

LAMONT BYSIEWICZ HEALTHCARE TRANSITION POLICY COMMITTEE

December 12, 2018

Dear Governor-Elect Lamont,

The Healthcare Policy Committee is pleased to forward the attached report for your consideration.

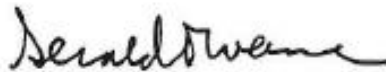
The Committee was engaged, hardworking and dedicated to the goal of establishing a sustainable healthcare policy that positions Connecticut as a leader in healthcare access, outcomes and efficiency. Our deliberations were comprehensive and thorough, and the members are leaders in their respective fields who placed their individual interests aside for the purpose of achieving a fair and equitable analysis of the important healthcare issues facing Connecticut in the years ahead.

Given the complexity of the issues involved and the limited time we had, it was difficult to include all the topics that came to our attention. That said, we believe this report provides a solid roadmap and highlights the top priorities to guide your administration's healthcare agenda.

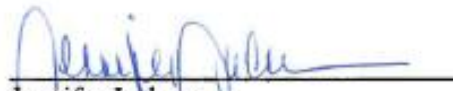
We respectfully request that the Task Force be permitted to continue its work beyond the transition period. Allowing the Committee to continue in an advisory capacity would give us the opportunity to aid your administration to develop policies that would improve the quality of healthcare in Connecticut, study cost reduction opportunities, and allow greater access to care.

It has been a privilege to work with members of the Task Force. On behalf of the entire Committee we thank you for the opportunity to serve your transition team.

Very truly yours,



Gerald T. Weiner
Co-Chair



Jennifer Jackson
Co-Chair



Lamont-Bysiewicz Transition Policy Committee Reporting Template

Committee Name: Healthcare Policy

Co-Chairs: Gerald Weiner and Jennifer Jackson

1. How do you propose the Lamont Administration should prioritize the policy goals in this area, and on what timeframe?

The Administration should prioritize policy goals through a vision- and mission-driven lens that focuses on key capabilities critical to achieving Connecticut's health policy goals. The timeframe of specific proposals varies based on implementation requirements.

Vision: *To make Connecticut the healthiest state in the union, so all of its residents can thrive and achieve their optimal state of health and well-being.*

Mission: *To improve the health and well-being of all residents while reducing the cost of healthcare and the impact of illness; create a health ecosystem that is equitable, efficient, cost-effective and data-driven; and adopt a holistic person-centered orientation that recognizes the impact of social determinants on our health and well-being.*

Key Capabilities:

1. An **Administration** that fosters an environment of collaboration, innovation, and critical thinking among **leadership** and **across all agencies** to achieve the vision and mission stated above.
2. **Access** to affordable and comprehensive healthcare and coverage for all residents.
3. Adopts a strategy of **Health and Health Equity in all policies**.
4. Rigorous **collection and utilization of data** to target interventions, improve outcomes, create transparency and accountability among stakeholders, and support cost containment initiatives.
5. A **Health Information Exchange** that ensures health information is available to patients and all those involved in their care.
6. A strong **foundation of primary care** and highly **integrated behavioral and medical health** services.
7. **Value-based payment** and **benefit design models** that lead to improving residents' health while reducing costs.
8. A **modernized workforce** that allows everyone to work at the top of their training, certification, or licensure, and can support making the necessary connection between the healthcare system and community resources.

2. Which goals are achievable in the first 100 days of the Administration? See Appendix B for specific details on goals.

- Appoint state leaders who support a health in all policies approach and possess the capabilities necessary to foster leadership, cross-agency collaboration, and innovation as described above.
- Address all policies through the lens of advancing health and well-being.
- Introduce legislation to certify Community Health Workers (CHWs), which builds on the work of PA 17-74 and the study completed in October 2018.
- Commission a study to review the Connecticut Medicaid program that includes an assessment of performance against national benchmarks and identifies and recommends opportunities for increased flexibility to advance population health and access. Until such study is complete, maintain current Medicaid services, eligibility and payment levels.
- Promote the use of electronic consultations (e-consults) and adopt Medicaid payment for e-consults that covers costs to improve access.
- Continue to support value-based payment and care delivery models, which include quality measure alignment among payers, strengthening primary care, and cross-sector strategies to improve health outcomes and well-being.
- Direct all state leaders to examine methods to align state spending to improve the health and well-being of Connecticut residents through blended and braided funding.

