

Healthcare Benchmark Initiatives

At a glance

Connecticut's Healthcare Benchmark Initiative plays a key role in improving the health of residents by **ensuring access to affordable, high-quality health care**.

Initiatives

Cost Growth Benchmark

- Sets a **target for year-to-year increases** in healthcare spending per person
- considers **consumers' ability to afford care** using state economic growth and median household income

Quality Benchmark

- **measures performance** on health indicators payers and providers must achieve **to maintain or improve healthcare quality**
- ensures cost containment efforts do not reduce healthcare quality

Primary Care Spending Target

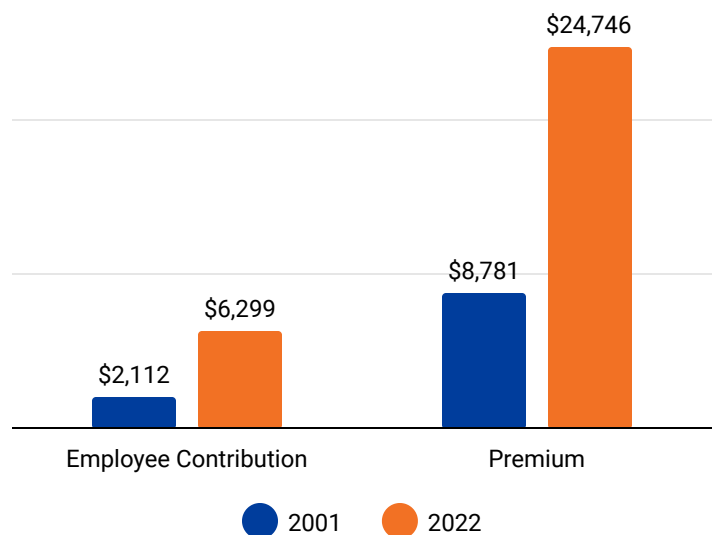
- measures how much medical spending goes to primary care - *enhanced primary care services can produce better patient outcomes and reduce overall medical spending*

Why benchmarks matter

High healthcare costs hurt families and businesses and compromise health equity

Connecticut residents with employer-sponsored health coverage (50% of our state) have seen their premiums **nearly triple** over two decades. Our residents have also paid an increasingly **higher share of their total healthcare premiums over** that same time period.

High healthcare costs can cause financial distress and force consumers to adopt cost-cutting measures, such as **delaying care**. These costs also **negatively impact** the primary drivers of Connecticut's economic vitality: **small and medium businesses**.



Cost Growth Benchmark Report (2024)

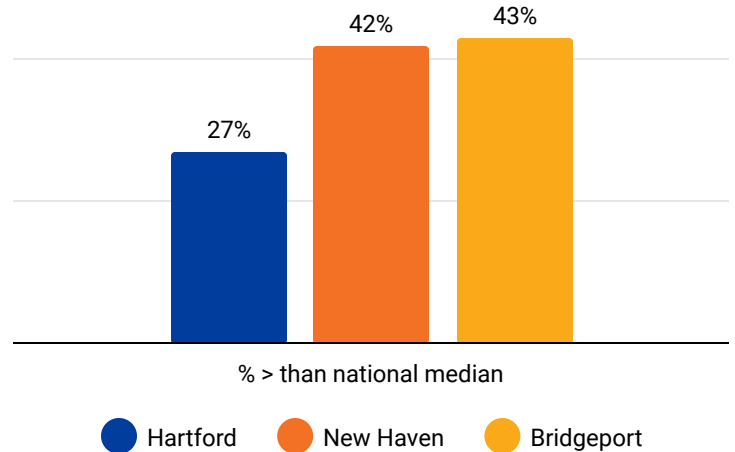
The second annual Connecticut Cost Growth Benchmark report shows that the state's total healthcare spending increased by 4.5% to 36.4 billion from 2021-2022. Adjusted for population growth, **per person healthcare spending grew 3.4%, exceeding the 3.2% benchmark.** Growth was driven by retail pharmacy and hospital outpatient expenses.

