Effect of Hospital and Insurance Market Concentration on Prices for Common Surgical Procedures

Paul Sabharwal^{1,2}, Yuqi Zhang MD^{1,3}, Marcelo Cerullo MD MPH^{1,3}

¹Bass Connections Team: Understanding Variations in Hospital Costs in Support of Value-Based Care Decisions

²Duke University Department of Computer Science ³Duke National Clinician Scholar





Duke University School of Medicine



Most healthcare markets are extremely concentrated by traditional standards

Market definitions:

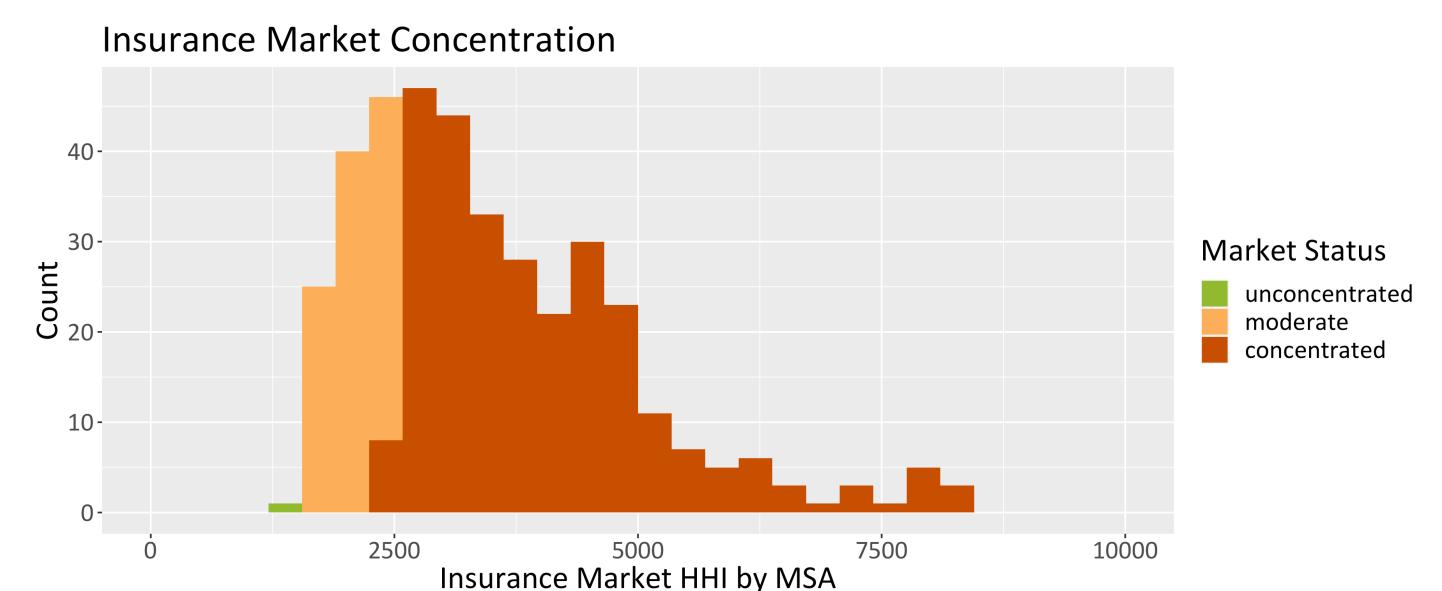
Insurance Market by Metropolitan Statistical Area (n=384)

Local Hospital Market by Hospital Service Area (n=3,113)

