
11 Jan 2015

Open letter to the U.S. News & World Report:

I was enjoying the latest iteration of your report at USNWR, on the [Health Care Index](#).

By way of introduction, I'm a retired hospital administrator in Denver CO. I have been sitting in on the Colorado Commission for Affordable Health Care (CCAHC) for the past year, contributing my perspective, and particularly arguing for the need to advance data transparency.

This year, the election cycle, will include a lot of debate about ACA, and both sides will back up their arguments with selected data points. The only way to advance the argument in 'a way that the people have a right to expect' is with a reasonably comprehensive 'vital signs monitor' that includes many of your key indicators.

Your report at USNWR has some wonderful indicators, and what a shame they only go through 2013, since we want to know what happened in 2014 and 2015. Nevertheless, your indicators have the potential to be hugely informative.

Well, the report you wrote has a viewpoint, but why not create a simple pivot table that anyone could download and begin to use data in a more interactive manner?

I have created dozens of pivot tables over the past year, from data downloaded from many of the sources you also downloaded. You should take a look at some examples at the CCAHC website (input from the public):

<https://www.colorado.gov/pacific/cocostcommission/record-input-received>

I am offering my services to you, or your data analytic team, to quickly create a 'pivot table repository' similar to what I recommended for the state of Colorado, at no charge, gratis.

USNWR could set a new standard of data transparency by offering the public access to pivot tables, instead of the 'flat files' currently on offer from CMS, CDC and other data sources. It would be my pleasure to help you get there.

Sincerely,
George Swan, MPH (UCLA '73)
Denver CO
303 406 8009

U.S. News Health Care Index

The new index is made up of 36 data sets organized into eight subindices, covering changes in medical costs, employment and education.

By [Robert Morse](#) and [Matt Mason](#)

The U.S. News & World Report [Health Care Index](#) tracks movements in health care expenditures, medical costs, insurance coverage, health employment, international comparisons and health care education in the United States over time.

Just like other well-known indices – the S&P 500 and the Dow Jones Industrial Average, for example, or the Consumer Price Index – the U.S. News Health Care Index has a base year from which changes in the underlying factors are measured. Our index's base year is 2000 and was set to equal 100.0. The index is calculated annually by U.S. News and measures the yearly changes in the activity of its components in relation to the year 2000.

In order to be included in the Index, a specific health-related measure had to be generally published annually starting in 2000 and had to have enough statistical significance to provide a credible trend of some important aspect of the U.S. health care industry. The U.S. News Health Care Index relies on data from the U.S. Bureau of Labor Statistics, the Centers for Medicare and Medicaid Services, the United States Centers for Disease Control and Prevention, the Department of Health and Human Services, the National Center for Educational Statistics and the World Health Organization. Just like other widely followed indexes, U.S. News will likely make changes to the weights and components for future indices as more numerous and refined health care indicators become available. Since the data used only go through 2013, it does not currently reflect the effect the implementation of the Affordable Care Act has had on the state of health care in the U.S.

After the information sources were determined, U.S. News gathered thousands of data points to create 36 data sets. Each data set was weighed to compute the eight health care subindices – the colored lines on the graph – which were used to compute the overall index, represented by the black line on the graph. The eight subindices measure changes in health care employment in the United States, health care education (in terms of degrees granted at the college undergraduate and graduate levels), U.S. health care expenditures, the percent of Americans with health insurance, changes in health care medical costs at the consumer level, health care insurance premiums, [health care insurance deductibles](#) and compare United States health care expenditures with the health care expenditures of other developed nations.

The final step in the computation of the overall Health Care Index was assigning separate percentage weights to each of the eight subindices. The overall Health Care Index is the sum of those weighted values.

Health Care Expenditures Index (44 percent of the overall Health Care Index): The Health Care Expenditures Index, which received the highest weight in the overall U.S. News Health Care Index, shows how much money is being spent [overall on all health care related activities](#) in the United States. We looked at this in terms of total dollars spent on health care, as well as on a per capita, and percent of GDP basis. The data were gathered from the Center for Medicare & Medicaid Services, National Health Expenditure Data.

Health Care Employment Index (16 percent): The Health Care Employment index received the second-highest weight because it's an outcome indicator for health care employment in the U.S. economy. It measures the proportion of [health care jobs in the U.S.](#) by taking the total number of health care jobs and dividing it by the total number of all jobs. In our definition of a health profession, we included health care practitioners and technical occupations, health care support occupations, health care-related community and social service occupations, veterinarians and veterinary technicians, and health services managers. The data were collected from the Bureau of Labor Statistics' Occupational Employment Statistics (OES) program.

Health Insurance Index (9 percent): One of the major factors in capturing the scope of health care in the United States is understanding [how many people actually receive health insurance.](#) We focused on the percentage of U.S. citizens, all ages, who claimed to have some form of health coverage. The data were gathered from the Centers for Disease Control and Prevention's National Health Interview Survey and does not include data relating to the implementation of the Affordable Care Act.

Health Care Insurance Premiums Index (8 percent): We looked at the costs at the individual consumer level by gathering data on average premium contributions by both employees and employers in [private-sector companies](#) that offer health insurance. We looked at the average contribution by employees and employers as well as the percent of the total premium each group paid. The health insurance plans analyzed included single, family and employee-plus-one. The data were gathered from the U.S Department of Health and Human Services, Medical Expenditure Panel Survey. Data for 2007 were not available so an average of data from 2006 and 2008 was used as a projection.

Health Care Consumer Price Index (8 percent): We looked specifically at changes in [consumer prices for prescription drugs,](#) physician services, dental services, eye-care services, hospital services and nursing homes. The data were provided by the Bureau of Labor Statistics' Consumer Price Index.

Health Education Index (8 percent): The Health Education Index measures the trend in the proportion of [health care degrees](#) as a share of total degrees by taking the number of health care degrees granted divided by the number of all degrees granted. This breaks down into health care associate degrees (23 percent of score), health care bachelor's degrees (33 percent) and health care graduate degrees (43 percent). We used the Department of Education's National Center for Education Statistics definition of a health profession to determine which degrees were counted. The data were gathered from the National Center for Education Statistics.

Health Care Insurance Deductibles Index (4 percent): We measured the number of people selecting or having to enroll in [high-deductible health insurance plans](#) by gathering data on the average private-sector individual deductible per employee with an insurance plan that had a deductible. This calculation included both single and family health care plans. We also looked at the percent of private-sector employees enrolled in a health plan that had a deductible. This data was gathered from the U.S Department of Health and Human Services Medical Expenditure Panel Survey. Deductibles data collection started in 2002, so this was the base year for the deductibles index. Data for 2007 were not available, so an average of data from 2006 and 2008 were used as a projection.

International Economic Impact Index (3 percent): To see how the United States compared to other developed nations in its [overall health care spending,](#) we decided to use health expenditures

as a percent of GDP as the measure. The numerator in our equation was the United States health care GDP expenditure, and the denominator was the average of data from the Organization for Economic Co-operation and Development (which includes 34 developed nations) plus health care GDP expenditure from Brazil, Russia, India and China. The U.S. was not included in the OECD average. The 2013 data are a projection based on the rate of growth between 2011 and 2012. The data were collected from the World Health Organization, National Health Accounts.