



# RETROSPECTIVE ANALYSIS HEALTH CARE MERGERS

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# Tailoring Retrospective Merger Analysis Allows for Better Prospective Assessment

- In a single case, helps determine the impact of a specific merger
- If many mergers are analyzed, can inform antitrust policy
- Retrospective analysis can tell us something about the past but also can help make predictions

### Retrospective Merger Analysis in Healthcare Merger Review

A retrospective analysis can be used to evaluate theory and model fit for specific mergers, for instance:

- 1. Vertical mergers between physician groups and hospitals
  - Does a proposed theory fit the facts of the market?
  - Doesn't require estimating a full model just need to identify specific testable implications from the model
- 2. Horizontal hospital mergers (Beth Israel Lahey Health)
  - How accurate are a model's predicted price effects?
  - We can do this if we can estimate a full model

Physician and Hospital Mergers

### Vertical Integration in Healthcare

- Healthcare firms are exploring vertical models
  - CVS/Aetna, Cigna/Express Scripts
- Physician and hospital integration
  - Share of physicians employed by hospitals increased from 28 to 44 percent between 2008 and 2016
  - St. Luke's/Saltzer (2012), Sanford/Mid-Dakota (2016)
- Vertical integration in healthcare may result in both pro- and anticompetitive effects

Retrospective analysis can help determine which will occur

### Economic Framework of Vertical Integration

## **Competitive Harm**

### **Efficiencies**

Foreclosure
Elimination of potential entry
Collusion

Incentive alignment

### Economic Framework of Vertical Integration

## **Competitive Harm**

**Efficiencies** 

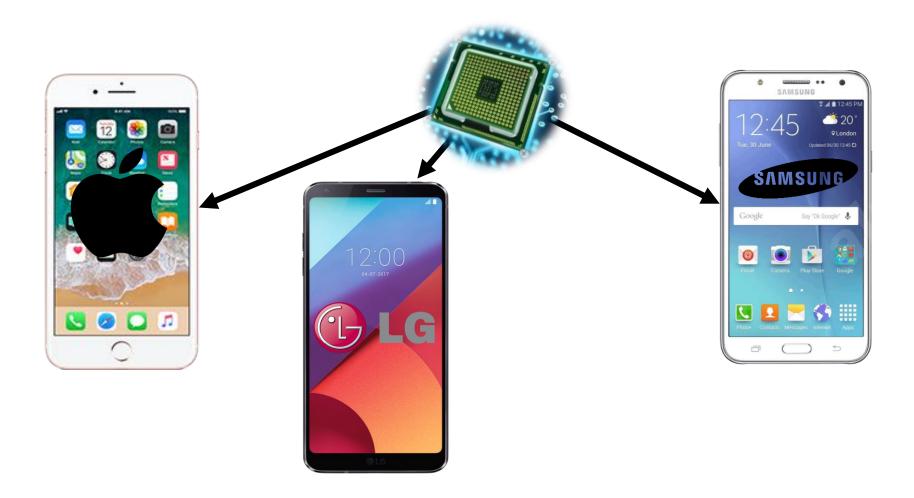
Foreclosure

Elimination of potential entry

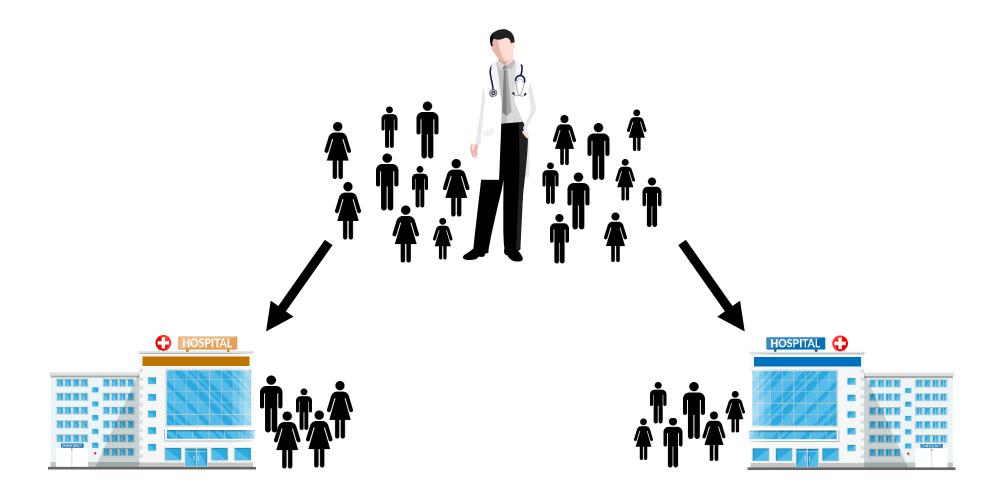
Collusion

Incentive alignment

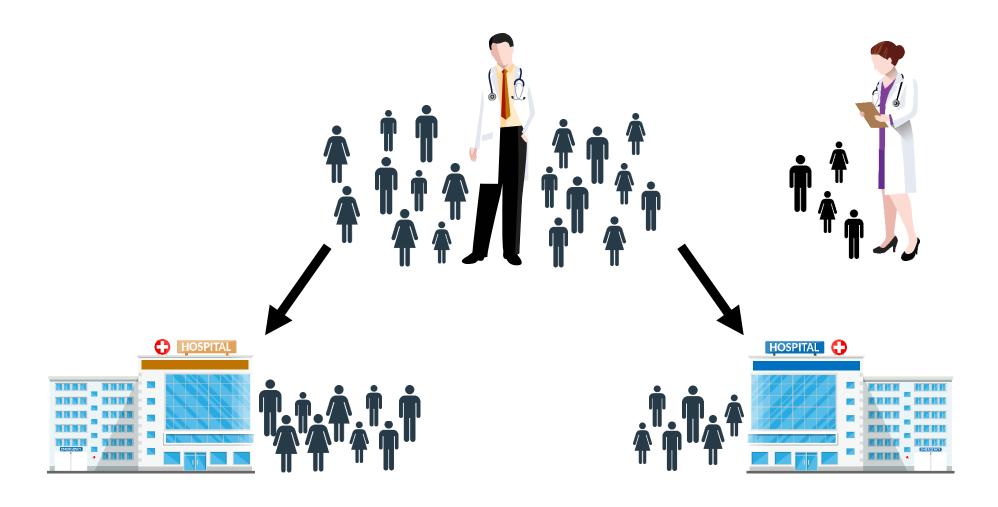
### **Vertical Foreclosure**



## Vertical Foreclosure in Physician and Hospital Mergers



## Vertical Foreclosure in Physician and Hospital Mergers



### Will a Merger Result in Foreclosure?

A firm will engage in foreclosure post-merger only if it is profitable

- Option 1: construct a model that incorporates
  - Upstream competition
  - Margins
  - Capacity constraints
  - Ability to direct patients

Option 2: assess what's happened after past transactions

# Empirical Analysis of Vertical Foreclosure in Physician and Hospital Mergers

**Critical question:** do physician practice and hospitals mergers lead to foreclosure?

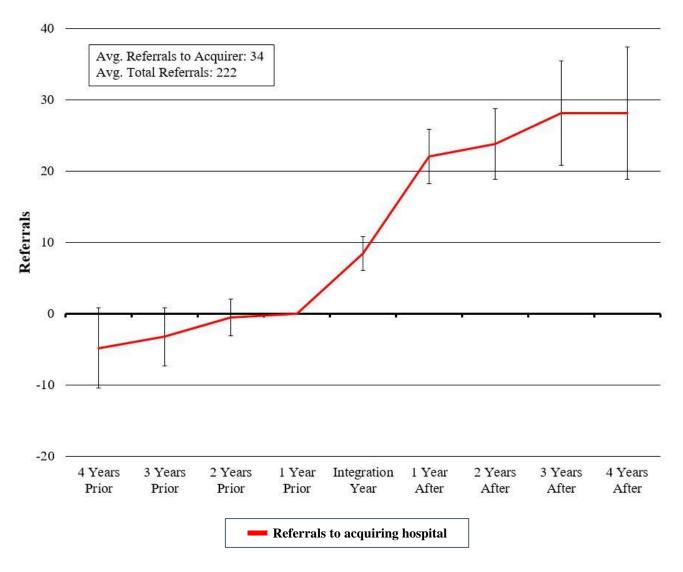
**Methodology:** analyzed 941 mergers between hospitals and physician practices that took place between 2008 and 2014

