CONNECTICUT
Health Strategy

Health Information Technology Advisory Council

June 20, 2024

AGENDA

HEALTH INFORMATION TECHNOLOGY ADVISORY COUNCIL – APRIL 2024

TOPIC	PRESENTER
Welcome & Call to Order	Dr. Joseph Quaranta, Co-chair
Public Comment	Members of Public
Membership Update	Dr. Joseph Quaranta, Co-chair
Presentation by RAND Corporation: Round 5.0 Hospital Price Transparency Report	Brian Briscombe, RAND Corporation
Minutes Approval: May 16, 2024	Dr. Joseph Quaranta, Co-chair
Health Equity Dashboard Update	Paul Brady, OHS
HIE Regulations Update	Tyra Peluso, OHS
Announcement and Meeting Adjournment	Dr. Joseph Quaranta, Co-chair

Public Comment

(2 minutes per commenter)

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RAND Hospital Price Transparency Project

Connecticut Health Information Technology Advisory Council

June 2024

Brian Briscombe | bbriscom@rand.org

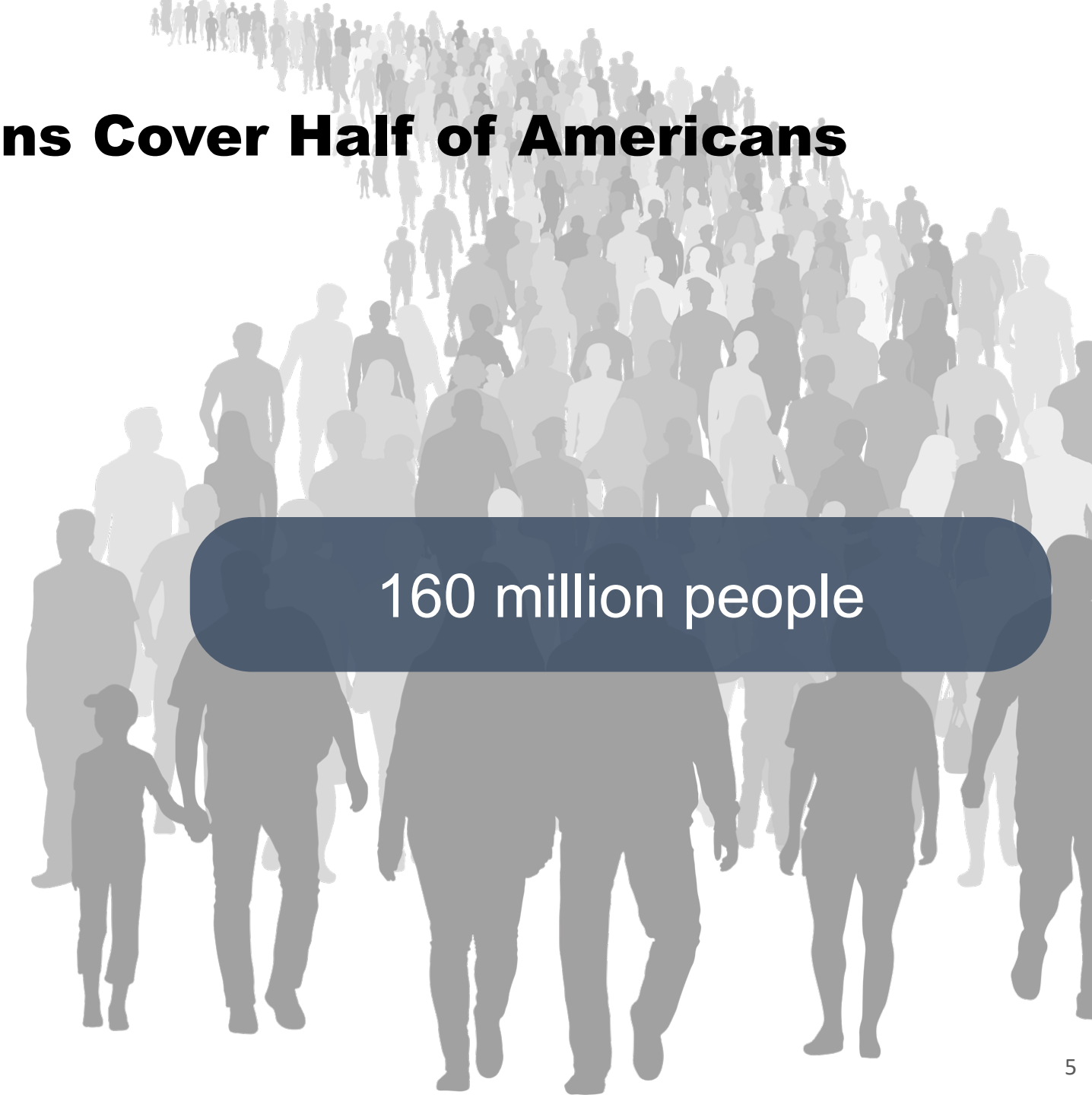
Employer-sponsored Plans Cover Half of Americans

$1.3 trillion

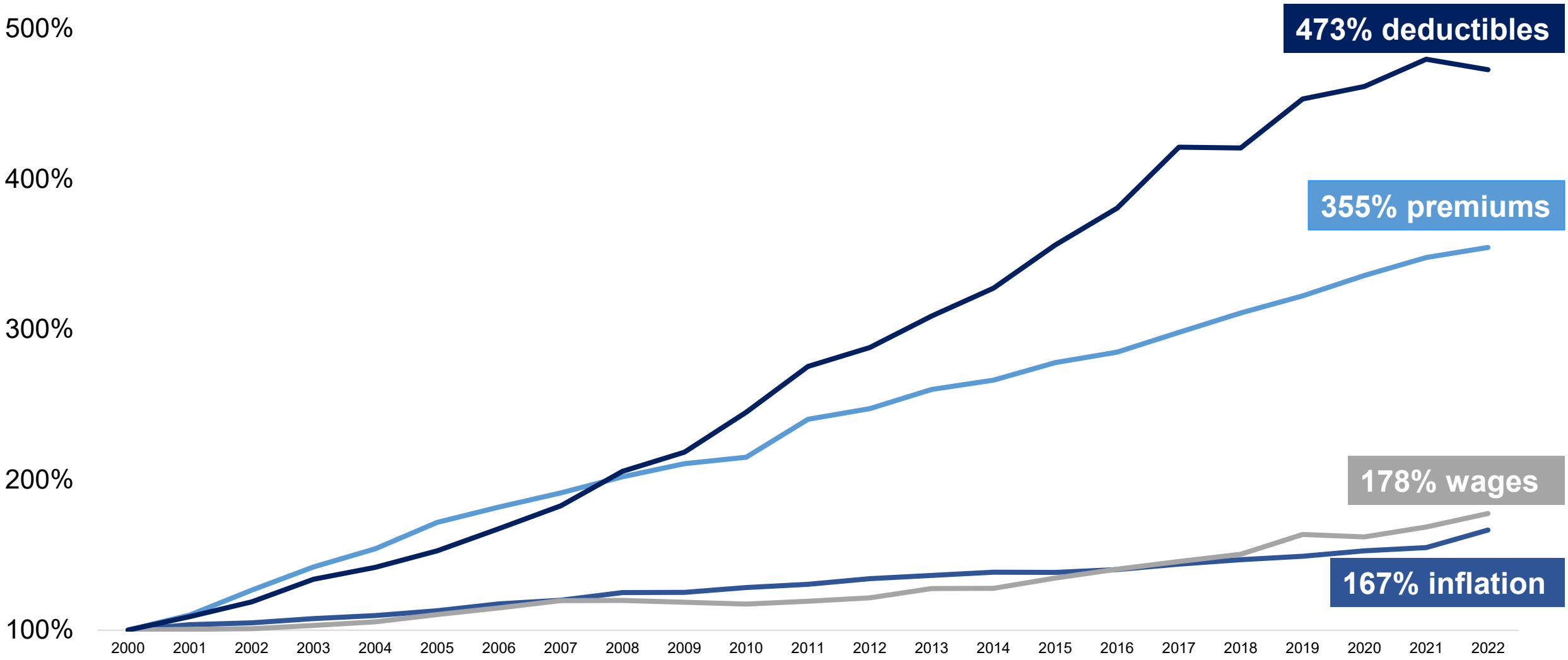
health care costs in 2022

$486 billion

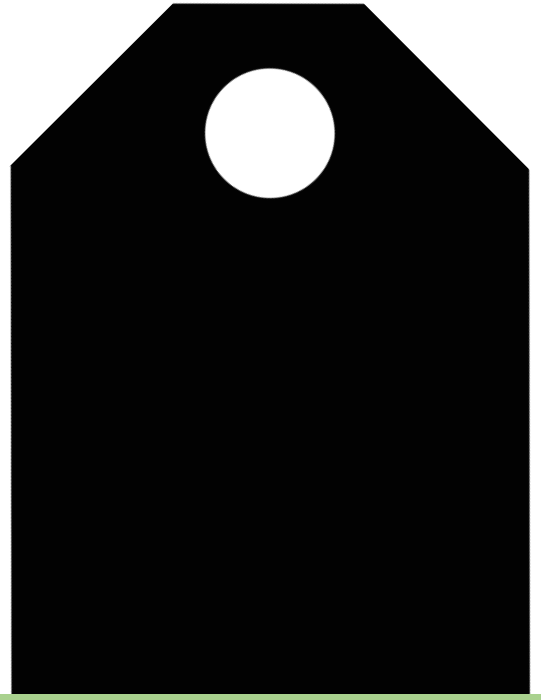
hospital costs in 2022



Premiums and Deductibles Outpace Wages



Why did RAND Undertake this Study?



