

Healthcare Cabinet Cost Containment Workgroup

11/13/18



Discussion Overview

- Group Members and Meetings
- Overview of Process
- Recap of Previous Meetings
- Healthcare Cabinet Operating Principles
- Outcome of Prioritization Exercise
- Next Steps

Group Members and Meetings

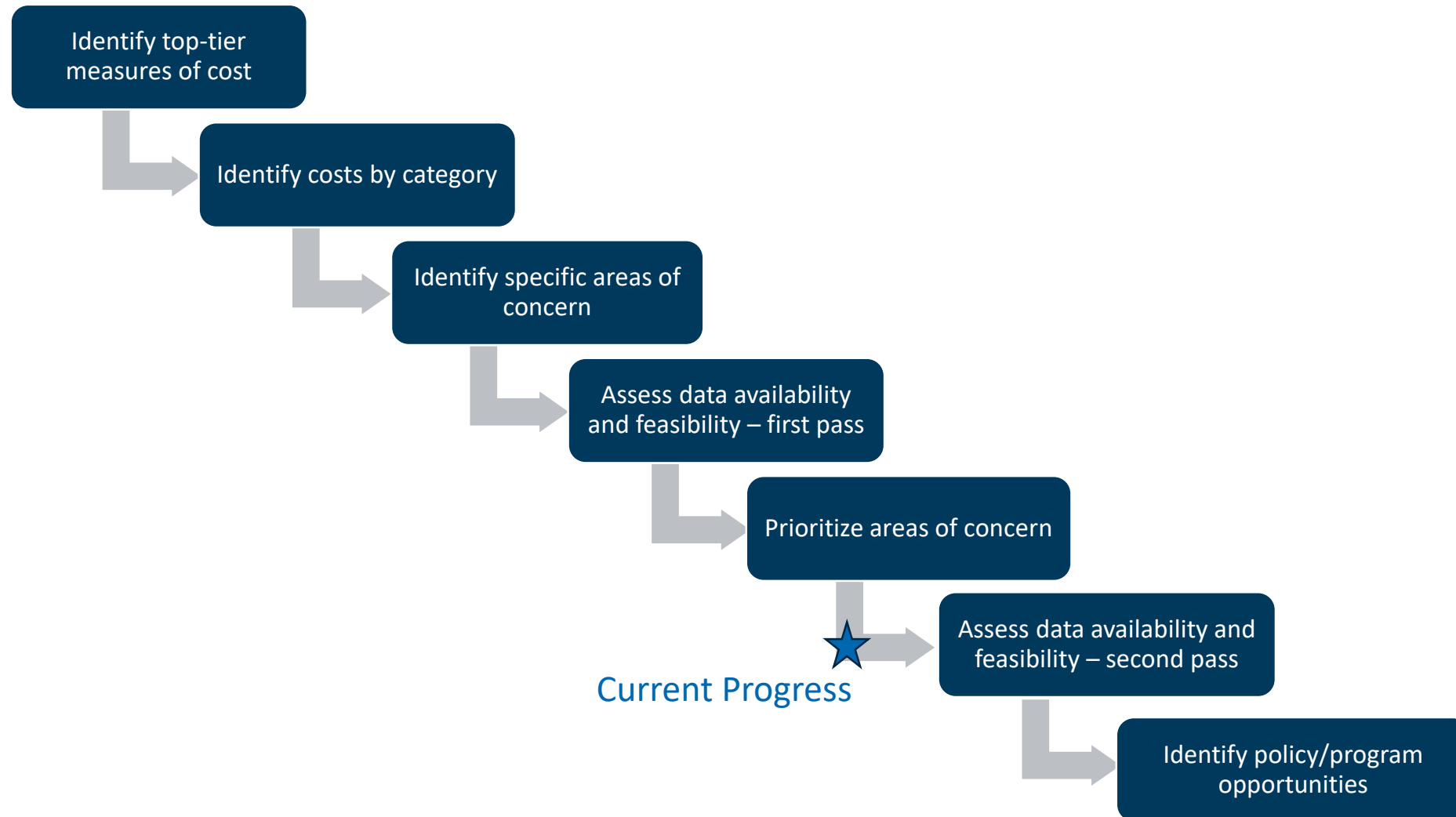
Group Members:

- Vicki Veltri
- Rob Blundo
- Ted Doolittle
- Josh Wojcik
- Kelly Sinko
- Ellen Andrews
- Shelley Sweatt
- Pat Baker
- Susan Adams

Meetings:

- 1) July 24, 2018
- 2) August 22, 2018
- 3) September 14, 2018
- September 18, 2018 (Presentation to Cabinet)*
- 4) October 12, 2018
- 5) October 31, 2018
- November 13, 2018 (Presentation to Cabinet)*
- 6) TBD

Process and Approach



Recap of Previous Meetings

August 22nd:

- Identify Top-tier Measures of Cost
- Identify Costs by Category
- Identify Specific Areas of Concern

September 14th:

- Discuss identified items from August 22nd meeting
- Meeting outcomes:
 - Importance of prioritization and focus
 - Importance of the potential for impact / power for impact

October 12th:

- Review Healthcare Cabinet Operating Principles
- Prioritization Exercise

Operating Principles (Approved June 14, 2016)

- 1. Commitment to Impact:** Contribute to the improved physical, behavioral, and oral health of all Connecticut residents as seen in the following:
 - The number of individuals and/or constituencies affected
 - The depth and/or intensity of the problem
 - Reduction of barriers and burdens for those most vulnerable
 - The time frame in which change can occur
 - The cost effectiveness of health and health care purchasing that promotes value and optimal health outcomes
 - A health insurance marketplace that provides consumers a competitive choice of affordable and quality options
- 2. Equity in Health Care Delivery and Access:** Recommendations incorporate the goal of reducing disparities based on race, ethnicity, gender, and sexual orientation.
- 3. Leverage:** Recommendations must:
 - Make the best use of past and current knowledge and expertise
 - Maximize the opportunities provided through initiatives from the public and private sector
 - Be informed by data and evidence-based practice and research
 - Be sustainable
- 4. Accountability and Transparency:** Be fully accountable to the public in a transparent process that meets the objectives of PA 11-58.
 - Identify and measure outcomes that demonstrate meaningful results
 - Maintain consumer-driven goals throughout the process
- 5. Inclusion:** Ensure that there are meaningful opportunities to obtain a broad cross-section of views from all stakeholders, including consumers, communities, small business, payers, providers, and government.
- 6. Action:** All recommendations must take into account implementation and position of Connecticut to seize opportunities.

Outcome of Prioritization Exercise (October 12th)

	Item
Top 4	Track price and utilization variations
	Over-utilization, waste, and under-utilization
	Preventable hospitalizations and ED visits – costs and predictors
	Out-of-pocket cost burden – trend over time
	High-risk, high-cost population (patterns of care 5-10 years prior)
	Cost-shifting from one covered population to another
	Provider risk models – impact on quality / cost
	Track utilization of home care vs. hospitalizations, track with home care agency closures and rate cuts
	Track resource gap between primary and specialty care – price/utilization vs. total cost of care, by geography and payer

Next Steps

- Finalize top 4 items from prioritization activities, create semantic alignment, and define scope
- Conduct in-depth evaluation of data availability and feasibility to support prioritized items
- Identify policy and program implications and opportunities