

The Office of Health Strategy

At-A-Glance

Victoria Veltri, Executive Director

Kim Martone, Deputy Director, Chief of Staff

Established - 2018

Statutory Authority: Conn. Gen. Statutes, Chapter 368dd, Sec. 19a-754a and other provisions

Central Office - 450 Capitol Avenue, MS#51OHS, P.O. Box 340308, Hartford, CT 06134-0308

Number of Employees (All Funds) - 35

Recurring Operating Expenses:

FY 20 budget: \$5,995,544.00

General Fund: \$2,067,598.00

Insurance Fund: \$3,927,946.00

Organizational structure

Central Office includes a business and administrative office, Health Systems Planning Unit, Healthcare Innovation Unit, Health Data and Analysis Unit and the Community Engagement and Outreach Unit.

Mission

OHS's mission is to implement comprehensive, data-driven strategies that promote equal access to high-quality health care, control costs, and ensure better health outcomes for all Connecticut residents.

Statutory Responsibility

The Office of Health Strategy (OHS) was created in 2017 and formally established in February 2018 by a bipartisan effort of the Connecticut General Assembly. The legislation organized existing state resources into one body and centralized healthcare policymaking to advance health reform initiatives that will improve health, drive down consumer costs and support modernization efforts made possible by advancements in technology and communication. Through collaboration with consumers, providers, payers, employers, and other stakeholders, the Office of Health Strategy is leading work to forward high-quality, affordable, and accessible healthcare for all Connecticut residents, including:

- Developing health policy that improves health outcomes, ensures better access to healthcare, and identifies and addresses health inequities.
- Reining in Connecticut's high per-capita healthcare spending, stabilizing consumer costs across all sectors of healthcare, and promoting growth and job creation through healthcare reform initiatives;

- Modernizing how healthcare providers communicate and share data to improve patient experience, reduce costly redundant testing, and strengthen the value of each dollar spent on healthcare;
- Developing and supporting multi-payer healthcare payment and service delivery reforms that improve population health, focus on the root causes of health conditions, and prevent those conditions from occurring, and
- Ensuring that healthcare facilities are financially stable and appropriate to meet the medical needs of consumers in all geographic areas.

Public Service

The Office of Health Strategy is committed to its mission to implement comprehensive, data driven strategies that will promote equal access to high quality health care, control costs and ensure better health for the people of Connecticut. We do this through consumer engagement and outreach, including listening sessions, public forums, advisory councils; by holding public hearings, by collecting and analyzing data and producing research and policy recommendations; by establishing partnerships with consumers, providers, payers, and employers; and through working with other government agencies to develop the best ideas to improve health and healthcare in Connecticut. We do this in the most transparent and collaborative way possible. We work to ensure that Connecticut remains one of the top-ranked states in healthcare in our country.

Highlights of FY 20

Improvements/Achievements 2019-2020

- Successfully completed the four year Federal funded \$45 million State Innovation Model grant.
- Created an OHS Strategic Plan for 2020-2023
- Development and launch of a state mandated Prescription Drug Reporting Program
- Initiate a Healthcare Cost Growth and Quality Benchmarks with a Primary Care Target plan
- Transferred the All Payers Claim Database from Access Health CT to OHS
- Launched the Health Information Alliance (Connie), the state-mandated health information exchange
- Added a consumer facing cost estimator tool to the HealthscoreCT website
- Produced a new Guidebook to Certificate of Need (CON)
- Instituted new CON protocols during Covid-19 emergency to allow for rapid increases in hospital capacity
- Established Community Health Worker Advisory Body and certification program in collaboration with the Department of Public Health
- Updated the CT Self-Sufficiency Standard and created a framework for a Connecticut Healthcare Affordability Index
- Launch of an OHS monthly newsletter

OHS Three-Year Strategic Plan: “Developing a Healthcare Vision for Connecticut, 2020-2023”

Based on extensive meetings and interviews with staff members, state officials and community partners, OHS developed a [strategic plan](#) that includes four broad goals:

- #1 Improve care and contain costs by using data-driven strategies.
- #2 Increase access to primary and preventive care to keep people healthier.
- #3 Reduce health disparities by socio-economic factors that intersect in people’s lives including race, sex, sexual orientation and gender identity, and income.
- #4 Ensure that healthcare facilities are financially stable and appropriate to meet the medical needs of consumers in all geographic areas.