- RAND doesn't know the "right" price
- Purchasers (employers, etc.) can use this report to decide if prices align with value

Self-funded Purchasers' Fiduciary Responsibility

> Fiduciaries have a responsibility to "act solely in the interest of plan participants and their beneficiaries and with the exclusive purpose of providing benefits to them."
>
> —Department of Labor

How can self-funded plans fulfill this legal obligation without knowing prices?

Study History: Each Round Added More…

Study Round	1	2	3	4	5
States	Indiana	24 more states (25 total)	24 more states (all except Maryland)		
Data Contributors	Employers	Health plans, 2 APCDs	4 more APCDs (6 total)	5 more APCDs (11 total)	1 more APCD (12 total)
Claims	Facility	Inpatient/outpatient	Professional		
Prices	Relative	Standardized	Service-line	Comparisons to ASCs	Drug infusion prices, ED Professional

Round 5 of the RAND Study

Obtain claims data from

- self-funded employers
- APCDs
- health plans

Measure prices in two ways

- relative to a Medicare benchmark
- price per case-mix weight

Create a *public* hospital price report

- posted online, downloadable
- named facilities & systems
- inpatient prices & outpatient prices

Create *private* hospital price reports for self-funded employers

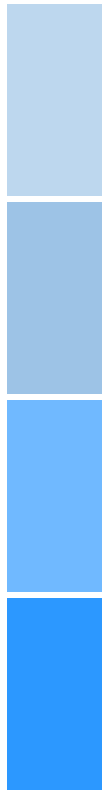
Comparison to Medicare

Medicare payment system used as a **benchmark**, not as a price goal

- Medicare prices and methods are empirically based and transparent
- Benchmarking to Medicare allows employers to compare to the largest purchaser in the world, **but also to compare hospitals, systems, states, service types across years**

Neighboring Hospitals	Relative price for inpatient and outpatient services	Relative price for outpatient services
A	243%	267%
B	285%	450%
C	303%	390%

Main Findings - Nationwide



Over 4,000 hospitals and 4,000 ASCs Commercial Claims Reveal….

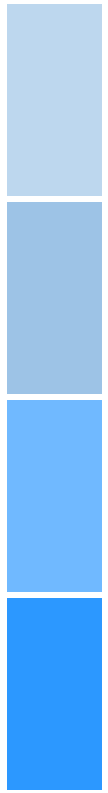
Wide variation in hospital prices across states and within states

Facility fees usually higher than professional fees

Prices for HOPDs higher than ASCs

Prices for Infused Drugs higher in hospital setting

Main Findings - CT



Claims from 26 Hospitals (11 Systems) Reveal….

Wide variation in hospital prices within CT

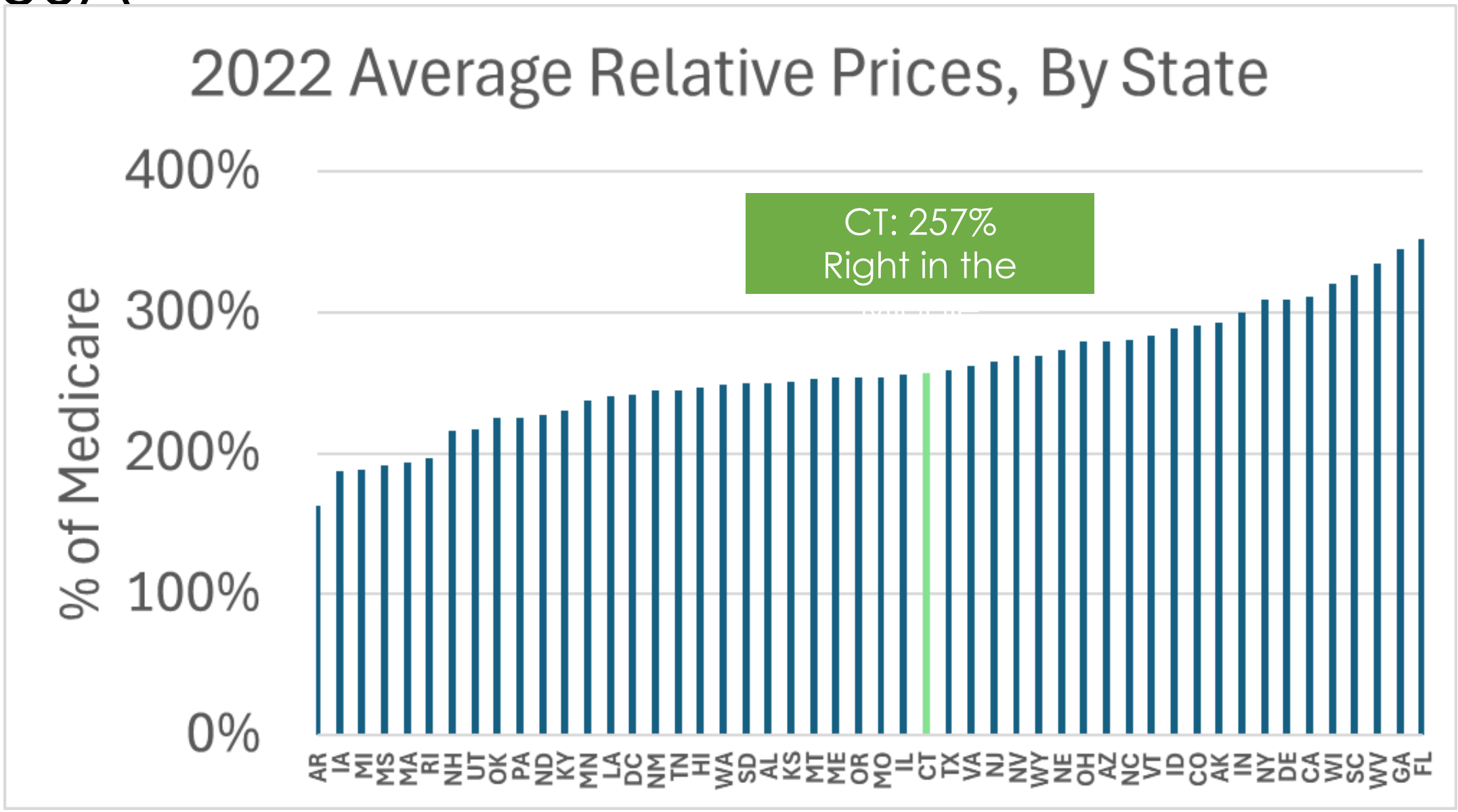
Overall (outpatient + inpatient) same as National Average (257%)

