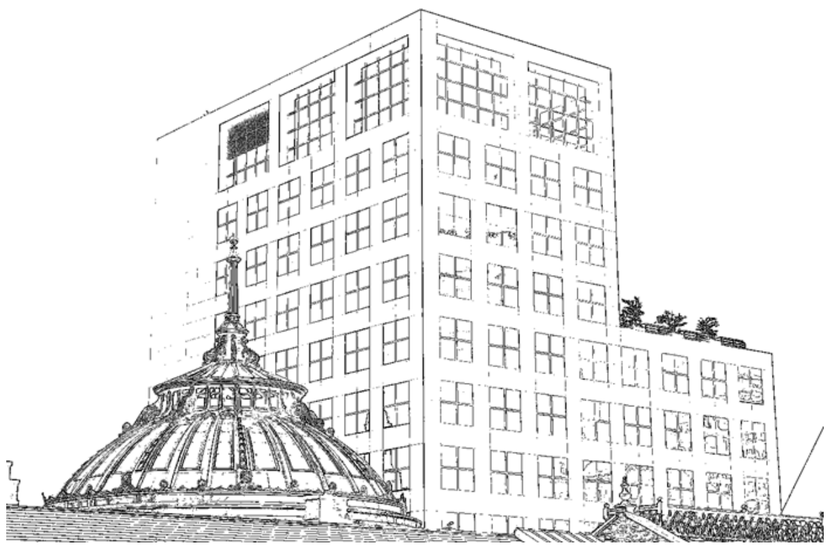
School of Public Health
BROWN UNIVERSITY

CAHPR CENTER FOR ADVANCING HEALTH POLICY THROUGH RESEARCH

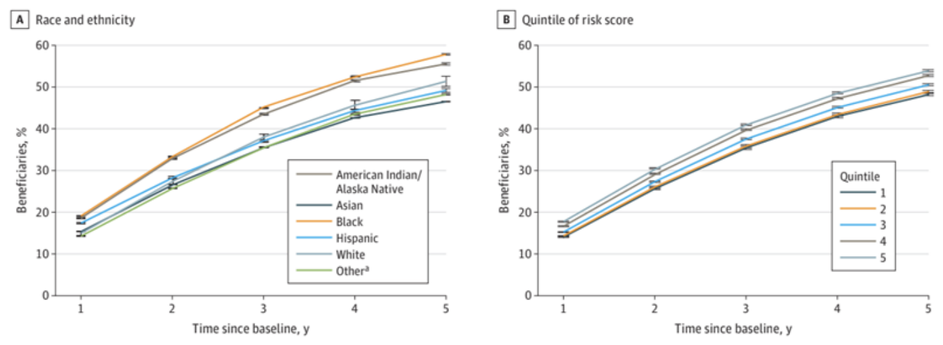


Welcome to the second edition of the CAHPR newsletter, where we bring you the latest updates from the research at our center.

The quartile payment system on spending in Medicare Advantage (MA) inflates payment by $12 billion in 2021. Recent research published in *JAMA Health Forum* found that the MA quartile-based payment system resulted in $46.7 billion more in MA payments from 2013-2021 than if benchmarks were aligned with 100% of traditional Medicare spending. This increase from $796.7 million in 2013 to $11.9 billion in 2021 was due to a significant shift in MA enrollment towards counties with higher adjustments and overall growth in MA enrollment. While there may be concerns about modifying MA payments, previous research suggests that minor adjustments have minimal impact on plan availability and quality. Congressional action in eliminating the quartile system could generate potential savings without significantly harming MA enrollees.

Half of Medicare Advantage beneficiaries disenroll from their contract within 5 years. Beneficiaries with ADRD and those who are dually eligible are more likely to disenroll. A retrospective study published in *JAMA Health Forum* revealed that 48.3% of nondually enrolled and 53.4% of dually enrolled MA beneficiaries disenrolled from their contracts after five years. Higher-rated plans had lower disenrollment rates, and the majority of those who disenrolled shifted to other MA contracts rather than to traditional Medicare. Disenrollment was higher among Black beneficiaries and those with greater comorbidity burden, such as Alzheimer's disease and related dementias (ADRD). This trend raises concerns about potential dissatisfaction and reduced incentives for plans to invest in long-term care, especially for chronic conditions, reflecting both a dynamic market and underlying systemic issues. Our research supports including long-term disenrollment in MA performance metrics, suggesting current structures don't fully incentivize addressing beneficiary needs over time.

Figure. Percentage of Beneficiaries Who Disenrolled From Their Contract by Beneficiary Characteristics



New work evaluates the impact of COVID and its aftermath including the impact of vaccines, the impact of shelter-in-place policies, and changes in the healthcare workforce. A working paper distributed by the *National Bureau of Economic Research* found that globally, COVID vaccinations reduced global excess deaths by 2.4 million, with an economic value of $6.5 trillion. An equitable vaccine distribution scenario, aligning vaccinations with population size, could have saved an additional 670,000 lives, but would have decreased the economic value of deaths averted by $1.8 trillion. These findings suggest the global distribution strategy could have been more effective and raises important questions about prioritizing the maximization of lives saved and their economic value in public health strategies. Concurrently, research published in *Health Economics*, found that shelter-in-place (SIP) policies did not decrease excess deaths, underscoring greater effectiveness of pharmaceutical interventions over non-pharmaceutical measures in pandemic response. As per changes in the healthcare workforce, research published in *JAMA Health Forum* found that health care employment growth declined after the onset of the COVID-19 pandemic, and recovery patterns varied by healthcare subsectors. Health care employment in hospitals and physicians' offices saw a marginal increase, contrasting sharply with skilled nursing facilities (SNFs), which experienced significant declines, exacerbating pre-pandemic staffing issues in SNFs.

Other News from CAHPR

The Top-Ten Health Affairs Forefront Articles Of 2023

Associate Professor of Health Services, Policy & Practice, Dr. Chris Whaley's 2023 publication along with other colleagues "What's Behind Losses At Large Nonprofit Health Systems? " gets recognized as one of the top ten most read *Health Affairs Forefront* articles in 2023

David J. Meyers, Ph.D., Honored With the 2023 AJMC® Seema S. Sonnad Emerging Leader in Managed Care Research Award

Dr. David Meyers, Associate Director for the Center for Advancing Health Policy Through Research and Assistant Professor of Health Services, Policy & Practice was presented with the award to mark his contributions and mentorship in the field.

About Us

The Center For Advancing Health Policy through Research (CAHPR) at the Brown University School of Public Health seeks to make fundamental contributions towards understanding and developing policies that reduce costs and enhance patient well-being in the US health care system. We do this by marrying detailed numbers-based policy examination with legal assessment to translate knowledge gained through research into actionable policies. Learn more about us at https://cahpr.sph.brown.edu/.

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