Stakeholder Advisory Board Meeting

Meeting Date	Meeting Time	Location
March 10, 2022	2:00 pm – 4:00 pm	Webinar/Zoom

Participant Name and Attendance

Healthcare Benchmark Initiative Stakeholder Advisory Board		
Rebecca Andrews	Susan Millerick	Marie Smith
Howie Forman	Lori Pasqualini	Kristen Whitney-Daniels
Hector Glynn	Luis Perez	Jill Zorn
Angela Harris	Kelly Sinko Steuber	
Others Present		
Krista Moore, OHS	Deepti Kanneganti, Bailit Health	Matt Reynolds, Bailit Health
Jeannina Thompson, OHS	January Angeles, Bailit Health	
Olga Armah, OHS	Grace Flaherty, Bailit Health	
Members Absent:		
Pareesa Charmchi Goodwin	Jonathan Gonzalez-Cruz	Fiona Mohring
Reggy Eadie	Sal Luciano	Theresa Riordan
Tekisha Everette	Rick Melita	Richard Searles

	Agenda	Responsible Person(s)
1.	**Call to Order**	**Kelly Sinko Steuber**
	Kelly Sinko Steuber welcomed everyone to the March Stakeholder Advisory Board meeting and invited Matt Reynolds to conduct a roll call. While there was not a quorum present at the initial roll call, there was a quorum present when meeting minutes were voted upon.	
2.	**Public Comment**	**Kelly Sinko Steuber**
	Kelly Sinko Steuber offered the opportunity for public comment. There were no public comments.	
3.	**Approval of June 29, 2021 Meeting Minutes**	**Kelly Sinko Steuber**
	Luis Perez made a motion to approve the minutes. Jill Zorn seconded the motion. There was no opposition nor any abstentions. The minutes were approved.	
4.	**Approval of December 8, 2021 Meeting Minutes**	**Kelly Sinko Steuber**
	Luis Perez made a motion to approve the minutes. Jill Zorn seconded the motion. There was no opposition. Kristen Whitney-Daniels abstained. The minutes were approved.	
5.	**Pre-Benchmark Analysis**	**January Angeles**
	January Angeles of Bailit Health reviewed the process for data collection, validation and analysis of the pre-benchmark period. January reported that Connecticut's Total Health Care Expenditures grew 3.3% in 2019. She then shared that commercial per capita spending growth in 2019 was 6.1%. January Angeles clarified for Angela Harris that the analyses looked at per capita growth in payments to providers, and thus did not reflect growth in the cost of insurance for patients.	

January Angeles reported that Medicaid per capita spending growth grew -0.9% in 2019, though spending increased 2.1% when long-term care was removed. Medicare per capita spending growth in 2019 was 2.2%.

January Angeles shared that net cost of private health insurance (NCPHI) in aggregate contributed $1.67 billion to state total health care expenditures (TCHE) in 2019. Jill Zorn asked about NCPHI per capita figures. January noted that NCPHI is highly volatile and therefore it is generally reported only in aggregate. Jill added that she thought it would be interesting to see the difference in per capita NCPHI for the self-insured vs fully insured populations.

January Angeles shared that the Veterans Health Administration (VHA) and CT Department of Correction (DOC) combined to contribute $0.86 billion to state THCE in 2019. Angela Harris asked for estimates on the number of people served by the DOC and VHA. January Angeles stated that the DOC data reflected a population of 13,310 while the VHA data were for a population of 50,397 (note: these figures were for 2018- the 2019 populations were 12,181 for the DOC and 49,652 for the VHA).

Angela Harris asked how the per capita costs compared for the VHA vs DOC. January estimated that the per capita costs would be lower for the DOC.

January Angeles explained that retail pharmacy and hospital outpatient were the primary drivers of state level spending growth in 2019. Jill Zorn stated she would like to know the precise percentages of contribution to total spending by service category.

January Angeles noted that hospital outpatient and hospital inpatient were the largest contributors to trend for commercial market spending growth in 2019. January clarified for Susan Millerick that the outpatient service category includes services at outpatient facilities as well as emergency department visits that did not lead to an inpatient admission.

January Angeles noted that retail pharmacy and hospital outpatient were the largest contributions to Medicaid spending growth in 2019. January stated that Commissioner Gifford had previously shared with the Steering Committee that the decrease in long-term care spending for Medicaid was in part a result of a shift from institutional care to community-based care, which is generally cheaper.

January Angeles stated that retail pharmacy and hospital outpatient were the primary drivers of cost growth for Medicare in 2019.

