

Healthcare Benchmark Initiative Steering Committee Meeting

Meeting Date	Meeting Time	Location
January 24, 2022	3:00 pm – 5:00 pm	Webinar/Zoom

Participant Name and Attendance

Healthcare Benchmark Initiative Steering Committee		
Ben Alvarez	Deidre Gifford	Wendy Sherry
Stephanye Clarke	Paul Grady	Kathy Silard
Tiffany Donelson	Ken Lalime	Chris Ulbrich
Ted Doolittle	Cassandra Murphy	Victoria Veltri
Jeff Flaks	Chris O'Connor	Josh Wojcik
Lou Gianquinto	Fiona Scott Morton	
Others Present		
Kelly Sinko, OHS	Mike Gilbert, DSS	Matt Reynolds, Bailit Health
Krista Moore, OHS	Michael Bailit, Bailit Health	Jessica Mar, Bailit Health
Brent Miller, OHS	January Angeles, Bailit Health	
Olga Armah, OHS	Grace Flaherty, Bailit Health	
Members Absent:		
Judy Dowd	Andy Markowski	Michael Posner
Paul Lombardo	Karen Moran	

	Agenda	Responsible Person(s)
1.	Welcome and Roll Call	Victoria Veltri
	Vicki Veltri welcomed everyone to the January Steering Committee meeting and invited Matt Reynolds to conduct a roll call. There was a quorum present.	
2.	Public Comment	Victoria Veltri
	Vicki Veltri offered the opportunity for public comment. There were no public comments.	
3.	Approval of December 20, 2021 Meeting Minutes	Victoria Veltri
	Vicki Veltri noted that Karen Moran from Emblem Health had joined the Steering Committee and expected to be present at the February meeting. Vicki Veltri asked for a motion to approve the December 20 meeting minutes. Ben Alvarez motioned to approve the minutes. Kathy Silard seconded the motion. There was no opposition nor any abstentions. The meeting minutes were approved.	
4.	Pre-Benchmark Analysis	Michael Bailit
	<p>Michael Bailit introduced the pre-benchmark analysis, and analysis of health care spending growth in Connecticut between 2018 and 2019 using aggregate data submitted by payers.</p> <ul style="list-style-type: none"> Fiona Scott Morton asked if there would be an opportunity for the Steering Committee to consider how to make the All-Payer Claims Database (APCD) actually “all-payers” and “all-claims.” Michael Bailit replied that the challenge was a Supreme Court ruling that states cannot compel self-insured plans to submit data to an APCD. Fiona Scott Morton said it would be helpful to know what states such as Colorado, Utah, and Massachusetts were doing to get more complete APCD data than Connecticut. 	

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January Angeles of Bailit Health reviewed the process for data collection, validation and analysis of the pre-benchmark period.

January Angeles reported that Connecticut's Total Health Care Expenditures grew 3.3% in 2019. She then shared that commercial per capita spending growth in 2019 was 6.1%.

- In response to a question from Paul Grady, January Angeles explained that Bailit Health collected data from commercial payers separately for full claims and partial claims. Those with carved-out services fell into the partial claims category and for those claims, when the payer did not have the data for those carved-out services, Bailit Health asked them to estimate what spending would have been based on their full claims population.

January Angeles reported that Medicaid per capita spending growth grew -0.9% in 2019, though spending increased 2.1% when long-term care was removed. Medicare per capita spending growth in 2019 was 2.2%.

- Paul Grady thought the findings were consistent with what he had read in other studies.

January Angeles explained that retail pharmacy and hospital outpatient were the primary drivers of state level spending growth in 2019.

- Deidre Gifford asked in which service category physician-administered drugs were included. January Angeles replied that spending on physician-administered drugs was included based on where they were delivered, and thus were present in multiple categories.

January Angeles noted that hospital outpatient and hospital inpatient were the largest contributors to trend for commercial market spending growth in 2019.