Retail pharmacy drives costs

- per capita spending grew **7.7%** to \$1,642
- commercial market per capita spending increased by **9%** to \$1,484

Hospital prices continue to rise

- **Connecticut residents face inpatient hospital prices higher than most comparable areas of New England and also far beyond the national median**



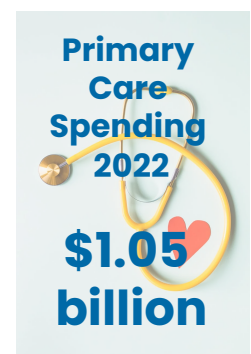
Quality Benchmarks Report (2024)

Accessible, high-quality healthcare improves the overall health and well-being of Connecticut residents and helps ensure optimal health outcomes. Connecticut compares favorably to other states on resident health and high-quality care, yet **meaningful opportunities to address disparities in access to care and health outcomes for our diverse communities persist.** The Quality Benchmark report assesses public and private payer and provider performance on key measures to improve health against targets set by the state.

2022 Key Performance Measures	Commerical	Medicare	Medicaid
Asthma Medication Ratio (ages 5-18)	✓	Not Applicable	✗
Asthma Medication Ratio (Ages 19-64)	✓	Not Applicable	✓
Controlling High Blood Pressure	✓	✓	✓
Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: Poor Control	✓	✓	✓

Primary Care Spending Target Report (2024)

Connecticut established a Primary Care Spending target to **rebalance and strengthen Connecticut's healthcare system by supporting improved primary care delivery.** The goal is to increase primary care spending to 10% of total healthcare spending by 2025. Statewide primary care spending accounted for 4.9% of all medical spending in 2022 (below the target of 5.3%). Commercial (4%) and Medicare Advantage (3.2%) markets fell below the target and Medicaid (7%) exceeded the target.



Cost Growth Benchmark Initiative

At a glance

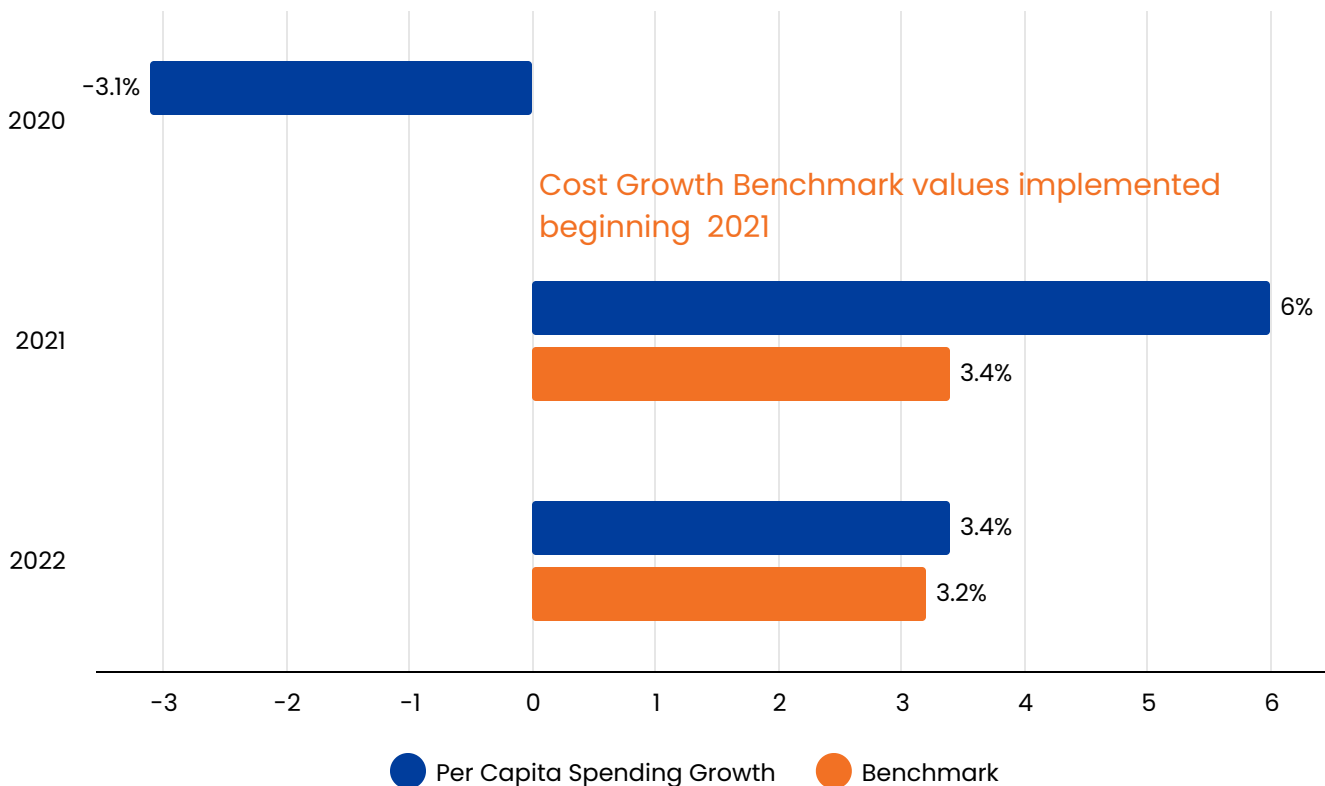
Connecticut's Healthcare Benchmark Initiative plays a key role in improving the health of residents by **ensuring access to affordable, high-quality health care**.

