



Painting the Picture of Health Care Delivery Costs in Wyoming

BY SHEILA BUSH



When asking what drives the cost of health care in Wyoming you're bound to get a host of different answers ranging from pharmaceutical pricing and insurance policies to increasing expenses associated with keeping pace with advancing medical technology. Certainly, some will say it's the cost of recruiting physicians to practice in rural Wyoming while others are quick to blame our health care facilities. The legislative committee charged with diving into the details of Wyoming health policy, the Joint Labor, Health and Social Services Committee (JLHSS), continues their quest to solve why health care costs in Wyoming consistently soar above prices in surrounding areas, and they're landing on some interesting ideas and solutions. Not to sound like a broken record, but as I mentioned in my spring column, there's truly no better time for physicians to be engaged in this conversation than right now, and WMS remains committed to making that happen.

During the 2019 Session, the legislature voted to spend \$200,000 on facilitating a study of high Wyoming hospital costs and health care services. The state contracted Milliman, Inc. to conduct the study and report to JLHSS on or before October 1, 2019. This report is available on the WMS website. Despite the unavailability of that report that was not released in time for the September JLHSS meeting, the Wyoming Business Coalition on Health (WBCH) offered the committee some interesting health care cost data of their own for the committee to sink their teeth into during their Evanston meeting.

The data presented was drawn only from the claims submitted to the multi-payer claims database (MPCD), roughly about 41% of all state claims, but it painted an eye-opening picture for Wyoming's lawmakers. Throughout the nearly three-hour presentation, we combed through graphs and charts comparing Wyoming to Montana, other like-positioned states and national averages for per member per month costs, inpatient stay lengths, outpatient visits, and so much more. As you might suspect, the data presented didn't necessarily reveal anything we didn't already know, health care in Wyoming is expensive, but it undoubtedly elevated

the conversation around health care cost and successfully caught the attention of lawmakers.

If the goal of painting this eye-opening picture was to raise awareness to what appear to be alarming differences in reimbursement between our own Wyoming facilities, or to highlight the number of medical imaging devices in certain WY communities, then the presentation was a wild success. However, if painting the complete picture of health care delivery costs in Wyoming, and the drivers behind those costs, was the goal, I believe medicine would argue the palette was missing a few important colors.

We have our work cut out for us, starting with putting some context around the picture and educating lawmakers to what those key missing colors are on the palette. Conversations around price

transparency policy initiatives aimed at identifying high-value/low-cost care are good conversations to have. But, absent some important context, those conversations quickly lead to potentially ill-advised solutions.

Without all the right colors, well-intending lawmakers are at risk to believe that the solutions to Wyoming's woes live in policy changes designed to encourage artificially narrowing provider networks, returning to certificate of need practices that expand beyond facility construction to include medical devices and imaging, limiting out-of-network charges, and pursuing bundled payments options.

Rather than being presented a finished painting, lawmakers were given a canvas with some nice starting outlines. It's now the job of medicine and our community facilities to help fill in the details and provide the insights that really bring that painting to life. The best results and solutions will come if we can work together to peel back the layers of this complex problem and embrace that the answers won't be simple ones. WMS will be relentless in our mission to educate around what this cost picture looks like from the perspective of those delivering direct patient care, and there's no question that we will need your help to do it. 

