Draft Healthcare Cabinet Meeting Minutes

Chair: Deidre S. Gifford, MD, MPH
Date: September 27, 2023
Time: 9:00 a.m. – 10:30 a.m. Location: Zoom Call

Attendance:

HCC Member	Present	Regrets		HCC Member	Present	Regrets
Robyn Anderson	**x**			James Michel	**x**	
Ellen Andrews	x			Danielle Morgan		**x**
Andrea Barton Reeves		x		Cassandra Murphy	**x**	
Kurt Barwis	x			Nancy Navarretta		**x**
Jeffrey R. Beckham		x		Hassam Saada	**x**	
Claudio Capone	x			Sean Scanlon		**x**
Vanessa Dorantes		x		Jordan Scheff	**x**	
Manisha Juthani	x			Shelley Ann Stokes Sweatt	**x**	
Alan Kaye		x		David Whitehead		**x**
Sean King	x			Anthony Yoder	**x**	
Andrew Mais		x				

Designees Present:		
Claudio Gualtieri , OPM	Paul Lombardo, CID	
Colleen Harrington, DMHAS	Nicole Taylor, DCF	

Others:		
Cindy Dubuque-Gallo, OHS	Brent Miller, OHS	Hanna Nagy, OHS
Erin Butto, Altarum	Geroge Miller, Altarum	Corwin Ryan, Altarum

	AGENDA	Responsible Person(s)
1	**Welcome/Call to Order**	**Deidre Gifford**
	The regularly scheduled meeting of the Healthcare Cabinet was held on Wednesday, September 27, 2023 via Zoom. The meeting convened at 9:04. Deidre Gifford presiding. Attendance taken by roll call.	
2	**Public Comment**	**Public**
	There was no public comment.	
3	**Approval of October 11, 2022 and June 29, 2023 Minutes**	**Members of the Healthcare Cabinet**
	• The motion was made to approve the October 11, 2022 minutes by Deidre Gifford. Moved by Ellen Andrews and seconded by James Michel. • The motion was made to approve the June 29, 2023 minutes by Deidre Gifford. Moved by Ellen Andrews and seconded by James Michel. Claudio Gualtieri, Collen Harrington, Manisha Juthani and Jordan Scheff abstained.	

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4	Review of Statewide Facilities & Services Plan By Altarum	Corwin Ryan

- **Overview of the CT Facilities & Services Plan (FSP):**
  - The plan is an advisory document and a blueprint for health care delivery in Connecticut
  - It serves as a resource for policymakers and those involved in the certificate of need (CON) process
  - It provides information, policies and projections of need to guide planning for specific health care facilities and services

- **Goals of the FSP:**
  - Preventing excess capacity, duplication of services and under-utilization of medical facilities
  - identifying gaps in services and unmet need
  - Providing clearer rules for adding services
  - Fostering fair competition and a level playing field for entry into the most profitable services
  - Limiting the proliferation of services that would undermine community providers' ability to maintain financial viability
  - Promoting shared service arrangements
  - Providing better access to services through planned geographic distribution
  - Enhancing primary care access
- **Underlying Components of the 2012 plan**
  - Inventories
    - Health care facilities, services and equipment
  - Overarching Issues/Health Sector Trends
    - Insurance Coverage, Community Benefit, Reimbursement, Technology, Staffing
  - Gaps in Access/Unmet Need
    - Calculations of current supply and need for health care services
  - Data Recommendations
    - Discussions of limitations and future data needs
  - Detailed Methodological Appendices
- **Plans for 2024 FSP Updates**
  1. Review and update the previous components
  2. Revise current supply and need modeling, using new data – one critical piece that we have in the 2024 plan that was not available in the previous one is the States All Payer Claims database, giving a new perspective in understanding the way healthcare is being delivered across the state and how utilization trends are changing overtime
  3. Incorporate new findings on topics of consolidation and ownership – Altarum is currently working on looking at the impacts of consolidation of healthcare facilities and services within the state.
  4. Integrate FSP findings with prior State Health Assessment and State Health Improvement Plans with other work that has been done and looking at overall state health trends.

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- **Requests for the Healthcare Cabinet**:
  - Feedback on the components proposed for the 2024 Facility and Services Plan
  - Feedback on the individual health care services proposed for supply/need modeling
  - Suggestions for data/methods to be used in FSP analyses
  - Suggestions for overarching policy topics/key issues to be investigated
- **Discussion of the 2012 Plan -Healthcare Cabinet members current use of the 2012 plan and subsequent inventory updates**:
  - What is most useful about data/findings in the 2012 plan?
  - What about the 2012 Plan isn't working?
  - What is missing from the 2012 [plan] that should be incorporated in the update?
  - What should be changed in the new updates to provide better information?