- Ensure that the Office of Health Strategy (OHS) has the authority to coordinate across agencies to advance the mission as stated above.
- Require state agencies to collect and utilize data, including racial, ethnic, and language data, for purposes of transparency, tracking and improving healthcare outcomes, and targeting interventions.
- Secure state match funding to launch Health Information Exchange (HIE) services.
- Adopt a policy to ensure individuals have easy access to their digital data.
- Enhance and fully fund the All-Payer Claims Database (APCD).
- Study the feasibility of a Section 1332 Waiver that can support affordable options, including alternative plan designs, and, depending on the results of the study, introduce legislation for an individual mandate contingent upon approval of such 1332 Waiver.
- Require Access Health Connecticut to adopt one standard plan, among the standard plan(s) offered, that is consistent with value-based insurance design.
- Charge OHS to determine a baseline on Connecticut's performance, examining results and cost drivers of healthcare, including the implications of cost-shifting, as seen in all payers.
- Implement Public Act 18-41 to address prescription drug costs.

3. Which goals will require legislation to move forward? Which items can be advanced through the actions of the Administration alone? What is the fiscal impact of these legislative or executive actions?

Refer to Appendix B for a detailed list of recommendations including what can be advanced through administrative action, what requires legislation and/or federal action, as well as fiscal impact.

4. Are there specific challenges you can identify with regard to achieving the Lamont Administration's goals, and how would you suggest to address those?

- Lack of consistent and comprehensive data within the state limits the ability to identify baselines, compare performance against benchmarks, develop data-driven solutions, set targets and track performance over time on multiple dimensions (e.g., quality, cost and outcomes). Proposed solution: See proposals on APCD and implementation of HIE.
- Lack of a unique technological identifier for individuals that would allow the state to tie dollars to services received by residents. Proposed solution: See proposals on APCD and implementation of HIE.
- Without addressing cost drivers, the move toward global budgeting and value-based payment to promote health outcomes cannot be successful. Proposed solution: Use data from the APCD and HIE to increase transparency and accountability and commission focused studies to develop fact-based solutions to address underlying costs.
- There are strong and diverging opinions on how to move from a volume- to a value-based healthcare system. Proposed solution: Develop data-driven recommendations including outcome experience where available.
- Government departments work in silos without an aligned vision of health. Proposed solution: See proposals regarding Health and Health Equity in all policies and the authority of OHS.

5. How will implementation of policy in this area create jobs and spur economic growth?

The solutions recommended to improve health and reduce costs will create new jobs and spur investment. Improving the health of the population will result in a more productive workforce while making healthcare and coverage more affordable and making Connecticut a more attractive place to live and do business.

6. Are there opportunities for cost savings for CT state government in the context of implementing this policy?

Adopting these strategies should control, if not reduce, state healthcare expenditures while improving health for all.

7. What examples of success from other states, countries, or the private sector in this policy area should the Administration study? The Administration should study various policies from other states.

8. Are there any other issues/considerations you would like to highlight with regard to this policy area?

Appendix A

Framework for Decisions

Prioritization of specific proposals followed an evaluation framework that includes:

- Contribution to the vision of population health*
- Relationship to the key capabilities*
- Level of effort to mandate (e.g., legislation, executive order, regulations)*
- Level of effort to implement*
- Level of impact*
- Cost and timing with respect to availability of outside funding/subsidy*
- Sequencing considerations*

Appendix B –Legislative or Administrative Options

Legislative/Administrative Options					
	Topic	Recommendation	Purpose	Legislative/ Administrative	Feasibility/ Other Considerations
1	Health in All Policies (HiAP)	<p>Establish Health in All Policies (HiAP) strategy that would integrate and articulate health considerations into policymaking across sectors to improve the health of all communities and people.</p> <p>According to the World Health Organization, “health” is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. https://www.who.int/suggestions/faq/en/</p>	<p>Establish health impact as a principle consideration in all areas of state policy in order to accelerate improvements in public health. HiAP recognizes that health is created and affected by a multitude of factors beyond healthcare and, in many cases, beyond the scope of traditional public health activities.</p>	<p>EO to charge OHS to lead or staff the development of such a policy by working with other state agencies as necessary to implement such a strategy.</p>	<p>Consistent with developing a comprehensive and cohesive vision for the state to address cost containment, eliminate health inequities and create a healthy workforce.</p> <p>More information about CA initiative here: https://www.cdph.ca.gov/Programs/OHE/Pages/HiAP.aspx</p>

