

KANSAS CITY HEALTH STATS 2024

A Community Scorecard for the Commercially Insured Population

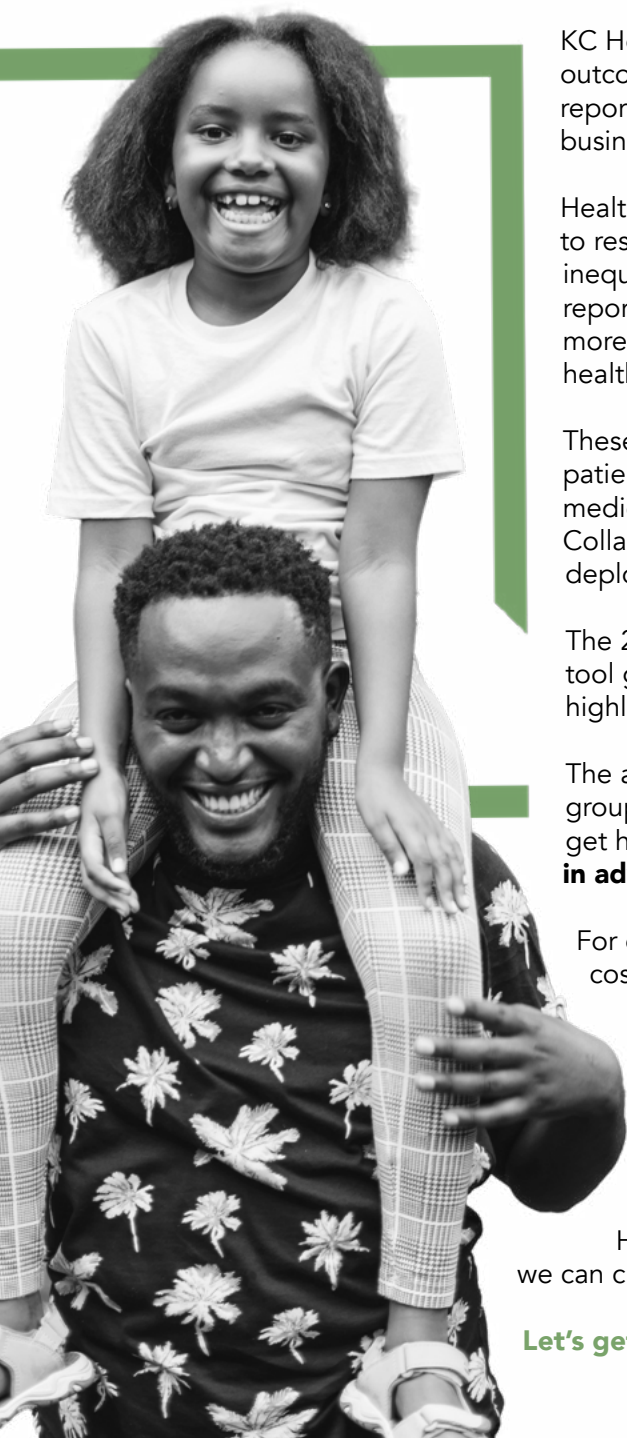
Presented by KC Health Collaborative using data from the Midwest Health Initiative

KC Health Collaborative and the Midwest Health Initiative are pleased to present the inaugural 2024 Kansas City Health Stats Scorecard. The scorecard is based on commercial medical claims for services from the years 2020-2023 for a sample of people residing in the Kansas City metropolitan statistical area. Benchmarks are provided to help the community identify opportunities to improve the health of Kansas City residents and serve as a standard leaders can use to gauge how the health of their populations compares to these benchmarks.

For more information about KC Health Collaborative, please visit khealthcollaborative.org. To learn more about the Midwest Health Initiative, find available national benchmarks, or submit ideas for future areas of focus, please visit midwesthealthinitiative.org.



ADVANCING HEALTH EQUITY THROUGH DATA



KC Health Collaborative is committed to advancing transparency in healthcare delivery and improving health outcomes through data sharing. The 2024 Kansas City Health Stats Scorecard marks the first of many planned reports designed to spotlight inequities and provide a clearer understanding of how local healthcare organizations, businesses, and providers can collaborate to improve regional health outcomes.

Health inequities cost the U.S. economy \$451 billion in 2018, up 41% from the prior estimate in 2014, according to research done under the umbrella of the National Institutes of Health. If left unaddressed, the cost of health inequities will hit \$1 trillion by 2040, according to a Deloitte report. The Centers for Medicare & Medicaid Services reported that U.S. healthcare spending hit \$4.5 trillion in 2022 or 17.3% of GDP. Per person, that spending level is more than other wealthy nations, yet U.S. health outcomes aren't better. The U.S. ranks significantly lower in key health metrics such as life expectancy and infant and maternal mortality, especially in underserved communities.

