Health Expenses Per Capita and Life Expectancy 1970-2017

Odd man out

Health spending and life expectancy, 1970-2017*, selected OECD countries Life expectancy at birth, years 85 lapan Switzerland Canada Britain Germany 80 **United States** 2017 2000 75 1990 70 3,000 6,000 9,000 Health spending per person, constant 2010 \$, at purchasing-power parity Source: OECD *Or latest available The Economist

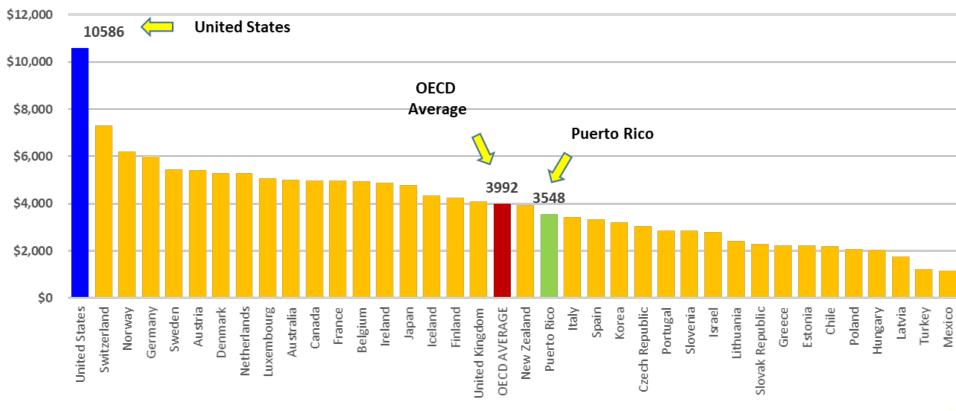




Healthcare Beneficiaries & Healthcare Funding

Current Expenditure on Health Per Capita US\$ Purchasing Power Parities 2018

OECD Health Statistics

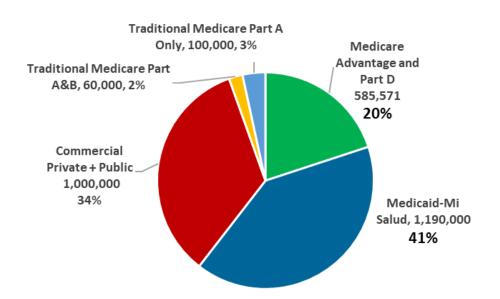




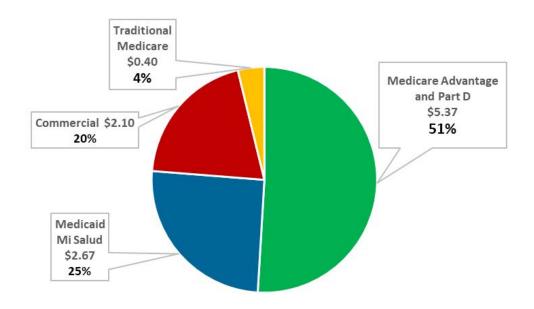


Healthcare Beneficiaries & Healthcare Funding (\$10.5B approx)

Distribution of Beneficiaries by Healthcare Program 2018



Estimated Distribution of Healthcare Resources PR 2018 (\$ Billions, Based on NAIC Statements)