Governor Lamont’s Executive Order Number 5: Healthcare cost growth and quality benchmarks and increased investment in primary care

In a quest to slow the growth rate of per capita healthcare spending while improving health outcomes for all CT residents, the Governor’s Executive Order No. 5 requires the Office of Health Strategy to:

- Develop annual health care cost growth benchmarks by December 2020 for calendar years (CY) 2021-2025;
- Develop healthcare quality benchmarks across all public and private payers beginning in 2022, including clinical quality, over/under utilization, and patient safety measures;
- Set targets to increase primary care spending as a percentage of total health care expenditure to reach 10% by 2025;
- Monitor and report annually on health care spending growth across public and private payers;
- Monitor accountable care organizations and the adoption of alternative payment models.

Progress on the Executive Order includes:

- Establishment and meetings of a Technical Team, a stakeholder advisory board and Quality Council to provide guidance, input and feedback on this project;
- Establishment and meetings of a Primary Care Workgroup and related reforms to guide decisions regarding increasing primary care spending increases;
- A data use strategy to determine how data the Office already collects, such as the All Payer Claims Data, hospital inpatient and emergency room data and outpatient surgery data will be used to identify cost growth drivers, trends, and to establish the base rates and measure change over time;
- Development of a stakeholder engagement and communication plan which includes state legislators, representatives of underserved communities, the Consumer Advisory Council, providers, employers and the Healthcare Cabinet. They will continuously provide input to minimize unintended consequences and ensure optimal benefits for CT residents from the initiative.

Outpatient Prescription Drug Cost Transparency

The new user-friendly prescription drug reporting web portal, developed in consultation with the assistance of the Office of the State Comptroller, enables sponsors and manufacturers to report certain information on new, pipeline and existing outpatient drug information to improve pricing transparency. Sponsors of new and pipeline drugs approved by the Federal Drug Administration since November 2019, are reporting required information through the portal. OHS released the top ten outpatient drugs that are critical to public health, provided at substantial cost to the state, and have experienced significant price increases in the last three years.

Framework for a CT Healthcare Affordability Index

In collaboration with the Office of State Comptroller, OHS developed a new tool to calculate the costs of healthcare to families across Connecticut and to measure how affordable such costs are to families of different sizes with varying health status in different regions of the state. The purpose of the new tool is to help policy leaders and decision-makers evaluate existing and proposed healthcare models with respect to whether such proposals will make healthcare more or less affordable to Connecticut households. During this fiscal year, OHS and OSC published an updated CT 2019 Economic Self-Sufficiency Standard and worked with research teams at UCONN Analytics and Information Management Solutions (AIMS) and the University of Washington to design the databases and formulas to calculate affordability. Complete analyses and dashboards will be published in the fall of 2020.

Response to COVID-19

As the tragic Covid-19 pandemic swept across Connecticut and the world in 2020, OHS staff participated with the governor and all state agencies and leaders to respond to this health crisis that has already changed the healthcare landscape and the lives of so many individuals and families. Working with the Governor, we temporarily waived certain regulations to allow hospitals to quickly add capacity, and contributed to research and planning regarding testing, financing, community response and other matters.

Health Data and Analysis

The OHS Health Data and Analysis unit takes the most up-to-date information about health and health care and analyzes it in useful ways to deliver better care in Connecticut. This unit includes the All-Payer Claims Database (APCD), the Health Information and Technology program, and development of the Health Information Exchange. Consumer engagement includes the Health IT Advisory Council, and the APCD Advisory Group. Highlights include:

- Building and developing a Health Information Exchange (HIE). OHS has established a “neutral and trusted” non-profit, nongovernmental entity to deliver necessary health data exchange services for the state. Health Information Alliance, Inc. (HIA, Inc.), operating under the brand name Connie, was incorporated for this purpose in 2019. Connie is now engaged with leading health care organizations to legally and technically establish Electronic Health Record (EHR) connections and exchange data beginning during 2020. OHS was

approved for \$28.1M HITECH Act Federal 90% match funding during FFY20 and anticipates an additional \$26.4M during FFY21. The 10% state match is supported by \$3.2M in bonds allocated by the Bond Commission during 2019. OHS also received approval for an addition of \$630,000 100% Federal funding under the Federal SUPPORT Act. <https://portal.ct.gov/OHS/HIT-Work-Groups/Health-Information-Alliance>.

