

Consumer Choice in Healthcare

These views do not necessarily reflect those of the DOJ

Healthcare Spending is High

- 20% of US GDP spent on healthcare.
- It is believed that a significant percent of that spending is wasteful. Bottom estimate 2%.
- Consumers do not shop around for alternative options perhaps because insurance covers most of the cost.

Consumerism in Healthcare

- Proposals include health plans with greater cost sharing, e.g. high deductible plans. For example, most ACA replacement bills include language for a high deductible plan option.
- If consumers footed a larger portion of the bill, would they shop around?
 - Greater cost sharing increases the benefit of search.
 - Other factors still important, doctor-patient relationships, perceived quality, convenience, and price opaqueness.

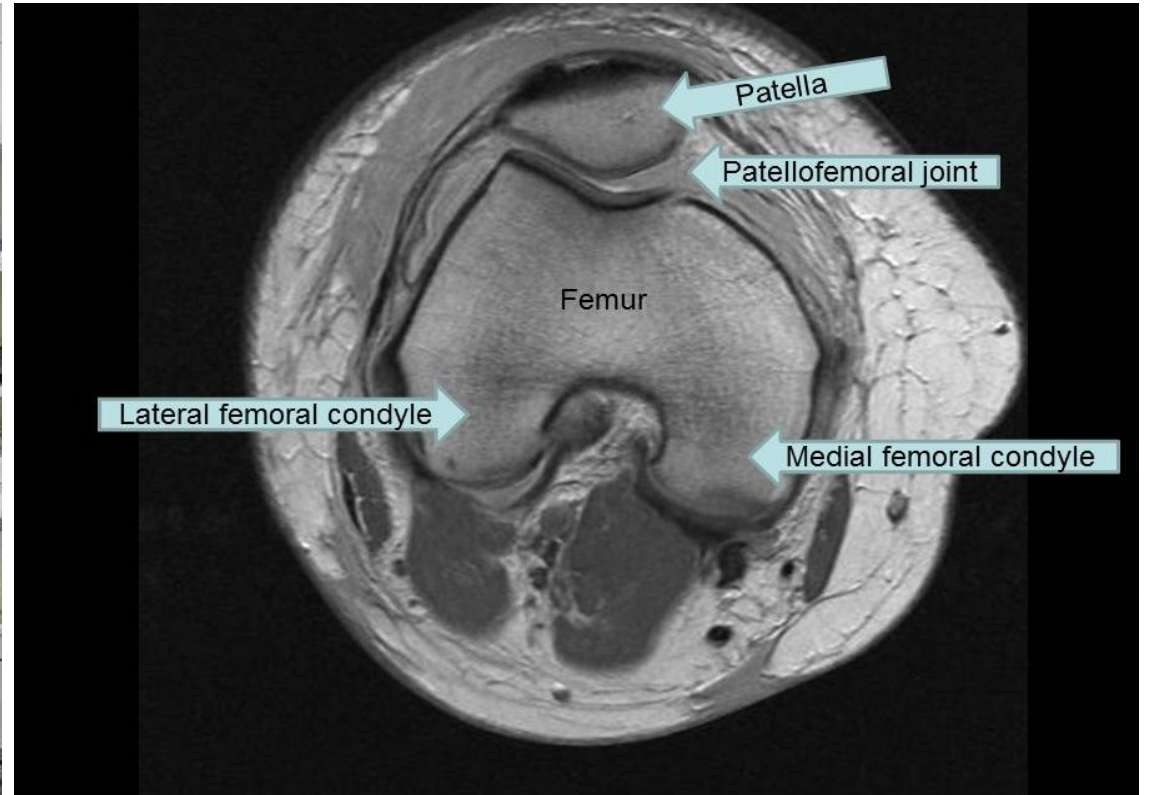
Literature

- Most focused on external margin, not choice conditional on treatment decision.
- Kolstad et. al. 2017 (QJE)
 - Consumers reduce quantities across the spectrum of health care services, including potentially valuable care (e.g. services) and potentially wasteful care (e.g. imaging services)."

