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
November 21, 2022	3:00 pm – 5:00 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	R	Cassandra Murphy	X
Ayesha Clarke	R	Paul Grady	R	Chris O'Connor	X
Stephanye Clarke	X	Claudio Gualtieri	R	Lori Pasqualini	R
Tiffany Donelson	R	Angela Harris	R	Fiona Scott Morton	X
Ted Doolittle	X	Paul Lombardo	R	Kathy Silard	R
Judy Dowd	R	Andy Markowski	R	Marie Smith	R
Jeff Flaks	R	Chris Marsh	R	Chris Ulbrich	R
Lou Gianquinto	R	Susan Millerick	X	Kristen Whitney-Daniels	X
Deidre Gifford	R	Karen Moran	X	Josh Wojcik	R
Kim Martone, OHS	R	Olga Armah, OHS	R	Sarah Bartelmann, OHA	R
Krista Moore, OHS	R	Michael Bailit, Bailit Health	R	Cory King, RI OHIC	R
Mayda Capozzi, OHS	R	Matt Reynolds, Bailit Health	R		
		R = Attended Remotely; **IP** = In Person; **X** = Did Not Attend			

Agenda

	Topic	Responsible Party	Time
1.	**Welcome and Roll Call**	**Claudio Gualtieri**	**3:00 pm**
	Claudio Gualtieri welcomed everyone to the November Steering Committee meeting and introduced Christine Marsh, Vice President of Market Access for Boehringer Ingelheim Pharmaceuticals, as the newest Steering Committee member. Claudio then invited Matt Reynolds to conduct a roll call. There was a quorum present.		
2.	**Public Comment**	**Members of Public**	**3:05 pm**
	Claudio Gualtieri offered the opportunity for public comment. There were no public comments.		
3.	**Committee Action: Approval of October 24, 2022 Minutes**	**Steering Committee Members**	**3:10 pm**
	Andy Markowski motioned to approve the October meeting minutes. Deidre Gifford seconded the motion. Chris Marsh abstained. No members opposed. The minutes were approved.		
4.	**Update on Approach to Considering Inflation in Benchmark Assessment**	**Michael Bailit**	**3:15 pm**
	Michael Bailit reviewed the input that Steering Committee members shared at the October meeting and noted that OHS had not yet made a final decision on how it will respond to the rise in inflation. Michael added that OHS was consulting with other cost growth benchmark states to better understand how Connecticut's approach may align with those of other states. Michael concluded by saying that OHS welcomed additional feedback be submitted to krista.moore@ct.gov		
5.	**Dialogue with Other Benchmark States**	**Cory King, OHIC (RI) and Sarah Bartelmann, OHA (OR)**	**3:20 pm**
	Michael Bailit introduced Cory King, Chief of Staff at the Rhode Island Office of the Health Insurance Commissioner (OHIC). Cory reviewed the charge of OHIC, which includes overseeing the state's cost growth		

benchmark program. Cory then provided an overview of Rhode Island's model for its cost growth benchmark program, noting that Rhode Island seeks to create collective actions and agency policies to address healthcare costs.

Cory explained that Rhode Island's cost growth mitigation strategies have included public disclosure of cost performance by market participants, collective actions to address costs such as a value-based payment (VBP) compact, prior approval rate review, commercial hospital price growth caps, and strategic delivery system investments.

Deidre Gifford asked if pharmaceutical benefit managers (PBM)s or drug manufacturers were parties to the VBP compact in RI. Cory King replied that a PBM (CVS) was party, but drug manufacturers were not.

Jeff Flaks asked about the extent to which VBP was actually being adopted and translating to innovation and improved quality in Rhode Island. Cory noted it was important for policymakers to have good data on cost, quality, and access to assess the "health" of its health system. He stated that it was fair to look at Medicaid rates, but also important to look at how much commercial payers are paying hospitals. Cory noted he did not believe the fiscal distress some Rhode Island hospitals were experiencing was due to the work of OHIC. Cory noted that the innovations Rhode Island is most proud of include strong primary care, including working in teams and using data, developing ACOs operating under total-cost-of-care (TCOC) models including many with downside risk, as well as primary care collaborations with institutional partners. Cory added that cost containment was a priority in Rhode Island because of lower median incomes than in Connecticut.

Paul Grady asked Cory how Rhode Island achieved such a high percentage of spend on primary care. Cory noted that this was achieved through regulation requiring health plans to essentially double their spending on primary care over a five-year period and then maintain a minimum threshold (currently 10.7%). Cory added that OHIC was also specific about money being invested outside of fee-for-service and into "transformed" primary care, primarily through patient-centered medical homes. Paul Grady asked about any measured impact on the increased primary care spending on the state's ability to meet patients' needs. Cory said that OHIC did not have firm data to assess that question.

Kathy Silard expressed concern with cutting costs without careful attention to the impact on quality. Kathy also wanted to know the "out-migration" from Rhode Island to other states for care. Cory King stated OHIC was currently looking at out-migration, but noted he did not see truth to the intimation that Rhode Island was delivering "poor" quality of care. Deidre Gifford suggested looking at the link between Rhode Island's rate review process and hospital quality at a future Steering Committee meeting.

