



**CT Office of Health Strategy Strategic Plan
Developing a Health Care Vision for Connecticut**



2020-2023

Victoria Veltri, JD, LLM

Executive Director

<http://www.portal.ct.gov/ohs>

CT Office of Health Strategy Strategic Plan
Developing a Health Care Vision for Connecticut
2020 – 2023

SECTION I-EXECUTIVE SUMMARY

The Office of Health Strategy (OHS) is a mission-driven agency within the executive branch of the Connecticut state government under the leadership of the governor. It chooses and measures policies and proposals based on data and the input and advice of healthcare consumers, state leaders, employers, providers, payers and advocates. Its guiding principle, above all else, is that policies and practices lead to better health for all residents of the state.

The mission of the Office of Health Strategy is to implement comprehensive, data-driven strategies that promote equal access to high-quality health care, control costs, and ensure better health outcomes for all Connecticut residents.

The OHS Strategic Plan sets forth the framework for a “comprehensive and cohesive health care vision for the state” that includes specific recommended steps toward achieving the vision and key measures of progress. The Plan offers a roadmap for state policies and actions intended to improve the health of Connecticut residents, ensure equal access to health care services, and reduce and contain costs. The plan reflects the goals of the governor, the expertise of the OHS staff, the input of state government leaders and partners, and the input and advice of consumers and other key stakeholders who were consulted by OHS.

A strategic plan is a living document that should be consulted regularly to guide actions and should also be adjusted, as needed, to reflect changing conditions or unexpected outcomes. As a state agency, OHS responds to directions and mandates from the governor and the state legislature, as well as to changes in federal healthcare programs and laws.

A NOTE ABOUT THE COVID-19 PANDEMIC: *OHS began its strategic planning process in late 2019 before the tragic Covid-19 pandemic swept across Connecticut and the world. During these very difficult months in 2020, OHS staff participated with the governor and all state agencies and leaders to respond to this health crisis that has already changed the healthcare landscape and the lives of so many individuals and families. OHS believes its goals and strategies, detailed below, create a framework for continuing work to ensure that high quality healthcare is affordable and accessible to all, that Connecticut is well prepared to meet this and future crises and that recovery efforts reach all who need them as work continues to defeat this virus.*

HEALTH AND HEALTHCARE IN CONNECTICUT

In Connecticut, established healthcare systems perform well using many measures of success – the state is ranked in the top five on several overall indices of healthcare performance. However, these same indices show that Connecticut has much lower rankings in terms of preventable and repeat hospitalizations, drug-related deaths, costs, and indicators of health disparities.¹ Connecticut has strengths and assets about which to be proud – but there is still work to do to ensure that health and healthcare are affordable and accessible to all residents.

Structural trends and problems weaken healthcare systems:

- Healthcare costs are rising much faster than incomes and they are consuming an increasingly unfair share of family budgets and state spending.
- Connecticut’s investment in primary care and services to keep people healthier is lower than in most other states, leading to poorer health and higher costs.
- Significant disparities in health status based upon race, ethnicity, and other factors deprive many Connecticut residents of an equal opportunity to enjoy good health and wellbeing.

These challenges call for long-term, systemic solutions based on data and built upon the best ideas.

¹ For example, the Commonwealth Foundation ranked Connecticut fifth in its [2019 Scorecard on State Health System Performance](#). The scorecard assesses all 50 states and the District of Columbia on 47 health care measures, covering access, quality, service use and costs of care, health outcomes, and income-based health care disparities.

OHS STATUTE

Connecticut General Statutes 19a-754a charges the Office of Health Strategy with:

“(1) Developing and implementing a comprehensive and cohesive health care vision for the state, including, but not limited to, a coordinated state health care cost containment strategy;”

The statute further charges OHS with:

“...(2) Promoting effective health planning and the provision of quality health care in the state in a manner that ensures access for all state residents to cost-effective health care services, avoids the duplication of such services and improves the availability and financial stability of such services throughout the state;...”