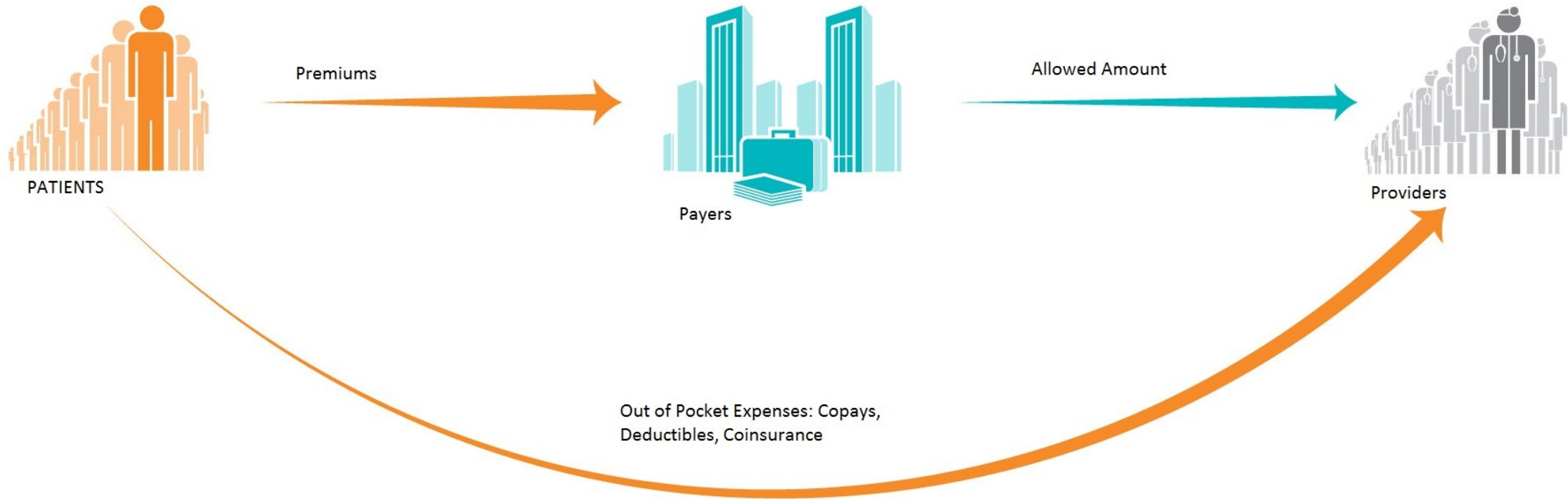
Knee MRIs

- Standard procedure. Almost all Radiologists/facilities can perform this procedure.
- Often used diagnostically, non-emergent issues.
- Easy to shop around. Can be done by any radiologist with an MRI machine.
- Significant price dispersion.
 - Total costs between \$100s-\$1000s.
 - Patients costs between \$0 and full cost.
- Already some experiments to push consumers to lower price options. E.g. gift cards, calls, website apps.

MRI MACHINE!



Payments in healthcare



Determinants of Allowed Amount and Price the Patient Pays

- Allowed Amount: The total amount the provider and facility receive for performing and reading the MRI. Negotiated or set between providers/hospitals and insurers.
 - Market conditions: number of providers in market.
 - Location.
 - Setting hospital / outpatient setting.
 - Quality/consumer demand.

Out of Pocket Price the Patient Pays

- Variation in plans.
- Some charge a copay to see provider, usually flat fee regardless of provider in network.
- Others charge a deductible with coinsurance.
 - For example, Supposed Bob wants to purchase an MRI whose allowed amount is \$600.
 - if Bob has a plan with a \$2,000 deductible and 20% coinsurance and Bob has already spent \$1500 on health care.
 - Bob's out of pocket price is \$520. \$500 goes towards deductible, \$20 comes from coinsurance.

Model

- Consumer i chooses which provider/facility j to use. No outside option.
- $U_{i,j} = \beta X_j - \alpha p_j + \varepsilon_{1,j} + \mu_{i,j}$
- X is distance to facility
- P is out of pocket price
- $\varepsilon_{i,j}$ unobserved quality iid $N(0, \sigma)$. Potentially correlated with price.
- $\mu_{i,j}$ iid Type 1 EV error. (gives conditional logit choice probability)

Instrument

- One factor in the Allowed Amount is quality.
- $Allowed\ Amount_j = \gamma_1 MarketFactors + \gamma_2 Quality_j$
- Regress $Allowed\ Amount_j$ on average $Allowed\ Amount_M$ to get predicted error $\epsilon_{2,j}$.
- Assume predicted error term $\epsilon_{2,j}$ is jointly normal with $\epsilon_{1,j}$ with correlation ρ .
- Then new utility is
- $U_{i,j} = \beta X_j - \alpha p_j + \rho \epsilon_{2,j} + \mu_{i,j}$

DATA

- Multi-payer claims database.
- Limit to top 6 payers in state.
- Only consider claims from patients and providers in state.

	MEAN	SD
Allowed Amount	\$587.27	359.95
OOP Price	\$256.79	276.12
Travel Time	23.97	67.09
number of Knee MRIs	28,341	

Estimates

	Coef.	Std. Err.	Z
mri choice			
price	-0.00015	0.00008	-1.81
total_time	-0.08465	0.00074	-114.59

	Coef.	Std. Err.	Z
mri choice			
price	-0.00028	0.00006	-4.37
total_time	-0.08471	0.00074	-114.63
	-0.00013	0.00005	-2.48

Number of obs. 928,427

All claims in network in state for year 2012.

Potential Savings

- Current total spending is \$6,743,949 per year.
- If patients paid full cost of care, spending reduced by <1% to 6,689,275 or 6,743,950 if α is -0.00027 or -0.00014.