Ellen Andrews suggested taking a look at where the gaps are and identifying them ahead of time. She remarked taking a view of the way the standards are written to fit the needs for now. She suggested that the plan look at private equity, competition, prices and variations. Recommended an outside independent analysis of fiscal viability, administrative costs, profits and margins and whether [profits] are reinvested.

James Michel suggested obtaining data on the use of urban care centers across Connecticut, including the volume of patients that they see and what medical issues they are addressing and if they are improving the health of residents.

Antony Yoder suggested to include how are they delivering primary care given the lack and shortage of [physicians]

Jordan Scheff suggested a study on healthcare access for patients with disabilities beyond intellectual disabilities.

Hanna Naga asked that the Healthcare Cabinets send their suggestions to her.

- Key Issues to review and incorporate into findings:
  - Payment models, bundled payments and value-based payment
  - Health IT/technology trends
  - Aging population trends
  - Overall health workforce needs
  - Telemedicine
  - Changing care delivery locations (from inpatient to outpatient settings)
  - New options for primary care delivery
  - COVID-19 Impacts

Claudio Capone suggested adding home settings to care delivery locations. He would also add approaches to value-based care in terms of how to decrease the total cost of care while providing adequate care.

Ellen Andrews added that a fresh look at value-based payment is needed, focusing on quality of care.

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Anthony Yoder thirded the comment on value-based health care and how it translates to quality [care] and the clinical setting. He suggested adding the administrative burden that clinicians face trying to meet those metrics; access to care from the lens of affordability (i.e., people being shifted to high deductible plans, prescription drug pricing, people rationing their care).

James Michel suggested adding specialized care delivery units, how successful are they? What impact are they having on the quality and cost of care?

Kurt Barwis commented that some facilities are struggling under financial pressure post pandemic and when looking at availability of care we should also look at the risk of availability of care especially in large populace areas where access to care depends on the social status of a community referring to issues that may arise if a community were to lose a provider.

2024 FSP Primary Focus Areas

- **Cost/Affordability**:
  - Trends in cost of care (informed by consolidation analysis
  - Trends in affordability and impacts on access
- **Access/Need**
  - Provider and facility access, health care supply (e.g. workforce capacity)
  - Guidelines for new facilities, services and equipment for CON determinations
  - Availability of care for populations, geographies and treatments.
- **Quality**
  - Proper care for conditions
  - Sufficient access to preventative care
  - High patient satisfaction with care
  - Performance Measures (population health outcomes and hospital metrics)
- **Equity**
  - Assessments of variability in access, affordability and quality
  - Calculations of changes health/outcomes disparities

Claudio Capone commented the plan is missing Connecticut's most vulnerable populations and the challenges they face (i.e., those without transportation with multiple comorbidities) as the cost of care increases.

2024 Plan Components – Inventories and Maps

- **Inventories and maps:**
  - General and children's hospital and lines
  - Outpatient surgical facilities
  - Imaging facilities and equipment
  - Residential, assisted living, chronic care homes
  - Behavioral health care facilities and services
  - Primary care and outpatient clinics
  - Other types of specialty care

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Kurt Barwis commented that discharges are not great proxy because much of our inpatient book of business has shifted to observation; you won't be able to get a true picture of hospital environment or the utilization of beds.

Deidre Gifford raised a point regarding the maps; doing some overlay either with both Social Vulnerability index (SVI) and population for some key measures so that we can match between whatever the services and those indicators.

Claudio Capone commented that some of the units [shown on the slide] are not open at the times that patients need to be, nor are they easily accessible for patients from a scheduling or transportation standpoint; so more data around utilization would be helpful to understand from a provider standpoint.

Ellen Andrews suggested looking at Medicaid as a resource for mapping underserved populations and accesses.

2021 Plan Components – Review of CON Guidelines

- The Office of Health Strategy leads the Certificate of Need (CON) Process
- The FSP must be taken into consideration when reviewing each CON application to identify community need and assess current capacity
- The CON process:
    - Guides the establishment of new health care facilities and services
    - Ensures new facilities/services best serve public needs
    - Ensures that high quality health services are provided
    - Prevents unnecessary supplication of health care facilities and services
    - Promotes cost containment
- A CON is required for:
    - Establishment of certain new health care facilities (e.g., hospitals, behavioral health treatment facilities, emergency departments, outpatient surgical facilities.
    - Transfer of ownership of certain health care facilities
    - Acquisition of some new equipment like imaging (e.g., CT, MRI, PET Scanners)
    - Adding of capacity for some service lines (e.g., beds, cardiology services)

2024 Plan Components – Review of CON Guidelines

- Review and update of standards/guidelines used in CON determinations:
    - Acute care and bed need methodology
    - Outpatient surgery
    - Imaging services/equipment
    - Cardiac care
    - Cancer care
    - Long-term care
        - Frequent components of standards/guidelines)
            - Definitions
            - Service Area Descriptions
            - Current Utilization Data
            - Population Need Methodology
            - Quality and Accessibility

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- Financial Criteria
- Other Factors for Consideration

James Michel asked if there should be a category dedicated to preventative services that is a critical managed growth of the healthcare costs?

