OHS CONNECTICUT Office of Health Strategy

## Healthcare Benchmark Initiative Steering Committee

***"We collaborate, out of a shared concern and responsibility for all Connecticut residents, to develop consensus models that advance equity and consumer affordability of healthcare in our state."***

| Meeting Date | Meeting Time | Location |
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| May 22, 2023 | 3:00 pm – 5:00 pm | Zoom Meeting https://us02web.zoom.us/j/86419983822?pwd=Ymkzb0U4VFgxbFRVNERRNmVtSjc1Zz09 |

| Participant Name and Attendance \| Steering Committee Members | | | | | |
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| Timothy Archer | R | Jonathan Gonzalez-Cruz | X | Fiona Scott Morton | X |
| Joanne Borduas | R | Paul Grady | R | Kathy Silard | R |
| Ayesha Clarke | X | Angela Harris | R | Marie Smith | X |
| Stephanye Clarke | R | Paul Lombardo | R | Stephen Traub | X |
| Tiffany Donelson | R | Andy Markowski | R | Chris Ulbrich | X |
| Ted Doolittle | R | Chris Marsh | R | Kristen Whitney-Daniels | R |
| Judy Dowd | R | Susan Millerick | X | Josh Wojcik | R |
| Jeff Flaks | X | Cassandra Murphy | R | Gui Woolston | R |
| Lou Gianquinto | X | Chris O'Connor | X | | |
| Deidre Gifford (Chair) | R | Lori Pasqualini | R | | |
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| Jeannina Thompson, OHS | R | Hanna Nagy, OHS | R | Michael Bailit, Bailit Health | R |
| Krista Moore, OHS | R | Kelly Sinko, OHS | R | Matt Reynolds, Bailit Health | R |
| Abby Alter, OHS | R | | | | |
| | | **R** = Attended Remotely; **IP** = In Person; **X** = Did Not Attend | | | |

| Agenda | | | |
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| | **Topic** | **Responsible Party** | **Time** |
| **1.** | **Welcome and Roll Call** | **Deidre Gifford** | **3:00 pm** |
| | Deidre Gifford welcomed everyone to the May Steering Committee meeting. Deidre invited Abby Alter to conduct a roll call. There was a quorum present. Deidre then reviewed the agenda for the meeting. | | |
| **2.** | **Public Comment** | **Members of Public** | **3:05 pm** |
| | Deidre Gifford offered the opportunity for public comment. There were no public comments. | | |
| **3.** | **Committee Action: Approval of April 24, 2023 Minutes** | **Steering Committee Members** | **3:10 pm** |
| | Andy Markowski motioned to approve the minutes. Joanne Borduas seconded the motion. There was no opposition nor any abstentions. The minutes were approved. | | |
| **4.** | **Plan for Monitoring for Adverse Consequences of the Benchmark** | **Michael Bailit** | **3:15 pm** |
| | Michael Bailit reported that OHS had developed an adverse consequences monitoring approach in 2020 that used DSS' PCMH+ Under-Service Utilization Monitoring Strategy as a starting point. Michael shared that starting in 2023, OHS would produce a report with measures monitoring for possible underutilization of healthcare services due to providers or payers impeding access to care, including: preventive and chronic care HEDIS quality measures, member experience survey data, and Medicaid member grievances. Michael noted that OHS would also monitor changes in consumer out-of-pocket spending and premiums by utilizing data from the Current Population Survey and plan-level out-of-pocket spending data from the APCD. | | |

Michael stated that OHS was also investigating the feasibility of additional measures of underutilization and consumer out-of-pocket spending, as well as methodologies to track the impact of the cost growth benchmark on marginalized populations based on income, insurance status, race/ethnicity, social risk factors, and zip code. Michael noted that OHS would report on initial findings from the operationalization of this plan in the report it must submit to the joint standing committees of the General Assembly by October 15th. Michael asked if Steering Committee members had any suggested modifications to this monitoring plan for OHS to adopt in future years.

- Angela Harris asked about the target population that OHS would be monitoring. Michael Bailit replied that OHS would be looking generally for decreases in access or use of services or increases in cost burdens to consumers.
    - Angela asked how the analysis would capture those who were not utilizing services. Michael responded that the analysis would look for reductions in service utilization as compared to levels prior to the benchmark's implementation. It would not specifically consider individuals who were not accessing services.
    - Angela asked how a person's changes in their use of services would be linked to their knowledge of the cost growth benchmark. Michael replied that the unintended consequences monitoring process would not be carried out by asking individuals if they were impacted by the benchmark, but rather by looking at access and cost at a system-wide level.

| 5. | **Value-Based Payment Arrangements Data Collection** | **Michael Bailit** | **3:25 pm** |
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Michael Bailit reminded the Steering Committee that per Public Act 22-118, OHS is responsible for "monitoring the adoption of alternative payment methodologies in the state." Michael shared that OHS was electing to perform this activity by requesting data from Connecticut insurers as part of the 2023 cost growth benchmark data request, using a template based on the Health Care Payment Learning and Action Network (HCP-LAN) Alternative Payment Model Framework. Michael noted that OHS would report its findings in 2024 along with the primary care spending target, cost growth, and quality benchmark results. Michael asked if Steering Committee members had any questions or suggestions on how OHS should conduct this new activity.

