

Healthcare Cost Growth Benchmark Steering Committee Meeting April 24, 2023

"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."



Welcome and Roll Call

Meeting Agenda

<u>Time</u>	<u>Topic</u>
3:00 p.m.	I. Welcome and Roll Call
3:05 p.m.	II. Public Comment
3:10 p.m.	III. Approval of March Meeting Minutes – Vote
3:15 p.m.	IV. Cost Mitigation Strategy Work Groups Update
4:05 p.m.	V. Quality Council Activities
4:55 p.m.	VI. Wrap-Up and Next Steps
5:00 p.m.	VII. Adjournment

Public Comment

Approval of March 27th Meeting Minutes - Vote

Cost Mitigation Strategy Work Groups Update

Cost Mitigation Strategy Work Groups Update

- In the fall of 2022, the Steering Committee created two work groups: one dedicated to pharmacy cost mitigation, and one dedicated to addressing hospital readmissions and avoidable ED visits.
 - The **Hospital Readmissions and Avoidable ED Visits Work Group** held one meeting in November 2022 and was subsequently discontinued by OHS. As the group's sole meeting focused on level-setting, there are no recommendations to report from this Work Group.
 - The **Pharmacy Cost Mitigation Strategies Work Group** completed its four-meeting series in February. We will review the group's recommendations on the following slides.

Pharmacy Cost Mitigation Strategies Work Group

- **Chris Ulbrich**, Ulbrich Steel
- **Christine Marsh**, Boehringer-Ingelheim
- **Fiona Scott Morton**, Yale School of Public Health
- **Gui Woolston**, Department of Social Services
- **Heather Ferguson-Hull**, Office of Policy and Management
- **Josh Wojcik (Co-Chair)**, Office of the State Comptroller
- **Kristen Whitney-Daniels (Co-Chair)**, CT Insulin4All
- **Lori Pasqualini**, Ability Beyond
- **Marie Smith**, UConn School of Pharmacy
- **Robert Wenick**, OptumCare CT
- **Ted Doolittle**, CT OHA

Pharmacy Cost Mitigation Strategies Work Group Process

The Work Group identified 15 potential strategies to slow pharmacy spending growth, and the following criteria with which to evaluate them:

1. Measurable impact on pharmacy spending trend likely
2. Implementation requirements are reasonable
3. Opportunity exists to align efforts with other states
4. Political will is attainable
5. Limited potential for negative consequences for patients and clinical outcomes
6. Balanced benefit across insured and self-insured

Pharmacy Cost Mitigation Work Group Recommendations

- The below table highlights the Work Group's recommendations alongside the strategies currently proposed in the Governor's bills before the legislature.

Work Group Recommended Strategies	Strategies Included in the Governor's Bills
1. Reference-based pricing (international, Medicare, or a combination of the two)	1. Multi-state bulk purchasing to negotiate drug discounts accessible via a discount card
2. PBM strategies: prohibition of spread pricing, rebate transparency, and promotion of fee-based pricing by employers	2. OHS publication of drugs increasing in price at the highest rates
3. Inclusion of pharmacy expense in Total Cost of Care contracts	3. Licensing sales representatives
4. State-contracted production of generic drugs	4. Strengthening 340B protections

Discussion

- Does the Steering Committee support the workgroup's proposed pharmacy cost mitigation strategies and recommend that OHS pursue them?
 - If so, OHS will review the recommendations and bring back any next steps to Steering Committee for discussion.

Quality Council Activities

Quality Council Responsibilities

CT Aligned Measure Set

- Recommend a set of clinical quality, patient safety, consumer experience, and over-and under-utilization measures from which OHS requests insurers select measures for use in **value-based contracts with Advanced Networks**

Quality Benchmarks

- Recommend **annual measures and target values** that all public and private **payers, providers and the State** should work to achieve to improve healthcare quality in Connecticut

Members of the Quality Council include healthcare providers, health insurance experts, patient advocates, consumer representatives, state agencies and other experts from across the healthcare and related sectors in Connecticut.

2022 Quality Council Activities

- In 2022, the Quality Council accomplished the following:
 1. Measured and reported insurer and DSS fidelity to the 2022 Aligned Measure Set
 2. Finalized the 2023 Aligned Measure Set and created new Core and Menu measure categories
 3. Identified strategies to improve Quality Benchmark performance and began implementing the priority strategies

2023 Quality Council Activities

- So far in 2023, the Quality Council has accomplished the following:
 1. Continued implementing priority strategies to improve Quality Benchmark performance
 2. Measured insurer and DSS fidelity to the 2022 Aligned Measure Set (to be reported out at a future Quality Council meeting)
 3. Began reviewing the 2023 Aligned Measure Set for changes to make in 2024
 4. Reported statewide performance on the Phase 1 Quality Benchmark measures
- We will discuss the 2022 and 2023 activities in greater detail on the following slides.

