

Healthcare Benchmark Initiative Stakeholder Advisory Board February 10, 2021 Meeting



Agenda

<u>Time</u>	<u>Topic</u>
2:00 p.m.	I. Call to Order and Approval of November 17, 2020 Minutes
2:05 p.m.	II. Public Comment
2:15 p.m.	III. Healthcare Benchmark Initiative Updates
2:35 p.m.	IV. Criteria for When to Report Provider Benchmark Performance
2:45 p.m.	V. Stakeholder Engagement Activities
2:50 p.m.	VI. Peterson-Milbank Program for Sustainable Health Costs
2:55 p.m.	VII. Wrap-Up and Next Steps
3:00 p.m.	Adjourn

Call to Order

Approval of November 17, 2020 Minutes

Public Comment

Healthcare Benchmark Initiative Updates

Pre-Benchmark Measurement

- OHS met with insurers in November to kick off a process for collecting data and performing a pre-benchmark analysis.
- If all goes as planned, pre-benchmark results at the state and market level will be published by the summer of 2021 for CY 2018-2019.
 - *These findings will not be published at the insurer and provider entity levels.*

Finalization of Monitoring Measures to Detect Potential Adverse Consequences from the Cost Growth Benchmark

- OHS received four sets of comments in reaction to the draft monitoring measure set.
- OHS made the following changes to respond to the comments:
 - Stratified analyses, where possible, to highlight differences in performance between commercial and Medicaid payers;
 - Included new analyses to assess...
 - timely access to specialty care (which is a known problem for Medicaid members), and
 - change in out-of-pocket spending by service category (because commercial plan designs may use cost-sharing to disincentivize access to non-preventive services).

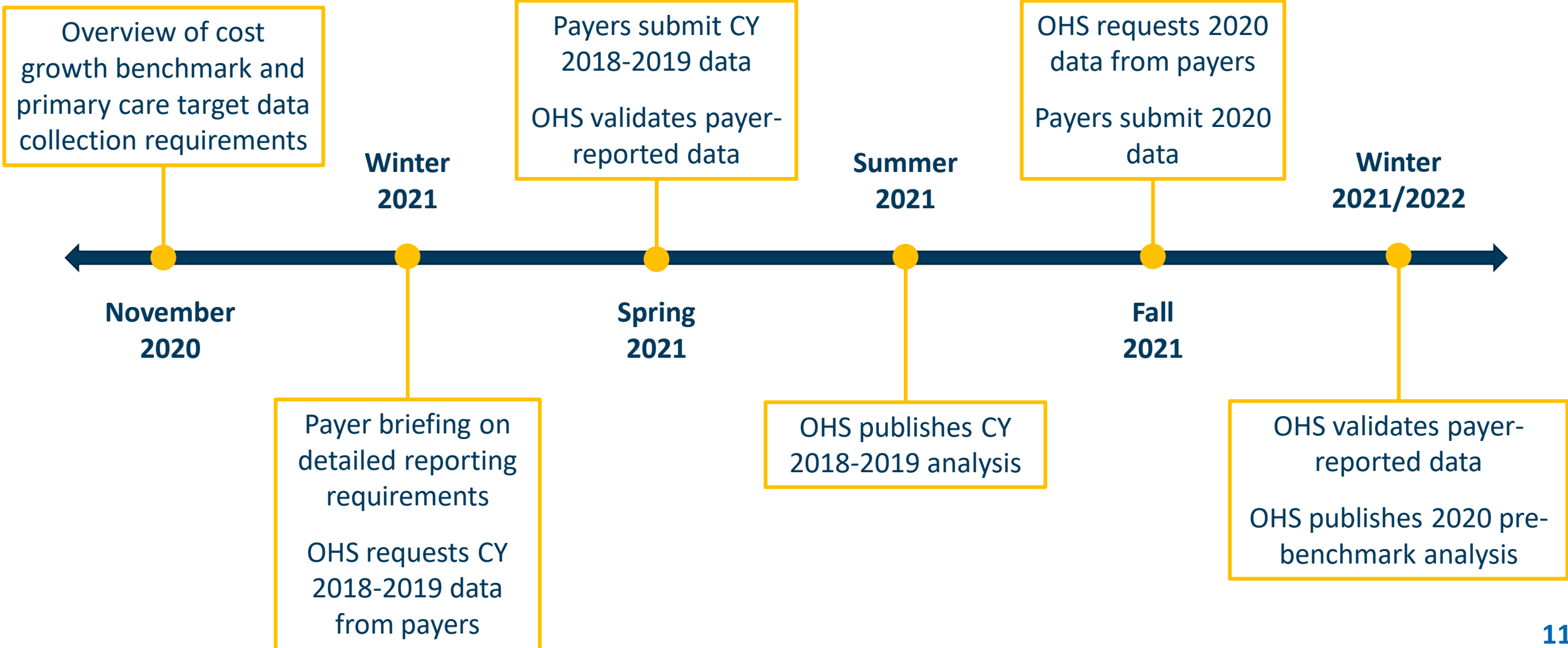
Finalization of Monitoring Measures to Detect Potential Adverse Consequences from the Cost Growth Benchmark