- Paul Grady expressed support for the activity but asked why payers would not be asked to report dollars paid according to each payment method used even when multiple payment methods are used. Michael Bailit replied that it was likely for ease of reporting. Paul Grady added that he would love to see data reported in 2023, if possible.
- Gui Woolston also expressed support for the activity before noting that the HCP-LAN Framework misses some nuance that would be helpful for OHS to try capturing in future years.
- Lori Pasqualini asked if this activity would allow for qualitative comparisons about insurers' different value-based payment arrangements. Michael Bailit replied that it would not.

| 6. | **Identification of Significant Contributors to Healthcare Cost Growth** | **Michael Bailit** | **3:35 pm** |
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Michael Bailit shared that, per Public Act 22-118, OHS had decided to require three types of entities to provide testimony at a June public hearing: insurers, hospitals, and drug manufacturers.

- Michael reported that OHS called Aetna, Anthem, and Cigna to provide testimony because all three exceeded the 2021 healthcare cost growth benchmark and failed to meet the 2021 primary care spending target for the commercial market.
- Michael reported that OHS called The Hospital of Central Connecticut and Yale New Haven Hospital to provide testimony because they had the highest rates of payment-per-discharge growth from 2020-2021 among hospitals with a large volume of 2021 commercial inpatient discharges for individuals 18-64.
    - Kathy Silard shared that she thought it would be important to consider the impact of the exclusion of Medicaid claims in the analysis for Yale New-Haven Hospital.
- Michael reported that OHS called AbbVie and Bristol Myers Squibb to provide testimony as both manufacturers produce a drug(s) that had both high commercial spending in 2021 and large increases in payment per claim from 2020-2021.
    - Chris Marsh asked whether the analyses could determine if the increases were due to price vs. utilization. Michael replied that the analyses isolated the payment rate from utilization.

Michael Bailit shared that OHS decided not to call Advanced Networks to provide testimony because Advanced Networks nearly universally exceeded the benchmark and by wide margins. OHS instead invited selected Advanced Networks to participate in a roundtable discussion on how to improve healthcare affordability for Connecticut residents.

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| **7.** | **Benchmark Public Hearing Agenda** | **Kelly Sinko** | **3:50 pm** |

Kelly Sinko reviewed the tentative agenda for the public hearing and asked members for suggested questions to ask the drug manufacturers, hospitals, and insurers called to give testimony, and/or questions for the provider entities to discuss during the roundtable.

- Paul Lombardo said he would like OHS to ask if the benchmark is discussed in negotiations between insurers and providers.
- Ted Doolittle noted that the Office of the Healthcare Advocate would have some written recommendations for questions to share with OHS in advance of the hearing, but Ted said he would like OHS to ask about strategies to address unit costs.
- Paul Grady said he would like OHS to ask about initiatives that organizations are taking to improve the value of healthcare. Paul added that he hoped there would be someone representing primary care physicians participating in the roundtable discussion.
- Josh Wojcik said he would like OHS to ask the hospitals if they have a strategy to achieve the benchmark and if so, what the strategy consists of.
- Gui Woolston suggested that OHS ask organizations for policy recommendations.
- Angela Phillips asked if there would be a broader forum for the public to provide input on questions to ask during the hearing. Kelly Sinko replied that OHS staff would discuss this idea.

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| **8.** | **Primary Care** | **Michael Bailit** | **4:20 pm** |

Michael Bailit reviewed some primary care strategies pursued by other states before asking members what strategies they would recommend for improving Connecticut's future performance relative to the primary care spending target and/or improving primary care access.

- Paul Grady advocated for increasing investment in primary care and stated in particular that he wanted to see commercial insurers pursuing more advanced primary care models.
- Angela Harris stated that she thought policy levers were necessary to make primary care more attractive to prospective physicians. Angela also advocated for health systems to find a way to share providers and perhaps stagger hours of operation to increase access, particularly by increasing the availability of evening and weekend hours.
- Kathy Silard said she thought that OHS could work with other agencies to increase the primary care physician pipeline by looking at licensure, loan repayment, and covering the cost of malpractice insurance. Kathy added that increased payments by Medicaid and Medicare were needed. Finally, Kathy stated that Connecticut should require doctors in the state to see all patients, rather than some doctors being permitted to only see commercial and Medicare patients.
- Christine Cappiello, attending on behalf of Lou Gianquinto, recommended that OHS keep in mind that increasing primary care investment needed to be accompanied by decreases in payments for specialty care. Christine also noted that some people see a specialist such as an OB/GYN for their primary care in part because primary care can sometimes be harder to access.
- Joanne Borduas noted that non-profit primary care providers, especially those like her organization operating in rural areas, cannot compete with the wages that others can offer. Joanne added that OHS should be looking into how to make going into primary care more attractive, whether through incentives for individual doctors or relationships with medical schools.
    - Angela Harris said that incentives should be contingent upon serving a certain amount of time in primary care.
- Michael Bailit noted that prior to the meeting, Marie Smith shared that pharmacists could be leveraged to help improve primary care access by developing collaborative practice agreements to manage chronic medications.

| 9. | Wrap-up and Next Steps | Kelly Sinko | 4:55 pm |
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| | Kelly Sinko stated that the next Steering Committee meeting on June 26th from 3-5 pm would be held virtually, while the July 24th meeting would be held in-person. | | |
| **10.** | **Committee Action: Adjournment** | **Steering Committee Members** | **5:00 pm** |
| | Ted Doolittle motioned to adjourn the meeting. Andy Markowski seconded the motion. The meeting adjourned at 4:38 pm. | | |

**Upcoming Meeting Dates:**
Monday, June 26th
Monday, July 24th (in person)

**All meeting information and materials are published on the OHS website located at:**
**https://portal.ct.gov/OHS/Pages/Healthcare-Benchmark-Initiative-Steering-Committee/Meeting-Agendas**