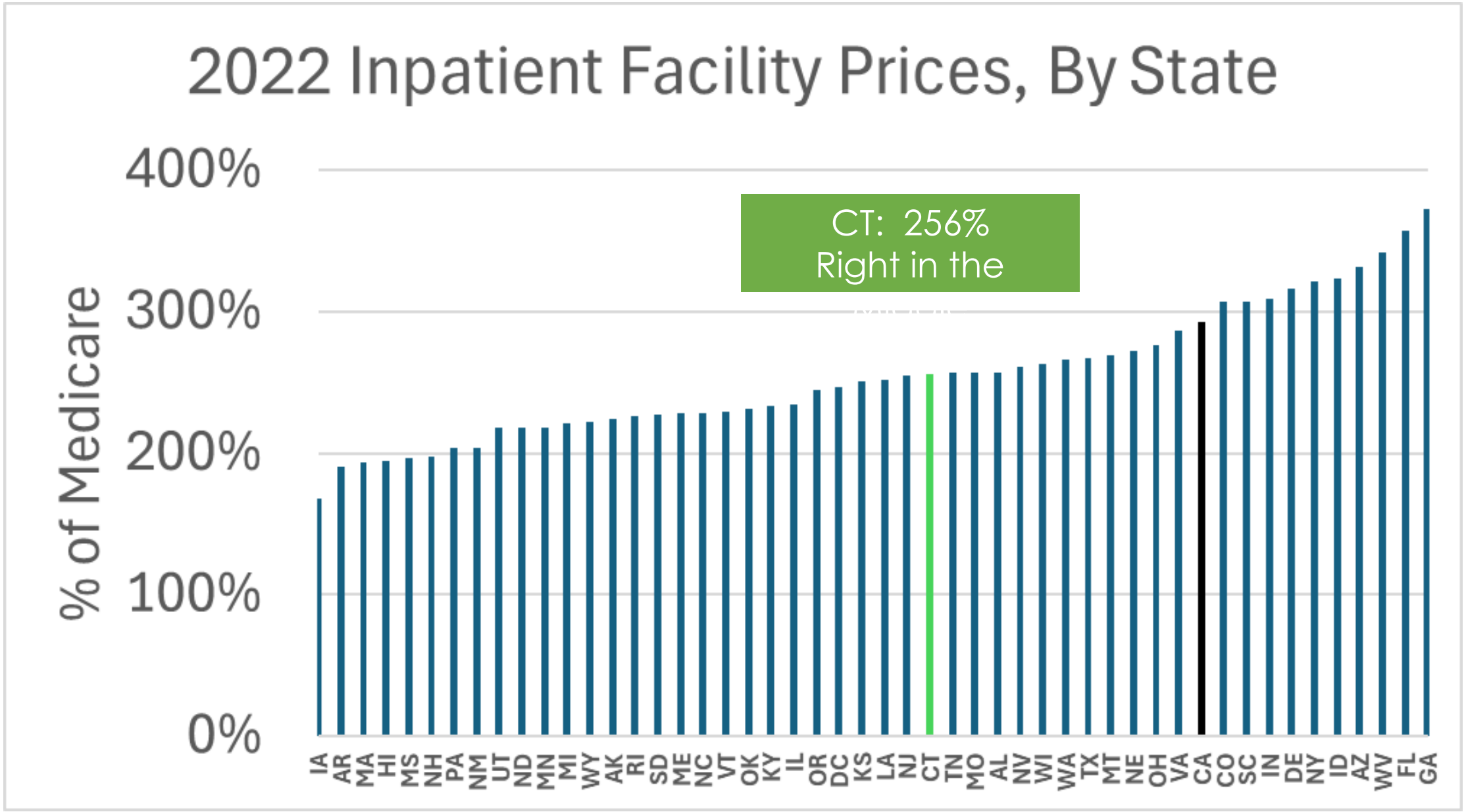
- Outpatient a little higher (264%), Inpatient lower (250%)

- Systems' overall Relative Prices range from 185% to 314%

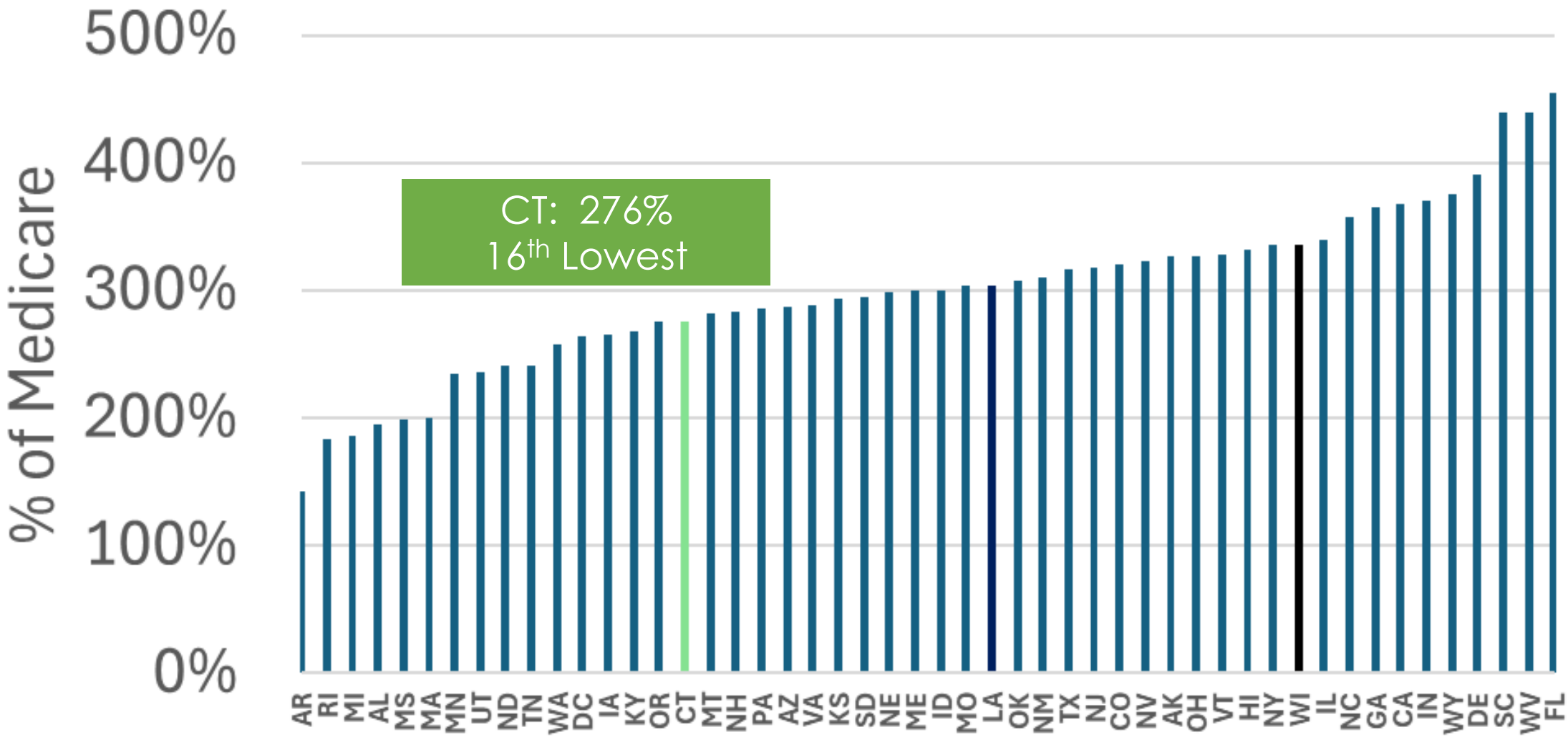
(Individual hospitals almost exactly same range)