1. Fidelity to the Aligned Measure Set (1 of 3)

- OHS' annual Quality Council Insurer Survey captures measures in use by payers in value-based contracts with Advanced Networks.*
- The 2022 and 2023 surveys assessed:
 - **Measures in use** in contracts effective beginning on or after January 1, 2022 and January 1, 2023
 - Whether the measures had **Pay-for-Performance or Pay-for-Reporting** status in contracts
 - **Number of contracts** in which measures were used
 - Payer **stratification** of measures by race, ethnicity and/or language
 - Measures with **modified specifications** and **homegrown measures**

***Advanced Networks** are defined by OHS as entities that are or could be engaged in a total cost of care contract with one or more payers.

1. Fidelity to the Aligned Measure Set (2 of 3)

- Using data from the 2022 and 2023 Insurer Surveys, OHS used the formula below to calculate each insurer's Aligned Measure Set fidelity score for each year.
 - **Note:** The assessment only considered quality measures that would be considered for inclusion in the Aligned Measure Set (e.g., excluded hospital-focused measures, prescription drug-focused measures, Medicare Advantage-focused measures).

Aligned Measure Set Fidelity Score =

*Number of instances Aligned Measure Set measures
were used by the insurer in contracts*

*Sum of instances any measures (Aligned Measure Set measures or otherwise)
were used by the insurer in contracts*

1. Fidelity to the Aligned Measure Set (3 of 3)

- 2022 fidelity scores are contained in the table below.

2022 Connecticut Fidelity Scores

Year	Aetna	Anthem	Cigna	ConnectiCare	UnitedHealthcare
2022	40%	40%	88%	86%	51%

2. Aligned Measure Set (1 of 2)

- In 2022, the Quality Council updated the Aligned Measure Set for 2023 contracts, including by adopting a “true” Core Measure Set.
- The Quality Council is currently updating the Aligned Measure Set for 2024 contracts.

Connecticut Aligned Measure Set



Core Measures

- *Measures that OHS is asking insurers to use in all value-based contracts with Advanced Networks*



Menu Measures

- *Measures that are optional for use in value-based contracts*

2. 2023 Aligned Measure Set (2 of 2)

1. Asthma Medication Ratio
2. Behavioral Health Screening*
3. Breast Cancer Screening
4. Cervical Cancer Screening
- 5. Child and Adolescent Well-Care Visits**
6. Chlamydia Screening in Women
7. Colorectal Cancer Screening
8. Concurrent Use of Opioid and Benzodiazepines
- 9. Controlling High Blood Pressure**
10. Developmental Screening in the First Three Years of Life
11. Eye Exam for Patients with Diabetes
- 12. Follow-Up After Emergency Department Visit for Mental Illness (7-Day)**
13. Follow-Up After for Children Prescribed ADHD Medication
14. Follow-Up After Hospitalization for Mental Illness (7-Day)
- 15. Health Equity Measure**
- 16. Hemoglobin A1c Control for Patients with Diabetes: HbA1c Poor Control (>9%)**
17. Immunizations for Adolescents (Combo 2)
18. Kidney Health Evaluation for Patients with Diabetes
19. Metabolic Monitoring for Children and Adolescents*
20. PCMH CAHPS Survey
- 21. Plan All-Cause Readmission**
- 22. Prenatal and Postpartum Care**
23. Screening for Depression and Follow-Up
24. Social Determinants of Health Screening
25. Substance Use Assessment in Primary Care
26. Transitions of Care
27. Use of Pharmacotherapy for Opioid Use Disorder
28. Well-Child Visits in the First 30 Months of Life

*Medicaid-only measure

Core Measures are in bold

3. Strategies to Improve Performance on Quality Benchmark Measures (1 of 9)

- In 2020, Governor Lamont signed Executive Order No. 5 directing OHS to develop annual Quality Benchmarks for CY 2022-2025. In 2022, Public Act 22-118 codified Executive Order No. 5 into law and created new Quality Benchmark reporting requirements.
- In 2021, OHS selected seven Quality Benchmark measures and Benchmark values for phased implementation, per the Quality Council's recommendation.