The **Cost Growth Benchmark** specifically:

- sets a **target for year-to-year increases** in healthcare spending per person
- considers **consumers' ability to afford care** using economic growth and median household income

Cost Growth Benchmark Report (2024)

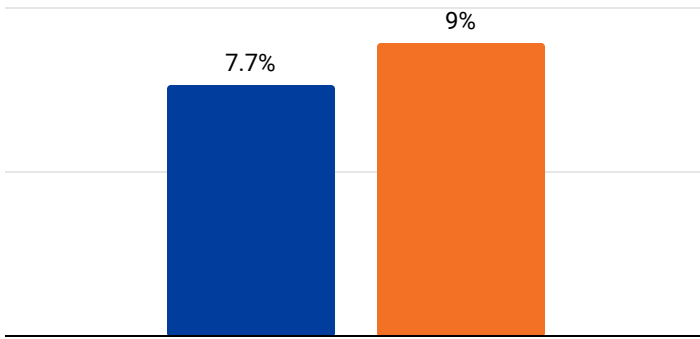
The second annual Connecticut Cost Growth Benchmark report shows that the state's total healthcare spending increased by 4.5% to 36.4 billion from 2021-2022. Adjusted for population growth, **per person healthcare spending grew 3.4%, exceeding the 3.2% benchmark**. Growth was driven by retail pharmacy and hospital outpatient expenses. This 3.4% increase showed a notable decrease from the 6% increase in spending from 2021 but was greater than the 3.1% decrease in per person spending in 2020, the first year of the COVID-19 pandemic.