Overall Relative Prices Vary Widely Across USA

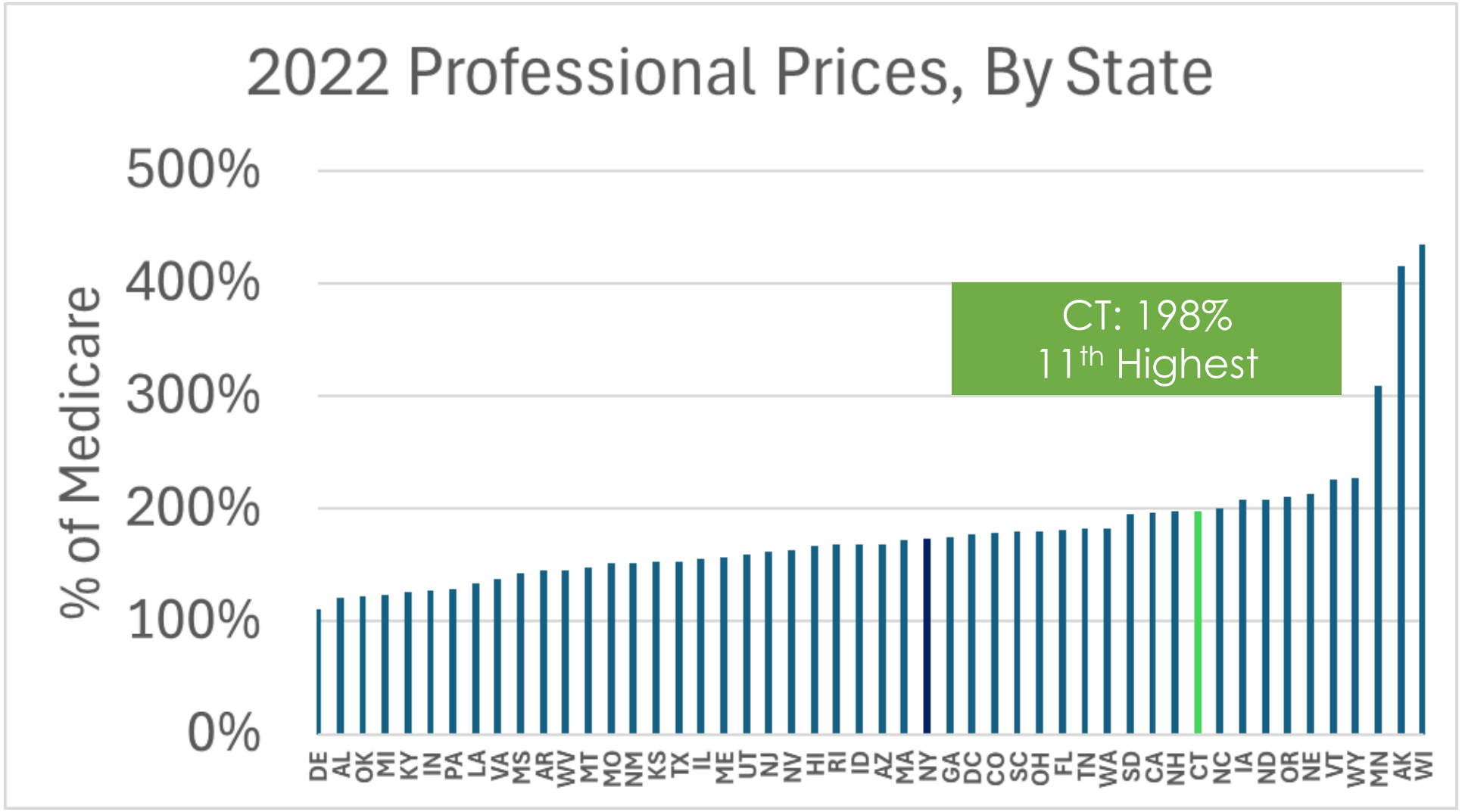


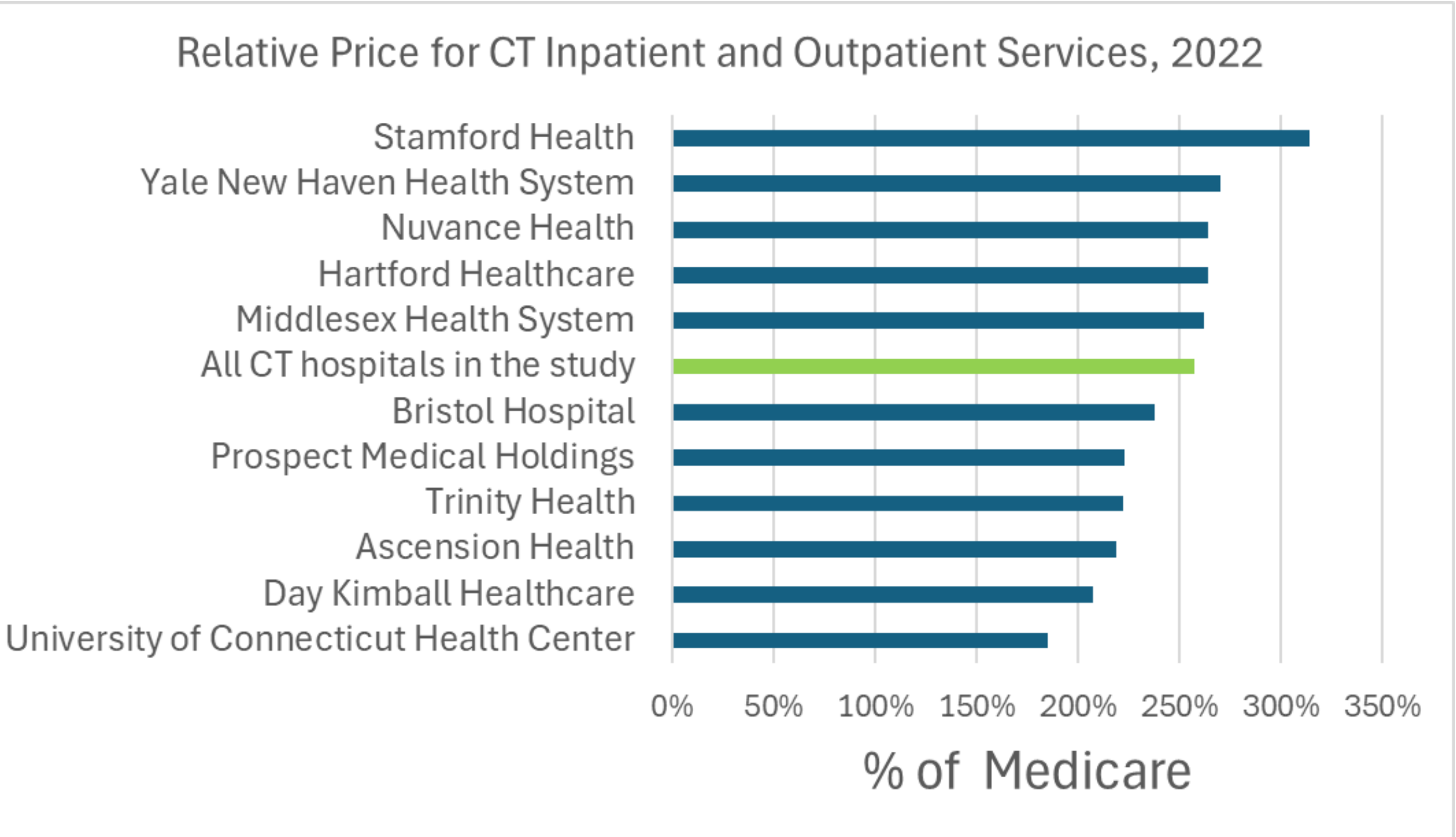

2022 Inpatient Facility Prices, By State
400%
300%
200%
100%
0%
% of Medicare
CT: 256%
Right in the
IA AR MA HI MS NH PA NM UT ND MN MI WY AK RI SD ME NC VT OK KY IL OR DC KS LA NJ CT TN MO AL NV WI WA TX MT NE OH VA CA CO SC IN DE NY ID AZ WV FL GA

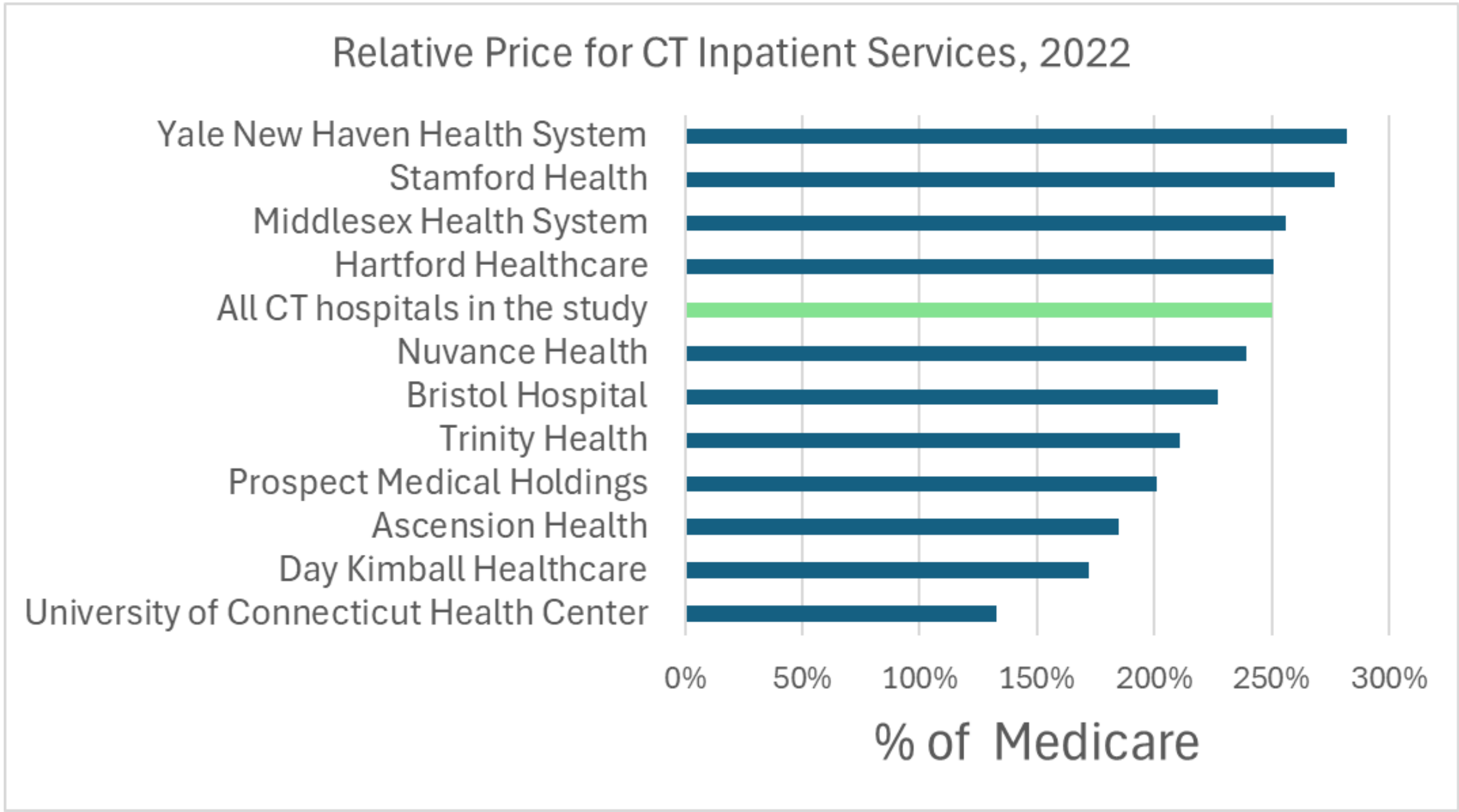
2022 Outpatient Facility Prices, By State



