Joint Meeting of the Healthcare Benchmark Initiative's Technical Team and Stakeholder Advisory Board

Meeting Date	Meeting Time	Location
November 17, 2020	11:00 am – 12:30 pm	Webinar/Zoom

Participant Name and Attendance

Technical Team					
Angela Harris		Paul Lombardo			
Pat Baker		Kate McEvoy			
Judy Dowd		Rae-Ellen Roy			
Paul Grady		Vicki Veltri			
Stakeholder Advisory Board					
Ted Doolittle		Hector Glynn		Marie Smith	
Reginald Eadie		Jonathan Gonzalez-Cruz		Kristin Whitney-Daniels	
Tekisha Everette		Pareesa Charmchi Goodwin		Nancy Yedlin	
Margaret Flinter		Ken Lalime		Jill Zorn	
Howard Forman		Rob Kosior			
Karen Gee		Rick Melita			
Others Present					
Michael Bailit, Bailit Health		Margaret Trinity, Bailit Health			
Deepti Kanneganti, Bailit Health					
Members Absent:					
Rebecca Andrews (Technical Team)		Richard Searles (Advisory Board)		Susan Millerick (Advisory Board)	
Zack Cooper (Technical Team)		Fiona Mohring (Advisory Board)			
Luis Perez (Technical Team)		Lori Pasqualini (Advisory Board)			
Kathleen Silard (Advisory Board)		Sal Luciano (Advisory Board)			

Meeting Information is located at: https://portal.ct.gov/OHS/Pages/Cost-Growth-Benchmark-Technical-Team

	Agenda	Responsible Person(s)
1.	**Welcome and Introductions**	**Victoria Veltri**
	Vicki Veltri called the meeting to order at 11:03am.	
2.	**Public Comment**	**Victoria Veltri**
	Vicki Veltri welcomed public comment. None was voiced.	
3.	**Proposed Changes to Bylaws**	**Victoria Veltri**
	Vicki Veltri stated that OHS had shared proposed revisions to the bylaws. She noted that the revisions allowed OHS to continue meetings of the Technical Team and the Stakeholder Advisory Board beyond the originally envisioned timeframe. She stated that the bylaws also contained revisions to reflect that the initiative is now called the Healthcare Benchmark Initiative. Michael Bailit added that the new bylaws provide for ongoing input of the two advisory bodies on implementation of the Initiative. Vicki invited a roll call vote of the two advisory bodies to approve the amended bylaws. Pat Baker moved to approve the amended Technical Team bylaws and Angela Harris seconded the motion. The motion carried with the following Technical Team members voting in favor: Pat Baker, Paul Grady, Paul Lombardo, Angela Harris, Judy Dowd, Kate McEvoy, Rae Ellen Roy, and Vicki Veltri. Howard Forman made a motion to approve the amended Stakeholder Advisory Board bylaws and Ken Lalime seconded the motion. The motion carried with the following members voting in favor: Jill Zorn, Jonathan Gonzalez-Cruz, Kristin Whitney-Daniels, Ted Doolittle, Richard Searles, Hector Glynn, Nancy Yedlin, Pareesa Charmchi Goodwin, Tekisha Everette, Marie Smith, Karen Gee, Margaret Flinter, Ken LaLime, Rob Kosior, Reginald Eadie, and Vicki Veltri. Vicki requested that each Advisory Board member return to OHS the conflict of interest form found in the bylaws.	
4.	**Review of Public Comment and OHS Report**	**Michael Bailit**
	Michael Bailit noted that OHS had received 24 sets of comments on the report. He reviewed themes that emerged from the public comments, noting the following. • Cost growth benchmark. In general, comments received by OHS reflected overall support for the benchmark calculation, with some recommendations for changes to the value. • Primary care target. Michael noted that OHS received feedback that it needed to better explain who will benefit from the primary care target, and why. He stated that there were several comments that would be appropriate for the Primary Care Work Group and that OHS intends to share these comments with this Work Group.	