“...(4) (A) Coordinating the state's health information technology initiatives, (B) seeking funding for and overseeing the planning, implementation and development of policies and procedures for the administration of the all-payer claims database program established under section 19a-775a, (C) establishing and maintaining a consumer health information Internet web site under 19a-755b, and (D) designating an unclassified individual from the office to perform the duties of a health information technology officer as set forth in sections 17b-59f and 17b-59g;

“(5) Directing and overseeing the Health Systems Planning Unit established under section 19a-612 and all of its duties and responsibilities as set forth in chapter 368z; and

“(6) Convening forums and meetings with state government and external stakeholders, including, but not limited to, the Connecticut Health Insurance Exchange, to discuss health care issues designed to develop effective health care cost and quality strategies.”

OHS STRATEGIC PLAN

#1 *Improve care and contain costs by using data-driven strategies.*

OHS strategies:

- ❖ Create annual cost-growth benchmarks
- ❖ Align and monitor quality measures
- ❖ Monitor prescription drug prices
- ❖ Provide real-time clinical, cost and financial data to consumers, providers and payers
- ❖ Measure healthcare affordability

#2 *Increase access to primary and preventive care to keep people healthier.*

OHS strategies:

- ❖ Create and monitor state primary care spending targets
- ❖ Promote alternative payment models that reward better health outcomes and create incentives to provide more primary care
- ❖ Support diversified care teams, including community health workers, through alternative payment models, certification and workforce development initiatives
- ❖ Collect data and report on over- and under-utilization of healthcare services

#3 *Reduce health disparities by socio-economic factors that intersect in people's lives including race, sex, sexual orientation and gender identity, and income.*

OHS strategies:

- ❖ Collect and analyze data on health utilization and outcomes by race, sex, sexual orientation and gender identity, and income
- ❖ Create Health Enhancement Communities to:
 - foster local collaboration among traditional healthcare providers and other service providers and
 - promote shared accountability for population health outcomes
- ❖ Identify and pursue strategies to address social determinants of health such as adequate housing, nutrition and healthy exercise
- ❖ Promote greater alignment between hospitals' community benefits expenditures and community needs

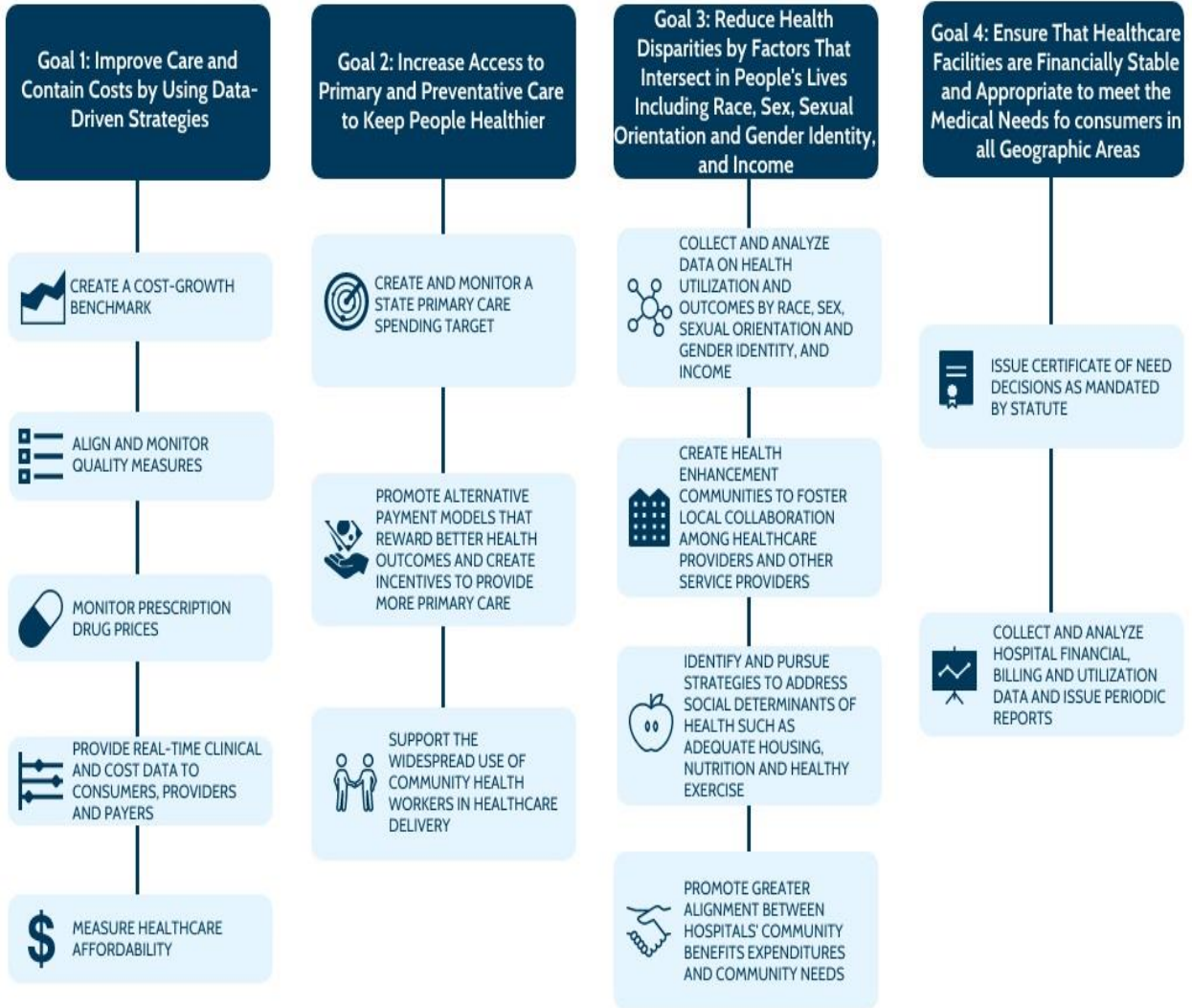
#4 *Ensure that healthcare facilities are financially stable and appropriate to meet the medical needs of consumers in all geographic areas.*