Legislative/Administrative Options					
	Topic	Recommendation	Purpose	Legislative/ Administrative	Feasibility/ Other Considerations
DATA and EXCHANGE SERVICES					
2	Launch Health Information Exchange Services (HIE) Ensure consumers have access to their HIE information.	Ensure support for OHS in its efforts to implement health information exchange services with the cooperation of other state agencies, health systems and providers regardless of affiliation and the systems used. Adopt a policy to ensure individuals have easy access to their HIE data to help control their own healthcare (Enforce the 21st Century Cures Act).	Fast and reliable exchange of health information improves healthcare quality and avoids duplicative service, thereby reducing costs. Can also provide a wealth of data for research on outcomes and population health.	Administrative	Timelines for connections vary for hospitals and other providers.
3	All Payer Claims Database (APCD) – Data APCD - Fund	a. Require all state agencies to contribute data and remove restrictions in accessing the data. b. Include granular pharmacy data. c. Fully fund the APCD (consider funding sources that do not increase the costs of healthcare coverage).	Expand participation in the APCD and the scope of data contained in the APCD. This will enable the APCD to fulfill its purposes of making cost and quality transparent to the public and policy makers and to support better policymaking. Funding for the APCD will end SFY19. Continuation of funding will enable the APCD to fulfill its purposes of making cost and quality transparent to the public and policy makers and to support better policymaking.	Legislation would be required; may need legislation to specify level of pharmacy data. Funding would need to be included in the appropriations bill.	

Legislative/Administrative Options					
	Topic	Recommendation	Purpose	Legislative/ Administrative	Feasibility/ Other Considerations
COST DRIVERS and STUDIES					
4	Healthcare quality and cost reporting	<ul style="list-style-type: none"> a. Mandate annual report on quality and cost based on data. b. Baseline cost study of all payers – starting with Medicaid. c. Include pie chart that shows where the healthcare dollar goes. d. Launch public access website on quality and cost. 	Quality and cost transparency would enable the state to develop a cost containment strategy; it would provide the basis for holding policymakers, payers, and providers accountable; it would help ensure consensus on costs in Connecticut to support policymaking going forward; and it would ensure that annual quality and cost data on the provision of healthcare services are available to the public.	<p>Legislation if including ALL costs and quality.</p> <p>Administratively, state expenditures could be reported through an Executive Order. Item “d” will be launched by OHS early in the new administration.</p>	<p>Access to self-funded data limited by law.</p> <p>Agencies can pay for access to entities that have such data.</p> <p>Breadth of data and agencies included.</p>
5	Pharmacy cost reduction and price transparency	<p>Implement PA 18-41.</p> <p>Consider additional strategies from a variety of sources, including other states, to create transparency and reduce pharmacy costs.</p>	Reduce the rate of growth of healthcare expenditures.	<p>Legislative or administrative</p> <p>Legislative – propose additional legislation to support lowering of costs.</p> <p>Administratively - support necessary data collection to fully implement PA 18-41.</p> <p>Protect PA 18-41 from rollback.</p>	<p>PA 18-41 was the product of much negotiation. Changes in this area would likely need the full legislative session.</p> <p>Full report is here.</p>

Legislative/Administrative Options				
Topic	Recommendation	Purpose	Legislative/ Administrative	Feasibility/ Other Considerations
PAYMENT/CARE DELIVERY REFORMS and INSURANCE DESIGN				
6	Section 1332 Waiver and Individual Mandate	Commission a study to examine options such as reinsurance for stabilizing the Connecticut individual market. Consider all options available under a Section 1332 Waiver and the establishment of a strong and enforceable individual coverage mandate.	To reduce insurance premiums in the individual market by ensuring a broad risk pool.	<p>Legislation or Executive Order</p> <p>New guidance from the federal government on such waivers https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-23182.pdf. New guidance does not require state legislation.</p> <p>Some time for modeling and study would be needed; many have considered or may be interested in this option to fund other coverage options in the state – Medicaid buy-in or public coverage outside of the Exchange.</p> <p>Committee consensus seemed to be that an individual mandate has to be paired with a 1332 Waiver.</p> <p>Broader concern in TX court case about constitutionality of the ACA.</p>
	Implement recommendations regarding a Section 1332 Waiver and individual mandate.		Legislation	

