

Town of Sharon, Community Education Forum

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Presenters:

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OHS' Mission

Implement comprehensive, data driven strategies that:

- Promote equal access to high quality health care
- Control costs
- Ensure better health outcomes for all Connecticut residents

OHS History

Pursuant to CGS § 19a-754, as amended by Public Act 18-91, the Office of Health Strategy (OHS) was created in 2017 and established in 2018 by a strong bipartisan effort of the CT General Assembly to forward high-quality, affordable, and accessible healthcare for all residents.

The legislation re-organized existing state resources into one body, centralizing health policymaking and advancing healthcare reform initiatives that will drive down healthcare costs, close Connecticut's deeply entrenched racial, economic, and gender health disparities, and undertake technology-driven modernization efforts throughout the system.

The work of the Office of Health Strategy is funded, in part, by federal grants secured through a competitive process, placing Connecticut among states leading the way in health care policy reform. No new positions were created in the establishment of OHS; existing state resources are being deployed in a new, more efficient and effective way.

Our History

- In many national surveys, Connecticut appears in the top ten states for healthcare.
- In 2018, U.S. News Best States ranks Connecticut 4th highest for healthcare. This is a promising statistic, but Connecticut is also among the states with the highest cost and high cost growth in the country.
- OHS has established and collaborates with a variety of experts, consumers, and provider stakeholder groups to examine and address the barriers in Connecticut's health system—cost, access, and outcomes.
- A healthy population creates value for employers, is necessary for a strong economy, and is key to a high quality of life.

<https://www.usnews.com/news/best-states/rankings/health-care>

OHS Collaboration

Engagement and collaboration are keys to successful health system reform.

OHS holds community forums and convenes several stakeholder groups to ensure that the needs of consumers, providers, payers, and employers are heard, and that government leaders are able to integrate all these needs and ideas into policy development and implementation.

Listening - Encouraging and Supporting Consumer Engagement

Connecticut Health Care Cabinet

Diverse group of advocates, consumers, providers, healthcare industry and state agencies that advises the governor on federal health reform implementation and developing an integrated healthcare system. In 2018, for example, underpinned by a comprehensive Cabinet examination of drug cost containment, legislators passed reporting requirements for drug companies to ensure prescription pricing transparency and keep consumer pharmacy costs in check.

Consumer Advisory Board

Advocates for consumers and ensures that the public has significant input on health reform policies. The Consumer Advisory Board provides guidance and representation to several committees and plans consumer outreach activities.

Listening Continued

Healthcare Innovation Steering Committee

Diverse group of advocates, consumers, providers, employers, and other that advises the State Innovation Model Program Management Office and the federal Test Grant which is funding payment and care delivery reforms including primary care modernization, community and clinical integration, and other initiatives.

Statewide Health Information Technology Advisory Council

Consists of experts representing different health sectors, state officials, and tech leaders convened to advise OHS through the Health Information Technology Officer on Connecticut's Health Information Exchange technology plan, standards, and oversight.

Statewide Health Care Facilities and Services Plan Advisory Committee

Includes three service-specific subcommittees (Acute Care/Ambulatory Surgery, Behavioral Health and Primary Care), and an Imaging Workgroup, comprised of representatives from a cross-section of the health care industry and State government, to provide guidance on the development of a statewide plan.

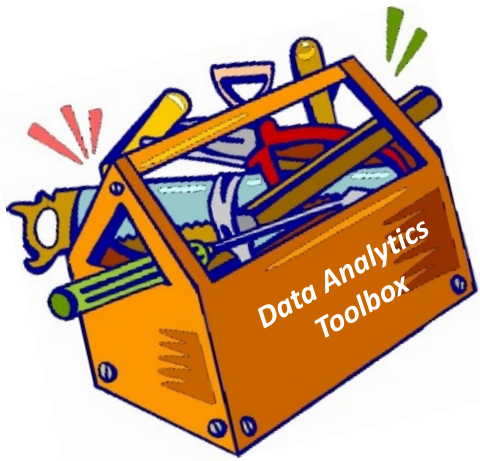
Building Better Healthcare

- Create and enhance the tools that gather, analyze and share clinical data that advances good health and healthcare policymaking.
- Establishing a foundation for health reforms that promotes better patient-provider communication, addresses health inequities and identifies cost drivers.