Cost Growth Benchmark Report (2024)

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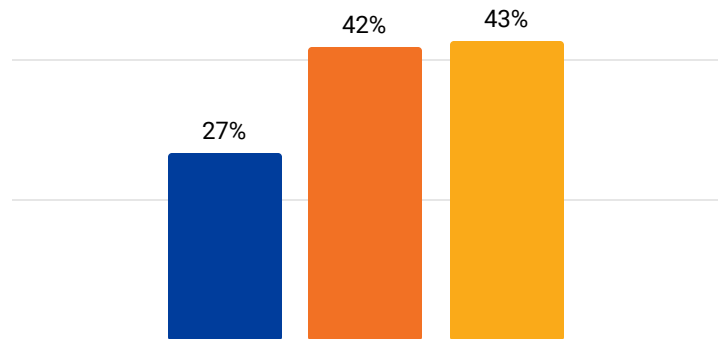


Percent increase in spending

● Total (per capita) ● Commercial (per capita)

Hospital prices continue to rise

- **Connecticut residents face inpatient hospital prices higher than most comparable areas of New England and also far beyond the national median**



% > than national median

● Hartford ● New Haven ● Bridgeport

Healthcare Cost Growth impacts Connecticut Residents

33%



Struggling to pay medical bills

46%



Delaying or foregoing care

78%



Worried about future healthcare expenses



Healthcare access and outcomes remain disparate

- Connecticut **residents of color** reported **financial hardships** resulting from medical bills at **twice the rate** of White individuals
- **Hispanic individuals** were **more likely to delay care or experience hardship**
- Households with at least one person with a **disability delay care, worry and experience hardship at greater rates**

Quality Benchmark Initiative

At a glance

Connecticut's Healthcare Benchmark Initiative plays a key role in improving the health of residents by **ensuring access to affordable, high-quality health care**.

The **Quality Benchmark Initiative** specifically:

- measures performance on health indicators payers and providers must achieve to maintain or improve healthcare quality
- ensures cost containment efforts do not reduce healthcare quality

Quality Benchmark Report (2024)

Accessible, high-quality healthcare improves the overall health and well-being of Connecticut residents and helps ensure optimal health outcomes. The Quality Benchmark report assesses public and private payer and provider performance on key measures for common, chronic health conditions from calendar year 2022 to improve health against targets set by the state.

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Analysis of Connecticut's Quality Benchmark performance data from 2022 offers insights into the state of healthcare quality in Connecticut:

- progress has been made, particularly in meeting Quality Benchmarks for managing asthma and controlling high blood pressure
- notable gaps persist, especially concerning diabetes management as indicated through HbA1c Poor Control performance
- available data suggests significant performance variation on these measures, especially HbA1c Poor Control

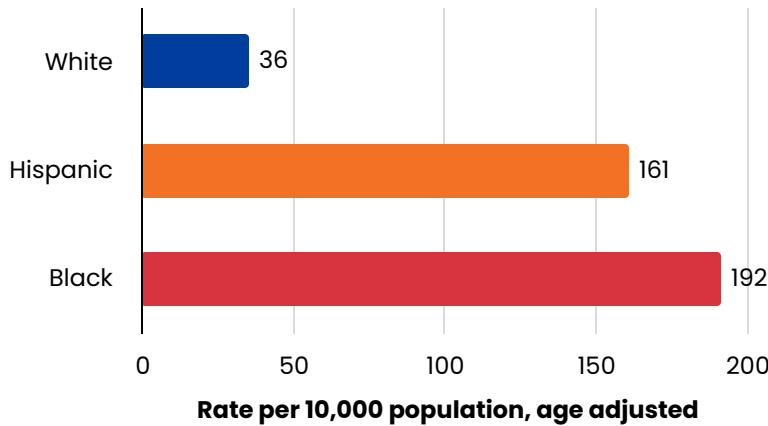
These findings highlight the importance of continued collaboration among all participants across healthcare systems to implement targeted interventions to address these quality priority areas.