- OHS, partnering with the UConn AIMS, continued to enhance and use the Core Data Analytics Solution (CDAS) and Electronic Clinical Quality Measures (eCQM). CDAS enables in-depth data analytics, including electronic Clinical Quality Measures (eCQMs) to support payment and practice reforms. This tool will be the main driver of the HIE's technology solution and is currently being used to support Connecticut address the COVID19 pandemic. Clinical Quality Measures are useful because they can help measure and track the quality of health care services.
- The Medication Reconciliation and Polypharmacy Committee (MRPC) of the Health Information Technology Advisory Council has been developing business and functional requirements for creating a best possible medication history that will support medication reconciliation and improve stability and safety for patients, especially those who have multiple medications. The Committee expects to provide recommended requirements during 2020. <https://portal.ct.gov/OHS/HIT-Work-Groups/Medication-Reconciliation-and-Polypharmacy-Committee>
- The All-Payers Claims Database was transferred from Access Health CT to OHS during July 2019. Since then, OHS in collaboration with the APCD Advisory Group, APCD Data Privacy Committee and APCD Data Release Committee, revised data privacy policies and streamlined data release procedures. The Data Release Committee received fifteen data release applications and released data for three projects supporting research in opioids, HIV and health care quality. OHS continues to expand its internal use of the nearly 900 million claims records in the APCD from 2012 to date for policy development and research, including projects described elsewhere in this digest. <https://portal.ct.gov/OHS/HIT-Work-Groups/APCD-Advisory-Group>
- The HIT team, in collaboration with UConn AIMS, developed a consumer facing, interactive cost estimator tool based on APCD data. The Cost Estimator provides CT residents with an important consumer tool that analyzes data on common inpatient and outpatient services and procedures and provides consumers with useful information about the typical costs of specific medical services and procedures throughout the state. <https://healthscorect.com/cost-estimator>
- OHS participated in a six-state New England States Consortium Systems Organization Primary Care Investment project that utilizes APCD, defines and evaluates primary care investments and enables comparisons among payers, populations, and New England states. Estimates for Connecticut will also inform the process of increasing primary care spend annually to 10% by 2025, as required by Governor Lamont's Executive Order #5.

Health Systems Planning

The major functions of Health Systems Planning (HSP) include the administration of the Certificate of Need (CON) program; preparation of the Statewide Health Care Facilities and Services Plan; health care data collection, analysis and reporting; and hospital financial review and reporting. The Health Systems Planning Unit made a number of advancements during the past year with goals of creating efficiencies and improving state services. This year our focus and attention has been to bring enhanced consumer service in many areas of our section:

- During Covid we had 9 CON Temporary Waiver Requests and there were 41 CON Notifications of Temporary Suspensions of Service/Increases in Licensed Bed Capacity. This includes revisions going back to pre-emergency licensed bed capacity and re-opening service location.
- For routine requests there were 17 CON applications; 31 CON determinations, 3 CON modifications and 2 public hearings.
- The Office of Health Strategy released a [Guidebook](#) to help consumers and healthcare providers better understand the Certificate of Need (CON) process—the state’s regulatory mechanism governing health system mergers and acquisitions; major investments in new equipment or facilities; and changes in healthcare access such as adding or terminating a health service.
- Published the *Annual Report on the Financial Status of Connecticut’s Short-Term Acute Care Hospitals*. This report highlights Connecticut’s statewide hospital trends and includes individual hospital profiles of financial performance. It is intended to provide information that will enhance knowledge of the financial status of Connecticut’s hospitals. <https://portal.ct.gov/OHS/Health-Systems-Planning/Hospital-Financial-Data/Select-Data-Items-from-Hospital-Filings>
- Freedom of Information (FOI) portal viewable by the public in an easy, transparent and accessible way on our website. Requests for the All-Payers Claims Database (APCD) data are also now available through the FOI portal. <https://portal.ct.gov/OHS/Health-Systems-Planning/FOI/FOI-and-Data-Requests>

Pursuant to Governor Lamont’s Executive Order 7B, the Executive Director of the Office of Health Strategy (OHS) responded to requests for discretionary waivers of Certificate of Need (CON) statutory and regulatory requirements for certain transactions, covered under Chapter 368z of the Connecticut General Statutes, in order to increase access to critical healthcare services for the management of the COVID-19 public health emergency. The waivers are temporary and expire upon the conclusion of Governor Lamont’s public health emergency declaration.