These undesirable outcomes are exacerbated by social drivers of health (SDoH) or non-clinical factors, such as a patient's ZIP code. Considerations such as access to healthy foods, safe housing, and the ability to buy necessary medicines play a key role in preventing chronic illness and curbing healthcare costs. Our goal at KC Health Collaborative is to address these issues head on and advance health equity by creating a centralized hub of reliable, deployable health data for the region that sparks conversations and guides help to underserved areas.

The 2024 Health Stats Scorecard provides our community with a unique look into regional health data. This tool gives leaders a benchmark to measure the health of our city against regional and national standards. It also highlights key healthcare utilization trends that emerged in Kansas City since the pandemic.

The aggregated data in the 2024 Health Stats Scorecard reflects insights from commercially insured individuals, a group primarily made up of employees of local businesses. About 55% of Americans, and therefore Kansas Citians, get healthcare coverage through their employers. **This connection highlights the important role businesses play in advancing health equity.**

For employers, healthcare costs are a real concern. U.S. employers foresee a third straight year of higher benefits costs, according to a recent survey by Mercer. Even after cost-cutting measures, they expect to spend about 5.8 percent more in 2025.

By addressing systemic barriers and championing preventative care initiatives, businesses can directly impact the well-being of their workforce and the broader community. Our goal is for the data in this report and future reports to better enable local businesses to focus on the overall well-being of their employees and lower soaring health costs for patients and businesses, alike.

Healthier people lead to stronger communities, increased productivity, and greater economic vitality. Together, we can create a healthier and more equitable Kansas City.

Let's get to work.

POPULATION HEALTH

Commercially Insured Kansas Citizens 64 and Under

| Indicators | 2020 | 2021 | 2022 | 2023 | Compound Annual Growth (2020 - 2023) |
|--|--------|--------|--------|--------|---|
| Average Age of Population | 37 | 37 | 37 | 37 | 0.6% |
| % of Population Diagnosed With a Chronic Illness | | | | | |
| Asthma & COPD | 4.9% | 4.8% | 4.9% | 4.9% | 0.4% |
| Diabetes | 6.6% | 6.6% | 6.5% | 6.8% | 1.2% |
| Arthritis | 5.7% | 6.0% | 6.0% | 6.1% | 1.9% |
| Hypertension | 11.7% | 11.8% | 11.5% | 11.8% | 0.1% |
| Depression | 6.7% | 7.1% | 6.7% | 6.8% | 0.4% |
| Migraine | 2.3% | 2.4% | 2.5% | 2.6% | 4.5% |
| % of Population Diagnosed With Cancer | | | | | |
| Total Cancer Prevalence | 2.6% | 2.6% | 2.6% | 2.6% | 0.2% |
| Lung Cancer | 0.061% | 0.056% | 0.055% | 0.048% | -7.7% ▼ |
| Breast Cancer | 0.47% | 0.49% | 0.48% | 0.48% | 0.6% |
| Skin Cancer | 0.68% | 0.72% | 0.68% | 0.73% | 2.2% |

COST AND AFFORDABILITY

| Indicators | 2020 | 2021 | 2022 | 2023 | Compound Annual Growth (2020 - 2023) |
|--|---------|---------|---------|---------|---|
| Total Annual Spend (TAS) per Person* | \$5,846 | \$6,253 | \$6,505 | \$7,658 | ▲ 9.4% |
| Medical Spend per Person | \$4,309 | \$4,654 | \$4,528 | \$5,353 | ▲ 7.5% |
| Pharmacy Spend per Person | \$1,536 | \$1,600 | \$1,977 | \$2,305 | ▲ 14.5% |
| % of Total Annual Spend Paid by Patient | 13.6% | 14.3% | 14.1% | 12.4% | -2.9% |
| People Per 100,000 with Total Annual Spend Over: | | | | | |
| \$50,000 | 1,465 | 1,548 | 1,624 | 1,995 | ▲ 10.9% |
| \$100,000 | 571.4 | 574.8 | 604.5 | 776.0 | ▲ 10.7% |
| \$250,000 | 121.3 | 122.0 | 136.2 | 199.0 | ▲ 17.9% |
| \$500,000 | 25.7 | 26.4 | 33.0 | 55.2 | ▲ 28.9% |
| \$1,000,000 | 4.0 | 3.6 | 4.1 | 8.6 | ▲ 28.6% |
| % of Population with No Claims | 17.6% | 15.5% | 18.3% | 19.9% | 4.2% |
| % of the Population that Accounts for 50% of Annual Spend | 2.8% | 3.1% | 2.9% | 2.7% | -1.6% |
| % of the Population that Accounts for 80% of Annual Spend | 12.8% | 13.7% | 13.0% | 12.2% | -1.8% |
| TAS Per Person as a % of Kansas City MSA Per Capita Income** | 15.9% | 15.7% | 15.4% | 17.5% | 3.3% |

