

Healthcare Benchmark Initiative Steering Committee Meeting

Meeting Date	Meeting Time	Location
November 30, 2021	3:00 pm - 5:00 pm	Webinar/Zoom

Participant Name and Attendance

Healthcare Benchmark Initiative Steering Committee		
Ben Alvarez	Judy Dowd	Rob Kosior
Stephanye Clarke	Ken Lalime	Jeff Flaks
Cassandra Murphy	Deidre Gifford	Andy Markowski
Tiffany Donelson	Paul Grady	Michael Posner
Victoria Veltri	Ted Doolittle	Kathy Silard
Josh Wojcik	Chris O'Connor	
Chris Ulbrich	Paul Lombardo	
Others Present		
Kelly Sinko, OHS	Krista Moore, OHS	Michael Bailit, Bailit Health
Olga Armah, OHS	Hanna Nagy, OHS	Matt Reynolds, Bailit Health
Tina Kumar, OHS	Brent Miller, OHS	
Members Absent:		
Fiona Scott Morton	Wendy Sherry	Lou Gianquinto

	Agenda	Responsible Person(s)
1.	Welcome and Roll Call	Victoria Veltri
	Vicki Veltri welcomed everyone to the December Steering Committee meeting and invited Matt Reynolds to conduct a roll call.	
2.	Public Comment	Victoria Veltri
	Vicki Veltri offered the opportunity for public comment. There were no public comments.	
3.	Approval of October 25, 2021 Meeting Minutes	Victoria Veltri
	Ben Alvarez made a motion to approve the October meeting minutes. Chris Ulrich seconded the motion. There were no questions or comments on the minutes. There was no opposition nor any abstentions. The meeting minutes were approved.	
4.	Review and Vote on Steering Committee Charter and Bylaws	Victoria Veltri
	Vicki Veltri reviewed changes that were made to the charter and bylaws. Tiffany Donelson asked if proxies had the right to vote. Vicki said that appointments were not transmitted to others if members were absent, so the answer was no. Ben Alvarez made a motion to approve the charter. Paul Grady seconded the motion. There was no opposition nor any abstentions. The charter was approved. Ben Alvarez made a motion to approve the bylaws. Andy Markowski seconded the motion. There was no opposition nor any abstentions. The bylaws were approved.	
5.	Role of the Stakeholder Advisory Board and Work Groups	Victoria Veltri
	Vicki Veltri reviewed the role of the Stakeholder Advisory Board and of work groups of the Steering Committee. There were no questions.	

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6.	Steering Committee Roadmap for the Next Four Months	Michael Bailit
	<p>Michael Bailit reviewed the anticipated topics for Steering Committee meetings through March of 2022. Michael added that members may suggest topics they would like to see added to future agendas.</p> <p>Paul Grady wanted to know if there could be a presentation explaining what was behind hospital price growth. Michael Bailit said it could be helpful to pursue Paul's question. Paul also asked if cost shifting was occurring. Michael noted that a lot of research had been done on the topic and a presentation could be prepared on that topic.</p> <p>Chris O'Connor shared that he thought it would be helpful to have Medicaid cost trend data presented as he thought it was difficult to draw conclusions with just commercial data. Michael acknowledged the importance of looking at commercial, Medicare, and Medicaid all together, but stated it was important to focus on commercial insurance affordability regardless. He also noted that commercial spending trends are higher than Medicaid and Medicare trends in every state for which he has seen such data.</p> <p>Kathy Silard suggested looking at cost shifting from the uninsured.</p> <p>Paul Grady asked about spending associated with chronic conditions. Michael Bailit said this could be part of a future presentation.</p> <p>Ted Doolittle asked, related to cost-shifting, if the Steering Committee would look at the Medicare Payment Advisory Commission (MedPAC) and their methodologies because they purport to be a legitimate cost-based price justification system. Michael Bailit said it was possible to look into Ted's suggestion.</p> <p>Action step: Steering Committee staff will review members' suggestions for content to be included in future meetings.</p>	
7.	Process for Identifying and Recommending Cost Growth Mitigation Strategies	Michael Bailit
	<p>Michael Bailit reviewed the proposed criteria for cost growth mitigation strategies. Ben Alvarez thought the criteria were practical. Ted Doolittle stated that with regards to the fourth criterion, he thought "no evidence" was a heavy statement. He proposed that the language be modified to refer to the weight of the evidence instead. Michael Bailit agreed.</p> <p>Jeff Flaks asked, also in relation to the fourth criterion, why the criteria were not focusing on improving access, quality and equity rather than only not compromising them. Michael Bailit noted the criteria were intended specifically for cost growth mitigation strategies, rather than for efforts to improve the healthcare system in Connecticut as a whole. Jeff stated that he understood, but wanted the group to be thinking about how to mitigate costs while potentially improving access, quality, and equity. Michael suggested the criterion could be modified to state that the strategy should improve access, quality, and equity, but under no circumstances should the strategy compromise access, quality, or equity. Jeff was agreeable to this change.</p>	