Phase 1: Beginning for 2022

- Asthma Medication Ratio
- Controlling High Blood Pressure
- Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control

Phase 2: Beginning for 2024

- Child and Adolescent Well-Care Visits
- Follow-up After Hospitalization for Mental Illness (7-day)
- Follow-up After ED Visit for Mental Illness (7-day)
- Obesity Equity Measure

3. Strategies to Improve Performance on Quality Benchmark Measures (2 of 9)

- In 2022, the Quality Council recommended OHS prioritize six strategies to improve performance on the Quality Benchmarks.

Strategies to Improve Performance on Quality Benchmarks

1. Create a true set of “core measures”, including the Quality Benchmark Measures as Core Measures.
 2. Have the Office of the State Comptroller (OSC) adopt the Quality Benchmarks in its contracts.
 3. Public reporting of Advanced Network and payer performance on the Quality Benchmarks annually with Cost Growth Benchmark performance.
 4. Public recognition of providers and payers that are performing well and/or demonstrating improvement on the Quality Benchmarks.
 5. Partner with other agencies on a PR and education campaign.
 6. Create a toolkit to give to provider organizations.
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3. Strategies to Improve Performance on Quality Benchmark Measures (3 of 9)

Strategy #1: Create a true set of “core measures”, including the Quality Benchmark Measures as Core Measures.

Activities

- ✓ The Quality Council will annually update measures in the Core Measure Set and notify insurers and providers.
- ✓ OHS will annually conduct a measure use survey to determine fidelity to the Core Measure Set.*
- ✓ OHS will annually share fidelity scores with insurers and then report fidelity scores to the Quality Council and Healthcare Benchmark Initiative Steering Committee.*

*In 2022, OHS reported insurer fidelity to the 2022 Aligned Measure Set. In 2023, OHS will report fidelity to the true set of Core Measures in the 2023 Aligned Measure Set.

3. Strategies to Improve Performance on Quality Benchmark Measures (4 of 9)

Strategy #2: Have the Office of the State Comptroller (OSC) adopt the Quality Benchmarks in its contracts.

Activities

- OHS will meet with OSC annually to discuss alignment with Quality Benchmarks, including sharing measure specifications and how to obtain benchmark data.

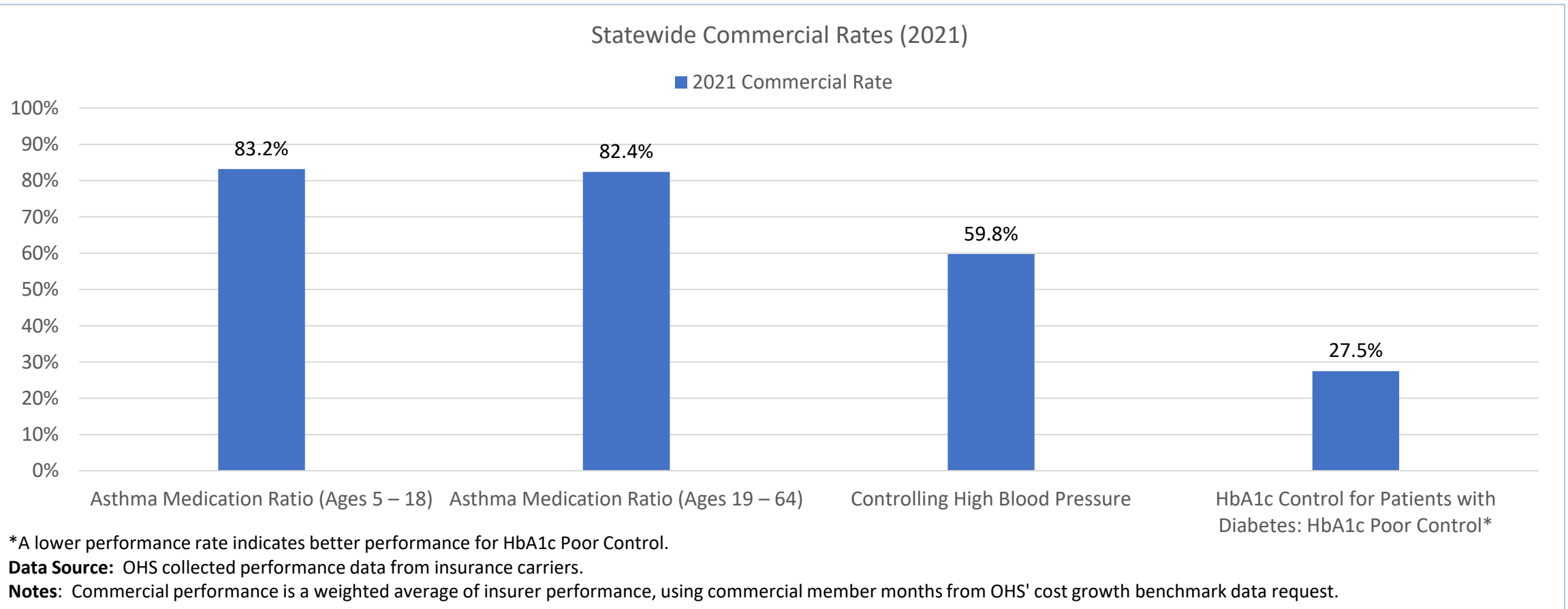
3. Strategies to Improve Performance on Quality Benchmark Measures (5 of 9)