Legislative/Administrative Options					
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7	Value-Based Insurance Design (VBID)	<p>a. Require annual reporting with respect to use of VBID product design elements in fully insured and self-funded products.</p> <p>b. Require that Exchange includes, among the standard plan(s) adopted, one standard plan that is consistent with VBID elements. This does not require the Exchange to adopt any specific number of standard plans, just that regardless of the number of standard plans (1 or more), one includes VBID components.</p>	This recommendation would enable the state to monitor the penetration of VBID plan designs and increase VBID penetration in the individual market for the purpose of promoting engagement in preventive and chronic illness care, use of high-value providers, and affordability.	Legislation; likely effective 2021.	<p>State cannot mandate self-funded plan design.</p> <p>Consider use of State Innovation Model (SIM) recommended VBID template as the basis for determining minimally compliant product.</p> <p>Alternatively, there is a national project under way to explore VBID on the individual marketplace; AHIP and BCBSA are involved; anticipate recommendations within the next few months.</p>
8	Certification of Community Health Workers (CHW)	Establish CHW certification pursuant to the recommendations of the CHW certification report .	Improve access to Community Health Workers in support of healthcare and public health, which will help reduce the substantial health inequities in Connecticut by addressing social determinants of health and chronic illness self-management. The certification for Community Health Workers would also provide opportunities for workers.	<p>Additional legislation would be needed to establish certification formally. Current legislation can be found at:</p> <p>https://www.cga.ct.gov/2018/ACT/pdf/2018PA-00091-R00HB-05290-PA.pdf</p>	Assumes oversight is provided by supervising Primary Care Provider (PCP) or nurse/MSW coordinator; achieving access will also require a payment solution.

Legislative/Administrative Options					
	Topic	Recommendation	Purpose	Legislative/ Administrative	Feasibility/ Other Considerations
9	Electronic Consultation (e-consult)	Expand and enable e-consult among all of Connecticut's payers and providers; use new Medicare inter-professional reimbursement model as a reference.	Support comprehensive primary care and reduce costs by improving access to inter-professional consultation (e-consult); Connecticut-based research has demonstrated that unnecessary referrals to sub-specialists can be avoided if primary care providers can request an electronic consultation with a subspecialist. e-consult has been demonstrated to reduce costs with no adverse effect on quality.	Legislation would be required to add this as a coverage mandate on the fully insured market; legislation would not be required for Medicaid, although a state plan amendment may be required if the methodology is different than current.	State could end up bearing the cost of coverage mandate on fully insured and could not mandate self-insured health plans.
10	Quality measure alignment	Require that Medicaid and all fully insured health plans with shared savings programs or similar arrangements use a common measure set for the purpose of measuring provider performance with respect to quality and care experience, except as the provider and payer otherwise agree.	Providers are required to track a wide range of quality measures that differ among payers, resulting in administrative inefficiencies as a result of capturing and reporting such measures; as well as having to establish payer-specific processes for performance improvement, contrary to the way that most providers operate. Recommendation would reduce administrative burden on providers and enable quality improvement.	Explore legislation in 2020.	Could use the SIM Quality Council's Core Measure Set as the reference standard. This standard would consider changes on an annual basis to federal measurement sets. Contracting timeframe between providers and carriers would need to be addressed (or another option would have to be considered) to achieve alignment over time.

Legislative/Administrative Options					
	Topic	Recommendation	Purpose	Legislative/ Administrative	Feasibility/ Other Considerations
11	Expand use of Alternative Payment Models (APMs)	Consider establishment of targets for commercial payers for the percent of spend running through APMs. Such arrangements must include accountability for quality and costs. Quality should be measured by outcomes.	To encourage the use of models that reward better healthcare outcomes and lower costs, thus improving quality and affordability of healthcare.	Legislative requirement that Medicaid and fully insured health plans achieve annual APM percent of spend targets.	<p>Would likely require full session.</p> <p>Cabinet cost-containment report in 2016 evaluated a similar provision regarding adoption of APM targets, but it did not pass.</p> <p>See https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html</p> <p>And https://hcp-lan.org/</p>
12	Behavioral Health Integration Care Delivery	Support full integration of dedicated behavioral health clinicians (BHCs) and care coordinators into primary care, enabling a team-based primary care approach to managing behavioral health and biopsychosocially influenced health conditions.	Enable better healthcare outcomes by addressing medical and behavioral health within the context of primary care. Integration enables consideration of health behavior and behavioral health co-morbidities in the management of chronic illness and supports early identification and treatment in the primary care setting.		<p>Unclear whether coverage under Medicaid could be done under state plan authority or would require an 1115 Demonstration Waiver.</p> <p>SIM is currently pursuing a strategy to improve behavioral health integration as part of Primary Care Reform.</p>