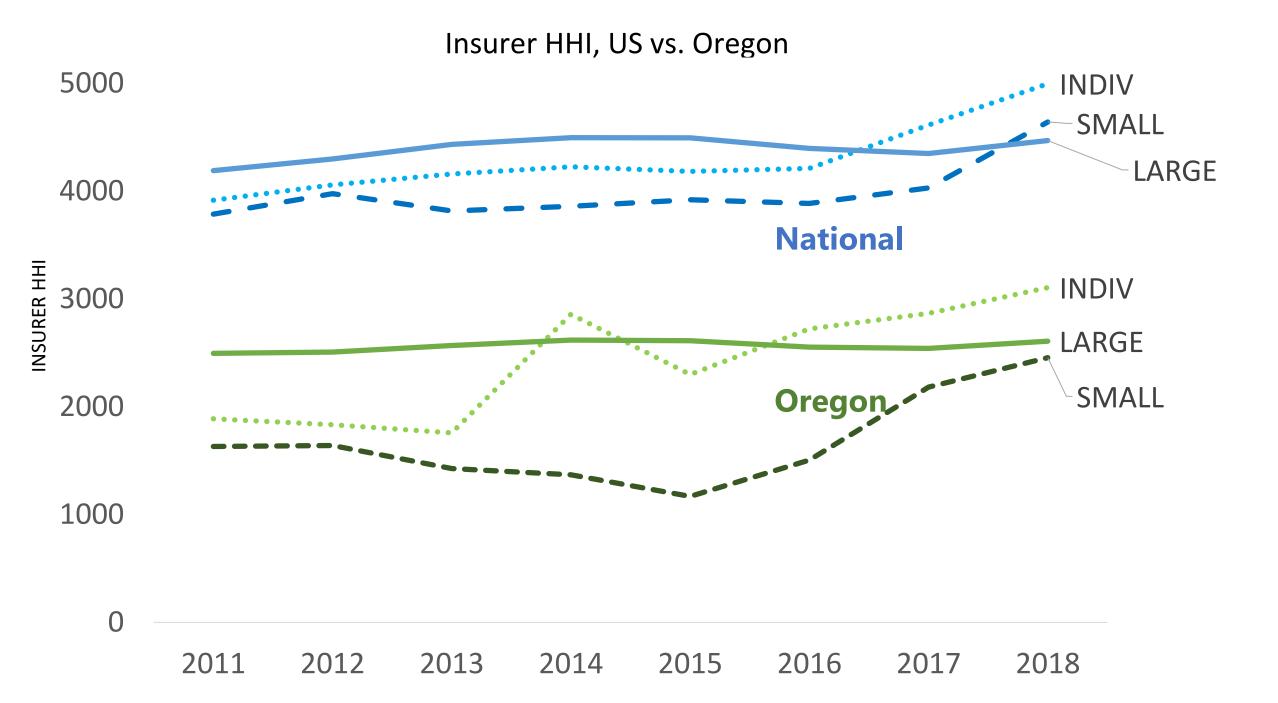
#### 2016

		Health care provider market concentration				
		Unconcentrated	Moderately concentrated	Highly concentrated	Super concentrated	Total
	Unconcentrated	0.0%	0.6%	1.1%	1.9%	3.6%
Health insurer	Moderately concentrated	0.0%	5.5%	16.5%	14.9%	36.9%
market	Highly concentrated	0.3%	3.3%	27.5%	23.4%	54.5%
concentration	Super concentrated	0.0%	0.3%	1.9%	2.8%	5.0%
	Total	0.3%	9.6%	47.1%	43.0%	100.0%

## Providers tended to be more consolidated than insurers in most MSAs

### Insurer market in Oregon is <u>not</u> concentrated

In contrast to national picture, Oregon is the only state where no MSAs exceeded threshold for "highly concentrated" commercial markets for payers in 2017