Professional Prices Usually Lower Than Facility




Relative Price for CT Inpatient and Outpatient Services, 2022
Stamford Health
Yale New Haven Health System
Nuvance Health
Hartford Healthcare
Middlesex Health System
All CT hospitals in the study
Bristol Hospital
Prospect Medical Holdings
Trinity Health
Ascension Health
Day Kimball Healthcare
University of Connecticut Health Center
0%
50%
100%
150%
200%
250%
300%
350%
% of Medicare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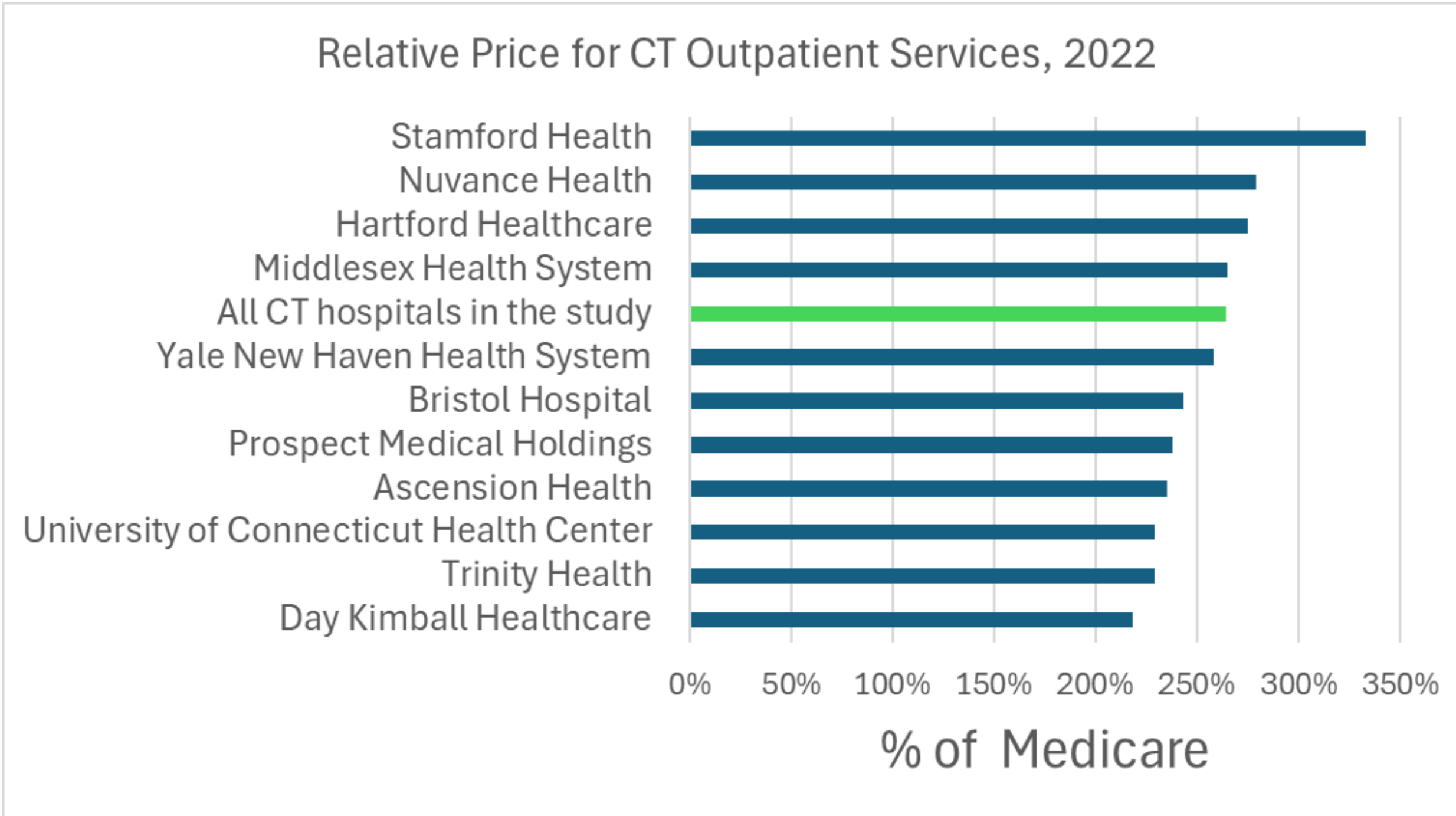
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How Can Employers and Policymakers Use Price Transparency?

Brian Briscombe
bbriscom@rand.org

Approval of Minutes: May 16, 2024

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Health Strategy

Race, Ethnicity, and Language (REL) Health Equity Dashboard

Agenda

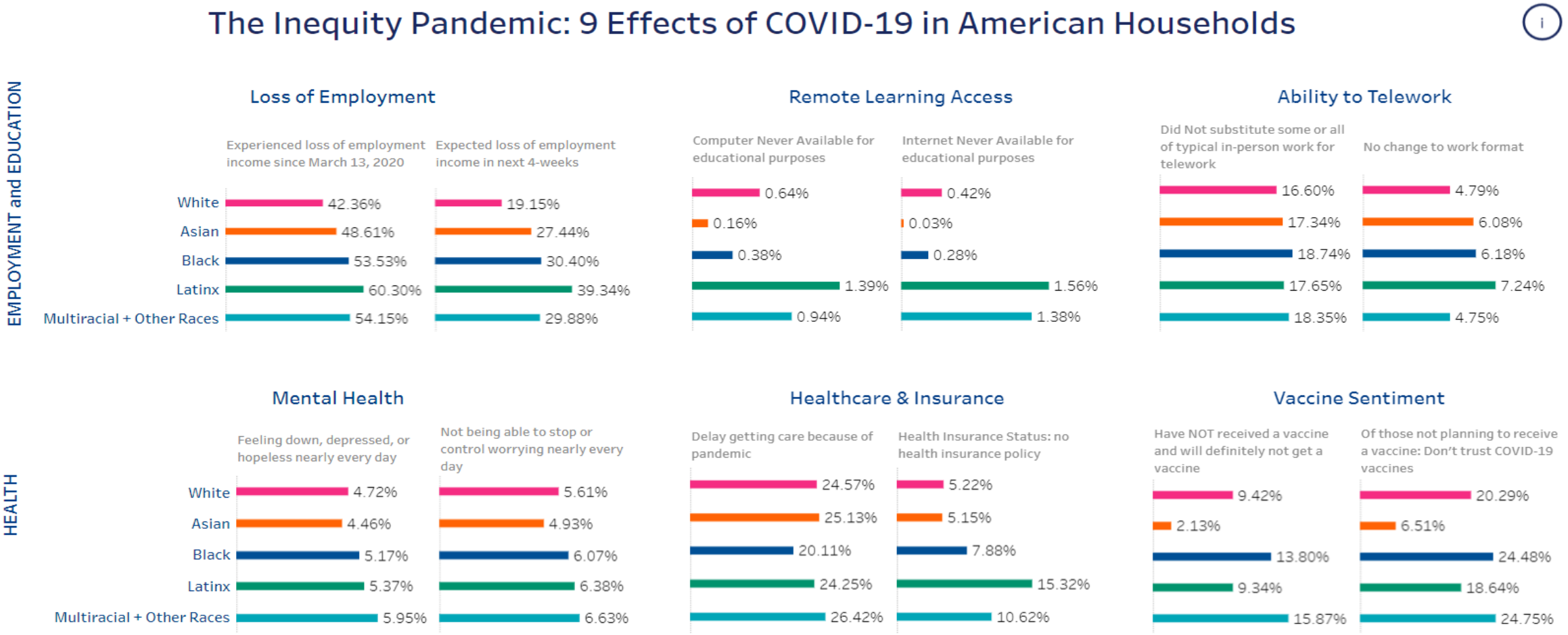
1. Background
2. Snapshot of the Effect of COVID-19
3. Health Disparities- COVID-19 Health Outcomes
4. Factors that Lead to Health Disparities
5. Social Determinants & Health Equity Dashboards
6. Areas of opportunity
7. Health Equity Dashboard Design Group
8. Questions- HITAC
9. Feedback