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- Data use strategy. Michael noted that there were isolated comments on the data use strategy. He said that several commenters expressed interest in having OHS analyze price and utilization trends across states. He said that there was a request to add payers as a key audience for data use analyses. He said that there was also a request to explain how OHS would take into account COVID-19 impact on utilization and spending.

Michael stated that public comments submitted to OHS could be found on the OHS website. He said that OHS carefully considered all of the comments, and explained that when OHS examined the comments, it did so through the lens of the Governor's Executive Order and the deliberations that have already taken place within each of the advisory bodies. Michael gave examples of OHS report modifications in response to comments.

- Michael stated that in response to the public comments, OHS modified the report to expand discussion of how the State will address the impact of COVID-19 when evaluating results and to clarify that there will be no punitive actions taken by OHS.
- Michael stated that in response to a public comment, OHS intends to explore the potential applicability and usability of OHS' Healthcare Affordability Index to test the impact of the benchmark.
- He added that in response to a public comment, OHS also revised the report to indicate that OHS would align development of the primary care spending target with existing statewide initiatives and policies.

Michael noted that the final report reflected parameters adopted by OHS for the Healthcare Benchmark Initiative, and those parameters are no longer presented as recommendations of the Technical Team. He added that the document reflects a point in time in the development of the cost growth benchmark, and emphasized that there will be substantive additions that will need to be made in coming months.

Pat Baker suggested that OHS develop a table to provide additional detail on the comments, grouping them by themes and indicating whether a comment was incorporated in report. She stated that this would serve to acknowledge comments and improve public understanding of the Initiative. Vicki committed to preparing a table in response to Pat Baker's suggestion.

Vicki stated that OHS is in dialogue with specific stakeholder groups, and has prepared a response to letters received from a group of consumer advocates.

5. Proposed Monitoring Measures to Address Unintended Adverse Consequences from Cost Growth Benchmark — **Michael Bailit**

Michael stated that the Technical Team and Stakeholder Advisory Board previously expressed interest in monitoring potential unintended adverse consequences of the cost growth benchmark, especially for vulnerable populations. He said that OHS had developed a draft proposal for measuring such unintended adverse consequences, which was distributed in a memo to the Technical Team and Stakeholder Advisory Board. He stated that the proposal was divided into two categories based on whether the proposed measures could be implemented immediately and or whether they required further development.

With regard to measures that require developmental activities prior to implementation, Michael noted that OHS would be working on identifying a qualified analytics partner in order to conduct this work during the 2021 timeframe. Michael stated that implementation of measures that will require development activity is dependent upon OHS selecting an analytics partner to support the Healthcare Benchmark Initiative's broader data use strategy. He added that once such a partner is identified, the work could begin.

Monitoring Measures for Immediate Implementation

Michael first reviewed OHS' proposed monitoring measures that could be implemented immediately. These measures include utilization measures such as 1) changes in preventive and chronic care measures, 2) changes in member experience survey responses, and 3) changes in member grievance filings. Michael added that all three of these underutilization measures could be applied to the Medicaid population and the first two could also be applied to the commercial populations. He stated that monitoring these measures would entail examining patterns before and after implementation of the cost growth benchmark, and identifying changes in those patterns. He explained that any identified changes would indicate that additional analysis is warranted, and would serve as a warning signal in the case of a negative change. The changes would not, however, provide definitive evidence of cost growth benchmark adverse consequences.

Michael reviewed a second category of measures that could be implemented immediately. He said these included measures related to consumer out-of-pocket spending, including growth in out-of-pocket spending in Connecticut compared to other states, and growth in premiums in Connecticut compared to other states. Michael stated that OHS would utilize a survey conducted by the U.S. Census Bureau in order to create a control group. He explained that if Connecticut performed worse than other states on these measures, then that would warrant additional analysis.

Pat Baker expressed concern regarding a proposed emphasis on screening measures, noting the importance of connecting patients to care. Michael stated that OHS can add more interim outcome measures, i.e., measures that are focused on whether good outcomes are being achieved. He acknowledged, however, that OHS will not be able to look at measures of connection to care because there are no such measures.