OHS strategies:

- ❖ Issue Certificate of Need decisions as mandated by statute that include key factors impacting state residents such as healthcare costs, access to care for all populations, improved quality measures, and increased investment in community benefits.
- ❖ Collect and analyze hospital financial, billing and discharge data and issue periodic reports



Strategic Plan Road Map



OHS Strategic Plan

Year One Milestones 2020-2021



Establish first annual cost-growth benchmark for healthcare expenditures



Begin operations for the Connecticut Health Information Alliance, the state-mandated health information exchange



Publish first annual report about prescription drug costs



Launch a Connecticut Healthcare Affordability Index



Launch Community Health Worker training and certification



Establish Health Enhancement Communities across Connecticut



Continuously monitor hospital financial stability and utilization and issue certificate of need decisions

Addressing Healthcare Cost and Quality on the Systemic and Household Level



Cost Growth Benchmark—A Global, Long-Term Strategy

As directed by Governor Lamont's Executive Order #5 (January 2020), OHS will develop annual healthcare cost growth benchmarks across all public and private payers and providers for calendar years 2021-2025; report annually to the Governor and the public on healthcare spending growth; hold public hearings; and seek and monitor plans to hold the growth of costs within established benchmarks. OHS will also set annual targets for primary care spending to reach 10% of total expenditures by 2025 and implement and monitor healthcare quality benchmarks.



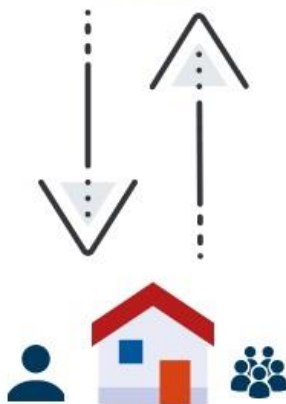
Monitor Overall Cost Growth



Ensure Quality



Increase Investments in Primary Care



Healthcare Affordability Index—A Tool to Shape Policies That Help CT Residents

The Healthcare Affordability Index will allow advocates and policymakers to estimate the effect of various healthcare reforms and proposals on the capacity of Connecticut residents to maintain quality healthcare coverage and meet basic economic needs. Healthcare is affordable if residents can reliably secure it to maintain good health and treat illnesses and injuries when they occur and still meet other basic needs including housing, food, transportation, child care, taxes and personal expenses and not sink into debt. We will develop concrete policy proposals to make healthcare more affordable for households in Connecticut.



Improving Care and Containing Costs by Using Data-Driven Strategies.