Jill Zorn asked what "net of rebates" meant for retail pharmacy. January stated that this language indicated that adjustments had been applied for discounts received from drug manufacturers when looking at total pharmacy spending. Jill asked when OHS would have more detailed information on drivers of pharmacy spending growth. Kelly Sinko Steuber stated that OHS was about to have its first meeting with its new analytics vendor to discuss plans for future analyses such as this.

	Lori Pasqualini asked if it was possible to determine the impact of expensive specialty drugs on the different service categories. January Angeles stated that this was not possible with the cost growth benchmark data. Kelly Sinko Steuber stated that OHS would provide more detail on the scope of the pharmacy-specific analyses its analytics vendor will carry out using APCD data once known. Susan Millerick asked how OHS planned to proceed with the benchmark for the COVID years. January Angeles and Kelly Sinko Steuber stated the plan for the COVID years would mostly be about appropriately contextualizing the results of the analyses.	
6.	**Follow-Up Mathematica Analyses re: ED Utilization Disparities**	**January Angeles**
	January Angeles reported on a follow-up analysis requested by the Steering Committee to see if age, gender and/or chronic illness explained disparities in ED utilization by race and income. January reported that subsequent analysis by Mathematica found that controlling for age, gender, and chronic conditions greatly reduced the observed disparities in ED utilization by both race and income. January noted that a national study published in January 2021 found opposite patterns for emergency department spending for Black and Hispanic individuals, and so OHS planned to consider a follow-up analysis that separates ED utilization analysis for Black and Hispanic populations. Angela Harris asked if further analysis could also incorporate life expectancy rates. January stated she was unsure of the impact that would have since this analysis looked at a one-year period and included people who were enrolled throughout the year. However, she added that she would put more thought into this feedback.	
7.	**Primary Care Spend Target**	**Deepti Kanneganti**
	Deepti Kanneganti of Bailit Health reviewed background information related to the primary care spend target, 2018-2019 baseline data used for the targets, and the 2022-2024 primary care spend target values.	
8.	**Quality Benchmarks**	**Deepti Kanneganti**
	Deepti Kanneganti reviewed the quality benchmark measures beginning in 2022 (phase 1) and 2024 (phase 2) and their associated benchmark values. Rebecca Andrews voiced concern with the *Controlling High Blood Pressure* measure because recent studies had found that blood pressures taken in the office were higher than blood pressures recorded at home. Deepti stated that she believed the measure uses the most recent blood pressure reading recorded, which could include an at-home reading. Deepti acknowledged that this did not wholly address Rebecca's concern and added that the Quality Council would consider this feedback when it discusses how to improve on the current measures. Rebecca stated she would share the papers she was referencing. Angela Harris stated that despite Rebecca's concerns, the measure was still important because blood pressure is a problem in the state. Deepti added that asthma, high blood pressure, and diabetes were the top three chronic conditions in Connecticut, which is why the Quality Council selected the three Quality Benchmark measures it did for 2022.	

	Jill Zorn noted that performance on these measures is dependent on having access to high quality primary care. Deepti Kanneganti asked if the Stakeholder Advisory Board had recommendations on how to generate focused attention and improvement activity on the quality benchmarks. Jill Zorn noted that the mental illness follow-up measures were complex because the measures in part depend on (and thus in a way assess) communication from hospitals to notify providers that their patient had an ED visit or hospitalization so that a given provider can follow-up. Susan Millerick asked if *Hemoglobin A1c (HBA1c) Control for Patients with Diabetes: HbA1c Poor Control* includes type I and type II diabetes (and if so, whether it stratifies performance for the two populations), as well as if the measure stratifies performance by age. Deepti Kanneganti stated that the measure includes type I and type II diabetes and focuses on patients age 18 and older, but is not stratified by age. However, Deepti stated that payers and providers may be able to independently stratify the measure performance by age. Kristen Whitney-Daniels requested not using the term "poor control" for diabetics as it conveys an unfair negative connotation that patients are accountable for not controlling their diabetes when there are many reasons for high HbA1c, such as an inability to afford insulin. Angela Harris added that another cause could be poor access to fresh fruits and vegetables. Deepti Kanneganti stated that "poor control" was part of the official measure name from NCQA but noted that perhaps CT could alter how it references the measure in consideration of this feedback.	
9.	**Wrap-Up and Next Steps**	**Kelly Sinko Steuber**
	Kelly Sinko Steuber noted the next meeting would be held on Thursday June 9th from 2-4 pm.	
10.	**Adjourn**	**Kelly Sinko Steuber**
	Luis Perez made a motion to adjourn. Jill Zorn seconded the motion. The meeting adjourned at 3:49 PM.	