Kate McEvoy noted that when the Medicaid program was adopting measures for PCMH+, DSS found that HEDIS measures were not well suited for this purpose. She said that DSS is developing a range of complementary features that will be indicative of shifts in experience that relate to both access and utilization. She added that DSS is interested in more closely examining shifts in care, what is an expected trajectory of care, and what is the expected incidence of claims. Kate said that Medicaid has pursued oversampling in PCMH+ using CAHPS, and has conducted mystery shopper work too. She noted that together these efforts have allowed DSS to examine on a population basis if there are shifts in access and major gaps in care. She said she would like OHS to continue to work to piece data together to try to get as an accurate a picture as possible in terms of access to care.

Pat Baker expressed agreement and hope that OHS would aspire to piece data together and get as an accurate a picture as possible. She added that comparing out-of-pocket spending in Connecticut to that in other states may not be a helpful comparison. Michael explained that OHS does not want to see out-of-pocket spending growing at all. The purpose of comparing to other states (without cost growth benchmarks) is to detect whether out-of-pocket spending could possibly be influenced by the introduction of the cost growth benchmark. He added that if the benchmark initiative can slow cost growth, then employers will have less reason to shift costs to employees.

Kristin Whitney-Daniels stated that the high cost of prescription drugs is contributing to underutilization, especially for the diabetes population, which is often accompanied by deferring care. Michael noted that Rhode Island plans to advance an initiative to slow price growth for pharmacy spending. He added that there will be a need for the OHS advisory bodies to advise on the cost drivers that OHS should be studying in order to be successful in slowing cost growth to meet the benchmark.

<u>Monitoring Measures Requiring Development</u>

Michael Bailit stated that there are three categories of potential monitoring measures that OHS proposes, each of which would require further development: underutilization measures, consumer out-of-pocket spending measures, and impact on marginalized populations measures. Michael said that the proposed underutilization measures are anti-stinting measures that would examine the average clinical risk score for patients attributed to provider organizations before and after benchmark implementation. Michael noted that these are not challenging analyses to perform and could be done readily by a data analytics partner.

In terms of the third category of monitoring measures needing development, the impact on marginalized populations measures would examine the change in utilization for communities of color in the lowest income zip codes by service category (stratified by insurance market and social risk factors). For this analysis, Michael stated that OHS could use data collected by the Census Bureau and merge it with APCD data to measure changes in utilization for communities of color in the lowest income categories.

Pat Baker pointed out that racial and ethnic health disparities know no boundary with regard to income. She stated that she does not object to OHS monitoring the impact of the benchmark on marginalized populations, but cautioned that examining the impact on communities of color in the lowest income zip codes would not capture the full disparities picture. In response to a question from Angela Harris, Michael clarified that data for the measure of impact on marginalized populations measures would not be reliant on the Census Bureau's 10-year survey, but would use a more frequent survey (the Current Population Survey) conducted by the Census Bureau.

The meeting participants recommended that the impact on marginalized populations measure be broadened to be for all communities of color. OHS accepted this recommendation.

Michael stated that OHS would welcome feedback over the next month to the proposed monitoring measures. Vicki echoed Michael's comment and invited the advisory body members to send any additional comments to her.

Rob Kosior asked if OHS would capture race and ethnicity data in order to determine if there are any unintended consequences to implementation of the benchmark. Michael stated that the Census Bureau's Current Population Survey collects information on race and ethnicity, and the monitoring measures proposal is to merge these data with APCD data.

Vicki Veltri stated that OHS is deeply committed to collecting race and ethnicity data, noting that it will be difficult for OHS to report on disparities in the absence of such data.

