

Individual	Organization	Comment
Jill B. Zorn	Universal Health Care Foundation of CT	The causes for underuse may be quite different, depending on the payor – Medicaid or commercial insurance – or whether someone is uninsured. Measures should be developed with this variation in mind. Overuse can also be a possible adverse consequence and is likely, too, to vary by payor.
Jill B. Zorn	Universal Health Care Foundation of CT	Using current utilization as a baseline is problematic in and of itself, as there is no question that both underuse and overuse are already embedded in many measures that may be chosen. Ideally, it would be helpful to have accepted utilization targets for certain measures, based on need, not current utilization. Absent that information, comparing differences between payor populations may help in assessing where the baselines are off to begin with.
Jill B. Zorn	Universal Health Care Foundation of CT	Medicaid: Timely access to specialty care is a known problem for people on Medicaid. Consideration should be given to expanding the services listed on page 3 of the memo to track more specialty care – perhaps certain surgical procedures or certain specialist office visits – if there is enough data to segment by Medicaid vs. commercial.
Jill B. Zorn	Universal Health Care Foundation of CT	Medicaid: Understanding if there is an adequate supply of needed services in a given geographic area would add an important dimension to monitoring underutilization. For example, Windham Hospital has requested to shut down their labor and delivery service. This could undoubtedly have an impact on prenatal and post-partum care, one of the measures listed, in the Willimantic area.
Jill B. Zorn	Universal Health Care Foundation of CT	Medicaid: Overuse of inpatient hospitalizations or overuse of the Emergency Department for certain conditions could be an indicator of underuse of others. For example, preventable hospital admissions for uncontrolled diabetes, hypertension, and asthma are more common among residents of Hartford and New Britain than for residents of the surrounding suburbs. These could be indicators of underutilization of care in a medical office setting. See: DataHaven’s Community Wellbeing Index reports (note: these reports tend to get repeated regularly and may contain other useful data points for ongoing monitoring).
Jill B. Zorn	Universal Health Care Foundation of CT	Medicaid: If it is possible, compare appointment wait times and inability to even get an appointment for different types of appointments – primary care vs. specialty care.
Jill B. Zorn	Universal Health Care Foundation of CT	Medicaid: Anti-stinting measures (page 7) should distinguish between Medicaid and commercially insured.

Jill B. Zorn	Universal Health Care Foundation of CT	Commercial: Out-of-pocket payments can also have an impact on utilization. The underutilization measures listed on page 3 may include some procedures that have no out-of-pocket costs because they are on the list of preventive services that are required to be free to the patient. So, it might be helpful to look at those indicators separately from the ones that would require out-of-pocket payments. Also, it may be hard to distinguish if a drop in utilization is attributable to the continued shift to high deductible health plans, which might be a continuing trend unrelated to the cost growth benchmark project.
Jill B. Zorn	Universal Health Care Foundation of CT	Commercial: A number of measures taken from patient experience surveys are recommended in the memo. A question about whether cost was a barrier to care should be included as a measure.
Jill B. Zorn	Universal Health Care Foundation of CT	Commercial: Measuring overutilization of costly, medically unnecessary services could be an important way to monitor implementation of the benchmark. This type of overutilization is more likely to occur in commercially insured populations.
Jill B. Zorn	Universal Health Care Foundation of CT	Commercial: Increases in aggressive bill collection tactics by hospitals or large medical groups could be another measure to consider.
Jill B. Zorn	Universal Health Care Foundation of CT	Uninsured: The memo contains a footnote regarding the challenges of monitoring underutilization and health care spending by people who are uninsured, including undocumented immigrants. Universal Health Care Foundation supports the comments submitted by another member of the Advisory Board, Jonathan Gonzalez-Cruz, to initiate data collection regarding the uninsured. This population has huge levels of underutilization now and we should make every effort to figure out a way to collect utilization and cost information and monitor it over time.
Tekisha Everette	Health Equity Solutions	I have also looked at the final draft measures and at this time I do not have anything other to add but ensuring stratification by race, ethnicity, gender, and geography.

Jonathan Gonzales-Cruz, Jill Zorn, Pareesa Charmchi Goodwin, Kristen Whitney Daniels	Patient/Consumer Rep, Universal Health Care Foundation of CT, CT Oral Health Initiative, Patient/Consumer Rep	Currently, in order to conduct data analyses of the impact on marginalized communities, the APCD and ACS datasets will be utilized; however, we would like to propose a third: community health centers data. Community health centers serve people of lower incomes, regardless of insurance coverage and regardless of immigration status. As such, data from these centers will prove beneficial in utilizing them to conduct data analyses on marginalized communities... Community health centers that receive federal funds, also known as "awardees", annually report standardized data into the Uniform Data System (UDS)... Because community health centers are required to submit annual reports, a baseline year can be established to create pre- and post-benchmark implementation years. As such, comparative statistics and data analysis can be conducted to monitor and look for ways the data could be showing underservice, reduced access to care, narrowing or widening of racial and ethnic health disparities, and more. During a conversation with the Community Health Centers Association of Connecticut on the possibility of collecting the centers' data, a representative highlighted how doing so would place the burden on said centers to provide the data. Since they already have limited resources and staff capacities, we wanted to acknowledge this concern so that it may be properly addressed when and should we move forward.
Kristen Whitney	Connecticut #insulin4all	When looking at unintended adverse consequences, I keep coming back to transparency. That really seems to be lacking in terms of what happens with the data. I believe the data we are collecting from the cost-growth benchmark is really important, but it is critical what happens after that information is collected. Lawmakers, government officials, healthcare professionals, and CT citizens should be able to see what the different rates are for different professionals and hospital systems. There is so much opacity in healthcare and really makes it difficult to figure out the best ways to address systemic issues. This will also allow for a better baseline of services throughout the state.
Kristen Whitney	Connecticut #insulin4all	I also wanted to know if ERISA plans, which make up a majority of the health plans, are accounted for in the APCD and the cost-growth benchmark?
Kristen Whitney	Connecticut #insulin4all	Finally, I'd like to continue to encourage the state to consider pharmaceutical pricing in the cost-benchmark. Coupled with the transparency, it's important to know what is truly driving the surge in pricing both in medical practices and pharmaceuticals alike.