

Cost Growth Benchmark Technical Team Meeting

Meeting Date	Meeting Time	Location
September 24, 2020	1:00pm – 3:00pm	Webinar/Zoom

Participant Name and Attendance

Cost Growth Benchmark Technical Team Members Present					
Angela Harris		Kate McEvoy		Vicki Veltri	
Pat Baker		Rebecca Andrews		Rae-Ellen Roy	
Luis Perez		Paul Grady			
Judy Dowd		Paul Lombardo			
Members Absent					
Zack Cooper					
Others Present					
Olga Armah, OHS		Michael Bailit, Bailit Health		Margaret Trinity, Bailit Health	

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
	Victoria (Vicki) Veltri called the meeting to order at 1:02pm and welcomed members of the Technical Team.	
2.	Approval of Prior Meeting Minutes	Victoria Veltri
	Luis Perez made a motion to approve the prior meeting minutes, which was seconded by Pat Baker. Angela Harris, Rae-Ellen Roy, Luis Perez, Pat Baker and Paul Lombardo voted to approve the minutes. Judy Dowd abstained from the vote as did Paul Grady and Vicki Veltri.	
3.	Public Comment	Victoria Veltri
	Vicki Veltri invited public comment and none was voiced.	
4.	Input from Stakeholder Advisory Board	Michael Bailit
	<p>Michael Bailit reviewed input from the Stakeholder Advisory Board on several topics, including.</p> <p>Cost growth benchmark:</p> <ul style="list-style-type: none"> From which insurers will data be requested How risk-adjustment will be applied Minimum attribution size for providers <p>Primary care target:</p> <ul style="list-style-type: none"> Setting the target <p>Michael said the Board also shared input on how best to ensure the success of both the cost growth benchmark and primary care target.</p> <p><u>Cost growth benchmark: from which insurers data will be requested</u></p> <p>Michael stated that the Stakeholder Advisory Board voiced no concerns regarding the Technical Teams recommendations related to insurer data requests.</p> <p><u>Cost growth benchmark: how risk-adjustment will be applied</u></p> <p>Michael reported that the majority of Stakeholder Advisory Board members expressed support for having each commercial payer use its own clinical risk adjuster, although one member preferred that insurers use a common risk adjuster to avoid “gaming.” Michael also noted that one Stakeholder Advisory Board member recommended that payers report not only which risk adjuster they use but also its underlying methodology to support transparency and understanding.</p> <p>Michael explained the purpose of the clinical risk adjuster relative to the health care cost growth benchmark, stating that it was a way to make sure that insurers and providers were assessed fairly by taking into account changes in the health status of the underlying insurer or provider population over the course of the year. Judy Dowd noted that Medicaid providers will likely have a sicker population at the outset.</p> <p>Rae-Ellen Roy reiterated the Technical Team’s support for having payers report the clinical adjuster they use, and Michael said that this recommendation was included in the Technical Team’s report. Luis Perez stated that it would be prudent to ask for the underlying methodology per the Stakeholder Advisory Board’s recommendation, and the other Team members agreed. Michael said that staff would modify the report to reflect this recommendation.</p>	

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Michael stated that the Stakeholder Advisory Board would like to do more than “urge” OHS to adjust for social risk, adding that the Stakeholder Advisory Board strongly recommended that OHS gather social risk data and analyze the relationship between social risk variables and health care spending using APCD data. Pat Baker supported the Stakeholder Advisory Board’s recommendation, as did Paul Grady. Luis Perez said he was not opposed but expressed concern that the risk adjustment might be done by zip code. Luis expressed concern that such an approach might lead to stigmatization of populations or geographic regions. Pat Baker expressed appreciation for Luis’ comment. She said that the State’s Health Information Exchange could serve as a potential future source for social risk factor data.

Michael summarized the discussion by noting that some members of the Technical Team supported the Stakeholder Advisory Board’s recommendation regarding social risk, and some expressed support for Pat Baker’s suggestion to gather social risk data from the State’s Health Information Exchange to supplement claims data. He added that the Technical Team suggested OHS be careful in undertaking such work to be sensitive to health equity and any possible unintended outcome of this type of analysis.

Minimum population size

Michael noted that one Stakeholder Advisory Board member expressed concern that small rural hospitals and provider groups will not have large enough populations to report on the cost growth for their populations, and Michael confirmed this was true.