- Paul Grady asked if a drug filled by mail order would fall into retail pharmacy. Michael Bailit confirmed that it would.
- Chris O'Connor asked if specialty pharmacy was captured in hospital outpatient. Michael Bailit confirmed this to be the case, but added that administered drugs was a smaller contributor to outpatient hospital cost growth than might be expected.

January Angeles noted that retail pharmacy and hospital outpatient were the largest contributions to Medicaid spending growth in 2019.

- Deidre Gifford shared her belief that the decrease in long-term care spending for Medicaid was in part a result of a shift from institutional care to community-based care, which is generally cheaper. Mike Gilbert from DSS added that rebates have a large impact on net pharmacy spend and thus sometimes the timing of rebate receipt can affect trend fairly significantly.
- Ken Lalime asked if the impact of 340B was included in the Medicaid pharmacy data. January Angeles stated she would get back to Ken with an answer.

January Angeles stated that retail pharmacy and hospital outpatient were the primary drivers of cost growth for Medicare in 2019. Deidre Gifford thought the retail pharmacy PMPY figure for Medicare was striking.

- Deidre Gifford asked if it were possible to get a ratio of self-insured to fully insured costs for each service category at the plan level in order to contextualize APCD data.

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	<p>Michael Bailit stated that Rhode Island had performed an analysis of self-insured vs fully insured costs using data from their APCD that preceded the Supreme Court decision preventing states from compelling self-insured plans to report data to APCDs. Michael said he would look into getting access to this analysis in order to provide some context for the APCD data.</p> <p>Paul Grady stated that he would like to see the Steering Committee leverage what other states have learned in order to act faster. For example, he shared that the Washington Health Alliance had done a lot of early work on low-value care. Michael Bailit said that the Steering Committee would be discussing cost growth mitigation strategies at upcoming meetings and decreasing low-value care could be put on the list of strategies to consider. Michael added that Bailit Health had performed analyses on the topic with other states and learnings from these analyses could be brought to the Steering Committee. Vicki Veltri and Olga Armah noted that an outside firm (Milliman) was conducting an analysis of low-value care for OHS using APCD data, and that OHS would share the results once ready.</p>
5.	<p>Input from the Stakeholder Advisory Board</p> <p>Michael Bailit</p>
	<p>Michael Bailit shared input provided by the Stakeholder Advisory Board members during their December 8, 2021 meeting.</p> <p>In response to the idea of hosting events that bring patients and legislators together to understand and respond to hospital price growth findings, Deidre Gifford stated that she thought the Medical Assistance Program Oversight Council (MAPOC) would be interested in seeing comparative levels of PMPY spending between commercial, Medicare, and Medicaid.</p>
6.	<p>Follow-Up Mathematica Analyses re: ED Utilization Disparities</p> <p>Michael Bailit</p>
	<p>Michael Bailit reported on a follow-up analysis requested by the Steering Committee to see if age, gender and/or chronic illness explained disparities in ED utilization by race and income. Michael reported that subsequent analysis by Mathematica found that controlling for age, gender, and chronic conditions greatly reduced the observed disparities in ED utilization by both race and income.</p> <p>Michael noted that a national study published in January 2021 found opposite patterns for emergency department spending for Black and Hispanic individuals, and so OHS planned to consider a follow-up analysis that separates ED utilization analysis for Black and Hispanic populations.</p>
8.	<p>Wrap-Up and Next Steps</p> <p>Victoria Veltri</p>
	<p>Vicki Veltri noted that the next meeting was scheduled for February 28th from 3-5 pm. She shared that the meeting would discuss cost shifting, causes of hospital price growth and strategies to address hospital price growth. Vicki emphasized that the Steering Committee would subsequently focus on other cost growth mitigation strategies as well.</p>
9.	<p>Adjourn</p> <p>Victoria Veltri</p>
	<p>Vicki Veltri asked for a motion to adjourn. Chris O'Connor motioned to adjourn. Ted Doolittle seconded the motion. The meeting adjourned at 4:16 PM.</p>