- OHS also modified the plan to:
 - specify which organizations will be responsible for calculating each measure, and
 - include clear timelines for when data will be pulled and analyzed.
- Finally, OHS received significant feedback on how to potentially leverage community health center data to better understand utilization of people who are uninsured.
 - OHS is still evaluating this data source and will update the plan once OHS decides if this is a viable approach.

Primary Care Spending Target

- The Technical Team made recommendations for how payers and providers should increase primary care spending, and asked the Primary Care and Community Health Reforms Work Group to advise on target setting for 2022-24.
- The Primary Care and Community Health Reforms Work Group will consider:
 - approaches to achieving increased primary care spending (Q1-Q2)
 - primary care spend targets for 2022-2024 (Q3 – after completion of the pre-benchmark analysis of payer data)

Timeline for Cost Growth Benchmark and Primary Care Spending Target Reporting



Quality Benchmark Development

- In November the Quality Council was briefed on its benchmark recommendation charge.
- In December and January it began updating its Core Measure Set, after which it will focus on developing Quality Benchmark recommendations.
 - The Quality Benchmarks may include, but will not be limited to, measures in the Core Measure Set.
- The Quality Council will recommend to OHS Quality Benchmark measures and values for 2022-2025 by Q3 2021.

Data Use Strategy

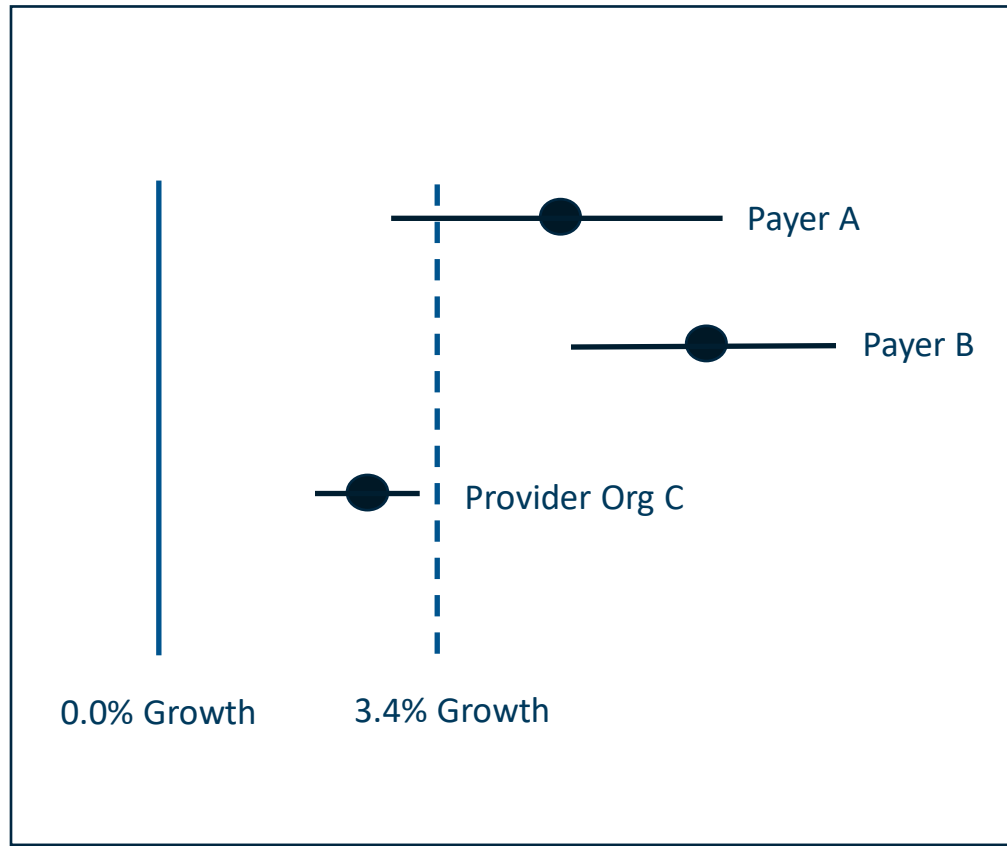
- OHS contractor Mathematica recently delivered its initial data use strategy analysis of commercial insurance cost drivers and cost growth drivers in Connecticut (2015-2018) using APCD data.
 - OHS is scheduling a March meeting of the Stakeholder Advisory Board to review findings from this analysis.
- Staff researched reliability of REL data obtained from the Census Bureau's CPS, and confirmed data integrity.