#### **Factors analyzed:**

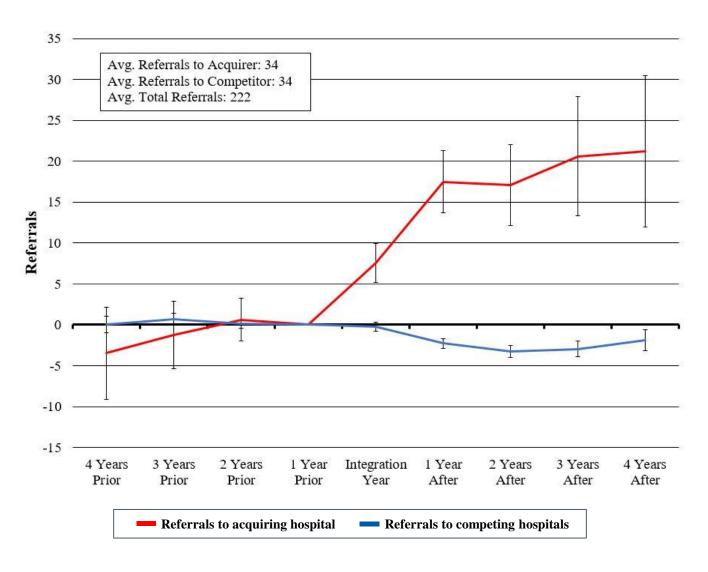
 Do referrals from acquired PCPs to specialists employed by the acquirer increase post-merger?

 Is there a reduction of acquired PCPs' referrals to downstream competitors?

### Do Referrals from Acquired PCPs to Specialists Employed by the Acquirer Increase Post-merger?



# Is There a Reduction of Acquired PCPs' Referrals to Downstream Competitors?



### Implications for Prospective Analysis

- This analysis shows how the average merger impacted referrals an individual merger may differ
- To assess a specific merger, we can narrow the set of mergers analyzed
- This analysis provides evidence as to whether anticompetitive effects may occur but does not make a specific prediction about price

Beth Israel Lahey Health

### The Beth Israel Lahey Health Transaction

- In July 2017, five Eastern MA health systems signed a letter of intent to merge
  - Lahey Health, Beth Israel Deaconess Medical Center (BIDMC), Mount Auburn Hospital (MAH), New England Baptist Hospital (NEBH), and Seacoast Regional Health System (Anna Jacques)
  - In October 2017, the parties' contracting affiliates also signed an agreement to create a clinically integrated network
- Objective of the transaction was to create a network of relatively lowpriced, high-quality providers to compete with Partners

 Economic analysis implemented retrospective analyses that used past transactions undertaken by the parties

### Two-Stage Model Assesses Price Effects in Healthcare Mergers

- First stage: hospitals and insurers bargain over price
- Second stage: patients choose from among the hospitals in their network
- The Massachusetts Health Policy Commission (HPC) estimated a predicted price effect of 5-8 percent
- The Parties estimated an alternate model that a predicted a price effect of 1-2 percent

We used a retrospective analysis to determine which fit the data better

### Two-Stage Merger Simulation: Different Assumptions

Step 1 Estimate patients' willingness-to-pay (WTP) for each system in the market



Step 2 Estimate the historical relationship between WTP and price



Step 3 Predict the change in WTP resulting from the transaction



Step 4 Apply the estimate from Step 2 to Step 3 to predict the change in price resulting from the transaction



### Differences in Relationship between WTP and Price

- MA established a Cost Growth Benchmark in 2012 that caps price growth
- HPC looked at the relationship between WTP and price at a given point in time
  - Baked in the relationship between price and WTP that existed prior to Cost Growth Benchmark
- The parties proposed an alternative model that analyzed changes in the relationship between WTP and price over time after 2012
  - Explicitly accounted for the effect of the Cost Growth Benchmark

### Retrospective Analysis of Past Transactions

- Analyzed five prior transactions by the parties
- Compared realized price changes to price increases predicted by two models
  - One model looked at a cross-section of data as the HPC's did
  - The other was the model proposed by the Parties

 Realized price increases were much lower than those predicted by the cross-sectional model

#### Outcome

 In November 2018, the parties reached a settlement with the MA Attorney General Office

 Agreed to restrict price increases and spending and improve access to care to low-income communities

The FTC closed their investigation without taking further action

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