Strategy #3: Public reporting of Advanced Network and payer performance on the Quality Benchmarks annually with Cost Growth Benchmark performance

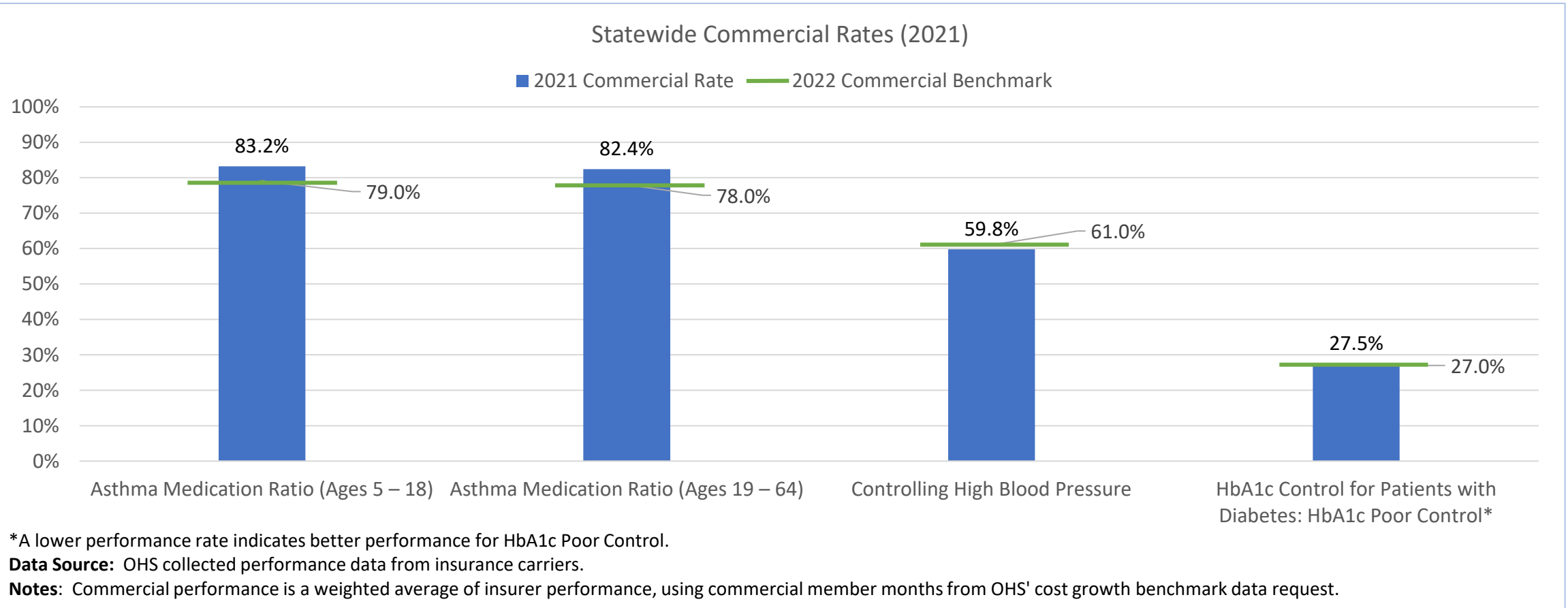
Activities

- OHS will annually prepare data submission instructions and reporting template.
- Payers will annually report on Quality Benchmark performance at the payer and Advanced Network level.
- OHS will annually validate, analyze, and report on Advanced Network and payer performance to the Quality Council.

