

Healthcare Benchmark Initiative Steering Committee Meeting

Meeting Date	Meeting Time	Location
October 25, 2021	3:30 pm – 5:00 pm	Webinar/Zoom

Participant Name and Attendance

Healthcare Benchmark Initiative Steering Committee		
Lou Gianquinto	Wendy Sherry	Rob Koisor
Stephanye Clarke	Ken Lalime	Jeff Flaks
Cassandra Murphy	Deidre Gifford	Andy Markowski
Tiffany Donelson	Paul Grady	Michael Posner
Victoria Veltri	Ted Doolittle	Fiona Scott Morton
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:		
Kathleen Silard	Ben Alvarez	Judy Dowd

	Agenda	Responsible Person(s)
1.	Welcome and Introductions	Victoria Veltri
	Vicki Veltri welcomed members of the Healthcare Benchmark Initiative Steering Committee. Jill Zorn from the Universal Health Care Foundation of Connecticut shared a public comment on behalf of the Foundation. She stated the Foundation had concerns that the Steering Committee did not have the balance of membership that it should. She commented that a lot of organizations with deep vested business interests were represented on the Committee, while there was not enough representation for patients, small employers, employees, and labor unions. The Foundation also believed there were not enough Subject Matter Experts on the Committee.	
2.	Steering Committee Purpose and Charter	Victoria Veltri
	Vicki Veltri reviewed the main four focuses of the Steering Committee, namely healthcare cost growth benchmarks, quality benchmarks and measure alignment, primary care advancement, and use of the All-Payer Claims Database to inform recommendations. She asked the Committee to review the Charter and Bylaws so that they may be voted on at the next Committee meeting.	
3.	Highlights from Mathematica Cost Driver Analysis	Michael Bailit
	Michael Bailit introduced a presentation of highlights from an analysis of All-Payer Claims Database commercial claims data performed at OHS' direction by analytics and evaluation firm Mathematica. Vicki Veltri informed the Committee that Medicaid data were expected by December.	
	The following questions were posed and comments shared in response to Michael's presentation of the analysis:	
	<ul style="list-style-type: none"> Ted Doolittle asked what was considered an "avoidable" Emergency Department visit and who determined what was and was not an avoidable visit. Michael Bailit answered 	

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that an algorithm developed by John Bilings at NYU determined what was an avoidable Emergency Department visit based on the diagnosis/diagnoses listed on the claim.

- Chris O'Connor asked how observation and admitted patients were handled in the data. Michael Bailit did not believe that admitted patients were included but was not sure about observation patients. He stated he would have to look into the question.
- Tiffany Donelson stated she was not surprised by the reported disparities but noted there was not a lot of insight in the presentation about why. She believed there would likely be a lot of factors at play but noted that claims data were not sufficient. Michael Bailit acknowledged that the presented data did not get at "why?."
- Lou Gianquinto asked if there would be Medicare and Medicaid inclusion in future data analyses. Michael Bailit responded that when the full Medicaid data were received in December they would be analyzed using a parallel approach. Olga Armah of OHS stated that OHS had Medicare data for 2015-2019, although the 2019 data were not yet available at the time of this analysis.
- Ted Doolittle clarified that income and race data were imputed based on where the patient lived. Ted also noted that this would be the case for the foreseeable future until better data were collected directly from the patient and subsequently reported. Michael Bailit confirmed Ted's statements.
- Deidre Gifford asked how the Committee should be thinking of these analyses as they relate to the overall cost growth benchmark. Michael Bailit clarified that performance against the benchmark would be measured at the State, Market, Insurer and Large Provider levels and added that the purpose of the data use strategy was to explain the drivers of cost growth so that strategies to reduce cost growth could be designed. Michael also noted that while commercial market spending data were the only complete data that OHS had available at the time the analyses began, it was also worth recognizing that spending in the commercial market nationally was growing faster than Medicare or Medicaid. Michael said that in time, there would be a standard set of reports and some degree of drill down analyses for all three markets.
- Chris O'Connor stated that the Massachusetts Hospital Association would surely take issue with the Massachusetts Health Policy Commission finding that changes in case mix were entirely attributable to changes in coding, which implied that spending growth was entirely attributable to changes in price. Fiona Scott Morton asked that Steering Committee members make claims backed up by data, rather than speculating or opining.
- Wendy Sherry asked if Specialty Pharmacy would be separated from Inpatient. Michael Bailit said the breakout of spending growth by category of service could be shared another time. Michael noted that in other states Specialty Pharmacy, while a small portion of total spend, was growing at a phenomenally high rate.
- Josh Wojcik commented that there were other factors not discussed that he believed would contribute to total spend and encouraged the Committee to look at the issues from all sides. Josh shared that he thought it would be important to consider not only how to reduce spikes in utilization, but also how to address some of the reimbursement challenges.
- Chris Ulbrich shared his view that it might be important to look at Urgent Care when looking at ED usage.
- Rob Kosior noted that services could happen in a lot of different settings and thought it would be important to look longitudinally, as well as at setting and geography. Michael Bailit noted that Rhode Island had done this sort of analysis.

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	<ul style="list-style-type: none"> Deidre Gifford thought it would be good to look at the relationship between Behavioral Health diagnoses and utilization, as well as where spending was and was not occurring. Commissioner Gifford thought this would be helpful when thinking of comprehensive, systemwide solutions. Vicki Veltri noted it was hard to pull Behavioral Health data from the All-Payers Claims Database. Michael Bailit noted that the challenge was greatest with Substance Use data. Ted Doolittle expressed appreciation that consumer spending was being looked at. Chris O'Connor asked when Medicaid analyses would be completed. Michael Bailit stated that Taskforce staff would first have to confirm the completeness of the Medicaid data set because staff had not worked with it before. Michael shared that if the data were in great shape, it would only take a few months, but data validation would need to occur first. Vicki Veltri stated she would like to give a more accurate estimation at a later date. <p>Michael Bailit noted there would not be sufficient time during this meeting to discuss what to do with this information but encouraged members to think about that and be prepared to discuss the question at the next meeting. Michael noted that suggestions could include needs for additional analyses as well as strategies to address the primary cost growth drivers and disparities.</p>	
4.	Wrap-Up and Next Steps	Victoria Veltri
	Vicki Veltri asked for feedback on the draft charter, as well as on the data presented at the meeting, and that it be to be sent to Krista Moore (Krista.Moore@ct.gov). Vicki noted that meeting minutes would be distributed and shared that the next meeting would take place on November 30 th from 3-5 pm.	
5.	Adjourn	Victoria Veltri
	Vicki Veltri held a motion to adjourn. The meeting adjourned at 5:00 pm.	