Primary care target

Michael said that the Stakeholder Advisory Board supported the Technical Team’s recommendation to establish a primary care target of 5.0 percent for 2021, although support was not unanimous. Michael stated that the majority of the Stakeholder Advisory Board supported the target, but that one member stated that no target should be set for 2021, and another stated the target lacks underlying patient outcome goals. Pat Baker said that she appreciated the Board’s comment regarding patient outcomes, and she wished that quality benchmarks were being implemented concurrently.

Luis Perez said the draft Technical Team report did not fully capture the Technical Team’s concerns about the timing of establishing cost growth benchmark prior to quality benchmarks and the Technical Team’s discussion related to data on COVID-19 impact. He asked that these discussions be reflected in the report.

How to Ensure the Success of Cost Growth Benchmark and Primary Care Target

Michael said that the Stakeholder Advisory Board supported the Technical Team’s emphasis on data transparency and communications. He said the Board also urged OHS to ensure the benchmark does not have the unintended consequence of limiting access. Michael added that OHS’ would bring a recommendation to share with the Technical Team on monitoring measures to meet this goal. He said the Stakeholder Advisory Board also asked that OHS avoid punitive consequences for providers during initial years of implementation. Michael noted that the only consequence to providers would be public reporting of their performance, as per the terms of the Executive Order.

Michael shared with the Technical Team that the Stakeholder Advisory Board had urged a thoughtful definition of success, and that it had noted Massachusetts had not been able to lower out-of-pocket costs for consumers.

Finally, Michael stated that the Stakeholder Advisory Board had urged the State to adopt as a standard that consumers must select or identify a primary care provider (PCP) when they enroll in health insurance coverage. Michael added that such a standard would help providers know prospectively who they were responsible for managing in terms of both care and cost.

Paul Lombardo commented on the Stakeholder Advisory Board’s last suggestion, asking if there were any potential drawbacks to requiring individuals to identify a primary care provider at time of enrollment. Michael said that he did not believe there were. Rebecca Andrews stated that it was very odd to be selected as a primary care physician by someone she had never met. She said she did not disagree with the recommendation as it was not good to find out retrospectively who her patients were.

Angela Harris noted that from a consumer perspective it may be difficult to declare PCP selection at time of enrollment, as many PCP panels do not accept new patients. Pat Baker noted that connecting coverage with a selected source of care was one way to reduce health care disparities. She said that the Health Information Exchange (HIE) found in Connecticut that only 46 percent of African American and LatinX populations had primary care physicians, noting that this may contribute to health equity. She expressed support for the Board’s suggestion.

Rebecca Andrews stated that she was concerned about being responsible for patients that she had not met. Angela Harris suggested adding a timeframe of 30-60 days for PCP selection. Kate McEvoy expressed support for Angela’s suggestion, and noted that HUSKY Health had moved away from PCP selection at the time of enrollment and toward honoring natural pathways of individual choices.