SECTION II-OUR PLAN IN DETAIL

Goal #1 *Improve care and contain costs by using data-driven strategies.*

Strategies:

❖ Create a cost-growth benchmark

What OHS will do:

1. As directed by Executive Order #5 issued by Governor Lamont on January 22, 2020, OHS will develop annual healthcare cost growth benchmarks across all public and private payers and providers by December 2020 for calendar years 2021-2025;
2. Monitor and report annually to the Governor and the public on healthcare spending growth across public and private payers and populations; hold public hearings; and seek and monitor plans to hold the growth of costs within established benchmarks.

❖ Align and monitor quality measures

What OHS will do:

1. As directed by Executive Order #5 issued by Governor Lamont on January 22, 2020, OHS will develop quality benchmarks across all public and private payers beginning in 2022, including clinical quality measures, over/under utilization measures, and patient safety measures;
2. Continue to convene the CT Quality Council to recommend a core measurement set for use in the assessment of primary care, specialty, and hospital provider performance, and to recommend a common provider scorecard format for use by all payers and across the health ecosystem in order to align meaningful metrics and reduce the burden of repetitive or non-comparable analyses.
3. Host an online healthcare quality scorecard to inform the public and to provide data to all interested parties about the performance of healthcare providers on agreed-upon clinical quality measures.

❖ Monitor prescription drug prices

What OHS will do:

1. Pursuant to Conn. Gen. Stat. §19a-754b, operate an online Prescription Drug Reporting System (PDRS) to receive price and cost information from manufacturers

- and sponsors of outpatient prescription drugs that have a significant impact on state expenditures or are critical to public health.
3. Consult with state comptroller and the commissioners of the Departments of Social Services and Public Health to conduct an annual study of the price and cost information provided by the manufacturers and sponsors and provide publicly available appropriate information to the public.
 4. Utilize the health care cost growth benchmark process to identify trends in costs and prices for prescription drugs in all healthcare settings.

❖ **Provide real-time clinical and cost data to consumers, providers and payers**

What OHS will do:

1. Host and manage the All-Payer Claims Database and to conduct research and deploy robust analytic tools to document trends regarding cost and utilization to help shape policy decisions and actions by state leaders, payers, providers, employers and consumers.
2. Pursuant to C.G.S. § 19a-755b, host a website that provides CT consumers information on the quality, price and cost of healthcare services and procedures.
3. Pursuant to C.G.S. Sec. 17b-59d and 17b-59g, develop a neutral and trusted health information exchange (HIE) entity, to assist all stakeholders such as the state, consumers, healthcare providers, insurance carriers and employers to make effective healthcare decisions; promote patient-centered care; improve the quality, safety, value and outcome of healthcare; reduce waste and unnecessary duplication of services; support clinical decision-making; and support access timely and appropriate care.

❖ **Measure healthcare affordability**

What OHS will do:

1. In collaboration with the Office of the State Comptroller, create a Healthcare Affordability Index and modeling tool to project the costs of healthcare to sample households with different family types, degree of health risk and type of insurance coverage, and then calculate how these costs affect their ability to meet their basic expenses.
2. Provide recommendations and benchmarks regarding healthcare affordability and measure health care reform proposals against them to ensure and increase affordability for residents of Connecticut.

Goal #2 Increase access to primary and preventive care to keep people healthier.

❖ **Create and monitor a state primary care spending target**

What OHS will do:

1. As directed by Executive Order #5 issued by Governor Lamont on January 22, 2020, OHS will set targets for increased primary care spending as a percentage of total healthcare spending to reach 10% by 2025 and monitor and report annually on primary care spending.
2. Develop plan, methodology, and mechanism to identify and interact with payers and providers not meeting the primary care spending target; and monitor performance improvement plans to ensure such entities attain and maintain the spending targets to improve healthcare access, health outcomes and contain cost.

❖ **Promote alternative payment models that reward better health outcomes and create incentives to provide more primary care**

What OHS will do:

1. Monitor and provide technical assistance to accountable care organizations to promote the adoption of alternative payment models, including bundled payments and episodes of care through centers of excellence.
2. Convene stakeholders and work with state agency partners to help support increased adoption of alternative healthcare delivery and payment models that support primary care and other models of health care delivery, including diversified care teams and value-based contracting.

