

Healthcare Benchmark Initiative Steering Committee

“We collaborate, out of a shared concern and responsibility for all Connecticut residents, to develop consensus models that advance equity and consumer affordability of healthcare in our state.”

Meeting Date	Meeting Time	Location
September 28, 2022	12:00 pm – 1:30 pm	Zoom Meeting Recording https://us02web.zoom.us/j/84111237738?pwd=a1dnWnAydW1CZkZVLys3cURKOEfmUT09

Participant Name and Attendance Steering Committee Members					
Ben Alvarez	R	Jonathan Gonzalez-Cruz	X	Cassandra Murphy	R
Ayesha Clarke	R	Paul Grady	R	Chris O’Connor	X
Stephanye Clarke	R	Claudio Gualtieri	R	Lori Pasqualini	R
Tiffany Donelson	R	Angela Harris	R	Fiona Scott Morton	R
Ted Doolittle	R	Ken Lalime	R	Kathy Silard	X
Judy Dowd	R	Paul Lombardo	R	Marie Smith	R
Jeff Flaks	X	Andy Markowski	R	Chris Ulbrich	R
Lou Gianquinto	R	Susan Millerick	R	Kristen Whitney-Daniels	R
Deidre Gifford	R	Karen Moran	X	Josh Wojcik	R
Kim Martone, OHS	R	Hanna Nagy, OHS	R	Matt Reynolds, Bailit Health	R
Krista Moore, OHS	R	Olga Armah, OHS	R	Drew Gattine, NASHP	R
Mayda Capozzi, OHS	R	Michael Bailit, Bailit Health	R	Jennifer Reck, NASHP	R
R = Attended Remotely; IP = In Person; X = Did Not Attend					

Agenda			
	Topic	Responsible Party	Time
1.	Welcome and Roll Call	Claudio Gualtieri	12:00 pm
	<p>Claudio Gualtieri welcomed everyone to the September Steering Committee meeting and invited Matt Reynolds to conduct a roll call. There was a quorum present. Claudio welcomed seven new members to the Steering Committee and asked them to briefly discuss a) why they agreed to serve on the Steering Committee and b) how they believe members can best work in constructive partnership to achieve the goals of the Healthcare Benchmark Initiative.</p> <p>Ayesha Clarke stated that she wanted to join the Steering to ensure equity is a part of the work the Steering Committee is doing, and also because she has personally experienced the high cost of healthcare in the state. Ayesha shared that she thought active listening was essential for the group to best work in constructive partnership.</p> <p>Angela Harris stated she was looking forward to making sure Connecticut remains a state where affordable access to quality care is attainable for all residents. Angela added that she also hopes the group can help to eventually eliminate the life expectancy gap based on where people live in the state.</p> <p>Susan Millerick stated that she joined the Steering Committee following the recommendation of Dr. Bill Petit and because of her personal experience with chronic illness, adding that it is an exhausting full-time job managing one’s healthcare right now. Susan asked that members suspend personal biases and really think about the people the Steering Committee is trying to serve.</p>		