2024 Quality Benchmark Report

Healthcare access and outcomes remain disparate

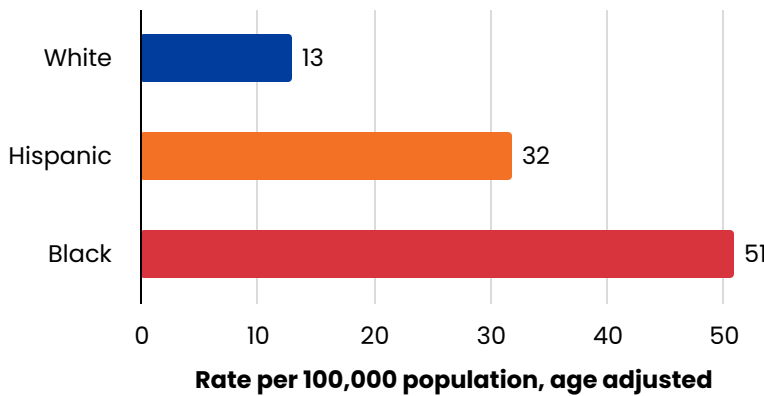
Connecticut compares favorably to other states on resident health and high-quality care, yet **meaningful opportunities to address disparities in access to care and health outcomes for our diverse communities persist.** Access to primary care in Connecticut is not equally distributed.

CT Emergency Department Visit Rate for Asthma per 10,000



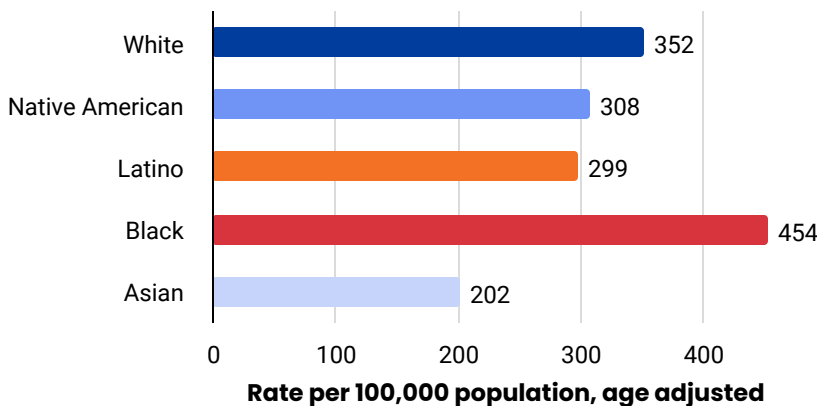
Black children and teens are nearly **5.5 times** more likely to go to the emergency department because of asthma, while Hispanic children and teens are **4.5 times** as likely compared to White peers

CT Hospital Discharge Rate for Nontraumatic Lower Extremity Amputation per 100,000



Black residents are nearly **4 times** as likely as White residents to have a diabetes-related lower-extremity amputation and among Hispanic residents, the rate is nearly **3 times higher** than among White residents

CT Mortality Due to Heart Disease per 100,000



Black residents have **higher heart disease mortality rates** than White residents, an outcome that can be prevented through blood pressure control

Primary Care Spending Target

At a glance

Connecticut's Healthcare Benchmark Initiative plays a key role in improving the health of residents by **ensuring access to affordable, high-quality health care**. Accessible, high quality primary care increases access to preventive screenings, wellness visits, and routine care and is associated with better health outcomes and improved care quality.

