

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

November 17, 2020



Agenda

<u>Time</u>	<u>Topic</u>
11:00 a.m.	I. Call to Order
11:05 a.m.	II. Public Comment
11:15 a.m.	III. Proposed Changes to Bylaws
11:20 a.m.	IV. Review of Public Comment and OHS Report
11:40 a.m.	V. Review of Draft Proposed Monitoring Measures
12:15 p.m.	VI. Updates
12:25 p.m.	VI. Wrap-Up and Next Steps
12:30 p.m.	Adjourn

Proposed Changes to Bylaws

Proposed Changes to Bylaws

- The cost growth benchmark, primary care spending target, quality benchmarks and data use strategy are now collectively referred to as the **Healthcare Benchmark Initiative**.
- The roles of the Technical Team and Stakeholder Advisory Board are extended beyond September 2020:
 - To meet as requested or determined necessary by OHS
 - To provide ongoing input and guidance to OHS in its implementation of the Healthcare Benchmark Initiative

Proposed Bylaw Changes

OHS welcomes feedback on the proposed bylaw changes.

- Questions? Comments?



Raise Hand

Review of Public Comment and OHS Report

OHS' Request for Public Comment

- OHS invited public comment to the report “Preliminary Recommendations of the Healthcare Cost Growth Benchmark Technical Team.”
- OHS received 24 responses, including both formal letters and informal emails, from hospitals, providers, consumer advocates, an insurer, health plans, employers, foundations, legal assistance organizations, and the Office of the Healthcare Advocate.



Themes from Public Comments

Cost Growth Benchmark

- ✦ Overall support, with some recommendations for changes to the value.
- ✦ Consumer advocates were concerned the benchmark will reduce aggregate spending.

Primary Care Target

- ✦ OHS needs to better explain who will benefit from the target, and why.
- ✦ Primary Care Work Group will consider several comments, for example how to align efforts to increase spending with existing statewide initiatives and policies.

Data Use Strategy

- ✦ Addition of analysis of price and utilization across states
- ✦ Payers be added as a key audience for data use analyses
- ✦ Explanation of steps OHS will take to account for COVID-19 impact

*Varied comments, not themes in the data use strategy comments

OHS Report

- All public comments may be viewed on the OHS website.
- OHS gave careful individual consideration to each public comment, including assessing it relative to: 1) the Executive Order's directive and scope; and 2) Technical Team discussions and recommendations.
- OHS revised the report following its review of the public comments.
- OHS will publish a final report later this month that contains the program parameters adopted by OHS for the Healthcare Benchmark Initiative. Additional program parameters will be developed in the coming months and years as implementation proceeds.

Review of Draft Proposed Monitoring Measures to Detect Unintended Adverse Consequences

Measuring Unintended Adverse Consequences of the Cost Growth Benchmark

- The Technical Team and Stakeholder Advisory Board previously expressed interest in measuring potential unintended adverse consequences of the cost growth benchmark, especially for marginalized populations.
- OHS has developed a draft proposal for measuring unintended adverse consequences, distributed in a memo to the Technical Team and Stakeholder Advisory Board in advance of today's meeting.
- The proposal was divided into two categories based on whether the measures could be implemented immediately and those that will require development activity.

Measuring Unintended Adverse Consequences of the Cost Growth Benchmark (continued)

- Implementation of measures that will require development activity is dependent upon OHS' selection of an analytics partner to support the Healthcare Benchmark Initiative's broader data use strategy.
- OHS intends to decide how it will proceed in this respect in the next few months.
- Work to develop these measures can then proceed in 2021.

Measures Ready for Implementation

1. Underutilization measures

- Changes in preventive and chronic care measures (*focused on preventive screenings and services for patients with asthma, diabetes, high blood pressure*)
- Changes in member experience survey responses (*focused on getting needed care and getting care quickly*)
- Changes in member grievance filings (*complaints due to no/limited or delayed access*)

2. Consumer out-of-pocket spending measures

- Growth in out-of-pocket spending in CT compared to other states*
- Growth in premiums in CT compared to other states* and by plan**

*Calculated using data from the Current Population Survey.

**Calculated using APCD data (i.e., the sum of copays, deductibles and coinsurance divided by allowed amount).

Measures Requiring Development

1. Underutilization measures

- Anti-stinting measures
 - Average risk score for patients attributed pre/post benchmark
 - Average risk score for patients who were attributed to a different provider organization pre/post benchmark

2. Consumer out-of-pocket spending measures

- Growth in out-of-pocket spending by plan*

3. Impact on marginalized populations measures

- Change in utilization for communities of color in the lowest income zip codes by service category (*stratified by insurance market and social risk factors*)

*Calculated using plan-reported data using a specified Excel template. This measure is an extension of a previously discussed measure that OHS can implement immediately. This measure, however, requires further development because it relies on data that are not currently available.

Project Updates

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1. Quality benchmark development

- The Quality Council is commencing quality benchmark discussion on 11/19.
- Benchmark recommendations will follow completion of an annual review of its Core Set.

2. CT has been accepted into the Peterson-Milbank Program for Sustainable Health Costs.

- This will provide 2+ years of funding and technical assistance.
- Five states will participate. So far, Oregon is the other state accepted into the program. The others will be selected by year-end.

Project Updates (continued)

3. Baseline cost growth benchmark and primary care target measurement.

- OHS is meeting with insurers today to kick off a process for collecting data and calculating baseline performance.
- If all goes as planned, baseline results will be published by the summer of 2021 for 2018-2019 performance.

4. Mathematica will be producing its initial data use strategy analysis of cost drivers and cost growth drivers in Connecticut within the next couple of months, using APCD data.

Wrap-Up & Next Steps

Next Steps

- OHS will be scheduling 2021 meetings of the Technical Team and Stakeholder Advisory Board.
- Meetings will occur on an every-other-month schedule for the next several months.
- Meetings may become more frequent (i.e., monthly) later in 2021.