Background

- In 2022, Office of Health Strategy (OHS) and Department of Social Services (DSS) secured approximately $1.15 million of the American Rescue Plan Act(ARPA) funds.
- Part of the funds received was to develop a dashboard to identify and monitor communities that experience racial/ethnic disparities which were exacerbated by COVID-19.
- The dashboard will serve as a tool to support community-based healthcare providers and organizations to identify and meet unmet healthcare needs in those communities.
- Also, the dashboard is intended to support activities that lead to achieving the goals established in Public Act 21-35 (CGS 19a-754d) which includes eliminating health disparities and inequities by at least seventy percent across all sectors in CT.

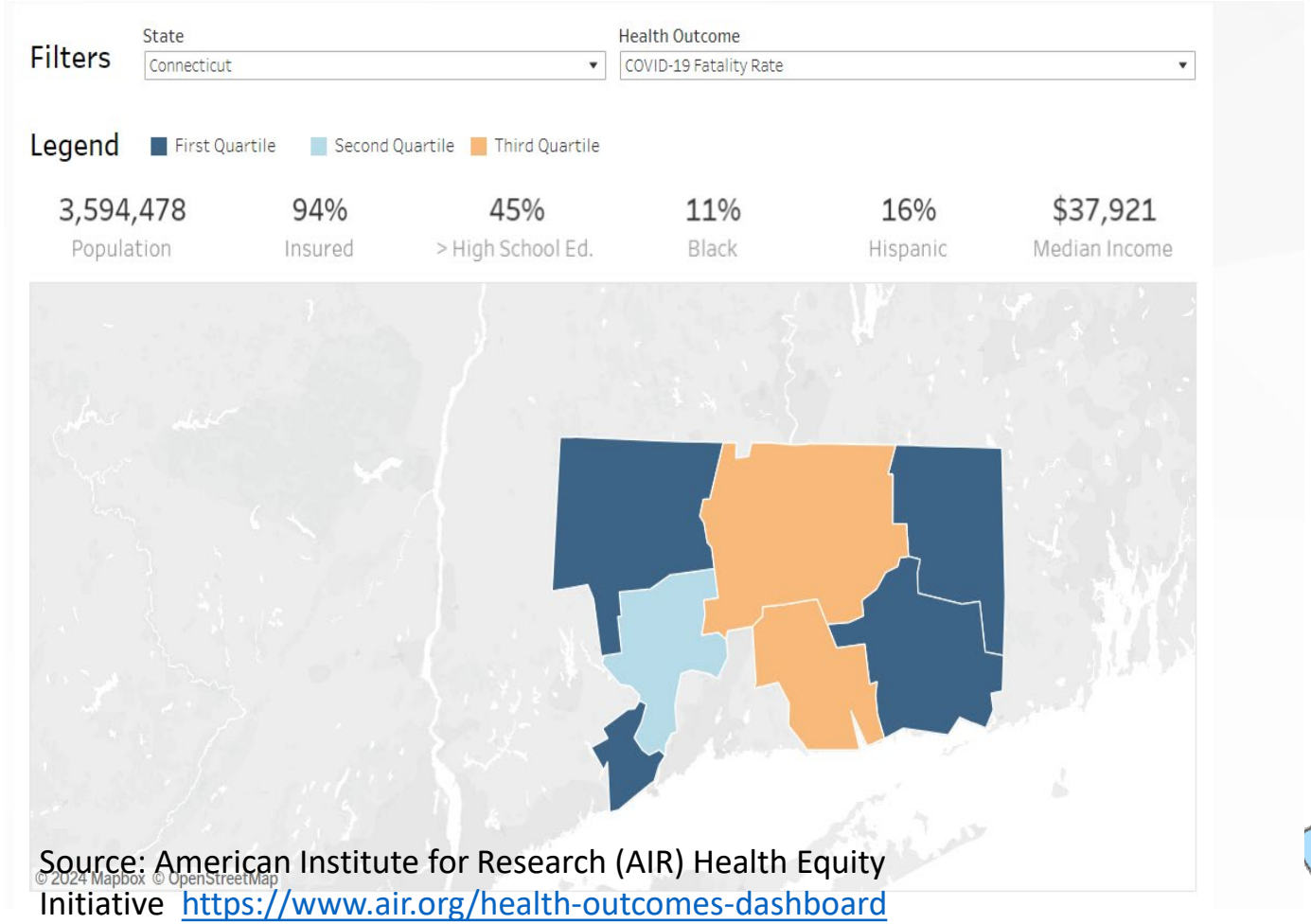
The Effects of COVID-19 in American Households

Inequity Pandemic: 9 Effects of COVID-19 on American Households by Julia Biedry Gonzalez



Disparities- COVID-19 Health Outcomes

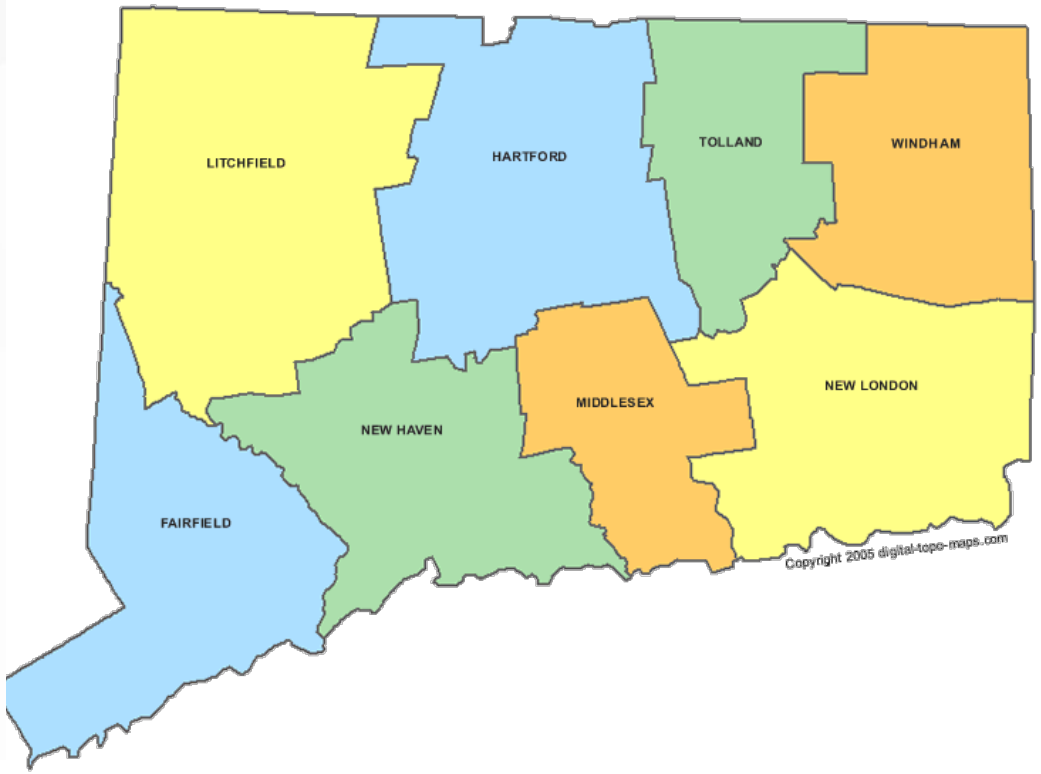
Connecticut Fatality Rate



Source: American Institute for Research (AIR) Health Equity Initiative https://www.air.org/health-outcomes-dashboard