Three Teams Working Together



**Health
Innovation &
Strategy**



**Health Data
& Analysis**

***Equal Access
Control Costs
Better Health***

**Health
Systems
Policy**



Health Innovation and Strategy

Health Innovation & Strategy

- Develop state-led, multi-payer healthcare payment and service delivery reforms
- Provide technical assistance to providers to support participation in model reforms
- Develop and promote health insurance and coverage innovations that remove financial barriers to, or introduce rewards for healthy behavior, preventative care, medication adherence, chronic disease management, and use of high-value service and providers
- Develop innovations for the management and financing of cross-sector community initiatives to improve health;
- Promote healthcare workforce innovations – Community Health Worker Initiative
- Seek and administer state and federal demonstration programs that support these activities

Health Data and Analysis

Health Data & Analysis

- Create and administer a state **Health Information Exchange (HIE)** to facilitate coordination across care settings, reduce costs associated with preventable readmissions, duplicative testing and medical errors, and provide patient access to personal medical records.
- Establish and administer the **Core Data Analytics Solution (CDAS)** to enable in-depth data analytics, including electronic Clinical Quality Measures (eCQMs) to support payment and practice reforms.
- Administer the **All-Payer Claims Database (APCD)** program for the purpose of collecting, assessing and reporting health care information relating to safety, quality, cost-effectiveness, access and efficiency for all levels of health care.
- Create and administer a **consumer health information website** for the public to find accurate and reliable information to help make informed decisions when choosing health plans and providers.
- Prepare the statewide **Health Information Technology Plan (HIT Plan)** to ensure that appropriate governance, oversight and accountability measures achieve the state's health information technology goals.
- Establish **electronic health information standards** for use by health care providers and institutions including provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols.

Health Systems Planning

Health Systems Planning Activities

- Certificate of Need
- Acute Care and Specialty Hospitals Annual Financial Data Filings, Audited Financial Statements, Organizational Charts, etc.
- Utilization data collection (Inpatient, Outpatient and Emergency Department).
- Inventory of health care services, facilities and imaging equipment (Bi-Annually)
- Standard Publications:
 - Acute Care Hospitals Financial Stability Report, (Annually), and
 - Connecticut's Health Care Facilities and Services Plan (Bi-Annually)

What is a *Certificate of Need* and what does it do?

- Certificate of Need (CON) process regulates, monitors and improves Connecticut's health care system.
- CON deliberations and public hearings are an Office of Health Strategy's (OHS) regulatory responsibility that ensure that a health care facility and service development address the needs in our communities.
- The CON process protects the accessibility of healthcare services for consumers while limiting duplication of excess capacity of facilities and services in any given geographical area. *OHS holds public hearings and encourages residents to give input on every CON application.*

What Requires a CON?

19a-638 C.G.S.

1. Est. of a new health care facility (HCF)
2. Transfer ownership of a HCF
3. Transfer ownership of a large Group Practice
4. Est. of a Free Standing ED
5. Termination of a service (hospital)
6. Est. of an O/P Surgical Facility
7. Termination of a surgical services by an O/P (exemptions may apply)
8. Termination of an ED by a hospital
9. Est. of cardiac services
10. Acq. of CT, MRI, PET, PET-CT,
11. Acq. Of nonhospital LinAc
12. Increase in lic. bed capacity of a HCF
13. Acq. Of new tech. equip. (1st in State)
14. An increase of 2 or more ORs in 3 yrs
15. Termination of I/P, O/P services by any facility that is eligible for Medicare or Medicaid

How many *and* what type of CON applications are filed each year?

- Last year, 31 applications were filed with OHS:
 - 10 for Termination of Service,
 - 7 for Changes of Ownership (OSF/ASC, Group Practice),
 - 5 for acquisition of imaging equipment,
 - 5 for behavioral health.
- Over the past 8 years, annual CON applications filings have averaged approx. 28-30 new filings per year.

Who is part of the CON process?

- Applicant(s)
- Other providers (opposing or supporting the application/proposal)
- Applicant(s) Employees
- Public/Consumers/Community
- Legislators
- Media
- Local Municipalities
- Other States (Not directly but indirectly)

Opportunities for Engagement by Public/Consumers/Communities

- Public comments are accepted *anytime* by OHS. (Once application is filed all public comments become part of the file)
- Public has right to *request a public hearing* (Company representing 3 or more individuals or 5 or more individuals from public).
- At a public hearing, general public can provide comment to OHS (written, oral or both).
- Related statutory criteria, 19a-639 C.G.S.