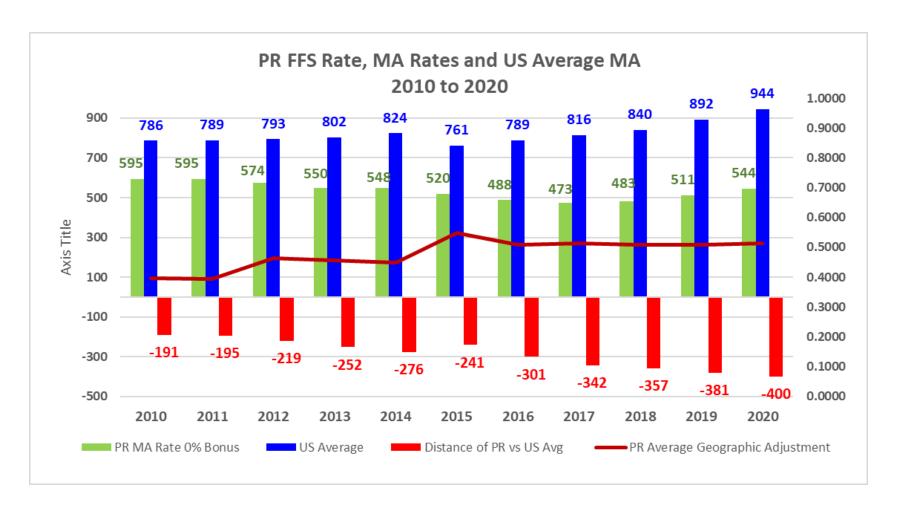


- ~3 million approximately served under health plan programs.
- Within Medicare Advantage, 285,000 beneficiaries (\$3.1B) are in Platino.
- Commercial includes government employees.
- Total healthcare spending in Puerto Rico is \$11-\$12B + out of pocket, FQHCs and DOH.





ACA – Unfair Treatment to PR



- MA cuts
- Medicaid cliff

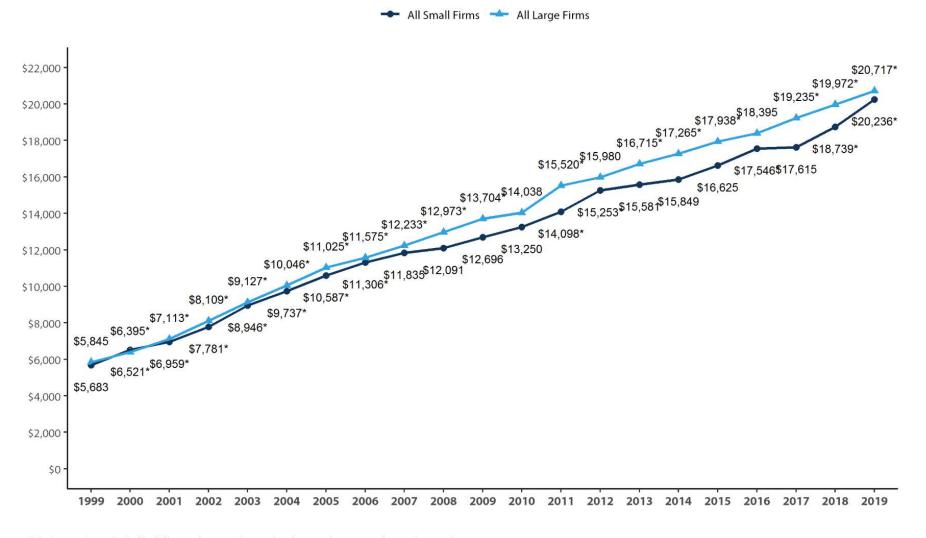




Figure 1.12

Average Annual Premiums for Covered Workers with Family Coverage, by Firm Size, 1999-2019

Published in 2019
Employer Health
Benefits Survey Section 1: Cost of
Health Insurance





^{*} Estimate is statistically different from estimate for the previous year shown (p < .05).

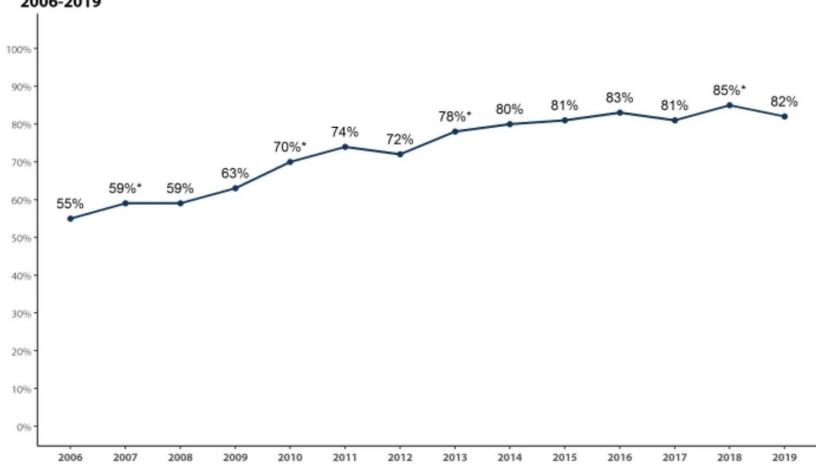
NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2018-2019; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