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	<p>Luis Perez suggested that barriers be identified if an individual was not able to fulfill a 30-day timeline for PCP selection.</p> <p>Paul Grady suggested that the Primary Care Work Group develop a recommendation related to PCP selection. Pat Baker said that she would be willing to hand this decision to another group if appropriate. She noted that one way to spend more on primary care was to get more people into primary care. Vicki Veltri agreed that the Primary Care Work Group would be the best advisory body to address this issue.</p> <p>Luis Perez asked for clarification of the request being made of the Primary Care Work Group. Michael replied that the Technical Team was asking the Primary Care Work Group to provide recommendations on how to approach the creation of a PCP selection requirement. Pat Baker noted that the Technical Team would also like the Primary Care Work Group to examine the goal of increasing use of primary care.</p> <p>Luis Perez stated that the recommendation from the Technical Team should be that the Primary Care Work Group inform the Stakeholder Advisory Board's recommendation because the Technical Team would like to accomplish an increase of utilization of primary care. Vicki Veltri said it would be fine to include the Stakeholder Advisory Board's recommendation in the Technical Team report.</p> <p>Angela Harris said that consumers need information to help them with PCP selection, including tools for finding doctors who are accepting new patients. She added that such tools and information would need to be readily available and accurate.</p> <p>The Technical Team agreed to forward the Stakeholder Advisory Board's recommendation to the new Primary Care Work Group for its input, and requested that the Work Group report back to the Technical Team.</p>
5.	<p>Feedback on Draft Report Michael Bailit</p>
	<p>Michael Bailit stated that the report was considered preliminary and that OHS anticipated holding an informational hearing focused on legislators. Vicki Veltri added that there would be a three-week public comment period for the report.</p> <p>Pat Baker reiterated her request that information from HIE be used for development of social risk adjusters. Pat Baker stated that the report should be more explicit on challenges and limits of All-Payer Claims Database (APCD) data. She urged use of the HIE in its full capacity and noted that it will serve as an important data source.</p> <p>Luis Perez asked that several themes be captured in the report. He asked that the report acknowledge the impact of the COVID-19 pandemic on health care cost growth. He also asked that the report acknowledge the Technical Team's frustration with lack of data sources for a social risk adjuster.</p> <p>Michael observed that some of the data frustrations had to do timing, and others were infrastructure issues. He added that the APCD lacked race, ethnicity and language data, and also did not have self-insured data. Michael stated that the infrastructure issues would be harder to resolve than the timing issues.</p> <p>Pat Baker stated that the report felt repetitive. She promised to share her comments on the report with OHS. Pat acknowledged the letter from Pareesa Charmchi Goodwin and other advocate members of the Stakeholder Advisory Board. Michael Bailit stated that OHS discussed this letter with the Stakeholder Advisory Board at its recent meeting, and that staff had informed the Board that all four issues raised by the letter were addressed in the report.</p> <p>Kate McEvoy stated that she and Vicki Veltri were in process of drafting a response to a recent letter from a group of consumer advocates. She noted that the letter had hypothesized that the benchmark would negatively impact spending within the Medicaid program. She said the letter had also addressed the pace of the project and the impact of COVID-19. She recommended addressing the letter in the context of the report, noting the Department of Social Service's companion work under Executive Order 6 to identify transparency measures on outcomes and cost trends.</p> <p>Vicki Veltri said that these were fair points that we can address in the report, and that we need to address them head on. She said that OHS needed to continue reiterating that the process is dictated by an executive order. Kate McEvoy suggested that OHS may wish to include the letter as appendix to report so that OHS can signal its response affirmatively. Kate said that the report was carefully and comprehensively framed.</p> <p>Paul Grady said he had not yet had opportunity to review the report.</p> <p>Michael Bailit invited feedback on the report from the Technical Team members, noting that OHS could incorporate their feedback even during the public comment period.</p>

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6. Reflections on Technical Team Process	Michael Bailit
<p>Michael Bailit posed two questions to the group:</p> <ul style="list-style-type: none"> • For what are you most appreciative from this process, and for what do you have regret? • What do you most hope will happen as a result of your participation on the Technical Team. <p>Pat Baker stated that the Stakeholder Advisory Board provided robust feedback. She expressed appreciation for the sequencing of the two advisory bodies' meetings to allow the Technical Team an opportunity to reflect on the Stakeholder Advisory Board's input. Pat also appreciated that staff shared the experience of other states so that the Technical Team could build upon those lessons. She observed that this spoke to the good consulting assistance that OHS has received throughout the process. With regard to the second question, Pat stated that the process did not always allow sufficient time for the Technical Team to receive the education it needed. She stated that her concern that the Technical Team always led with topics related to cost instead of those associated with quality. She regretted that cost and quality were juxtaposing topics. She asked that moving forward the Technical Team consider how to use the initiative to think about payment reform and improved patient outcomes.</p> <p>Angela Harris expressed appreciation for the opportunity to hear different perspectives from Technical Team members. She agreed with Pat Baker that the exposure to the experiences of other states had been helpful. She stated that she would have preferred sequencing quality topics ahead of cost topics.</p> <p>Paul Lombardo said that he was the most pleased with hearing the experiences of other states and then having the Technical Team fashion its own path forward with those lessons in mind, but with the Technical Team making decisions that it felt was best for Connecticut.</p> <p>Michael stated that he was impressed with how conscientiously the Technical Team considered the Stakeholder Advisory Board's feedback.</p> <p>Luis Perez expressed appreciation for each of the Technical Team members' perspectives and their willingness to share those perspectives. Luis acknowledged his concerns regarding the speed and timing of the Technical Team's deliberations, and the sequencing of the quality benchmarks. He expressed gratitude that the Technical Team had included a behavioral health representative such as himself.</p> <p>Paul Grady said that he was happy that OHS is undertaking the healthcare cost growth benchmark, and noted that there had been previous efforts in the State to improve healthcare value. He applauded the Governor and Vick Veltri for initiating the benchmark effort. He stated that as OHS has moved forward, reporting on the benchmark was the next step and he was anxious for this to happen. Paul Grady also expressed appreciation for the role of Bailit Health, noting the report and the Technical Team had benefited from its support.</p> <p>Rae-Ellen Roy stated that it had been great to work with the Technical Team. She said that hearing each Technical Team member's perspective had been very helpful.</p> <p>Judy Dowd said that the research prior to each meeting was well done, and she felt she was well briefed prior to each decision.</p> <p>Michael Bailit invited suggestions for improvements to the process. Paul Grady stated that there were times when it would have been helpful to hear an additional physician perspective, as Rebecca Andrews was not always able to attend due to her clinical responsibilities.</p> <p>Angela Harris stated that she hoped that the importance of Executive Order 5 initiatives would not get lost in the midst of the State's important COVID-19 response. Vicki Veltri said that it would not get lost and that the COVID-19 pandemic highlighted the importance of the benchmark work. She added that she did not see any signs of stepping back from implementation of the Executive Order.</p> <p>Kate McEvoy expressed pleasure at OHS having reached this point, and noted that it was an achievement as conversations around healthcare costs have been difficult in Connecticut in the past. She noted that the Executive Order initiatives focused on coordination and integration, and reduction of waste, which mirrored the Department of Social Services' efforts in the Medicaid program. She encouraged OHS to honor the input of the advisory bodies related to quality.</p> <p>Rebecca Andrews expressed support for Angela Harris' comments, and also expressed appreciation for the Technical Team members' patience with her clinical schedule. She stated that she had learned a lot, and felt a little more job satisfaction in that</p>	