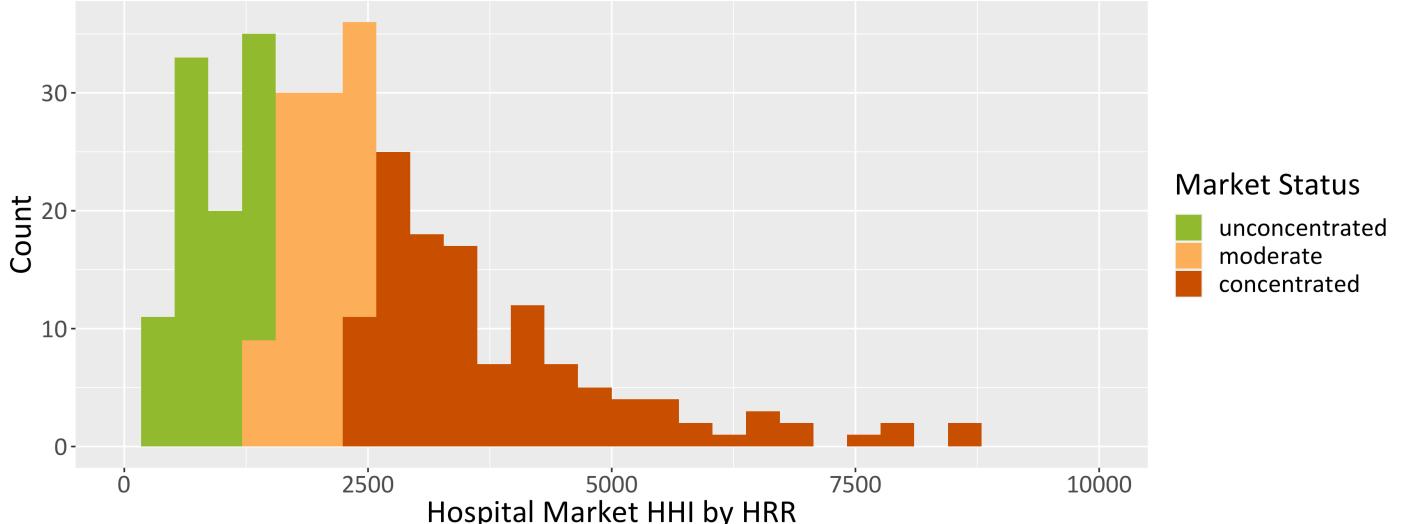
Tertiary Hospital Market by Hospital Referral Region (n=306)

Market Concentration was calculated using the Herfindahl-Hirschman Index (HHI) which ranges from \sim 0 (infinite small firms) to 10,000 (complete monopoly).

$HHI = (market-share_1)^2 + (market-share_2)^2 + (market-share_3)^2 ...$







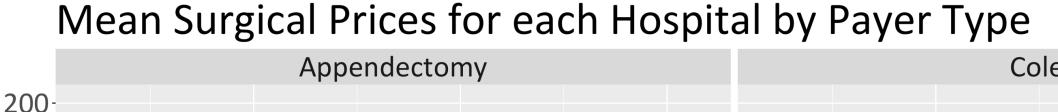
Most Local Hospital Markets are monopolistic:

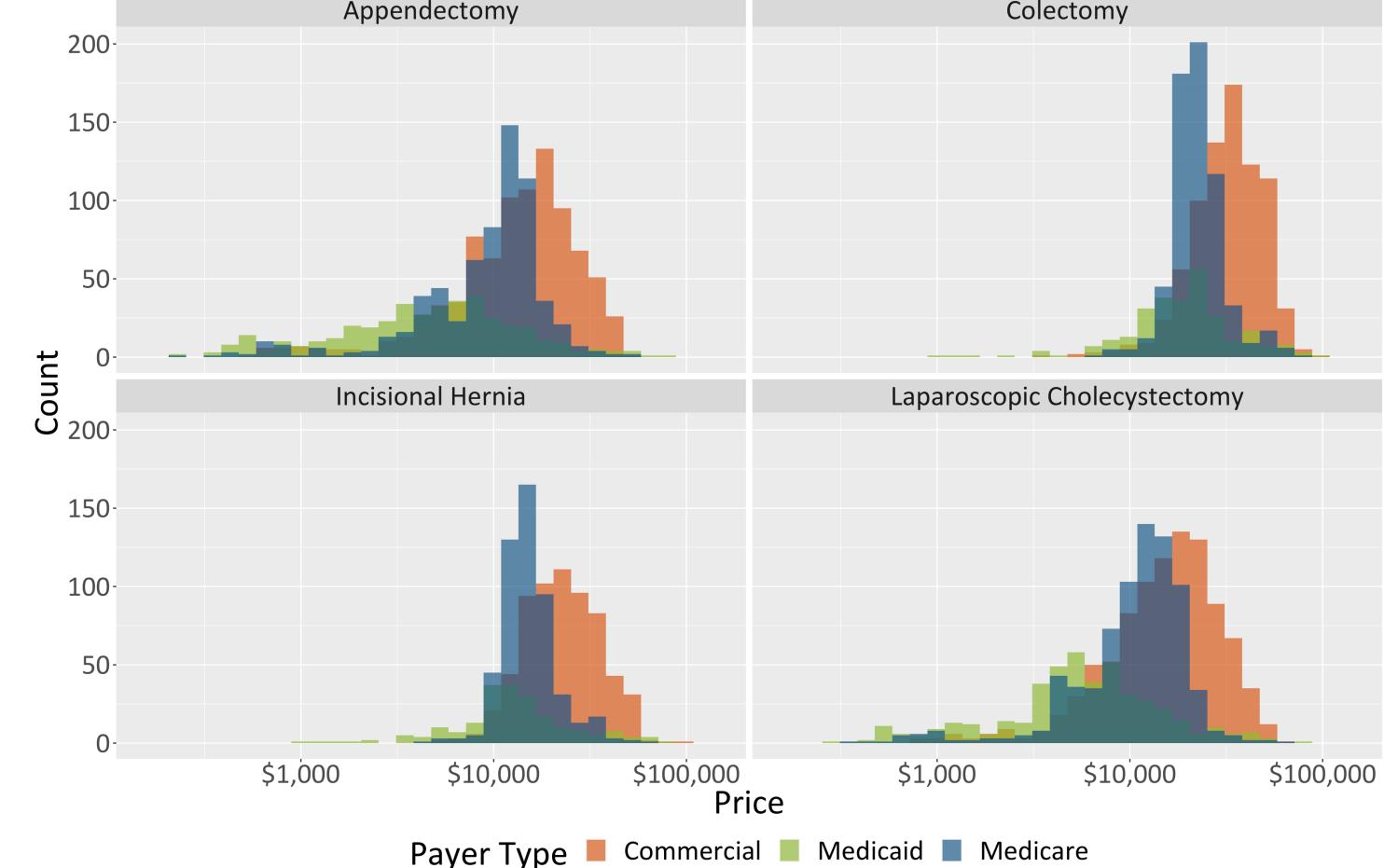
of 1,144 acute-care hospitals located within Metropolitan Statistical Areas, over one third are the only hospital within their Hospital Service Area (38%)

Previous literature has found that more concentrated hospital markets are associated with higher costs, while more concentrated insurance markets are associated with lower costs.

This study is one of the first to use a greatly expanded dataset of surgical prices available due to price transparency regulations from the Centers for Medicare and Medicaid Services in 2021.

Within hospitals, Medicaid and Medicare prices are substantially lower than Commercial prices





Paired t-tests of mean surgical prices within each payer type for each hospital found Commercial prices were the highest followed by Medicare then Medicaid.

Intra-Hospital Price Differences by Payer Type Appendectomy Incisional Colectomy Laparoscopic Cholecystectomy Hernia Δ Commercial \$5,979* \$7,900* \$10,205* \$6,334* - Medicare Δ Commercial \$8,342* \$9,379* \$9,588* - Medicaid \$2,145* \$1,452 \$746 Δ Medicare \$2,961* - Medicaid *significant at p<.0001 level Paired t-tests

Hospitals with a **monopoly** in their Service Area charge **significantly higher prices**, especially for Commercial payers

 $log_{10}(Price) = HRR Hospital Market HHI \times Insurance Market HHI$

- + Hospital Service Area Monopoly
- + Payer Type
- + Hospital Characteristics
- + Fixed State and Procedure Code Effects

