

Office of Health Strategy

At A Glance

Victoria Veltri, *Executive Director*

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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 21 budget: \$6,177,697

General Fund: \$2,149,240

Insurance Fund: \$4,028,457

Organizational structure

The Central Office includes a Business and Administrative unit, Health Systems Planning Unit, Healthcare Innovation Unit, Health Data and Analysis Unit and the Community Engagement and Outreach Unit.

Mission

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 21

Improvements/Achievements 2020-2021

- Developed or contracted with others to develop analyses of the All Payers Claim Database (APCD) to support the Healthcare Benchmarks and Primary Care Target Initiative implementation; outpatient prescription drug transparency program; hospital price transparency; establish baseline primary care spending as a percent of total health care expenditure relative to New England states; to identify COVID at risk areas and support reopening planning; to identify and quantify the cost of low value healthcare services; and support grant applications
- Provide All Payers Claim Data extracts and aggregations to support other CT state agencies policies and program and extracts to researchers for various scientific studies.
- Launched the Health Information Alliance (Connie), the state-mandated health information exchange to enable rapid and modular deployment of uses case for sharing data.
- Engage stakeholders to develop and draft the Connecticut Five-Year Statewide Health Information Technology Plan
- OHS collaborated with the Office of the State Comptroller and UConn AIMS to update and create an online self-sufficiency standard calculator and a Connecticut Healthcare Affordability Index. Advocates and policymakers utilize this resource to evaluate cost and impacts of healthcare reforms and proposals

- OHS rapidly adopted new mobile computing technologies, enabling 100% of staff to work remotely, in accordance with social distancing guidelines put into effect due to the COVID-19 pandemic.

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 No. 5: Healthcare Cost Growth and Quality Benchmarks, and Increased Investment in Primary Care

In a mission 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:

- Reoccurring meetings of a Technical Team, a stakeholder advisory board and Quality Council to provide guidance, input and feedback on this project.
- Reoccurring meetings of a Primary Care Subgroup to guide decisions regarding increasing primary care spending and the development of a primary care roadmap.
- Quality Council is in the process of determining quality benchmarks to become effective in January 2022.
- Establishment of annual cost growth benchmarks for calendar years 2021-2025.
- Developed analytics to determine the source(s) of rising health care costs.

- Submitted an RFP for data analytic vendor to advance a data use strategy to determine how data the Office already collects (e.g. All Payer Claims Data, hospital inpatient data, 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.
- Creation and implementation 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 continue to report required information through the portal since November 2019.

Five-Year State Health IT Plan

Conn. Gen. Stat. § 17b-59a requires OHS to develop a Statewide Health IT Plan that establishes electronic standards for security, privacy, data content, structures and format, limits use of social security numbers, establishes HIPAA requirements as a baseline, requires audit trails for uses of personally identifiable information, aligns to national standards, permits health information interoperability and is compatible with electronic health systems. OHS engaged consultancy services to engage stakeholders and develop a draft plan. During SFY22 OHS will work with relevant agencies and DAS/BEST to establish a set of standards that meets the objectives of the statute and can be the basis for the subsequent gap analysis, action plans and policy development necessary to help agencies conform with the standards.

Framework for a CT Healthcare Affordability Index

In collaboration with the Office of State Comptroller, OHS launched the HealthCare Cost Index tool that calculates the costs of healthcare to families across Connecticut and measures 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 advocates, policy leaders and decision-makers evaluate existing and proposed healthcare models with respect to whether such proposals will make healthcare affordable to Connecticut households. Last 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. The complete analyses and dashboards were published in June 2021.

Response to COVID-19

Since the tragic Covid-19 pandemic swept across Connecticut and the world in 2020, OHS has 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, the temporarily waiver of certain regulations to allow hospitals to quickly add capacity, and contribute to research and planning regarding testing, financing, community response and other matters, continued.