- **Guidance and Applications** for Temporary CON Waiver Requests and Notifications can be accessed here: <https://portal.ct.gov/OHS/Pages/Certificate-of-Need>.
- **CON Temporary Waiver Decisions** can be accessed via the CON portal here: <https://dphconwebportal.ct.gov/Report> and by entering "CON Waiver" in the CON Type column.
- **Notifications of Temporary Increases in Licensed Bed Capacity and Temporary Suspensions of Hospital Service(s)** can be found here: <https://ohsnotificationandfilings.ct.gov/> and by clicking on the tab entitled "COVID_19 CON Notifications" and setting the "Select Filing Year" drop-down box to 2020.

To inform policy and consumers about Connecticut healthcare trends, OHS published the following briefs:

- Safety net hospitals in CT https://portal.ct.gov/-/media/OHS/HSP/Safety_Net_Hospitals_in_CT.pdf
- Hospital readmission penalties https://portal.ct.gov/-/media/OHS/HSP/Hospital-Readmission-Penalties_2015_to_2018.pdf
- Hospital utilization and payment trends https://portal.ct.gov/-/media/OHS/HSP/Hospital-Utilization-and-Payment-Trends_2014_to_2018.pdf
- Hospital case mix index https://portal.ct.gov/-/media/OHS/HSP/CMI_2014_2018.pdf

Healthcare Innovation

The Healthcare Innovation unit focuses on improving population health, healthcare quality and outcomes for residents, increasing access to primary care, and controlling cost growth. The unit supports several stakeholder engagement efforts in developing policy, strategy, and innovation in the healthcare landscape. Highlights of the past year include:

- Successful completion of the \$45 million, five-year, State Innovation Model (SIM) grant awarded from the Centers for Medicare and Medicaid Innovation (CMMI). Grant led to several initiatives throughout the state including:
 - Health Enhancement Communities (HEC), a place-based, multi-sector collaborative initiative focused on applying interventions to root causes around health inequities, childhood wellbeing, and healthy weight. The initiative is continuing beyond SIM with nine grantees throughout the state.
 - Community and Clinical Integration Program (CCIP), focused on improving complex care management, behavior health integration, and health equity.
 - Information Exchange Services, a contribution to the work leading up to creation of the state's Health Information Exchange (HIE) (described above)
 - Person-Centered Medical Home Plus (PCMH+), an ongoing shared saving program in Medicaid that offers arrangements to promote better care and smarter spending to achieve better quality and care experience and reducing avoidable use of hospital and emergency department services.

- Prevention Service Initiative (PSI), an endeavor that helped extend the primary care team outside the walls of an advanced network or federally qualified health center. Initiative connected providers with community-based organizations that could help with care for asthma and diabetes.
 - Value-Based Insurance Design (VBID), which supports self-insured employers in saving money with employer sponsored insurance plans.
 - Creation of the Community Health Worker certification and a Community Health Worker Advisory Body.
- Hospital Anchor Institutions collaboration with the Office of the Governor and other entities throughout Connecticut, to help create a strategy for anchor institutions and define their roles around the economy and resident's health.
 - Launch of HealthscoreCT.com website, which allows consumers to compare healthcare quality ratings and cost in Connecticut. This free public scorecard has interactive tables and graphs that allow consumers to search, sort, and filter by entity, quality measure, health topic, and rating of accountable care organizations in Connecticut.

Consumer and Community Engagement

The Office of Health Strategy has embedded consumer engagement in all of its operations to inform, engage, educate and obtain feedback across all OHS divisions and units. Some of the Consumer Engagement programs and innovations are:

- Established a new Consumer Advisory Council(CAC) to advocate for consumers and provide for strong public and consumer input in healthcare reform policies in Connecticut. The purpose of the OHS Consumer Advisory Council is to ensure significant consumer participation in the planning and implementation process. The CAC brings the consumer voice to OHS by organizing community consumer engagement events and identifies gaps in healthcare services, inequity and emerging healthcare needs in CT.
- Development of distribution list of over 1,000 individuals
- Developed an open solicitation process for consumer representatives on various OHS committees
- Provided community engagement to three communities around their Certificate of Need
- OHS hosted a full day Forum at the Legislative Office Building with three separate sessions with community-based organizations, providers and payers to discuss the future of healthcare in Connecticut.
- Participation in and presentations to over 50 events connecting with over 2,000 people in Connecticut this year.