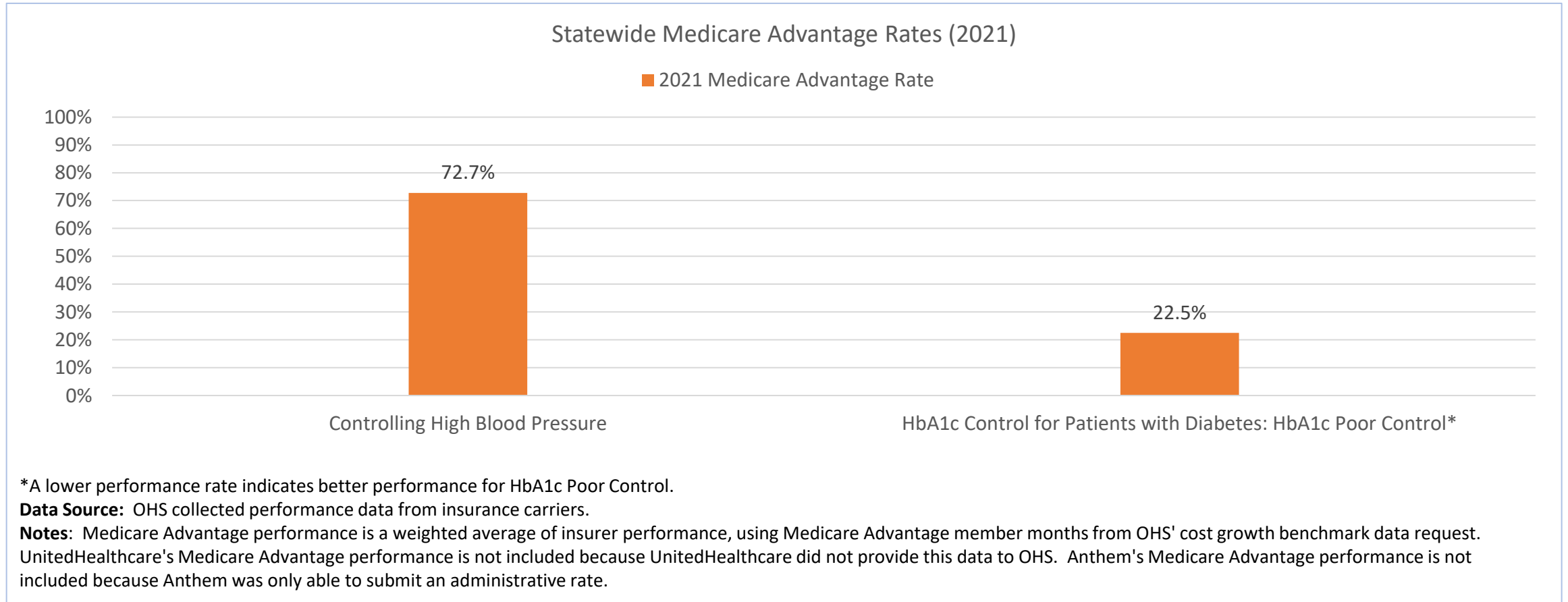
2021 Statewide Commercial Rates for Phase 1 Quality Benchmark Measures



