

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
April 24	3:00 pm –	Zoom Meeting
2023	5:00 pm	https://us02web.zoom.us/j/86419983822?pwd=Ymkzb0U4VFgxbFRVNERRNmVtSjc1Zz09

Participant Name and Atte	ndance	Steering Committee Mem	bers		
Timothy Archer	R	Deidre Gifford (Chair)	R	Chris O'Connor	X
Joanne Borduas	Х	Jonathan Gonzalez-Cruz	R	Lori Pasqualini	R
Ayesha Clarke	R	Paul Grady	R	Fiona Scott Morton	R
Stephanye Clarke	X	Angela Harris	R	Kathy Silard	R
Tiffany Donelson	R	Paul Lombardo	R	Marie Smith	R
Ted Doolittle	R	Andy Markowski	R	Chris Ulbrich	R
Judy Dowd	X	Chris Marsh	R	Kristen Whitney-Daniels	R
Jeff Flaks		Susan Millerick	Х	Josh Wojcik	R
Lou Gianquinto		Cassandra Murphy	R	Gui Woolston	R
Jeannina Thompson, OHS	R	Hanna Nagy, OHS	R	Michael Bailit, Bailit Health	R
Krista Moore, OHS		Olga Armah, OHS	R	Matt Reynolds, Bailit Health	R
Abby Alter, OHS	R	Cindy Dubuque-Gallo, OHS	R		
		R = Attended Remotely; IP = In Person; X = Did Not Attend			

Agenda							
	Topic	Responsible Party	Time				
1.	Welcome and Roll Call	Deidre Gifford	3:00 pm				
	Deidre Gifford welcomed everyone to the April Steering Committee meeting. Deidre invited Matt Reynolds to						
	conduct a roll call. There was a quorum present. Deidre then reviewed the agenda for the meeting.						
2.	Public Comment	Members of Public	3:05 pm				
	Deidre Gifford offered the opportunity for public comment. There were no public comments.						
3.	Committee Action: Approval of March 27, 2023 Minutes	Steering Committee Members	3:10 pm				
	Paul Grady motioned to approve the minutes. Tiffany Donelson seconded the motion. There was no						
	opposition nor any abstentions. The minutes were approved.						
4.	Cost Mitigation Strategy Work Groups Update	Michael Bailit	3:15 pm				
	Michael Bailit shared that the Hospital Readmissions and Avoidable ED Visits Work Group held one meeting November 2022 and was subsequently discontinued by OHS. Michael reported that the Pharmacy Cost Mitigation Strategies Work Group completed its four-meeting series in February. Michael reviewed the Wor Group's membership and the criteria that the Work Group used to evaluate 15 different potential pharmacy cost mitigation strategies. The process resulted in the following four recommended strategies:						
	1. Reference-based pricing (international and/or Medicare)						
 Fiona Scott Morton noted that if Connecticut and other states started to use the same con (e.g., Canada) for reference-based pricing, then that country will not be able to continue 							

negotiating low prices because they will effectively be put in the position of negotiating on behalf

of a larger population.

• Chris Marsh stated that Connecticut would need to ensure that any reference-based pricing would actually reduce costs or improve access for patients.

2. PBM strategies including rebate transparency, prohibition of spread pricing, and employer promotion of fee-based pricing

- Paul Grady noted that rebate transparency was tricky, adding that new terminology was being developed to muddy the waters. Fiona Scott Morton agreed, and said she thought the word "rebate" should not be used, but rather the idea should be that any payment back to the PBM of any kind should have to be disclosed. Chris Marsh stated she supported the idea of such transparency.
- Paul Lombardo stated that he thought that prohibition of spread pricing would just increase reimbursement to pharmacists from PBMs, in which case he was unsure where would cost savings would be. Michael Bailit noted that spread pricing was essentially equivalent to mark-ups by PBMs. Fiona Scott Morton said PBMs conducted spread pricing as a percentage mark-up, so the spread price "mark-up" could be required to be a fixed dollar amount instead of a percentage.
- Fiona Scott Morton noted that if CT prohibited spread pricing a PBM can find other places to increase their revenue if they have market power.
- 3. Inclusion of pharmacy expense in Total Cost of Care contracts
- 4. State-contracted production of generic drugs
 - Fiona Scott Morton asked if Connecticut had spoken with California about hitching on to their generic drug production efforts. Michael replied that this would be part of the next steps the state would take if the Steering Committee supported the Work Group recommendation.