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	<p>Michael Bailit reviewed the proposed process for identifying cost growth mitigation strategies for Steering Committee consideration. Andy Markowski stated that he liked the proposed processes, though he was concerned about being flooded by suggestions from outside stakeholders. Andy wondered about a more formalized process for how things were identified. Michael noted that Oregon and Rhode Island had not been flooded with proposals, though they also had not formally solicited ideas from the public.</p> <p>Michael Bailit discussed the proposed process for strategy assessment. Members thought the proposed process sounded reasonable.</p> <p>Action step: Steering Committee staff will edit the proposed process and criteria for identifying and recommending cost growth mitigations strategies based on members' feedback.</p>
8.	<p>Reconsideration of 10/25 Meeting Data re: Disparities in ED Utilization and Commercial Market Cost Growth Drivers Michael Bailit</p> <p>Michael Bailit reviewed the key findings presented during the October Steering Committee meeting. Michael asked Steering Committee members for their reflections, including recommendations for further inquiry, and/or recommended actions to be taken in response to the information that had been presented.</p> <p>Deidre Gifford asked if controlling for diagnoses or chronic conditions was done in the ED analyses because she thought that would be useful to do if not. Deidre also asked about whether access issues could explain those who were more frequent users of the ED. Ben Alvarez agreed that it would be interesting to understand if access was an issue.</p> <p>Kathy Silard said that the ED analyses did not capture the use of urgent care facilities, and she recommended looking at urgent care visits. Michael confirmed that urgent care center utilization had not been analyzed. He added that recent research had shown that urgent care facilities created additional visits rather than saving ED visits. Judy Dowd asked about access to urgent care facilities. She wondered if there were urgent care centers near the EDs where there was high usage.</p> <p>Kathy Silard thought it would be important to look at outpatient-only site of care requirements because she said there had been a huge migration to outpatient that changed inpatient case mix. Michael stated that staff did not have a reliable way to assess changes in service intensity.</p> <p>Deidre Gifford wondered why ED utilization had been identified as a problem for the Steering Committee to consider if it had not been a cost growth driver during the studied time period. Michael Bailit replied it was brought forth due to the equity implications of the findings. He added that though ED use (and specifically utilization) itself was not necessarily a primary driver of cost growth, about half of visits were seen as potentially avoidable or unnecessary. Deidre Gifford wondered if equity should be added then as a criterion for identifying strategies for Steering Committee consideration.</p>

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Paul Lombardo said that across carriers, PCPs were linked to a gatekeeper program, so he was surprised that higher percentages of patients with PCPs were going to the ED. He was curious to know if Steering Committee staff had looked at avoidable visits between those with PCPs vs those with not PCPs. Michael Bailit responded by saying that the analysis suggested by Paul had not been performed, but noted that sick people were more likely to see their PCPs. Michael added that those identified as having PCPs in the analysis had not necessarily identified a PCP through their insurance product, but rather claims showed that they had seen a PCP. Paul appreciated the clarification.