Kate McEvoy commented on private payers' use of CAHPS. Vicki stated that during the SIM grant process, OHS worked with payers to collect patient experience data through CAHPS. Michael stated that private payers that are accredited by NCQA as health plans do collect and report CAHPS data to NCQA, and the information they report is available through NCQA. Michael stated that the monitoring measures for Medicaid and commercial populations will not always be identical, and OHS can and should make the best use of the available data. He added that OHS will have the ability to look at the impact on populations of color and on access to services across payers.

Jill Zorn asked if we should look at provider statistics, like offices that close or increased wait times. Michael stated that such an analysis would require the use of mystery shoppers and OHS does not currently have the capacity for such an analysis.

Howard Forman stated that Medicaid is statutorily required to measure access. Kate McEvoy agreed that Medicaid programs are obliged to implement measures of access. Kate said that DSS has a contract for mystery shopper services and it is not a costly process. She noted that telehealth has had a major impact on access during the pandemic, and DSS monitors use of telehealth. She added that monitoring telehealth use is important on a near term basis.

Howard noted one of the State's strengths is that academic health centers in both the northern and southern parts of state help ensure access. He expressed concern that as Medicaid reimbursement is lowered, there may be downstream effects for access to certain specialties. Vicki clarified that OHS is not advocating reduced reimbursement for Medicaid.

Jill Zorn said that if organizations can't grow revenue through price increases, they will do so by adding new services.

Kate McEvoy stated that Connecticut has made considerable investments in the Medicaid program and Medicaid provider rates are equivalent to Medicare rates.

6. Healthcare Benchmark Initiative Updates

Quality Benchmark Development

Vicki Veltri stated that the OHS Quality Council will commence its discussion of the quality benchmarks during its November 19 meeting. Michael Bailit added that the quality benchmark recommendations will follow completion of an annual review of the State's core set of quality measures. Michael acknowledged that the advisory bodies had previously expressed strong interest in quality benchmark development, and he promised to provide the advisory groups with regular updates on quality benchmark development.

Kate McEvoy commented on the companion Executive Order 6, which authorizes Commissioner Gifford to review cost trends and quality trends in the Medicaid program. She said that the Board will be constituted in early December, and her agency will be presenting results, adding there were strong positive results on adult and child core quality measures. For the first time, this year, the report will include comparison of per capita expenditures. Kate said that the State has an expansive service array and has not had to truncate eligibility. She noted that the Connecticut Medicaid program has achieved strong cost controls as reflected in the State's per capita Medicaid expenditures compared to other New England states.

Peterson-Milbank Program for Sustainable Health Costs

Michael noted that Connecticut has been accepted into the Peterson-Milbank Program for Sustainable Health Care Costs. Michael stated that the program will provide 2+ years of funding and technical assistance to Connecticut for its implementation of the Healthcare Benchmark Initiative. He added that there will be a total of five states participating in this program, and so far Oregon has also been accepted into the program. He added that the additional three states will be selected by year-end.

Baseline Cost Growth Benchmark and Primary Care Target Measurement

Michael stated that OHS would be meeting later in the day with insurers to initiate the process for collecting data and calculating baseline performance. He said that OHS plans to complete the baseline analysis by summer 2021, and that this analysis would examine 2018-19 performance. He added that the goal of this analysis is to examine spending at pre-COVID levels, and that it would also allow insurers to conduct a "dry run" of collecting data of this type of analysis prior to implementation of the benchmark in 2021.

Nancy asked if this analysis would use the narrow or broad primary care definition. Michael replied that the analysis would use both.

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	Data Use Strategy Michael stated that contractor Mathematica would prepare its initial data use strategy analysis using APCD data and that this analysis will focus on healthcare cost drivers and cost growth drivers in Connecticut. Michael stated that he anticipated OHS will be ready to offer a presentation on this analysis to each of the advisory bodies during the first quarter of 2021. Next Steps Vicki stated that OHS will be scheduling 2021 meetings of the Technical Team and Board, likely on an every-other-month schedule, at least for the next several months. She added that later in 2021, the meetings may become more frequent.	
7.	**Adjourn**	**Vicki Veltri**
	Howard Forman made a motion to adjourn and there was no objection.	