### **COVID-19 & Consolidation**

# Who bears the burden of higher prices?

Joe Oregonian

2018 median household income \$70K

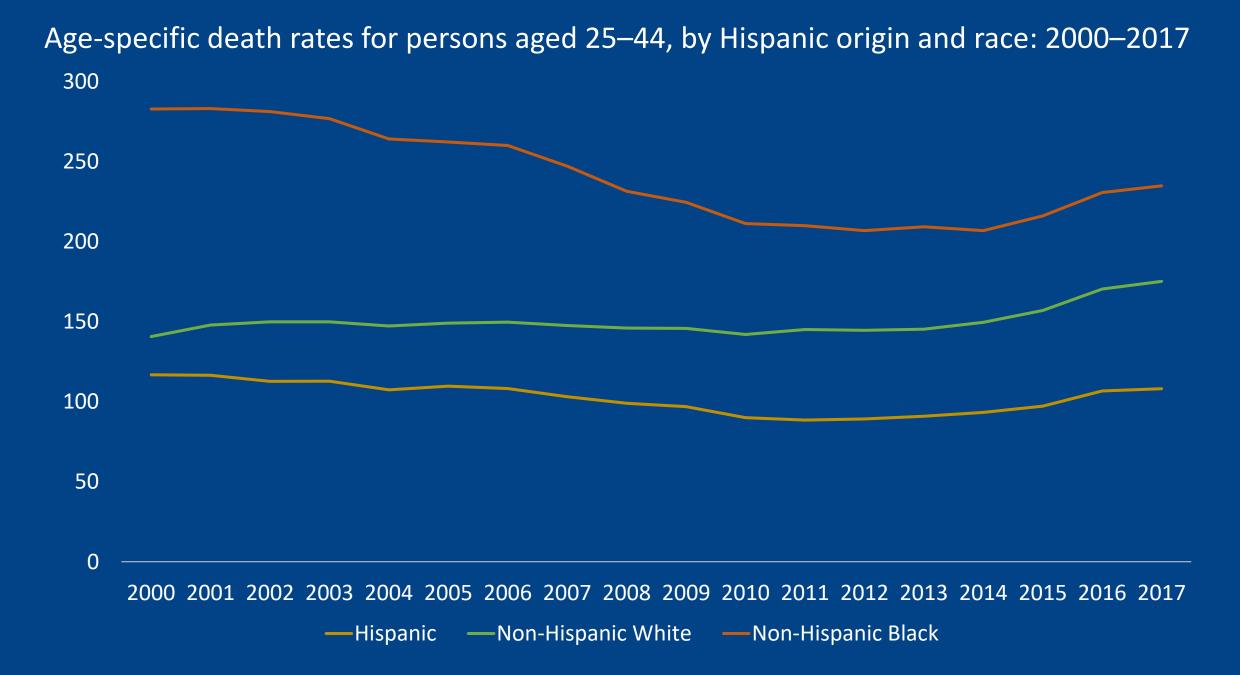
2018 average premium (employer + employee) \$19K

Total compensation: \$89K

Increases in premium borne by employee

A growing recognition that our health care system is causing harm

Anne Case & Angus Deaton – "Deaths of Despair"



A growing recognition that our health care system is causing harm

Anne Case & Angus Deaton – "Deaths of Despair"

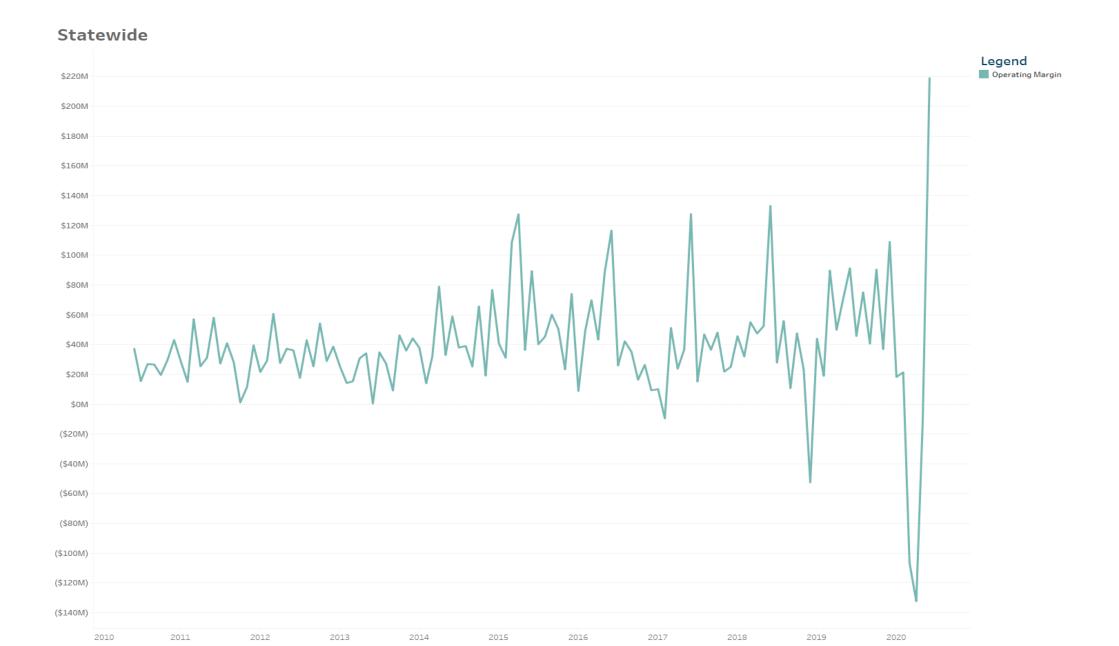
"What has eaten away at the foundations of working class life?"

"...[o]ur candidate for the leading villain is...the American healthcare system." **Things are tough all over (?)** COVID-19 has led to unprecedented job loss Many health care providers hit hard in first part of the year

Health insurers have done well; nationally, net income is double this year what it was in 2020

Impacts differ across sectors, regions & providers

#### Statewide operating margin for Oregon Hospitals, June 2010-June 2020



### **Consider tradeoffs**

Consolidation may help keep some providers afloat

Evidence: higher prices; quality does not improve

Direct & indirect impacts on Joe Oregonian are real



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