Corey Rhyan replied: It doesn't necessarily fit within the CON guidelines but it is a good component that they could look at in this plan.

Hanna Nagy commented: We do not have a statute to look specifically at primary care in our certificate of need decision making. However preventative medicine and primary care section can be added to the FSP report.

Ellen Andrews added: She would add Emergency Department (ED) base, ED beds and birthing centers. She would also like competition as part of the standards. The balance between having too much and that driving over treatment, but having too little, then prices suffer as does access. The public needs to believe that decisions are evidence based.

Hanna Nagy replied: That is certainly something that we're [OHS] looking to do for the 2024 plan is to update the definitions, what we're looking for is for the criteria to be as transparent as possible.

Anthnoy Yoder commented: There needs to be some measure of effectiveness. What are we trying to accomplish? How does it enhance the outcome to the patients? He states that this opaque process that the public doesn't understand and it needs to be seen as an enhancement not a barrier.

Kurt Barwis added that that a CON is also required to end services. It was not included on the slide. He would like to add behavioral health services if you were going to terminate or close an inpatient unit.

Hanna Nagy added that CON for ending services was not intentionally left off but will be included in the 2024 report.

2024 Plan Components – Review of CON Guidelines
2012 Example of standards/guidelines (MRI imaging equipment)

1. Definitions
2. Service area guidelines
3. Need Analysis
4. Quality and accessibility
5. Financial Criteria
6. Other Factors

Kurt Barwis commented that an important point that was brought up about populations being able to access the equipment. Some for-profit facilities do not take indigent care patients. How do we put that into the approval guidelines? Is this something that will be addressed in this report?

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Deidre Gifford replied that there is specific language about that in our CON statues. One of our criteria specifically talks about access for individuals with Medicaid or with limited ability to pay. If you look at our recent CON decisions you will see it is deployed in almost every single review.

Anthony Yoder agreed that this is an important point and would like to see that social determinant theme woven into it.

2024 Plan Components – Supply/Need modeling

- Assessment of current need for and supply of:
  - Acute hospital beds
  - ED beds/visits
  - Outpatient surgery
  - Cardiac care
  - Cancer care
  - Imaging
  - Primary care
  - Behavioral health (mental health and substance use disorder)
- Based on the following factors:
  - Facility locations
  - Providers/workforce
  - Geographic distribution
  - Utilization by payer
  - Affordability
  - Other barriers to access
  - Equity

Kurt suggested if a study regarding the impact of malpractice on access to care in Connecticut and the need for non-economic caps should be included.

Corey Rhyan added that this is something they could investigate.

2024 Plan Components – Supply/Need modeling

- Identification of current supply
  - Facilities, by geography
  - Workforce
- Calculation of current need/utilization
  - Need by geography, payer, patient, type
- Identification of differences between supply and need
  - Oversupply
  - Unmet need/gaps in access
- Discussion of other gaps in access
  - Affordability
  - Other barriers to care

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	Ellen Andrews commented that the tables refer to MDs repeatedly, but noted that primary care is a team support and includes MPs, community health workers, RN's, PAs, nurse practitioners that are important when looking at our capacity. She shared that aligning with the higher level public health goals is important. She referred Corey to recent research that was recently collected to help [Connecticut Health] policy project, around primary care redesign, on their website.
	
	2024 Plan Components – Alignment with SHA/
	• Use of key health/health outcome measures
	  ○ Life expectancy, causes of death, health, health conditions, maternal/child outcomes
	• Access/affordability issues
	  ○ Insurance coverage, insurance trends, affordability metrics
	  ○ State health spending and prices trends
	• Economic Factors
	  ○ Food security, diet quality, segregation, transportation, violence
	• Community strength/resilience
	  ○ Social/community factors
	
	Colleen Harrington commented: She would like to include parity for behavioral health among private insurances not public insurers. Medicaid has a broad menu services for behavioral health but the private insurance may not have the same access.
	
	Hanna Nagy thanked the Healthcare Cabinet members and Altarum for attending and reiterated for members to please send her any feedback.
	
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5	**Adjournment**
	A motion to adjourn was made and seconded. The motion passed unanimously by voice vote. The meeting adjourned at 10:31 a.m.

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