Office of Health Strategy – Health Equity Dashboard Update

Labeled Map



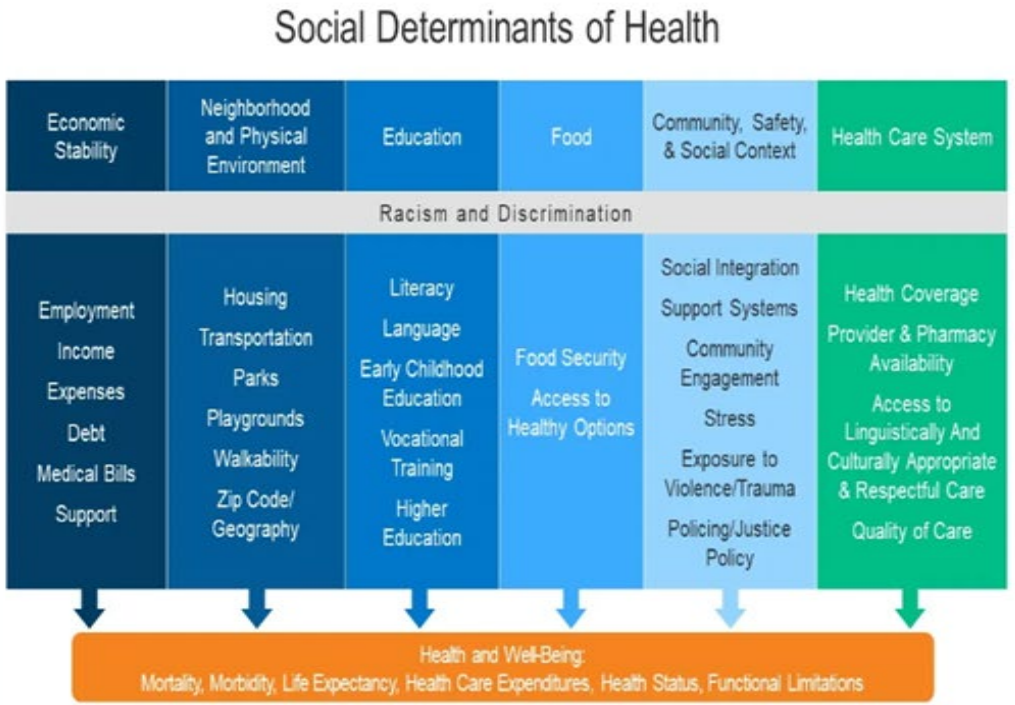
Factors that Lead to Health Disparities

Racial Equity and Health Data Dashboard

Polls

Health disparities are a symptom of broader social and economic inequities.

Despite being long documented, racial and ethnic disparities in health and health care have persisted and in some cases widened over time, with Black individuals and other groups of color faring worse compared to White individuals across many measures. These health disparities are symptoms of broader social and economic inequities that are rooted in structural and systemic barriers across sectors, including racism and discrimination. Many of these factors have been exacerbated by the COVID-19 pandemic.



Source :Kaiser Family Foundation (KFF) [Racial Equity and Health Data Dashboard | KFF]

Examples of
Social Determinants of Health
&
Health Equity Dashboards

Social Determinant of Health of CT Towns

Key Facts

DEMOGRAPHIC (Total Population)

Title	Andover 2022 5-year	Connecticut 2022 5-year
Total Population	3,160	3,611,317
Population Ages 0-17	508	742,877
% of Total Population, Ages 0-17	16%	21%
Population Ages 65+	560	629,108
% of Total Population, Ages 65+	18%	17%
Population Female	1,615	1,842,121
% of Total Population, Female	51%	51%

☐ View Margin of Error

RACE AND ETHNICITY (Total Population)

PLACE OF BIRTH (Total Population)

HOUSEHOLDS

EDUCATIONAL ATTAINMENT (Population 25 years and over)

MEDIAN INCOME

POVERTY AND LOW-INCOME (Total Population)

POVERTY AND LOW-INCOME (Population 0 to 17 years)

POVERTY AND LOW-INCOME (Population 65 years and over)

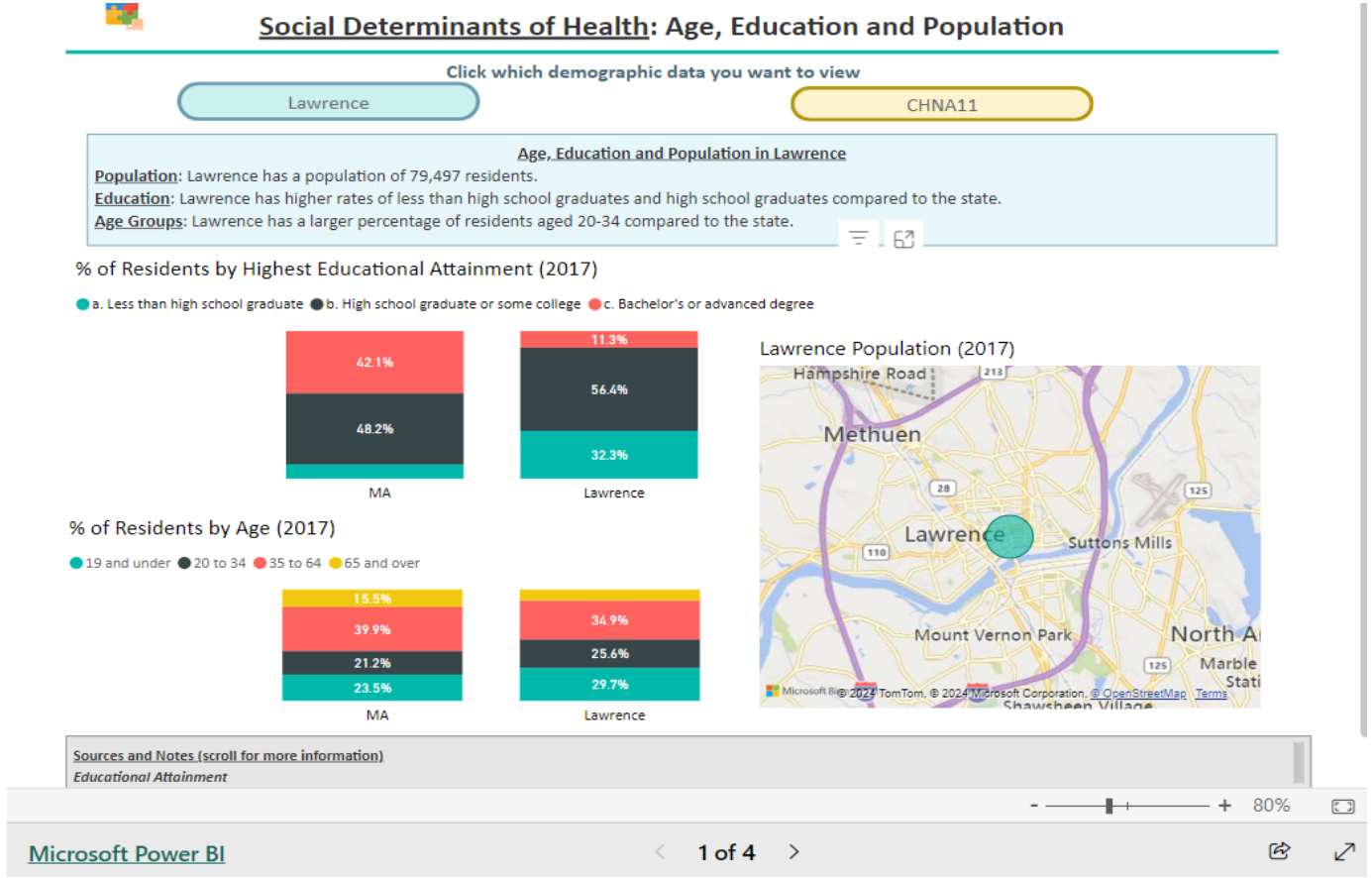
(Raw DataHaven Datasets)

View more data about Andover

Source: Data Haven Community and Neighborhood Profile. https://ctdatahaven.org/profiles/andover