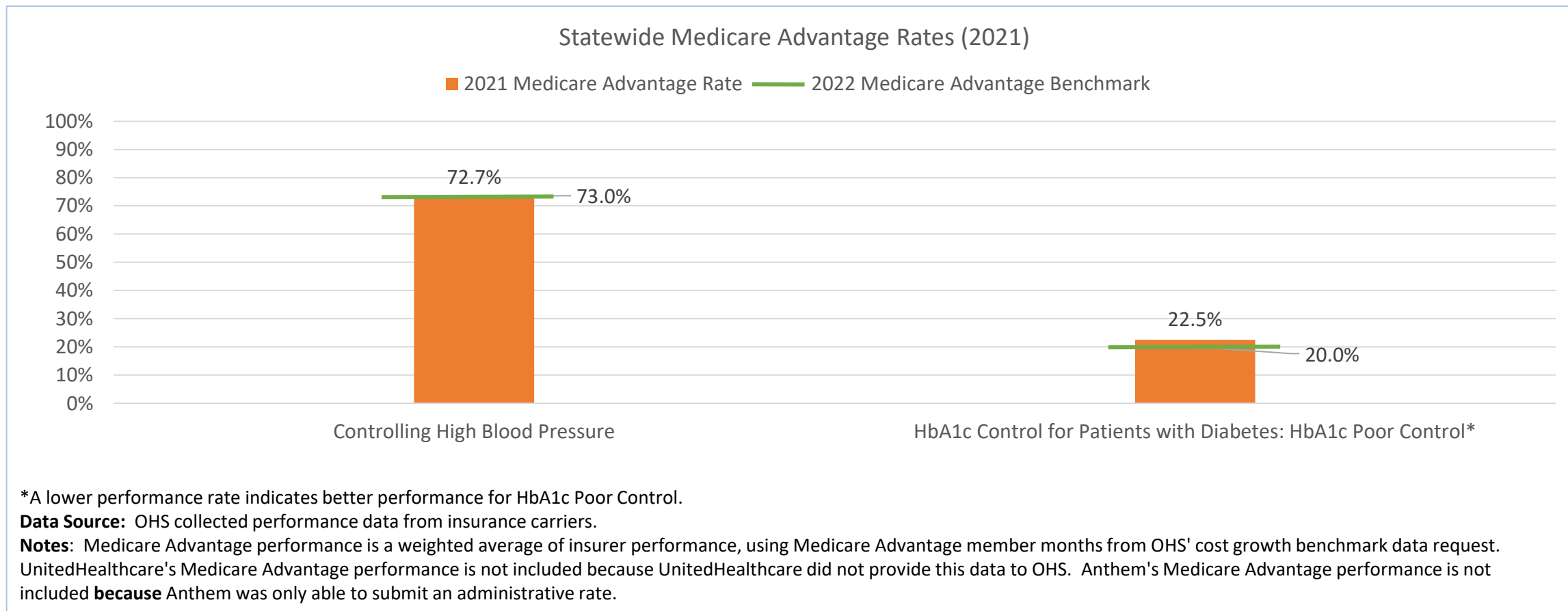
2021 Statewide Commercial Rates for Phase 1 Quality Benchmark Measures compared to 2022 Quality Benchmarks



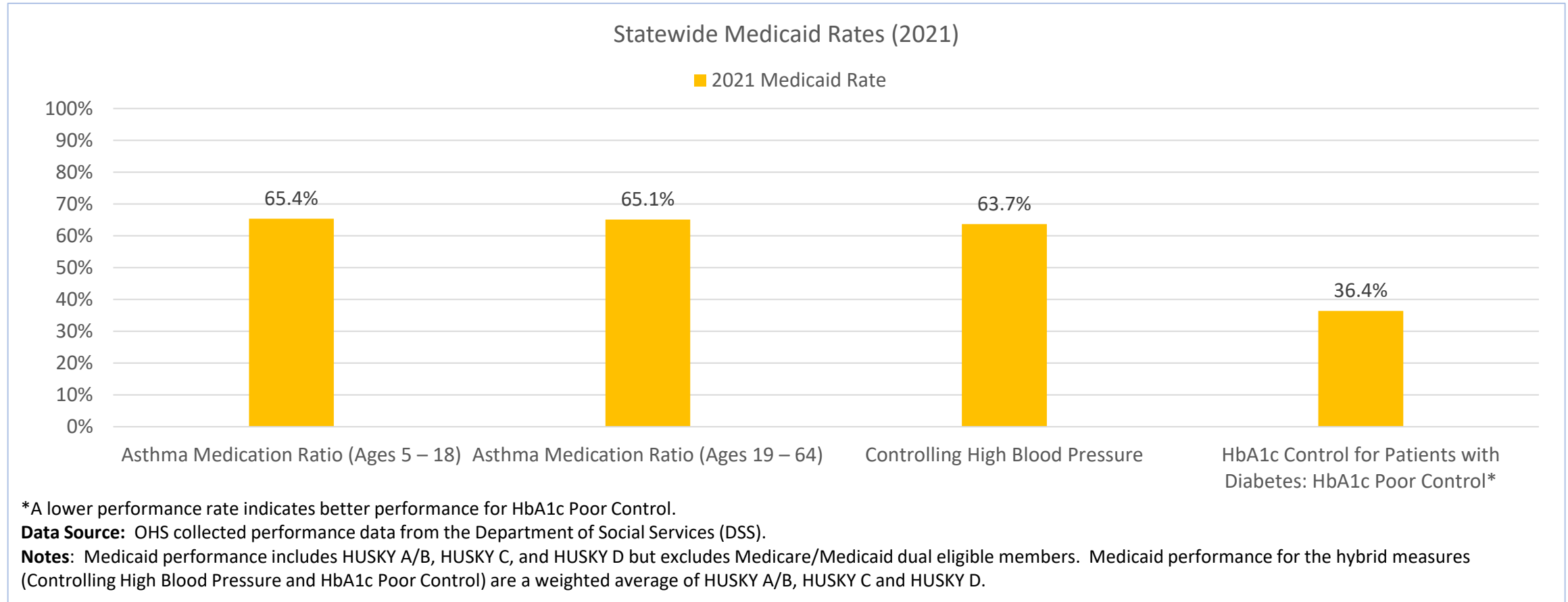
2021 Statewide Medicare Advantage Rates for Phase 1 Quality Benchmark Measures