❖ **Support the widespread use of Community Health Workers in healthcare delivery, implementation of certification plans, and other workforce development initiatives**

What OHS will do:

Convene a Community Health Worker Advisory Board to advise OHS and the Department of Public Health on matters relating to the education and certification requirements for training programs for Community Health Workers including the minimum number of hours and internship requirements for certification of Community

Health Workers; to monitor and review such educational and certification programs; and to provide to DPH a list of approved educational and certification programs for community health workers.

Goal #3 Reduce health disparities by factors that intersect in people's lives including race, sex, sexual orientation and gender identity, and income.

❖ Collect and analyze data on health utilization and outcomes by race, sex, sexual orientation and gender identity, and income.

What OHS will do:

1. Develop requirements and protocols for the health information exchange to collect data on race, ethnicity, language, sexual orientation, gender identity and other demographic characteristics together with data documenting social determinants of health and produce analyses and reports about health disparities from these data.
2. Continue to work with community health centers and other partners that participated in the Community Clinical Integration Program to collect granular race and ethnicity data and to use these data to improve and measure clinical care focused on medical conditions that disproportionately affect communities of color.
3. Through Health Enhancement Communities, anchor institutions initiatives, community health benefits and other strategies, create and promote policies to reduce health disparities.

❖ Create Health Enhancement Communities to foster local collaboration among healthcare providers and other service providers

What OHS will do:

1. In partnership with other Connecticut state agencies, OHS will establish Health Enhancement Communities (HEC) comprised of diverse stakeholder collaborations throughout all geographic locations in Connecticut by December 2021.
2. OHS and DPH will continue to convene the Population Health Council to provide advice and input regarding HEC and other community health initiatives.

❖ Identify and pursue strategies to address social determinants of health such as adequate housing, nutrition and healthy exercise

What OHS will do:

1. OHS and the governor’s office will pursue an anchor institutions strategy for CT hospitals, focusing on ways that hospitals and their host communities can work together in a proactive manner to improve community health and well-being. This strategy will be implemented in partnership with the Health Enhancement Community initiative.
2. Continuously analyze data from APCD, hospital reporting and other sources to identify health disparities on the basis of race, ethnicity, language, sexual orientation, gender identity and other demographic characteristics, correlate such disparities with social determinants of health including conditions of housing, nutrition, violence and other factors, and produce reports and recommendations to improve community health.
3. Convene relevant state agency leaders, experts, advocates, consumers and other community leaders to develop and promote proposals to address the social determinants of health and improve health and well-being for all Connecticut residents.

❖ Promote greater alignment between hospitals’ community benefits expenditures and community needs

What OHS will do:

1. Establish benchmarks and requirements in agreements with hospitals under the authority of the Certificate of Need process to increase community benefits dollars and to more closely align community benefits and initiatives toward needs identified through hospital Community Health Needs Assessments and Community Health Implementation Strategies.
2. Pursue legislative mandate to allow OHS to gather standardized annual reporting from Connecticut’s hospitals in order to analyze and report on how Connecticut’s hospitals are applying community benefit dollars to support known community health needs.

Goal #4 Ensure that healthcare facilities are financially stable and appropriate to meet the medical needs of consumers in all geographic areas.

❖ Issue Certificate of Need decisions as mandated by statute

What OHS will do:

1. Pursuant to [C.G.S. §19a-612d](#), [§ 19a-638](#), and [§ 19a-639](#), OHS will administer the Certificate of Need (CON) regulatory program requiring certain types of health care providers to obtain state approval prior to making major changes in the healthcare

- landscape, such as the acquisition or transfer of ownership of health care facilities, mergers, the termination of hospital services, substantial capital investments in new technology or facilities, reducing access to services, discontinuing a medical service or the addition of licensed hospital beds or operating room capacity.
2. Pursuant to C.G.S.19a-639f, OHS will conduct Cost and Market Impact Reviews for the transfer of ownership of a hospital and the purchaser is a hospital or hospital system with net patient revenue over 1.5 billion in fiscal year 2013 or an entity that is organized or operated for profit.
 3. OHS will continuously review consumer needs to identify gaps in services and unmet needs and will hold public hearings and informational sessions to secure input from all interested parties and members of the public about local healthcare needs and the impact of proposed healthcare growth, contraction or ownership changes.