	<p>Lori Pasqualini stated that she joined the Steering Committee because 1. she is passionate about healthcare, 2. her organization's second largest expense is healthcare benefits, and 3. because of her experience as a patient and her work serving people with disabilities. Lori agreed with Susan that folks should put aside their biases and focus on getting people the care they need, when they need it, where they should get it, and at an affordable cost.</p> <p>Marie Smith stated she joined the Steering Committee because she would like to see care delivery and payment reform transformed in the state.</p> <p>Kristen Whitney-Daniels stated that Connecticut has a two-tier health system depending on who can access it and who cannot, noting that she has personally had to ration her insulin and her healthcare. Kristen agreed that active listening from members was essential and added that she hoped patient experience and lived experience would be considered as a form of expertise by other members on the Steering Committee.</p>		
2.	Public Comment	Members of Public	12:05 pm
	<p>Claudio Gualtieri offered the opportunity for public comment. There were no public comments.</p>		
3.	Committee Action: Approval of August 22, 2022 Minutes	Steering Committee Members	12:10 pm
	<p>Andy Markowski motioned to approve the August meeting minutes. Tiffany Donelson seconded the motion. No members opposed the approval of the minutes. Ayesha Clarke, Angela Harris, Susan Millerick, Lori Pasqualini, Marie Smith, and Kristen Whitney Daniels abstained. The minutes were approved.</p> <p>Claudio Gualtieri reviewed virtual meeting etiquette expectations for new members asking that, to the greatest extent possible, all members keep their cameras on and give their full attention to the meeting proceedings.</p>		
4.	Review of Past and Upcoming Activities	Michael Bailit	12:15 pm
	<p>Michael Bailit reminded the Steering Committee of its review of cost drivers over the past year, including:</p> <ul style="list-style-type: none"> • October 2021: Review of commercial cost driver analyses using APCD data from 2015-2019 • January 2022: Review of pre-benchmark analysis at the state and market levels using payer-reported 2018 and 2019 data • March 2022: Review of 2015-2019 commercial trend data with retail pharmacy included • May 2022: Review of commercial pharmacy cost driver analyses using APCD data from 2017-2019 <p>Michael then shared tentative agendas for the remaining 2022 meetings. Michael noted that the October meeting would include a process overview for communicating 2021 benchmark performance. Michael provided an update that all commercial insurers, DSS, and CMS had recently submitted benchmark data to OHS for analysis and public reporting in March.</p> <p>Michael shared that the November meeting would include a presentation by two other cost growth benchmark states (Rhode Island and Oregon). He asked members to submit questions for the states to address.</p> <ul style="list-style-type: none"> • Marie Smith submitted: "How does the pharmacy spend in your state impact the medical spend?" <ul style="list-style-type: none"> ○ Claudio requested to add to Marie's question: "What strategies have you found helpful to address pharmacy prices?" • Ted Doolittle submitted: "Is there a link between the benchmark work and the annual premium rate review process, and if so, how does that work?" • Angela Harris submitted: "What might be the impact to our work with regards to pending state and federal legislation?" • Claudio Gualtieri submitted: "How have you been able to spark greater competition and effective marketplace reforms to drive better value?" 		
5.	Cost Growth Mitigation Strategies Work Groups	Michael Bailit	12:20 pm
	<p>Michael Bailit shared that OHS proposed the creation of two separate work groups focused on a) pharmacy spending and b) hospital readmissions and avoidable ED visits.</p> <p>Claudio Gualtieri explained that the two work group topics were selected to help the Steering Committee gain momentum by achieving its goal of selecting two mitigation strategies to advance by the end of 2022, adding that OHS planned to take a "staged" approach and was therefore not abandoning focusing on value-based</p>		

payment (VBP) as a mitigation strategy. Claudio noted that OHS wanted to ensure that sufficient time would be dedicated to determining how to move forward with VBP.

Paul Grady noted that a lot of discussion at the previous Steering Committee meeting was around payment reform and that there was great agreement across stakeholders for focusing on VBP as a mitigation strategy. Paul expressed disappointment that one of the work groups was not starting to work on value-based payment right away. Claudio noted that DSS was already pursuing maternity bundled payment and so OHS thought it made the most sense for the Steering Committee to wait for the chance to evaluate those findings to determine how to potentially scale up payment reform efforts. Paul Grady replied that he had been hearing that there was not alignment between what DSS and commercial payers were doing with respect to maternity bundled payment.

Marie Smith noted there is a bidirectional interaction between the two work group topics, adding that she hoped there would be an opportunity to look at that interaction.

Michael Bailit shared that the work groups would each meet bi-weekly for four or five meetings. He asked Steering Committee members to email Krista Moore (krista.moore@ct.gov) by October 7th if they or a designated colleague would like to participate in one or both work groups.

Claudio Gualtieri added that OHS would love to have co-chairs for both groups, with one co-chair on each group being a subject matter expert and the other being a patient representative. He invited Steering Committee members to express interest in serving in those roles.