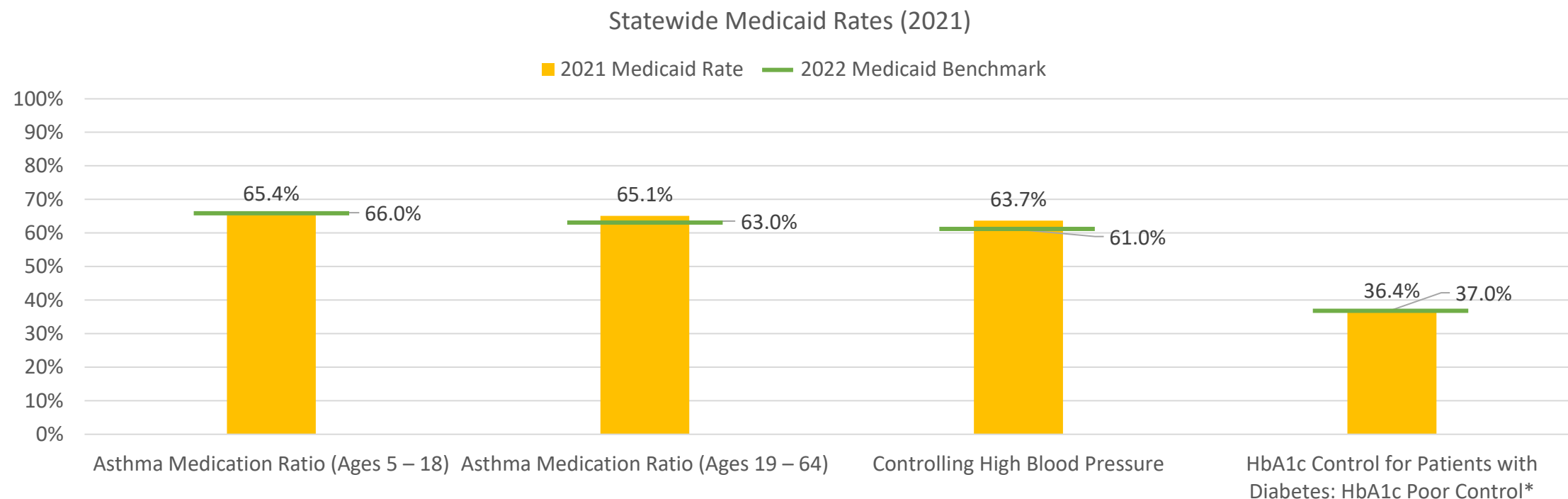
2021 Statewide Medicare Advantage Rates for Phase 1 Quality Benchmark Measures compared to 2022 Quality Benchmarks



2021 Statewide Medicaid Rates for Phase 1 Quality Benchmark Measures



2021 Statewide Medicaid Rates for Phase 1 Quality Benchmark Measures compared to 2022 Quality Benchmarks



*A lower performance rate indicates better performance for HbA1c Poor Control.

Data Source: OHS collected performance data from the Department of Social Services (DSS).

Notes: Medicaid performance includes HUSKY A/B, HUSKY C, and HUSKY D but excludes Medicare/Medicaid dual eligible members. Medicaid performance for the hybrid measures (Controlling High Blood Pressure and HbA1c Poor Control) are a weighted average of HUSKY A/B, HUSKY C and HUSKY D.

3. Strategies to Improve Performance on Quality Benchmark Measures (6 of 9)

Strategy #3: Public reporting of Advanced Network and payer performance on the Quality Benchmarks annually with Cost Growth Benchmark performance.



3. Strategies to Improve Performance on Quality Benchmark Measures (7 of 9)

Strategy #4: Public recognition of providers and payers that are performing well and/or demonstrating improvement on the Quality Benchmarks

Activities

- OHS will determine appropriate public recognition of providers and payers performing well and/or demonstrating improvement.
- OHS will annually determine which payers and providers are performing well/demonstrating improvement.