OHS' Current Efforts to Engage Public/Consumers/Community

- Notice upcoming hearing in the region's major newspaper(s).
- Post public hearing information on our website.
- Hearing information is disseminated via social media via (Twitter & Facebook).
- OHS relay's information to local town halls, public libraries and any public associations, that we may be aware of

OHS' Current Efforts to Engage Public/Consumers/Community (Continued)

- OHS' Consumer Information Representative (CIR) plays a pivotal role between OHS and public
- Dedicated email for public comment (concomment@ct.gov)
- Video recording of our public hearings on OHS YouTube Channel (Public Hearings recorded on and posted within 24 hours)

OHS' Current Efforts to Engage Public/Consumers/Community (Continued)

- A newly developed Public Hearings Page on our website (one-stop-shop)
- OHS has a significant presence at its hearings. This provides public attending a direct person to ask questions regarding the application, hearing and process as well as submit information to OHS
- If an issue is brought up by public that has not yet been addressed, OHS will have the Applicant(s) address it directly at the hearing, while the public is present in the audience

OHS' Current Efforts to Engage Public/Consumers/Community (Continued)

- Some examples of public engagement's effects on CONs:
 - Development of Portals, since Sept 2017 (CON, HRS, Notifications/Filings)
 - Hearings starting later in the day *and* OHS hearing staff present at least until 6 pm
 - Hearings being adjourned (not closed the day of) to provide ample time for comments on record

Examples of OHS Conditions (Community Related)

- In certain CON decisions, here are some examples of **conditions** included in an Agreed Settlements:
 - Public forums
 - Community member on local boards
 - Independent monitors
 - Cost Caps
 - Requirement to develop and participate in local Community Health Needs Assessments/Reports, and
 - Requiring an increase in Hospital Community Benefits

Concerns Raised by Sharon Community

- Independent Monitor (nomination process and responsibilities)
- Nomination of Board Members
- Lack of Communication (between Board members and the Community)
- Hospital Mergers (cost savings? positive impact? etc.)
- Community Members (how and what control do they have over their local healthcare?)

Conditions from the *new* Nuvance Health System CON Agreed Settlement

- Conditions cover the follow areas:
 - Standard Conditions (submit Closing docs., legal agreements etc.)
 - Inclusion of Community Member
 - Joint Board Meetings & Public Forums
 - Independent Monitor
 - Data and Data Analysis (related to Cost, Quality, Utilization, Financials)
 - Services and Strategic Planning

Sharon Community Health Needs Priorities per CHNA

- Sharon became not-for-profit August, 2017
- CHNA's and matching implementation strategy are required.
- Sharon Hosp. used the Foundation for Community Health' 2014 CHNA as a guide, focusing on the areas of need identified and implemented strategies to address them.
 1. Obesity
 2. Mental health
 3. Tobacco Use
 4. Difficulties of Spanish community members accessing healthcare
- [Click here](#) for Sharon's 2019 Community Service Plan
- The required 2018-2019 Community Benefits/Community Building Initiatives report is to be filed with OHS in November, 2019.

Priority Health Needs, Activities, Implementation Strategies & Initiatives

Community Health Need

- Tobacco Use: Freedom from Smoking Program was offered to the community
- Mental Health
- Obesity: Freedom from Smoking Program was offered to the community
- Difficulties of Spanish community members accessing healthcare

Actions/Efforts/Expenditure

(Since ownership change /affiliation)

- Negligible cost. Services provided by Hosp. staff whose hrs. are tracked by CBISA
- Mental Health First Aid Training Program: Spent \$250 on hosting the event and providing staff.
- Approx. \$3000 for Fall 2017 Challenge and \$7000 for Spring 2018 Challenge.
- Translated vital documents to Spanish (Food & nutrition, Spanish language magazine, Increase social media health information)

Total of \$25,373 expenditure reported for the period (8/1/17 – 8/1/18).

[2019 CHNA /Implementation Plans: https://www.healthquest.org/patient-resources/community-service-plans.aspx](https://www.healthquest.org/patient-resources/community-service-plans.aspx)

Community Input, During and Post Compliance

- During compliance period (proposal specific):
 - Independent Monitor
 - OHS Consumer Information Representative (OHS' Consumer Engagement)
 - OHS Compliance Unit
- Post compliance period (over the hospital and health system):
 - Access via OHS' Consumer Information Representative (OHS' Consumer Engagement)
 - OHS, oversight through its statutory authority (19a-638 & 19a-639 C.G.S.)
 - Examples: CON Modifications, OHS Inquiries, CON Determinations and CON Application Process.

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