

## Healthcare Benchmark Data Analytics Workgroup

Meeting Date	Meeting Time	Location
July 20, 2022	3:00 pm – 4:00 pm	Zoom Meeting Recording <a href="https://us02web.zoom.us/j/83470624103?pwd=UkVQVUs5UTRYRnV2SG0xbDgvUXBOdz09">https://us02web.zoom.us/j/83470624103?pwd=UkVQVUs5UTRYRnV2SG0xbDgvUXBOdz09</a>

Participant Name and Attendance		Council Members	
Dashni Sathasivam	X	Josh Wojcik (chair)	R
Frank Mata	X	Alyne Mallory	R
Joe Quaranta	R	Mary Lyon	R

Others Present			
Krista Moore	R	Kelly Sinko	R
Hanna Nagy	R	Jeannina Thompson	R
			R

R = Attended Remotely; IP = In Person; X = Did Not Attend

Agenda			
	Topic	Responsible Party	Time
1.	Welcome and Roll Call	Josh Wojcik	3:00 PM
	Josh Wojcik welcomed everyone to the third Data Analytics Workgroup meeting and invited Matt Reynolds to conduct roll call. Matt reported that there was a quorum.		
2.	Public Comment	Members of Public	3:05 PM
	Josh Wojcik offered the opportunity for public comment. There were no public comments.		
3.	<b>Action: Approval of June 15<sup>th</sup> Meeting Minutes</b>	Workgroup Members	3:10 PM
	Olga Armah motioned to approve the June 15 <sup>th</sup> meeting minutes. Susan Smith seconded the motion. No members voiced opposition. The Workgroup approved the minutes.		
4.	Healthcare Spending Trend Analyses Recap	Bailit Health	3:15 PM
	<p>Michael Bailit reviewed the differences between cost growth benchmark and data use strategy analyses. Michael reminded the group of the 3.3% state per capita pre-benchmark total healthcare expenditure trend during 2019. Michael also restated that hospital inpatient, outpatient, and retail pharmacy were the biggest drivers of cross-market cost growth during the pre-benchmark period.</p> <p>Finally, Michael reminded the group that analysis of 2015-19 commercial claims data in the APCD revealed the following:</p> <ul style="list-style-type: none"> <li>• hospital and pharmacy drove spending growth;</li> <li>• spending increases were due to increases in payment per service, and not utilization;</li> <li>• there was great variation in payment growth trends by hospital, and</li> <li>• higher cost hospitals had faster growing spending and were more likely to be affiliated with the largest systems in the state, while the opposite relationship was true for lower cost hospitals.</li> </ul>		
5.	Future Mathematica APCD Analyses	Bailit Health	3:20 PM
	<p>Michael Bailit shared that Mathematica would proceed with analyses to answer the following questions posed by group members during the 6/15 meeting:</p> <ol style="list-style-type: none"> <li>1. How has inpatient and outpatient hospital volume changed over time across low and high-cost hospitals?</li> <li>2. How do hospital outpatient and freestanding surgical center payments vary for high-price and high-volume services?</li> <li>3. Has growth in outpatient spending been due to price increases, changes in service mix, or both?</li> </ol>		

	<p>In response to a question from Mary Lyon about urgent care, Michael noted that Mathematica previously carried out an analysis on the relationship between urgent care utilization and emergency department utilization that could be shared at a future meeting.</p> <p>Michael Bailit shared that Mathematica was also working on the following analyses:</p> <ul style="list-style-type: none"> <li>• standard dashboard analyses to track spending patterns by market;</li> <li>• an updated commercial cost driver analysis with 2020 and 2021 data added;</li> <li>• a methodology for detecting potential adverse consequences of the benchmark initiative, and</li> <li>• a follow-up ED utilization disparity analysis.</li> </ul>		
<b>6.</b>	<b>Commercial Pharmacy Spending Analyses</b>	<b>Bailit Health</b>	<b>3:25 PM</b>
	<p>Michael Bailit shared that one quarter of health care cost increases in Connecticut between 2017 and 2019 were due to retail and medical pharmacy. Michael added that price increased for both retail and medical pharmacy while utilization declined. For retail drugs, generic prices fell while prices for brand name drugs increased.</p> <p>Michael Bailit shared that the top 10 medical pharmacy drugs by spending made up only 3.2% of medical pharmacy volume, but 44% of total medical pharmacy spending. For retail pharmacy, the top 10 drugs by spending made up only 0.6% of retail pharmacy volume but 14.8% of total retail pharmacy spending.</p> <p>Joe Quaranta suggested that the data for drug price allowed per claim be displayed in relation to treatment course. Joe shared that he thought yearly cost per patient for each drug would be a more useful metric than cost per claim.</p> <p>Josh Wojcik stated that it would be helpful to separately look at price growth for existing medications and the impact of new to market medications. Josh added that it would also be of interest to him to assess prices within therapeutic classes that are highly competitive. Lastly, Josh noted it might be helpful to understand the role of changes in rebates when assessing pharmacy cost growth.</p> <p>Joe Quaranta shared a few observations:</p> <ul style="list-style-type: none"> <li>• providers face performance risk and insurance risk; insurance risk was more often the concern with new expensive drugs because such drugs are often medically indicated;</li> <li>• expensive drugs may prevent and thus offset otherwise higher hospital costs, and</li> <li>• costs may be impacted when there is therapeutic equivalence for drugs and clinicians select which drug to prescribe.</li> </ul> <p>Mary Lyon thought it would be helpful to look at more years of pharmacy data and to see the impact of the mix of drugs available each year.</p> <p>Olga Armah noted that off-label use would not be driving spending since utilization was decreasing.</p> <p>Josh Wojcik proposed comparing prices for medical pharmacy drugs in hospital-associated facilities vs freestanding facilities.</p> <p>Josh Wojcik wondered what percent of claims are 340B eligible.</p> <p>Michael Bailit stated that workgroup staff would review the proposed additional analyses and inform the group at the next meeting which analyses Mathematica would proceed with.</p> <p>Olga wondered if insurers were asking similar questions and / or carrying out similar analyses as those posed by this group.</p>		
<b>7.</b>	<b>Wrap-Up and Next Steps</b>	<b>Josh Wojcik</b>	<b>3:55 PM</b>
	<p>Josh Wojcik shared that the next meeting would be on August 17<sup>th</sup>, 2022.</p>		

<b>8.</b>	<b>Action: Adjournment</b>	<b>Workgroup Members</b>	<b>4:00 PM</b>
Mary Lyon motioned to adjourn. Olga Armah seconded the motion. The meeting adjourned at 3:57 pm.			

**Upcoming Meeting Dates:**

**August 17, 2022**

**September 21, 2022**

**October 19, 2022**

**November 16, 2022**

**December 21, 2022**

**All meeting information and materials are published on the OHS website located at:**

**<https://portal.ct.gov/OHS/Pages/Data-Analytics-Workgroup>**