

At a Glance | November 14, 2019

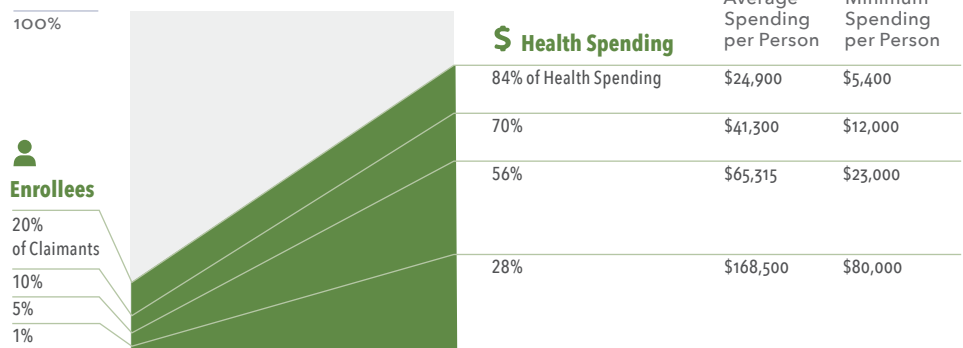
Areas of Health Care Spending Concentrations

Based on claims by 5.8 million policyholders and dependents with employment-based health benefits between 2013 and 2017.

SPENDING DISTRIBUTION

Employers offer health plans that in large part look and feel the same to plan enrollees whether they are high, moderate, or low users of health care. High users are a challenging population. Just one percent of enrollees accounted for 28 percent of total spending on health care services in 2017. In contrast, 80 percent of the population accounted for only 16 percent of spending in 2017.

In 2017, 20 Percent of the Population Accounted for 84 Percent of Health Spending



DIABETES FOCUS

One finding that stands out is the large percentage of claimants each year with diabetes. The results suggest a strong correlation between diabetes and other health conditions.

Among individuals in the top 10 percent of claimants for five years (2013-2017), half of those with diabetes also had hypertension, and about one-quarter of those with diabetes also had respiratory disease, back problems, and/or connective tissue disease, among other less prevalent conditions.

One-Third of Individuals in the Top 10 Percent of Claimants Had Diabetes

Top 5 Health Conditions With High-Cost Claims

Diabetes	33%
Chronic Obstructive Pulmonary Disease	18%
Rheumatoid Disease	10%
Cancer	10%
Mild Liver Disease	8%

There Is a Strong Correlation Between Diabetes and Other Health Conditions

Other Health Conditions Among Diabetics

Hypertension	51%
Respiratory Disease/Infection	27%
Spondylosis, Back Disorders	26%
Connective Tissue Disease	24%
Chronic Obstructive Pulmonary Disease	18%
Schizophrenia/Bipolar, Mood Disorders	17%
Non-Traumatic Joint Disorders	16%
Nervous System Disorders	14%
Renal Disease	13%
Cancer	10%
Osteoarthritis	10%
Mild Liver Disease	10%

SOURCE: Paul Fronstin and M. Christopher Roebuck, "Persistence in High-Cost Health Care Claims: 'It's Where the Spending Is, Stupid,'" *EBRI Issue Brief*, no. 493 (Employee Benefit Research Institute, October 24, 2019).

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