3. Strategies to Improve Performance on Quality Benchmark Measures (8 of 9)

Strategy #5: Partner with other agencies on an education campaign (including a webinar series)

Activities

- OHS will host a webinar with subject matter experts on each Quality Benchmark measure.
- OHS will create communication materials about the Quality Benchmarks and partner with agencies to coordinate dissemination.

3. Strategies to Improve Performance on Quality Benchmark Measures (9 of 9)

Strategy #6: Create a toolkit to give to provider organizations

Activities/Updates

- OHS will conduct research into external resources and best practices for each Quality Benchmark measure.
- OHS will develop a toolkit with resources and best practices for each Quality Benchmark measure.
- OHS will develop and implement a dissemination strategy for the toolkit.

Wrap-Up and Next Steps

Wrap-Up and Next Steps

- The March Steering Committee meeting will be held virtually on Monday, **May 22nd** from 3–5:00 pm.

Quality Council Appendix

Commercial Market Benchmark Values: Phase 1 Measures

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Asthma Medication Ratio (Ages 5-18)	79%	81%	83%	86% <i>Between the national commercial 50th and 75th percentiles</i>	Overall: 7% Annual: 2%
Asthma Medication Ratio (Ages 19-64)	78%	80%	82%	85% <i>National commercial 90th percentile</i>	Overall: 7% Annual: 2%
Controlling High Blood Pressure	61%	63%	65%	68% <i>Between the New England commercial 50th and 75th percentiles</i>	Overall: 7% Annual: 2%
HbA1c Control for Patients with Diabetes: HbA1c >9%*	27%	26%	25%	23% <i>Between the national commercial 75th and 90th percentiles</i>	Overall: 4% Annual: 1%

The annual change in Benchmark values may not be even due to rounding.

*A lower rate indicates higher performance.

Commercial Market Benchmark Values: Phase 2 Measures

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Child and Adolescent Well-Care Visits	TBD	TBD	TBD	TBD	TBD
Follow-up After ED Visit for Mental Illness (7-Day)	60%	N/A	N/A	75% <i>Between the New England commercial 75th and 90th percentiles</i>	Overall: 15%
Follow-up After Hospitalization for Mental Illness (7-Day)	56%	N/A	N/A	63% <i>Between the New England commercial 75th and 90th percentiles</i>	Overall: 7%

The annual change in Benchmark values may not be even due to rounding.

Medicaid Market Benchmark Values: Phase 1 Measures

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Asthma Medication Ratio (Ages 5-18)	66%	68%	70%	73% <i>Between the national Medicaid 50th and 75th percentiles</i>	Overall: 7% Annual: 2%
Asthma Medication Ratio (Ages 19-64)	63%	65%	67%	70% <i>Between the national Medicaid 75th and 90th percentiles</i>	Overall: 7% Annual: 2%
Controlling High Blood Pressure	61%	63%	65%	68% <i>National Medicaid 75th percentile</i>	Overall: 7% Annual: 2%
HbA1c Control for Patients with Diabetes: HbA1c >9%*	37%	36%	35%	33% <i>National Medicaid 75th percentile</i>	Overall: 4% Annual: 1%

The annual change in Benchmark values may not be even due to rounding.

*A lower rate indicates higher performance.

Medicaid Market Benchmark Values: Phase 2 Measures

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Child and Adolescent Well-Care Visits	TBD	TBD	TBD	TBD	TBD
Follow-up After ED Visit for Mental Illness (7-Day)	50%	N/A	N/A	65% <i>National Medicaid 90th percentile</i>	Overall: 15%
Follow-up After Hospitalization for Mental Illness (7-Day)	48%	N/A	N/A	55% <i>New England Medicaid 90th percentile</i>	Overall: 7%

Medicare Advantage Market Benchmark Values

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Controlling High Blood Pressure	73%	75%	77%	80% <i>National Medicare Advantage 75th percentile</i>	Overall: 7% Annual: 2%
HbA1c Control for Patients with Diabetes: HbA1c >9%*	20%	18%	16%	15% <i>National Medicare Advantage 75th percentile</i>	Overall: 5% Annual: 2%

The annual change in Benchmark values may not be even due to rounding.

*A lower rate indicates higher performance.

Statewide Benchmark Values

Quality Benchmark Measure	2022 Value / Baseline Rate	2023 Value	2024 Value	2025 Value and Source	Percentage Point Improvement
Obesity Equity Measure <i>the ratio of the White, non-Hispanic obesity rate and Black, non-Hispanic obesity rate</i>	1.65	N/A	N/A	1.33 <i>National ratio</i>	Overall: 0.32