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 and In May 2021, launched a “neutral and trusted” non-profit, nongovernmental entity to deliver necessary health data exchange services for the state. In April OHS released the HIE consumer consent policy recommendations for a 30-day comment period. May Health Information Alliance, Inc. (HIA, Inc.), operating under the brand name Connie launched, is now integrated with qualified nodes CT HealthLink, eHealth Exchange and *CareQuality*, and engaged with leading health care organizations to legally and technically establish Electronic Health Record (EHR) connections and exchange data. HS was approved for \$28.1M HITECH Act Federal 90% match funding in 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>.
- The Medication Reconciliation and Polypharmacy Committee (MRPC) of the Health Information Technology Advisory Council developed and published business and functional requirements for creating a best possible medication history. The requirements were sent to CONNIE to support medication reconciliation and improve stability and safety for patients, especially those who have multiple medications. <https://portal.ct.gov/OHS/HIT-Work-Groups/Medication-Reconciliation-and-Polypharmacy-Committee>
- The All-Payers Claims Database 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. In FY21, the Data Release Committee received and approved received seven data release applications, and five application enquiries. 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 and the methodology is informing the process of increasing primary care spend annually to 10% by 2025, as required by Governor Lamont's Executive Order #5.
- OHS released APCD extracts and aggregations to support: 1) the Office of the Comptroller's program to explore health care options for small groups and the development and administration of Centers of Excellence program for the state health plan program, 2) the Office of Policy Management to study the impact of COVID, 3) the Attorney General's Office to assess the impact and cost of opioid treatment to the state and, 4) to researchers approved by the DRC to receive the data for various studies.

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:

- As Covid continued in its second waive, OHS received 2 additional CON Temporary Waiver Requests for behavioral health programs and continued to monitor inpatient licensed bed capacity.
- The CON team experienced a significant increase in volume, receiving 39 CON applications: 49 CON determinations, 6 CON modifications and 7 public hearings.
- Published the *Facilities & Services Plan 2020 Supplement*. This report provides an overview of Connecticut's current healthcare landscape, highlighting CON activity, utilization, demographic and cost trends. <https://portal.ct.gov/-/media/OHS/HSP/Facilities-and-Services-Plan-2020.pdf>

- HSP convened a cardiac workgroup to examine the most recent national guidelines promulgated by the American College of Cardiology Foundation/American Heart Association/Society for Cardiovascular Angiography and Interventions and the Advisory Council for Cardiothoracic Surgery to update the standards and guidelines for percutaneous coronary intervention (PCI) and cardiac surgical programs. This work is ongoing and should be completed in the fall of 2021.
- 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. [Financial-Stability-Report_2019.pdf \(ct.gov\)](#)
- 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>

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 and community health by addressing social determinants of health and health inequities, enhancing healthcare quality and outcomes for residents, increasing access to primary care, and controlling healthcare 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:

- Received two federal grants to support health enhancement communities and initiated engagement with stakeholders to design a statewide health equity trust in Connecticut;
- Created a community benefits team to review statutes and best practices and perform data analytics on hospital community health needs assessments and related community benefit data;

- As one of five states in the Peterson-Milbank Program for Sustainable Health Care Costs, received funds for technical assistance to implement a health care cost growth benchmark;
- OHS' Quality Council updated the core measure set to support alignment of clinical quality, patient safety, consumer experience, and over- and under-utilization measures used by insurers and advanced networks;

Created and distributed the [Connecticut Healthcare Benchmark Initiative Implementation Manual](#) containing the technical and operational steps to necessary to implement, methodology used to set the Cost Growth Benchmark and Primary Care Spend target, methodologies for calculating performance against the benchmark and target, as well as technical specifications for data reporting and collection. Hosted a virtual forum "[Using the Cost Growth Benchmark as a Tool to Improve Health Care Affordability](#)" to inform stakeholders on OHS initiatives and strategy.

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:

- Re-establish the CT Partners for Health, a collaboration of many communities, health, state agencies and more to engage consumers to become active, informed partners in managing their health and healthcare. This includes quality health care and health education for all racial, ethnic, and linguistic groups, and other diverse populations. After a hiatus during the 2020 pandemic, the CT Partners for Health will conduct several mini forums throughout the year in addition to planning for the 2022 Better Health Conference.
- 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.
- Continue to grow the OHS distribution list serve
- Continue the OHS open solicitation process for consumer representatives on various OHS committees
- 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:

- 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>