Social Determinants of Health and Health Equity

Lawrence, Massachusetts

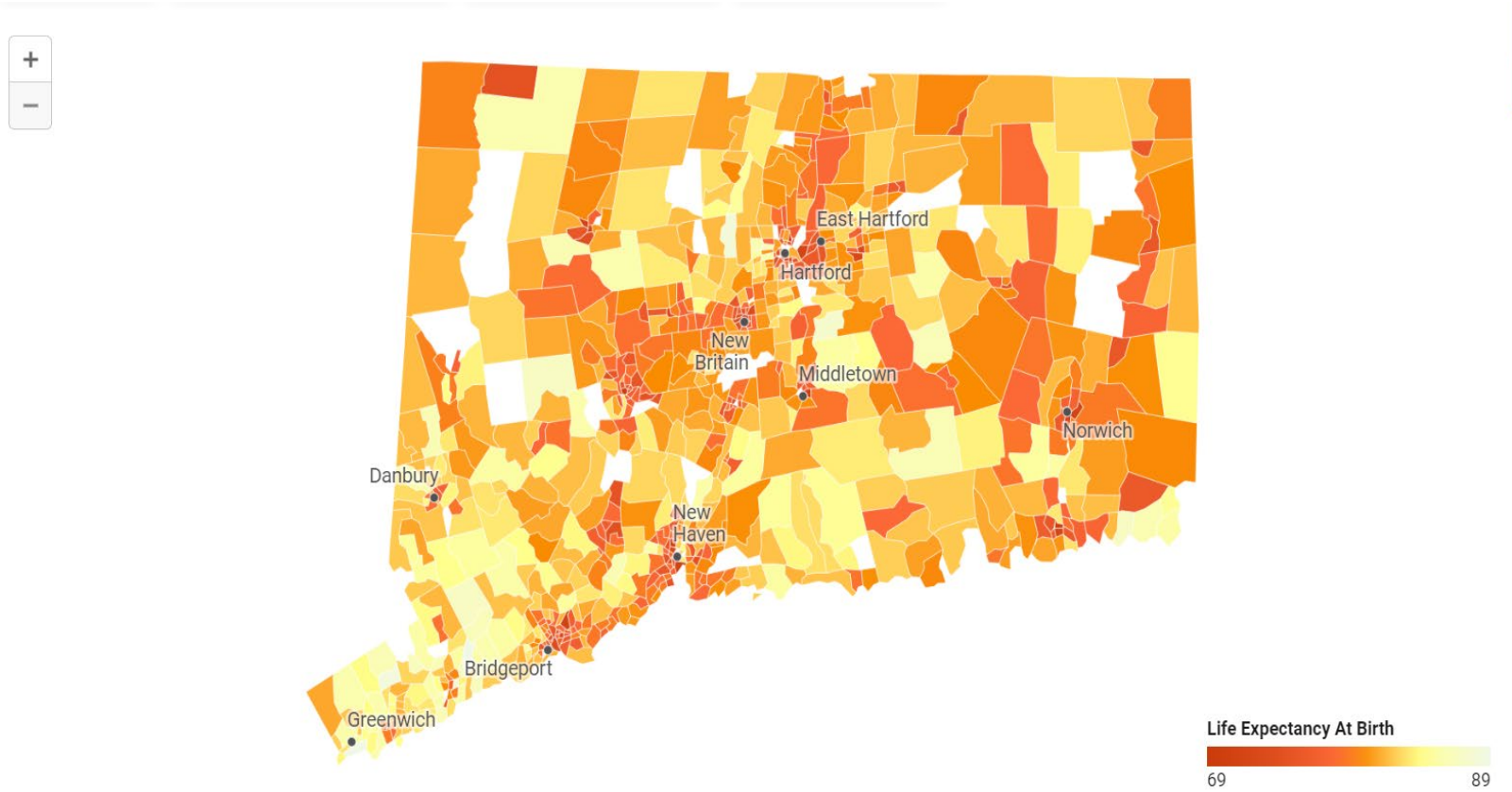


Source: https://www.cityoflawrence.com/853/SDOH-Dashboard

Developed in partnership with the Institute for Community Health: www.icommunityhealth.org

Social Determinants of Health

Access Health CT – Health Equity Dashboard



Source: https://www.accesshealthct.com/healthequity/

Areas of Opportunity

- Design
- Data
- Outcomes

Areas of Opportunity - Health Outcomes

- Potentially avoidable emergency department use and hospitalizations (measures of primary care access)*
- Chronic health conditions (Arthritis, asthma, COPD, depression, diabetes, heart diseases, skin cancer, stroke, behavioral health (mental and substance use) disorders)*
- Health costs and insurance coverage rates*
- Access to adequate healthy nutrition (food insecurity)*
- Pregnancy and infant health outcomes
- Emergency room visits and deaths related to conditions associated with environmental pollutants, including respiratory ailments
- Quality of life
- Life expectancy
- Lead poisoning

*Hospital identified community health needs through community health assessment

Health Equity Design Group

- Purpose of the group is to recommend the factors, measures and outcomes, data/information sources and a design for the health equity dashboard.

- Partners: OHS, DPH, DMHAS, AHCT, Commission on Racial Equity in Public Health

- Progress
  - Identified data for the dashboard
  - Contacting data sources
  - Vendor engagement
  - Data collection and dashboard development
  - Dashboard review, finalization, and web posting

Question for HITAC

- What other factors that influence health outcomes would you as a provider want to see displayed on the dashboard?
- What are some of the limitations experienced when looking at SDOH data and how can we improve those limitations in this dashboard?
- What additional resources would you recommend including, if available?

Feedback, Ideas, and Questions

Paul.brady@ct.gov

HIE Regulations Update

Tyra Peluso, OHS

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RAS UPDATE TO HITAC

RAS Workgroup Kick Off held on June 13, 2024

RAS Refresher
- Workgroup and Roles
- Additional Stakeholders Invited to future workgroups

PA 24-19 Legislative Workgroup Update

Workgroup 1 Highlights
- Public Comment (existing State law to share a complete medical record)
- Complete Medical Record
- Provide Waiver
- Goals of the State-wide HIE – in totality

RAS Meeting Schedule: Next Meeting – July 11, 2024

RAS REFRESHER

RAS Workgroup Roles and Additional Stakeholders:

Name	Role	Description of Role
Sumit Sajnani	Chair	Preside at all meetings of the workgroup to ensure appropriate representation and subject matter expertise. Will provide guidance and content review to staff and contractors supporting the workgroup.
Gary Archambault	Members	Meet regularly in an advisory role, engage subject matter expert to consider framework with support from consultant and offer input in a collaborative manner.
Dr. Patricia Checko		
William Halsey		
Dr. Susan Israel		
Dr. Byron Kennedy		
Antony Casagrande	Legal Advisor, OHS	Will provide counsel to RAS.
Attorney Richard Gold	Facilitation, Regulation SME and Consultant	Will conduct research and analysis, draft meeting materials, and provide meeting facilitation.
Connie	Advisor	Participating as a regulated entity to provide feedback on the operationalization of approach being discussed.
TBD	Interested Stakeholders	Opportunity to hear perspectives from interested stakeholders.
TBD	Invited Guest Speakers	Offer subject matter expert knowledge on specific framework topics.

PA 24-19 LEGISLATIVE WORKGROUP UPDATE

HIE Legislation Update Impacting RAS

Legislative HIE Workgroup

Members will focus on the following statutorily required topics:

- Privacy of Protected Health
- Cybersecurity
- Healthcare Provider Liability
- Any contract required of the health care providers to participate in the State-wide HIE
- Any statutory changes that may be necessary to address any concerns raised by the workgroup.

Statutory Deadline – January 2025:
Submit Provider Specific Recommendations to:

- OHS
- PH Committee

WORKGROUP SESSION 1

Topics of Interest

- PC related to “Complete Medical Record”
- Complete Medical Record
- Provider Waiver

DEFINED PURPOSE AND GOALS OF THE STATE-WIDE HIE

Sec. 17b-59d(b) It shall be the goal of the State-wide Health Information Exchange to:

(1) Allow **real-time**, secure access to **patient health information** and **complete medical records** across **all health care provider settings**;

(2) provide patients with **secure electronic access** to their health information;

(3) allow voluntary **participation** by patients to access their health information at no cost;

(4) support care coordination through **real-time alerts** and **timely access to clinical information**;

(5) reduce costs associated with preventable readmissions, duplicative testing and medical errors;

(6) promote the highest level **of interoperability**;

(7) meet **all state and federal privacy and security requirements**;

(8) support public health reporting, quality improvement, academic research and health care delivery and payment reform through data aggregation and analytics;

(9) support population health analytics;

(10) be **standards-based**; and

(11) provide for broad local governance that

(A) includes stakeholders, including, but not limited to, representatives of the Department of Social Services, hospitals, physicians, behavioral health care providers, long-term care providers, health insurers, employers, patients and academic or medical research institutions, and

(B) is committed to the successful development and implementation of the State-wide Health Information Exchange.

Next RAS Meeting

Thursday, July 11, 2024, 1:00 p.m.

- Privileged Data
- Data Sharing Requirements – Participating/Data Sharing Requirements
- Direct Messaging

Announcements & Meeting Adjournment