❖ **Collect and analyze hospital financial, billing and utilization data and issue periodic reports**

What OHS will do:

1. Pursuant to C.G.S. §§ 19a-613 and 19a-634 (Appendix A), collect data from hospitals and produce biennial Statewide Health Care Facilities and Services Plan, Utilization Study, and Inventory of Health Care Facilities, Services, and Equipment:
 - i. To identify gaps in the availability of and access to healthcare services; underserved or reduced access to certain healthcare services for geographic areas and subpopulations; unmet needs of persons at risk and vulnerable populations; and to make recommendations for addressing such gaps;
 - ii. To project future demand for healthcare services and the impact of technology on demand, capacity or need for services;
 - iii. With the assistance of partner organizations, promote policies based on best practices and evidence-based research;
 - iv. Encourage hospitals to incorporate the plan into their long-range planning
 - v. Facilitate communication among state agencies concerning innovations or changes that may affect future health planning.
2. Pursuant to C.G.S. § 19a-670 (Appendix B), collect and analyze data and annually produce a report about the financial stability of Connecticut's acute care hospitals

highlighting statewide hospital trends and individual hospital profiles of financial performance.

3. Pursuant to C.G.S. § 19a-681 (Appendix C), publish as needed, hospitals reported current schedule of charges, and utilize such information to assist CT residents who have questions regarding their hospital bills.
4. Pursuant to C.G.S. § 19a-508c publish annually, a summary of information on hospital and health system facility fee charged or billed for services provided at an off-main campus hospital-based facility.
5. Publish summary statistics, fact sheets and briefs, utilizing data and information submitted to OHS and publicly available from other sources, to inform health policy decision making by OHS as well as by stakeholders such as legislators, healthcare providers and payers, employers, and consumers.

SECTION III-COMMITMENT TO PARTNERSHIPS

Engagement and collaboration are keys to successful work to improve health and healthcare. OHS is committed to listening, learning and partnership so it remains continuously in touch with the needs and ideas of experts, colleagues and the people it serves.

The Office of Health Strategy holds community forums and convenes several stakeholder groups to ensure that the needs and expertise of consumers, providers, payers, employers and government leaders are part of strategic planning, policy development and implementation.

OHS stakeholder groups include:

- ***Certificate of Need public hearings and forums*** are part of OHS' regulatory responsibility to ensure that health facility and service development address the needs in individual communities. OHS holds public hearings and encourages residents to give input on every Certificate of Need application.
- ***Connecticut Health Care Cabinet*** — established in 2011 to advise the governor on issues related to federal health reform implementation and the development of an integrated healthcare system.
- ***Consumer Advisory Council***, advocates for consumers and ensures that the public has input on health reform policies in Connecticut.
- ***Cost Growth Benchmark Technical Team and the Cost Growth Benchmark Stakeholder Advisory Board***, two groups formed to provide expertise to help establish Connecticut's first healthcare cost growth bench as outlined by Governor Ned Lamont's [Executive](#)

[Order No. 5](#), creating statewide healthcare cost growth and quality benchmarks and a primary care spending target.

- **Healthcare Affordability Standard Advisory Committee** provides expertise in the development of a tool to calculate how various policies affect the cost and affordability of healthcare for Connecticut households.
- **Population Health Council** develops a vision for improving Population Health in the context of payment, insurance and practice reforms, and community integration and innovation, and makes recommendations regarding the establishment of Community Prevention Service Centers and the designation of Health Enhancement Communities.
- **Practice Transformation Task Force** recommends targets and innovations in primary care delivery and payment models.
- **Quality Council** recommends a core measurement set for use in the assessment of primary care, specialty, and hospital provider performance. The council also recommends a common provider scorecard format for use by all payers.
- **Statewide Healthcare Facilities and Services Advisory Board** and its subcommittees or workgroups, including Imaging, Cardiac and Behavioral Health/Primary Care.
- **Statewide Health Information Technology Advisory Council** — members include state officials and experts representing different health and technology sectors.

In addition to these advisory committees and stakeholder groups, OHS offers public information through forums and speaking engagements and seeks continuous engagement with communities and interest groups through focus groups and participation in coalitions and conferences.