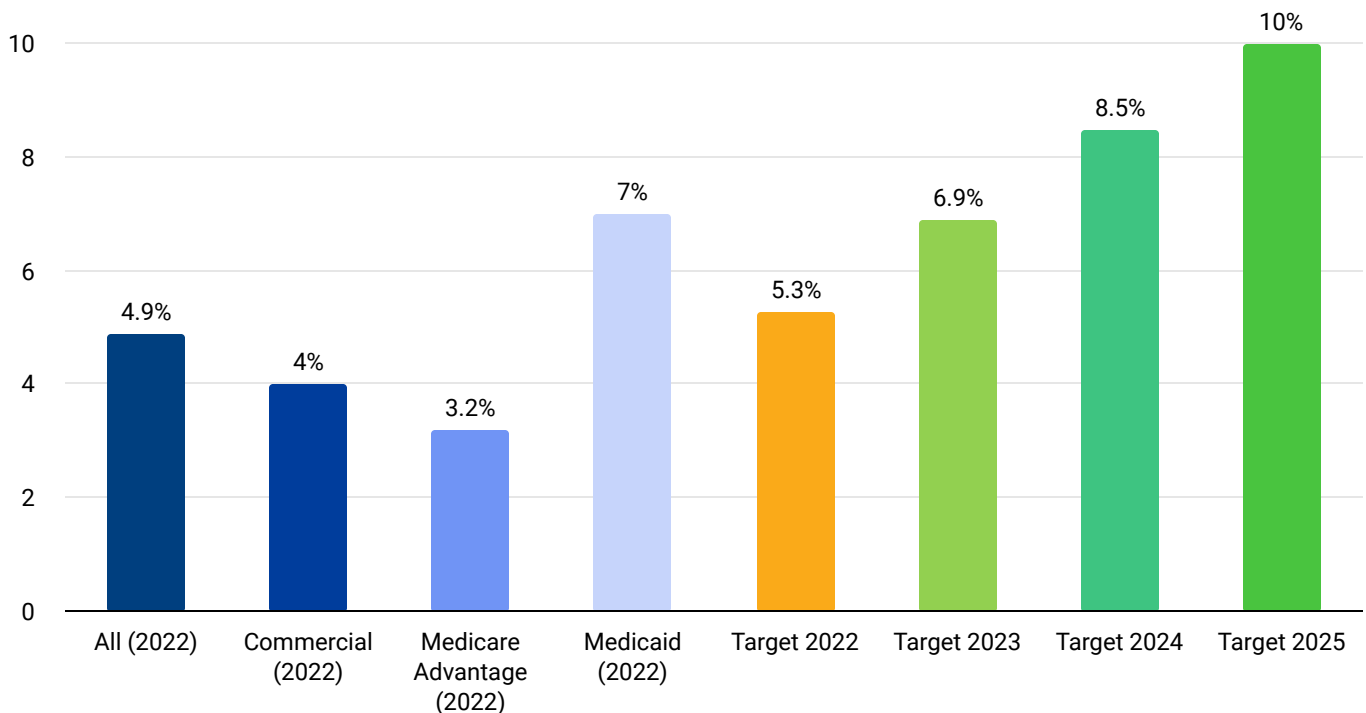
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CT Primary Care Spending Target



Primary Care Spending Report (2024)

Total Statewide Primary Care Spending and Per Person Per Month

Year	Total Statewide Primary Care Spending	Statewide Primary Care Spending Per Person Per Month
2021	\$995,572,927	\$29
2022	\$1,056,133,091	\$30



Healthcare access and outcomes remain disparate

Access to primary care in Connecticut is not equally distributed. In 2022, Hispanic residents in Connecticut were five times more likely, and Black residents twice as likely, compared to White residents, to report not having a personal doctor.

The gap in primary care workforce between communities with greater social and economic disadvantages and those with fewer disadvantages in Connecticut far exceeds the disparities seen nationwide. This gap spans multiple primary care occupations, including physicians, nurse practitioners, and physician assistants.

Primary Care Workforce Gaps in High-Deprivation Compared to Low-Deprivation Areas

	Primary Care Clinicians per 100,000 People for Areas Above the Median Social Deprivation Index	Primary Care Clinicians per 100,000 People for Areas Below the Median Social Deprivation Index	Gap Between Higher and Lower Social Deprivation
National	112	100	12
Connecticut	148	103	45

Disparities in access to primary care in Connecticut may contribute to disparities observed in health outcomes and quality of care. For example, Black and Hispanic residents are more likely to experience diabetes-related complications, as well as face higher rates of hospitalization and emergency department visits due to asthma. Although these disparities are influenced by a variety of factors, access to primary care and the role of primary care clinicians in managing chronic diseases play a substantial role.