OHS also convenes many ongoing community and stakeholder advisory groups including:

- Healthcare Cabinet which was established in 2011 to advise the Governor on issues related to federal health reform implementation and development of an integrated healthcare system for Connecticut.

- All-Payers Claims Database Advisory Group established in 2011 to provide input regarding the implementation of a state-wide multi-payer data initiative to enhance the state's use of health care data from multiple sources to increase efficiency, enhance outcomes and improve the understanding of health care expenditures in the public and private sectors.
- Health Information Technology Advisory Council which was established in 2015 to advise the executive director of the Office of Health Strategy and the Health Information Technology Officer about priorities and policy recommendations for advancing the state's health information technology and health information exchange efforts and to advise in the development and implementation of the state-wide health information technology plan and the state-wide Health Information Exchange.

OHS also provides a content-rich website for the residents of Connecticut. The site is a gateway to the operation of our agency and the varied units, as well as providing information on our public meetings and outreach activities, RFPs and contracts, news and social media, reports and publications, and access to healthcare data. Main program pages on site include:

- State Innovation Model: <https://portal.ct.gov/OHS/Services/HIT-Health-Innovation-Consumer-Engagement/Healthcare-Innovation>
- Health Information Technology: <https://portal.ct.gov/OHS/Services/HIT-Health-Innovation-Consumer-Engagement/Health-Information-Technology>
- Healthcare Cabinet: <https://portal.ct.gov/OHS/Content/Healthcare-Cabinet>
- Health Systems Planning: <https://portal.ct.gov/OHS/Services/Health-Systems-Planning>
- Healthcare Affordability Index: <https://portal.ct.gov/OHS/Pages/Healthcare-Affordability-Standard>
- Healthcare Cost Growth and Quality Benchmarks and Primary Care Target: <https://portal.ct.gov/OHS/Services/Cost-Growth-Quality-Benchmarks-Primary-Care-Target>
- Data and Reports: <https://portal.ct.gov/OHS/Services/Data-and-Reports?showall=true>
- News and Press Releases: <https://portal.ct.gov/OHS/Press-Room>
- Open Solicitations/Request for Proposals: <https://portal.ct.gov/OHS/Services/Data-and-Reports/To-Access-Data/Contracts-and-RFPs>
- CON Guidebook: <https://portal.ct.gov/-/media/OHS/CONfolder/CON-Guidebook-2020.pdf>
- A You Tube Channel is available to view OHS CON Public Hearing recordings and other OHS Interviews and events in an accessible connection via: https://www.youtube.com/channel/UCwZo-zOORky_4ZvIQBKTMHg/videos

Information Reported as Required by State Statute

OHS is required by state statute to report the following:

- The statewide health information technology plan. <https://portal.ct.gov/OHS/Content/Health-Information-Technology>

- Facility Fee notices from hospital systems. <https://portal.ct.gov/OHS/Health-Systems-Planning/Notifications/Facility-Fees>
- Actual Facility Fees charged or billed by hospital systems. <https://ohsnotificationandfilings.ct.gov/Home/Index>
- Report to the Governor and Legislature, of a biennial study on state-wide health care facility utilization. <https://portal.ct.gov/OHS/Press-Room/Press-Releases/2019-Press-Releases/Facilities-and-Services-Plan>
- Report to the Legislature on the financial stability of Connecticut's hospitals by September 1st of each year. <https://portal.ct.gov/OHS/Health-Systems-Planning/Hospital-Financial-Data/Hospital-Reporting-System> and <https://portal.ct.gov/OHS/Health-Systems-Planning/Hospital-Financial-Data/Select-Data-Items-from-Hospital-Filings>
- Consumer website-health information including quality, price and cost of health care services and a cost estimator tool that reports on billed and allowed amounts paid to health care providers according to insurance plans, and out of pocket costs for certain services and procedures. <https://healthscorect.com/>
- Community health workers and recommendations for certification of these workers, report to the Legislature. <https://portal.ct.gov/OHS/SIM-Work-Groups/CHW-Advisory-Committee> and new Community Health Worker Advisory Body <https://portal.ct.gov/OHS/Pages/Community-Health-Worker-Advisory-Body>
- Prescription Drug Reporting and Transparency: <https://portal.ct.gov/OHS/Pages/Prescription-Drug-Reporting-System>