Michael described the drug cost mitigation strategies recently proposed in legislation by Governor Lamont:

- 1. Multi-state bulk purchasing to negotiate drug discounts accessible via a discount card
- 2. OHS publication of drugs increasing in price at the highest rates
- 3. Licensing sales representatives
- 4. Strengthening 340B protections

Michael asked if the Steering Committee supported the Work Group's proposed pharmacy cost mitigation strategies and recommended that OHS pursue them.

- Kathy Silard requested that to the extent such information is available, she would like OHS to report on the impact other states have seen after pursuing any of the proposed strategies.
- Marie Smith, Fiona Scott Morton, and Paul Grady stated they supported the Work Group
 recommendations. Tiffany Donelson also supported the recommendations and noted the
 importance of including an equity lens. Angela Harris stated she supported the recommendations
 with the caveat that OHS should make sure that any cost savings are automatically passed on to
 the consumer without the consumer needing to get involved, as knowledge of rebate programs
 etc. is not equally distributed among Connecticut residents.
- Chris Marsh agreed with pursuing further work to address pharmacy costs, but noted that she did not necessarily support all of the concepts the Work Group recommended.

5. Quality Council Activities

Michael Bailit

4:05 pm

Michael Bailit reviewed the Quality Council's responsibilities, noting that the group was primarily focused on advising OHS regarding the Connecticut Aligned Measure Set and the Quality Benchmarks. Michael explained OHS' annual Quality Council Insurer Survey and reviewed payers' 2022 Aligned Measure Set fidelity scores as determined from Insurer Survey data.

Michael reviewed the 2023 Aligned Measure Set and noted that the Quality Council was in the process of updating the Aligned Measure Set for 2024 contracts.

- Paul Grady asked how aligned the Massachusetts and Connecticut Aligned Measure Sets were. Matt Reynolds noted that 18-19 measures were in both measure sets.
- Angela Harris asked if social vulnerability was considered when determining which measures are used in contracts. Michael Bailit replied that the Quality Council considered inequities data when

- determining measures to include in the Aligned Measure Set but added that the Quality Council could not dictate how payers determined which Menu measures to include in contracts.
- Gui Woolston asked if Connecticut provided guidance on how measures are used in contracts. Michael Bailit noted that other states like Massachusetts have developed such guidance. OHS and the Quality Council had recently discussed creating something similar for Connecticut.

Finally, Michael reviewed the progress that OHS had made on six strategies for improving performance on the Quality Benchmarks that the Quality Council recommended OHS pursue. The strategies include:

- 1. Creating a true set of "core measures", including the Quality Benchmark Measures (complete)
- 2. Having the Office of the State Comptroller adopt the Quality Benchmarks in contracts (complete)
- 3. Publicly reporting Advanced Network and payer performance on the Quality Benchmarks annually (in progress)
- 4. Publicly recognizing providers and payers that are performing well and/or demonstrating improvement on the Quality Benchmarks (still to come)
- 5. Partnering with other agencies on an education campaign, including a webinar series (still to come)
- 6. Creating a toolkit to give to provider organizations (in progress)

Michael also shared the 2021 Phase 1 Quality Benchmark performance results by market.

- Kristen Whitney Daniels asked if quality benchmark performance data accounted for reasons that
 individuals may not have met a specific measure's criteria of success, such as affordability and access.
 Michael Bailit replied that plans and providers could try to collect this data for their own quality
 improvement efforts, but it is not available in the data the Quality Council has available to it.
- Angela Harris asked if it would be possible to view quality benchmark performance by market side-byside. Michael Bailit said that he would create such a slide for OHS to send out with the meeting summary.
- Gui Woolston said he thought it could be useful to look at Connecticut's quality benchmark performance compared to other benchmark states, as OHS had done when presenting the cost growth benchmark performance results.

7.	Wrap-up and Next Steps	Deidre Gifford	4:55 pm		
	Deidre Gifford stated that OHS staff would reach out to schedule additional meetings for the Pharmacy Cost Mitigation Strategies Work Group to move forward with its conceptual recommendations. Deidre also shared that OHS planned to revisit hospital cost mitigation strategies after the current legislative session. Finally, Deidre Gifford stated that the next Steering Committee meeting on May 22 nd from 3-5 pm would be held virtually.				
8.	Committee Action: Adjournment	Steering Committee Members	5:00 pm		
	Gui Woolston motioned to adjourn. Ayesha Clarke seconded the motion. The meeting adjourned at 4:22pm.				

Upcoming Meeting Dates:

Monday, May 22nd Monday, June 26th Monday, July 24th

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