Michael Bailit introduced Sarah Bartelmann from the Oregon Health Authority. Sarah provided a background overview of how Oregon may differ from Connecticut, highlighting that Oregon has a robust domestic insurance market and a varied provider landscape, and that Oregon's cost growth target applies to all payers and all providers in Oregon. Sarah then reviewed cost containment strategies Oregon has implemented, including hospital financial and price transparency programs, hospital community benefit requirements, VBP adoption targets, primary care spending requirements, a prescription drug price transparency program, a prescription drug affordability board, health insurance rate review, and health care merger and acquisition review. Sarah noted all of these strategies were in statute except for the VBP adoption targets.

Sarah Bartelmann then went into greater depth on Oregon's VBP Compact, a voluntary commitment by payers and providers to increase the use of VBP to lower the rate of cost growth, foster health equity, and improve quality and outcomes. Sarah explained that the Compact does so through expanding innovation, learning from early adopters, removing barriers, and expanding knowledge and awareness. Sarah noted that the VBP compact aligns with the Health Care Payment and Learning Action Network Alternative Payment Model framework and that 73% of Oregonians are represented by the 46 Compact signatories. Sarah shared that Oregon also has a VBP Compact Workgroup charged with ensuring the Compact is successfully implemented. Sarah noted that Oregon's APCD includes a payment-arrangement file that allows for tracking of VBP adoption over time.

	Sarah Bartelmann then went into greater depth on Oregon's approach to pharmacy cost growth. Sarah noted Oregon's pharmacy cost containment strategies, in addition to those already mentioned, include PBM regulations, capping member cost-sharing for insulin, and Medicaid-specific strategies. Finally, Sarah Bartelmann provided an overview of ArrayRx, a prescription drug purchasing consortium that includes Oregon, Washington, and Nevada. Sarah shared that ArrayRx's services include PBM services, ASO rebate services, Medicaid programs, voucher programs, discount cards, and group purchasing organization services. Angela Harris asked how ArrayRx is funded. Sarah Bartelmann said a small, disclosed fee is charged to member states and participating programs to cover the costs associated with managing and updating contracts, overseeing subcontractor performance, overseeing annual market checks, providing overall governance for the set of ArrayRx programs, and continuing to evaluate and innovate new programs to improve the pharmaceutical supply chain. Chris Marsh asked Sarah Bartelmann if Oregon was looking into incorporating rebates in future pharmacy analyses. Sarah replied yes, adding that OHA was strategizing how to do so. Claudio Gualtieri asked Sarah for best practices around engaging all stakeholders in Oregon's cost growth benchmark work. Sarah noted that Oregon's Technical Advisory Group to its primary advisory body has no specific membership but rather is a monthly open public meeting. Sarah said Oregon had found this model to be invaluable, including by leading payers to become more engaged in providing suggestions. Lastly, Sarah noted that OHA's collaboration with organizations representing FQHCs, pediatricians, etc. had proven fruitful. Angela Harris asked if Oregon was leaving the door open for others to join the VBP compact and how Oregon was tracking performance relative to the Compact. Sarah Bartelmann replied that anyone could join the Compact at any point and that OHA was looking into how to evaluate the VBP compact.		
6.	**Office of the State Comptroller Primary Care Presentation**	**Josh Wojcik**	**4:00 pm**
	Josh Wojcik reviewed the goals of OSC's Primary Care Initiative Pilot and noted that the pilot plans to significantly increase per member per month care coordination fees, require additional resources be used to improve primary care competencies in OHS' Primary Care Roadmap, include quality bonuses for performance on the Quality Council's Core Measure Set, provide accountability through shared risk and annual reporting, and provide support in identifying and leveraging opportunities for care improvement and cost savings. Josh noted that the first measurement period would start in January 2023. Josh explained that the care coordination fees were not at risk and were exempt from Total Cost of Care (TCOC) calculations. Josh shared that the goal is for the TCOC prospective trend targets to align with the cost growth benchmark value(s). Josh noted that the pilot includes multiple risk options to meet provider needs. Josh shared that twelve provider groups had signed Letters of Intent to participate in the pilot. Paul Grady asked what hurdles Anthem faced implementing this program, or a similar program, for the rest of its Connecticut commercial members. Josh Wojcik noted that, should the pilot be successful, he was hopeful that adoption would spread to the commercial market. Ben Alvarez shared that ProHealth was participating in the pilot and that he agreed with Josh's assessment.		
7.	**Quality Council Activities**	**Michael Bailit**	**4:30 pm**
	There was not sufficient time for this topic. Michael Bailit noted that the Quality Council presentation would be moved to a future meeting.		
8.	**Wrap-up and Next Steps**	**Claudio Gualtieri**	**4:55 pm**
	Claudio Gualtieri thanked everyone for their participation and shared that the next meeting would be held on Monday, December 19th, from 3-5 pm.		
9.	**<u>Committee Action</u>: Adjournment**	**Steering Committee Members**	**5:00 pm**
	Ben Alvarez motioned to adjourn. Chris Marsh seconded the motion. The meeting adjourned at 4:49 pm.		

Upcoming Meeting Dates:
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