Criteria for When to Report Provider Benchmark Performance

Criteria for When to Report Provider Benchmark Performance

- OHS will report individual payer and provider entity performance against the benchmark for 2021 cost growth in early 2023.
- At its January meeting, the Technical Team explored how OHS should make determinations of payer and provider entity performance against the benchmark.
- The Technical Team recommended that OHS perform calculations of **statistical significance** when reporting benchmark performance to ensure accuracy of findings. This is the methodology developed by Oregon for the same purpose.
- The Technical Team still needs to decide on whether there should be a minimum population threshold for Advanced Networks to be assessed against the benchmark. This will be discussed at its next meeting.

Statistical Significance: Develop an Upper and Lower Bound Around Payer and Provider Performance



Note: Figure is not to scale

Performance against the benchmark would be determined as follows:

- Benchmark has been achieved when the upper bound is fully below the benchmark
- Unable to determine performance when upper or lower bound intersects the benchmark
- Benchmark has not been achieved when lower bound is fully over the benchmark

What the Confidence Interval Tells Us

- An upper and lower bound – or “confidence interval” – is a type of estimate in statistics that shows a possible **range of values** in which we are fairly sure our **true value** lies.
- In practice, it allows us to make the following statement:
 - *We are XX% confident that the interval between A [lower bound] and B [upper bound] contains the true cost growth for entity C.*
- The confidence interval is influenced by the confidence level, the number of cases or observations, and the spread of costs associated with those cases.

Technical Team Recommended Statistical Significance Assessment for its Rigorous Approach

- The Technical Team preferred the greater statistical confidence even though it would require marginal application of extra resources.
 - Requires additional data collection from payers.
 - Requires some additional OHS resources to calculate confidence intervals and conduct statistical significance testing.
- The Technical Team asked OHS to ensure the methodology is understandable to the general public.

Minimum Attributed Lives for Public Reporting of Payer Performance in Other States

State	Minimum Enrolled Lives for Public Reporting of Payer Performance
Delaware	None. State requires commercial insurers with the largest market share and Medicaid insurers to report.
Massachusetts	None. State requires commercial insurers with the largest market share and Medicaid insurers to report.
Oregon	Payers and TPAs with at least 5,000 lives in a given market (i.e., Medicaid, Medicare, commercial) will be included in public reporting. All others will be reported in aggregate.
Rhode Island	None. State requires commercial insurers with the largest market share and Medicaid insurers to report.

Minimum Attributed Lives for Public Reporting of Provider Performance in Other States

State	Minimum Attributed Lives for Public Reporting of Provider Performance
Delaware	By line of business, provider entities that have: <ul style="list-style-type: none">• At least 10,000 attributed commercial or Medicaid lives• At least 5,000 attributed Medicare lives
Massachusetts	There is no published standard for public reporting, but the state set a minimum threshold for payer reporting to the state at 3,600 attributed lives
Oregon	Across all markets, provider entities must have at least 10,000 attributed lives
Rhode Island	By line of business, provider entities that have: <ul style="list-style-type: none">• At least 10,000 attributed commercial or Medicaid lives• At least 5,000 attributed Medicare lives

➤ The Technical Team will continue its exploration of this topic at its February meeting. We will revisit this topic at the Board’s April meeting.

Stakeholder Engagement Activities

Stakeholder Engagement in 2021

- In 2021, OHS is planning to continue with stakeholder engagement, with a focus on seeking the input of consumers – especially Black, Indigenous, and People of Color (BIPOC) communities.
- OHS is conducting outreach focusing on LGBTQIA communities.
- OHS will work with community and civic organizations to conduct educational events and gather input on the Healthcare Benchmark Initiative.
- OHS will continue to provide briefings to legislators, MAPOC, hospitals, payers, providers, employers, and other stakeholders.
- OHS will engage stakeholders in examining factors that are driving healthcare cost growth in order to inform strategies that will support the success of Connecticut's Healthcare Benchmark Initiative.

Peterson-Milbank Program for Sustainable Health Costs

Additional Updates

Connecticut has begun receiving technical assistance as a participant in the Peterson-Milbank Program for Sustainable Health Costs.

- This will provide two years of funding and technical assistance.
- So far, Oregon is the other state accepted into the program. Up to three additional participating states will be accepted this month.

Wrap-Up & Next Steps

Next Steps

- Stay tuned for scheduling of a March meeting of the Stakeholder Advisory Board to review findings from Mathematica's initial data use strategy analysis.
- Spring meetings of the Stakeholder Advisory Board are scheduled for:
 - April 20th
 - June 29th
- Advisory body meetings will continue throughout 2021.