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	she could help effect changes for her patients. She stated that she would love for Connecticut to serve as a leader in primary care.	
7.	Next Steps	Vicki Veltri
	<p>Vicki Veltri asked the Technical Team members to provide comments on the draft report as soon as they were able. She stated that OHS planned to release the report soon for a public comment period and OHS would then hold an informational hearing. Vicki clarified that the hearing would not be a legislative one, but that OHS would invite the committees of cognizance. Vicki stated that the OHS would seek to finalize the report by November to allow for time to inform hospital and provider groups as to benchmark values.</p> <p>Vicki Veltri said that OHS planned to meet with the Technical Team and Stakeholder Advisory Board in November to seek their input on a monitoring strategy and additional tools that would be part of data use strategy. She asked the Technical Team regarding their willingness to meet on a monthly basis moving forward. Paul Lombardo expressed support for continued meetings on a monthly basis, as did Pat Baker. In addition to the monitoring strategy, Vicki said that OHS would need to address any changes to report resulting from the hearing and public comment period.</p> <p>Vicki noted that the Stakeholder Advisory Board had provided valuable input throughout the process, and that continuing to meet with the Stakeholder Advisory Board would ensure that OHS benefits from their continued input and engagement. Luis Perez expressed his support for continued meetings of the Technical Team, and asked for opportunity to review the quality measures after they had been selected for benchmark purposes. Vicki promised to provide such an opportunity. Rebecca Andrews expressed her willingness to continue to serve on the Technical Team, and would like to avoid meeting on Wednesdays and Fridays due to her clinical responsibilities. Angela Harris suggested a joint meeting of both the Technical Team and the Stakeholder Advisory Board. Vicki Veltri said that it would be fine to convene a joint meeting of both advisory bodies shortly after the hearing.</p> <p>Vicki Veltri stated that OHS would share the comments received in response to the public comment period with both the Stakeholder Advisory Board and the Technical Team. She added that OHS would share with the Technical Team the version of the report that it planned to release for public comment. She promised to notify the Technical Team as to the date and time of the informational hearing, and that OHS would schedule the next meeting of the Technical Team to take place in early or mid-November.</p>	
8.	Adjourn	Vicki Veltri
	<p>Vicki Veltri thanked the Technical Team for the time they had devoted to providing guidance. She stated that their input was important and would make a difference in the lives of Connecticut residents.</p> <p>Angela Harris made a motion to adjourn. Rebecca Andrews seconded the motion. No opposition was voiced. The meeting adjourned at 2:33pm.</p>	