Paul Lombardo then asked if a comparison of hospital inpatient and outpatient based on utilization and cost structures could be performed. Michael Bailit said that unit prices had increased significantly during 2015-2019 for both hospital inpatient and outpatient services in the commercial market, but that there had not been a big overall increase in outpatient utilization.

Paul Grady said he would love to get to the point of understanding the current landscape of use of alternative payments in the state. Vicki Veltri stated that OHS was thinking about this issue now, noting that surveys may be used. Paul said he hoped the state would talk to Catalyst for Payment Reform about performing such a survey.

Tiffany Donelson wondered if there were any measures of the quality of visits with PCPs, as she thought this might explain some of the disparities in ED use seen for people of color. Michael Bailit replied that staff did not have that data. He asked if any of the provider organizations did. Ben Alvarez said that his organization used CG-CAHPs, but the data were not stratified by race.

Rob Kosior thought site of service was the bigger issue related to the ED findings. He thought it was worth looking at what changes had occurred with regards to site of service and if those changes could be a driver of costs. Rob asked if OHS had the data to investigate this further to determine if it was contributing to cost growth. Michael Bailit asked if there were specific services Rob recommended looking into. He recommended looking at common surgeries and diagnostic procedures, and agreed to come up with a more specific list to share.

Josh Wojcik asked if Steering Committee staff could look at the change in the number of facilities that offer certain (especially high-cost) services as compared to growth in costs for those services. Michael Bailit thought that research indeed had showed that supply drove demand in healthcare.

Jeff Flaks said he believed access was the biggest issue in healthcare in Connecticut today. He thought this created quality issues, delays in care, equity issues, and complexity in the system. He took issue with service expansion being a driver of cost.

Paul Grady asked if access as an issue was quantifiable. Michael said there were some ways to do so but that publicly available data would only come from federal surveys. He also noted that utilization patterns had been volatile over the past two years due to COVID.

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Ted Doolittle asked about the possibility of comparing patients based on where they were on their accumulators, deductibles, or other cost-share obligations. Michael Bailit said that OHS did not have that capability, as those data were not in the APCD.

Paul Grady noted that employers had been shifting more costs to patients. Kathy Silard added that this caused patients to choose plans they cannot afford, leading them to not pay their bills and subsequently creating bad debt for hospitals.

Paul Grady said that where employers were spending the most money was on cancer care and musculoskeletal issues. Vicki Veltri noted that the demographic shift in Connecticut due to aging was very real, and she noted it would be helpful if there were demographic breakouts in the employer data.

Ken Lalime asked if people were going to the ED because they could not get access a specialist. Michael Bailit said that OHS did not know the answer to that question.

Michael Bailit informed Steering Committee members that they might be queried via survey in order to generate additional ideas for how to address these issues.

Action steps:

- Steering Committee staff will follow up with Rob Kosior on a list of services for which to investigate potential cost implications of change in site-of-service patterns.
- Steering Committee staff will review members' suggestions for additional analyses to potentially conduct and present at future meetings.
- Staff will query members via email for ideas on how to address commercial market cost growth drivers.

9.	OHS Updates	Victoria Veltri
	Vicki Veltri provided the Steering Committee with brief updates on the Primary Care Roadmap, Primary Care Spend Target, and Quality Benchmarks in advance of planned deeper examination into the topics during the upcoming December meeting.	
	Rob Kosior asked if the 5.3% 2019 baseline for primary care spending was just fee-for-service or if it included all spending. Michael Bailit stated it included both claims-based and non-claims-based spending.	
10.	Wrap-Up and Next Steps	Victoria Veltri
	Vicki Veltri stated that the minutes from the meeting would be distributed, and noted the next meeting was scheduled for December 20 th from 3-5 pm.	
11.	Adjourn	Victoria Veltri
	Chris O'Connor made a motion to adjourn the meeting. Ben Alvarez seconded the motion. The meeting adjourned at 4:34 pm.	