Published in 2019 Employer Health Benefits Survey

Figure 7.7

Percentage of Covered Workers with a General Annual Deductible for Single Coverage, 2006-2019



^{*} Estimate is statistically different from estimate for the previous year shown (p < .05).

NOTE: Average general annual deductibles are for in-network providers.

SOURCE: KFF Employer Health Benefits Survey, 2018-2019; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2017





Figure 7.7: Percentage of Covered Workers With a General Annual Deductible for Single Coverage, 2006-2019

Being Upside Down



From: Healthify Insights, September 13, 2017.



Innovation



JAMA Internal Medicine | Original Investigation | HEALTH CARE REFORM

Social Determinants of Health in Managed Care **Payment Formulas**

Arlene S. Ash, PhD; Eric O. Mick, ScD; Randall P. Ellis, PhD; C

NOVEMBER 2017

Medicare Spends More on Socially Isolated Older **Adults**

Lynda Flowers Ari Houser Claire Noel-Miller AARP Public Policy Institute

Insight on the Issues

Jonathan Shaw Jay Bhattacharya Lena Schoemaker Stanford University

Monica Farid Harvard University

Socially isolated older adults are at greater risk for poor health and death than their wellconnected counterparts. However, information is lacking on whether social isolation among older adults affects health care spending. This study is the first to examine whether social isolation also affects health care spending among older adults. By examining Medicare spending data, this study found that a lack of social contacts among older adults is associated with an estimated \$6.7 billion in additional federal spending annually.

INTRODUCTION

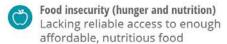
Social isolation—defined as a lack of meaningful contacts with others—is a significant risk factor for poor health status and increased mortality. Older adults may be especially at risk for social isolation because they are more likely to have experiences—

including inpatient hospital care, preventive care, physician visits, prescription drugs, and other services.4 This study focused on the relationship between social isolation and Medicare spending because Medicare is the primary payer for health care services for virtually all Americans ages 65 and

FIGURE 1

Social determinants of health encompass a wide range of factors





Interpersonal violence Being exposed to intent physical force or power actual, that resulted or injury, death, or psycho

Utility needs

Not being able to regula

bills (e.g., electricity, gas

phone), and/or afford n

maintenance or repairs

Transportation Lacking affordable and reliable ways to get to medical appointments or purchase healthy food

Family and social supports Lacking relationships th interaction, nurturing, a coping with daily life



Employment and income Lacking the ability to ge or gain steady income

iate with health insurance. For example,

Congress has approved a

that Advantage plans may

choose to cover

range of expanded services

f you're enrolled in a

Medicare Advantage

plan or thinking about

joining one, you may be

entitled to some addi-

tional services in the new year, especially if you're one of the

73 percent of Advantage mem-

bers who has a chronic health

Beginning in January, Advantage plans nat

will have the option of covering services, | plan levices even food that you don't usually Mee

Source: Deloitte analysis.



Trust and Ethics

trust

- 1. firm belief or confidence in the honesty, integrity, reliability, justice, etc. of another person or thing; faith; reliance
- 2. the person or thing trusted
- 3. confident expectation, anticipation, or hope: to have *trust* in the future
- 4. the fact of having confidence placed in one
- 5. keeping; care; custody







Recordemos...

- 1. Todos los segmentos necesitan mas fondos
- 2. La necesidad es la madre de la innovacion
- La confianza y la etica son pilares del Sistema

"A state of complete physical, mental and social well-being and not merely the absence of diseases"

[WHO, 1948]