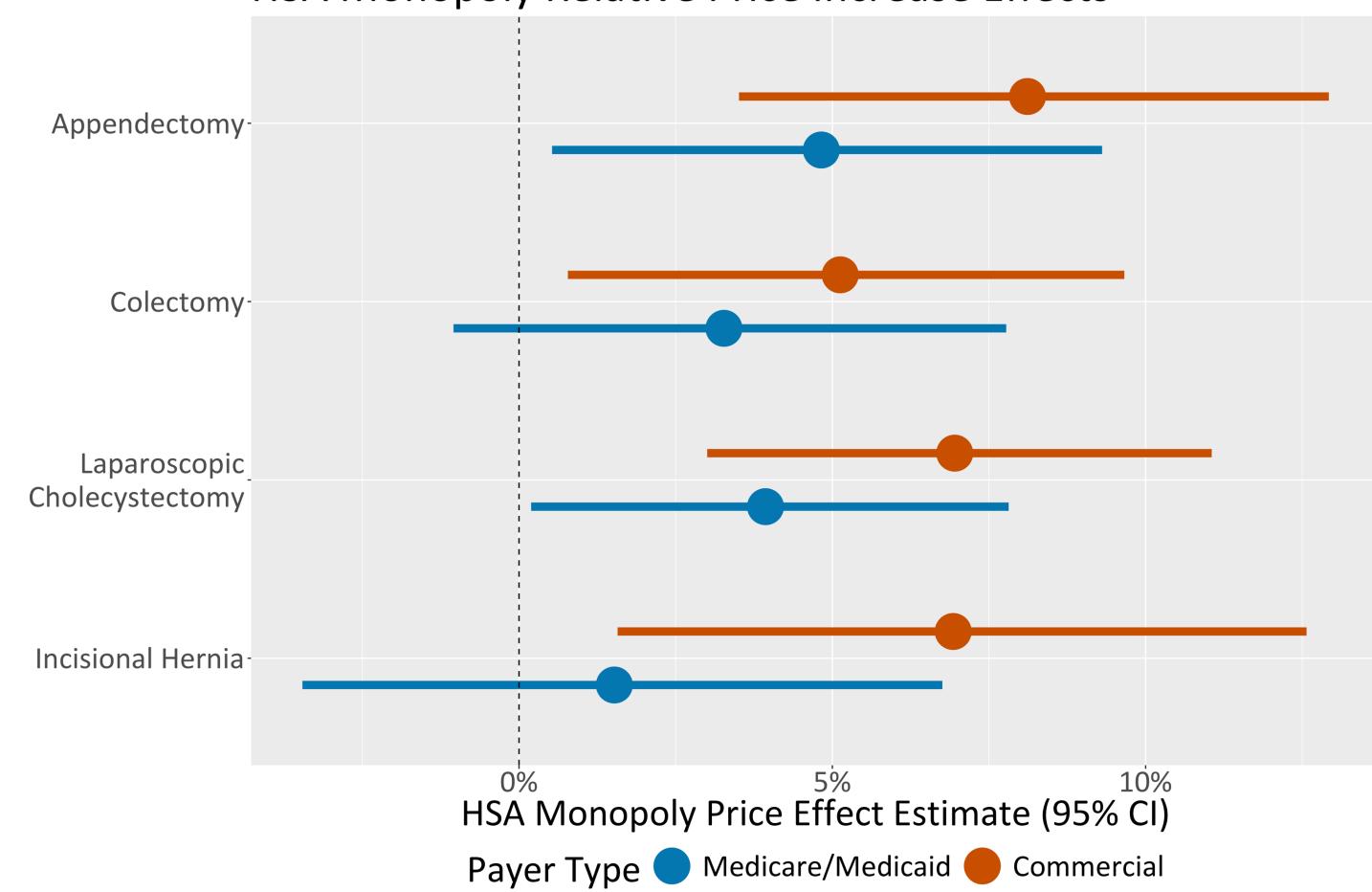
Linear Regression Results (model fit on log-transformed mean prices):

Insurance Market Concentration had a slight but significant negative correlation with prices for all procedures except Incisional Hernia.

Tertiary Hospital Market Concentration did not have a significant effect on procedure prices.

Hospital Service Area Monopoly status had a large and significant effect for all procedures, stronger among Commercial payers.

HSA Monopoly Relative Price Increase Effects



Reported **Medicaid** and **Medicare** prices are **significantly lower** and are **less affected** by changes in healthcare market concentration compared to Commercial prices.

Prices for these common surgeries are not affected by tertiary hospital market but are roughly 5-8% higher within monopolistic local hospital markets.