* Dollar amounts shown in this report are estimated using Milliman MedInsight Global RVUs and standardized price conversion factors derived from claim allowed amounts. While largely representative of the Kansas City commercially insured population's total spending, these amounts are sample estimates and should not be interpreted as exact dollar amounts.

** Calculated using available American Community Survey (ACS) Kansas City MSA estimates of per capita income from each calendar year

▲▼ Compound Annual Growth Rates greater than 5.0% or less than -5.0% are marked with an arrow indicating the direction of change.

CARE QUALITY

| Indicators | 2020 | 2021 | 2022 | 2023 | Compound Annual Growth (2020 - 2023) |
|---|-------|-------|-------|-------|---|
| Effective Chronic Care Management | | | | | |
| Patients Readmitted to the Hospital in 30 Days for Any Reason | 6.5% | 6.4% | 7.5% | 8.9% | ▲ 11.2% |
| Ambulatory Care Sensitive Admissions Per 1,000 People † | 2.3 | 2.1 | 1.9 | 2.0 | -4.9% |
| Asthma Patients with Appropriate Medication Management † | 77.2% | 78.7% | 84.7% | 85.1% | 3.3% |
| Kidney Health Evaluation for Patients with Hypertension | 18.0% | 18.6% | 18.9% | 20.0% | 3.6% |
| Diabetes Care | | | | | |
| Kidney Tests Performed (Nephropathy) † | 44.6% | 45.6% | 45.4% | 52.2% | ▲ 5.4% |
| Cholesterol Test Performed | 50.9% | 54.8% | 55.2% | 56.6% | 3.6% |
| Women's Health | | | | | |
| Breast Cancer Screening † | 71.7% | 72.0% | 73.2% | 73.5% | 0.9% |
| Chlamydia Screening † | 40.8% | 40.7% | 41.7% | 42.8% | 1.5% |
| Cervical Cancer Screening † | 67.0% | 66.6% | 65.7% | 66.3% | -0.4% |
| Deliveries Per 1,000 People | 10.3 | 10.2 | 10.3 | 9.5 | -2.5% |
| % of Total Deliveries by C-Section | 28.7% | 30.2% | 31.1% | 31.7% | 3.4% |
| % of Vaginal Birth After C-Section (VBAC) † | 15.7% | 14.8% | 18.1% | 15.2% | -1.0% |
| % of NICU Stays Per Total Deliveries | 5.6% | 6.2% | 6.5% | 5.9% | 1.8% |

PROFESSIONAL SERVICES

| Indicators | 2020 | 2021 | 2022 | 2023 | Compound Annual Growth (2020 - 2023) |
|---|------|------|------|------|---|
| Primary Care Visits Per Person | 2.0 | 2.3 | 2.3 | 2.5 | ▲ 6.4% |
| Specialist Visits Per Person | 0.7 | 0.8 | 0.8 | 0.9 | ▲ 5.4% |
| Primary Care Professional Fees as a % of Total Spending | 4.7% | 4.5% | 4.4% | 4.2% | -4.0% |

† Indicates a standardized measure developed and maintained by a nationally recognized health care quality steward. For more information, please visit <https://www.midwesthealthinitiative.org/health-stats>