6.	Pharmacy Cost Growth Mitigation Strategies	Drew Gattine and Jennifer Reck, National Academy for State Health Policy (NASHP)	12:30 pm
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Drew Gattine provided an overview of the NASHP Drug Pricing Center, the pharmacy supply chain in the United States, and the role of pharmacy benefit managers (PBMs).

Jennifer Reck and Drew Gattine reviewed the state legislative landscape for addressing prescription drug costs, with a focus on:

- Drug price transparency
- Volume purchasing / consumer savings
- Licensing sales representatives to lower costs by increasing the utilization of generics
- Academic detailing / outreach & education programs
 - Jennifer noted that Connecticut had legislation but not funding for this activity.
- Referenced-based pricing

Jennifer Reck recommended asking Oregon at the November Steering Committee meeting about using drug price transparency to inform cost growth benchmark work.

Kristin-Whitney Daniels asked if there were any data on manufacturer/PBM/insurance/etc. adherence to the drug price transparency laws and following through with submitting data. Jennifer Reck responded that compliance with required transparency reporting had been a challenge for states. Jennifer added that health plans had more experience reporting to states and had been more compliant.

Angela Harris asked if the prescription drug price data NASHP was presenting included pricing for federally subsidized research and development of new drugs such as the COVID-19 mRNA vaccines. Jennifer Reck answered that manufacturers were typically required to report on their research and development investments as a means to better understand the relationship between those investments and pricing. Jennifer added that a recent [JAMA Network paper](#) that was just published showed there was no link between drug prices and research and development costs.

Kristin Whitney Daniels shared that from her experience with T1 International, manufacturers' adherence with the 340B program had lessened.

Kristin Whitney Daniels asked if the 2020 Supreme Court *Rutledge* ruling had changed any states' strategies to addressing prescription drug prices. Jennifer Reck said it had furthered state activity directed towards PBM regulation.

Michael Bailit asked in which strategy did states seem to be most interested. Jennifer Reck replied that states' interests varied but noted that launch prices had been a big focus, especially through Prescription Drug Affordability Boards (PDABs) setting upper payment limits, as well as through reference pricing. Michael Bailit asked how many states were presently pursuing international reference pricing. Drew Gattine replied that such legislation had been introduced in about eight states.

Fiona Scott Morton asked if manufacturers were starting to hide their Canadian prices. Drew Gattine said that he had not seen that, adding that the Canadian provinces tend to post prices on the internet.

Ted Doolittle asked if states could eventually end up using other states that are further along in addressing prescription drug prices for reference pricing. Jennifer Reck replied yes, as states set upper payment limits through approaches like a Prescription Drug Affordability Board, other states could look to reference those prices.

Josh Wojcik stated that he was curious to better understand the mechanics of actually enforcing an upper payment limit given the complexity of the prescription drug supply chain. Josh thought it was important to understand how a state could ensure that a manufacturer was the entity that incurred the reduced reimbursement.

Drew Gattine and Jennifer Reck closed by stating that they would be happy to return to provide additional subject matter expertise when the pharmacy price work group begins to meet.

7.	Discussion to Guide Consideration of Potential Inflation / Workforce Adjustments to Benchmark Assessment	Michael Bailit	1:10 pm
There was not time for this discussion. Claudio Gualtieri asked Steering Committee members and members of public to share their thoughts on the matter with Krista Moore (krista.moore@ct.gov) via email.			
8.	Wrap-up and Next Steps	Claudio Gualtieri	1:25 pm
Claudio Gualtieri thanked everyone for their participation and shared that the next meeting would be held on Monday, October 24 th , from 3-5 pm.			
9.	Committee Action: Adjournment	Steering Committee Members	1:30 pm
Ted Doolittle motioned to adjourn. Deidre Gifford seconded the motion. The meeting adjourned at 1:31 pm.			

Upcoming Meeting Dates:

- Monday, October 24th
- Monday, November 21st
- Monday, December 19th

All meeting information and materials are published on the OHS website located at:

<https://portal.ct.gov/OHS/Pages/Healthcare-Benchmark-Initiative-Steering-Committee/Meeting-Agendas>