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UTILIZATION

| Indicators | 2020 | 2021 | 2022 | 2023 | Compound Annual Growth (2020 - 2023) |
|---|--------|--------|--------|--------|---|
| Pharmacy | | | | | |
| Total Prescriptions Filled Per 100 People | 1073.6 | 1105.1 | 1062.8 | 1067.8 | -0.2% |
| % of Prescriptions Filled with Generic Medication | 85.9% | 88.1% | 87.3% | 86.5% | 0.2% |
| Opioid Prescriptions Per 100 People | 31.0 | 28.0 | 25.1 | 23.5 | -8.8% ▼ |
| Urgent Care & Emergency Department (ED) Visits per 1,000 People | | | | | |
| Urgent Care Visits | 237.3 | 243.5 | 258.4 | 248.3 | 1.5% |
| Total ED Visits | 181.7 | 202.6 | 209.7 | 211.0 | ▲ 5.1% |
| ED Visits - Admitted | 18.3 | 19.6 | 16.7 | 17.3 | -2.0% |
| ED Visits - Held for Observation | 11.9 | 13.3 | 14.3 | 14.2 | ▲ 6.1% |
| ED Visits - Discharged Home | 151.5 | 169.8 | 178.7 | 179.5 | ▲ 5.8% |
| % of Potentially Avoidable ED Visits † | 9.8% | 8.1% | 8.1% | 8.9% | -3.2% |
| Imaging Utilization per 1,000 People | | | | | |
| X-Ray | 817.2 | 923.1 | 898.6 | 891.7 | 3.0% |
| Computed Tomography (CT) | 143.5 | 161.9 | 165.5 | 182.8 | ▲ 8.4% |
| Magnetic Resonance Imaging (MRI) | 89.5 | 102.8 | 99.0 | 110.7 | ▲ 7.3% |
| Positron Emission Tomography (PET) | 6.6 | 7.0 | 7.6 | 9.2 | ▲ 11.9% |
| Appropriate Use of Imaging for Low Back Pain † | 77.4% | 75.9% | 76.4% | 77.7% | 0.1% |
| Surgical Procedures per 1,000 People | | | | | |
| Total Surgeries | 167.2 | 179.7 | 169.6 | 171.8 | 0.9% |
| Outpatient Surgeries | 113.4 | 125.7 | 124.1 | 125.6 | 3.5% |
| Heart Surgery: Coronary Artery Bypass Graft | 4.7 | 5.4 | 5.1 | 5.5 | 4.9% |
| Heart Surgery: Percutaneous Coronary Intervention | 2.8 | 3.1 | 2.6 | 2.4 | -5.7% ▼ |
| Hip and Knee Replacements | 6.1 | 7.3 | 7.6 | 8.4 | ▲ 11.1% |
| Hysterectomies | 4.5 | 5.4 | 5.2 | 5.9 | ▲ 9.6% |
| % of Hysterectomies Performed Vaginally | 90.5% | 91.4% | 92.8% | 92.5% | 0.8% |
| Acute Care | | | | | |
| Inpatient Discharges Per 1,000 People | 51.2 | 52.5 | 48.0 | 46.1 | -3.4% |
| Average Inpatient Length of Stay (Days) | 4.3 | 4.6 | 4.4 | 4.3 | -0.1% |

† Indicates a standardized measure developed and maintained by a nationally recognized health care quality steward. For more information, please visit <https://www.midwesthealthinitiative.org/health-stats>

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ABOUT KC HEALTH COLLABORATIVE

KC Health Collaborative is a pioneering organization that brings together diverse stakeholders to drive healthcare innovation, improve population health, and promote health equity in the Kansas City region. By fostering collective impact, the Collaborative aims to transform healthcare delivery and create a healthier future for all residents.

Through partnership on this regional scorecard, KC Health Collaborative and MHI seek to connect the State of Missouri to deepen shared understanding to drive improvements in the health of all Missourians.

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ABOUT MIDWEST HEALTH INITIATIVE

Based in St. Louis, Missouri, MHI brings together those who provide, pay for, and use health care to create a forum where trusted information and shared responsibility are used to improve the quality, affordability, and experience of health care. The strength of MHI sits with the collective power of its partners, each working within their own spheres of influence to achieve change.

ABOUT THE INDICATORS

These indicators were chosen and refined with input from the KC Health Collaborative's (KCHC) and Midwest Health Initiative's (MHI) leaders and partners representing hospitals, health plans, employers, labor unions, government, and the public. When applicable, KCHC and MHI use standardized measures maintained by nationally recognized stewards such as Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare & Medicaid Services (CMS), Healthcare Effectiveness Data and Information Set (HEDIS), National Committee for Quality Assurance (NCQA), National Quality Forum (NQF) through February 2023, and Batelle beginning March 2023.

Comparative information for the St. Louis region's commercial population can be found within MHI's St. Louis Health Stats scorecard at <https://www.midwesthealthinitiative.org/health-stats>.

ACKNOWLEDGEMENTS

This scorecard is derived from MHI's claims data warehouse, which, thanks to the generosity of Missouri's major health plans, has grown to include 2 million commercially-insured lives. MHI's data asset and this community scorecard are made possible through the support of the Midwest Health Initiative's Friends and Champions for Healthcare Value. MHI is grateful for their generous support of its mission and work.

- BJC HealthCare
- Blue Cross and Blue Shield of Kansas City
- The Boeing Company
- Cigna
- Genentech
- Graybar Electric Company, Inc.
- Missouri Consolidated Health Care Plan
- Missouri Institute of Mental Health
- Novo Nordisk
- St. Louis Area Business Health Coalition
- UnitedHealthcare



