

Connecticut's Cost and Quality Benchmarks Initiative:  
An Update for the Connecticut  
Consumer Advisory Council  
October 13, 2020



# Today's Discussion Topics

- Connecticut's Cost and Quality Benchmarks Initiative
- OHS' Policy Development Process
- Refresher
  - What is a cost growth benchmark?
  - What is a primary care spending target?
  - What are quality benchmarks?
- Where are we in the Process?
- Initiative on Schedule
- Stakeholder Engagement
- Comments? Questions?



We want  
your  
input!

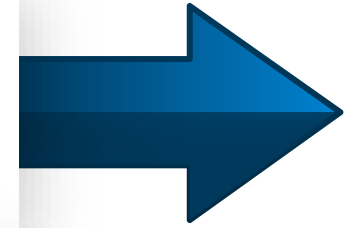
# Connecticut's Cost and Quality Benchmarks Initiative

1



Cost Growth  
Benchmark

A cost growth benchmark that covers all payers and all populations for 2021-2025.

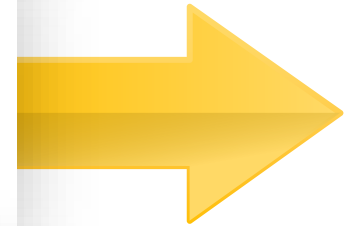


2



Primary Care  
Spend Target

Getting to a 10% primary care target that applies to all payers and populations as a share of total healthcare expenditures for CY 2021-2025.

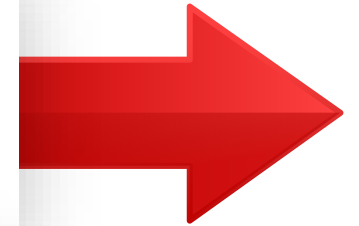


3



Data Use  
Strategy

A complementary strategy that leverages the state's APCD to analyze cost and cost growth drivers.



4



Quality  
Benchmarks

Beginning in CY 2022, quality benchmarks applied to all public and private payers.



# OHS' Policy Development Process

- A **Technical Team** consisting of 10 state agency executives and outside stakeholders excluding insurers and large health systems has functioned as the primary advisory body to OHS.
- A **Stakeholder Advisory Board** representing the broad range of stakeholders, including 24 consumers, employers, insurers, providers, labor, community funders and consumer advocates, has responded to draft recommendations for the Technical Team, providing feedback.
- OHS contractor Bailit Health has provided both content support and process facilitation.

# Technical Team Members

- **Rebecca Andrews – American College of Physicians CT**
- **Zack Cooper – Yale University**
- **Judy Dowd – Office of Policy and Management**
- **Paul Grady – Connecticut Business Group on Health**
- **Angela Harris – Phillips Metropolitan CME Church**
- **Paul Lombardo – Insurance Department**
- **Pat Baker – Connecticut Health Foundation (retired)**
- **Luis Perez – Mental Health Connecticut**
- **Rae-Ellen Roy – Office of the State Comptroller**
- **Vicki Veltri – Office of Health Strategy**

# Stakeholder Advisory Board Members

- Vicki Veltri – Office of Health Strategy
- Reginald Eadie – Trinity Health of NE
- Kathy Silard – Stamford Health
- Janice Henry – Anthem BCBS of CT
- Robert Kosior - ConnectiCare
- Richard Searles – Merritt Healthcare Sol.
- Ken Lalime - CHCACT
- Margaret Flinter – Community Health Ctr
- Karen Gee – OptumCare Network of CT
- Marie Smith – UConn School of Pharmacy
- Tekisha Everette – Health Equity Solutions
- Pareesa Charmchi Goodwin – CT Oral Health Initiative
- Howard Forman – Yale University
- Nancy Yedlin – Donaghue Foundation
- Fiona Mohring – Stanley Black and Decker
- Lori Pasqualini – Ability Beyond
- Sal Luciano – CT AFL-CIO
- Hector Glynn – The Village for Fam & Children
- Rick Melita – SEIU CT State Council
- Ted Doolittle – Office of the Healthcare Adv
- Susan Millerick - patient representative
- Kristen Whitney-Daniels - patient represent.
- Jonathan Gonzalez-Cruz - patient represent.
- Jill Zorn - Universal Health Care Foundation

# What Is a Cost Growth Benchmark?



- A healthcare cost growth benchmark is a per annum state rate-of-growth target for healthcare costs.
- Why pursue a cost growth target? To curb healthcare spending growth.
- DE, MA, OR and RI are other states with cost growth benchmarks.

# What is a Primary Care Spending Target and Why Set One?

- A primary care target is an expectation for what percentage of healthcare spending should be devoted to primary care.
- The U.S. healthcare system is largely *specialist-oriented*. Research has shown that *primary care-oriented* health systems produce better patient outcomes, lower costs, and improved patient experience of care.



# What are Quality Benchmarks?

Quality benchmarks are targets that all public and private payers, providers and the State must work to achieve to maintain *and improve* healthcare quality in the state.

- Quality benchmarks may include clinical quality measures, under- and over-utilization measures, and patient safety measures.
- Connecticut will be the second state to have statewide quality benchmarks. Delaware was the first.
- Work to develop the quality benchmarks will begin this fall.

# Where are we in the process?

- The Technical Team has recommended to OHS a cost growth benchmark, and a primary care spend target for 2021 -- with Stakeholder Advisory Board input.
- OHS's Primary Care Work Group will begin this fall to consider approaches to achieving increased primary care spending.
- OHS's Quality Council will begin this fall to develop the quality benchmarks.
- Using APCD data, OHS will examine cost drivers and cost variability to help identify opportunities for achieving the cost growth benchmark.

# Initiative Uninterrupted, On Schedule

- While this has been a highly atypical year due to COVID-19, without action healthcare costs will likely continue to grow at a higher-than-sustainable rate.
- Healthcare finances for 2020 will be skewed across the board.
  - Excessive costs for pandemic response have been more than countered by canceled and postponed appointments and procedures.
- None of this negates the need to establish cost and quality benchmarks and transparency.
- OHS remains on schedule to meet this obligation.

# Stakeholder Engagement

## Supplementing the Stakeholder Advisory Board:

- **Webinar presentations**
  - OHS Consumer Advisory Council, Ministerial Health Fellowship, SHIP Coalition's Maternal, Infant and Child Health Action Team, Connecticut Council on Developmental Services\*
- **Meetings**
  - Monthly calls with legislators, Healthcare Cabinet, MAPOC, Connecticut Hospital Association
- **Hearing**
  - October 28<sup>th</sup> Informational Hearing on Preliminary Recommendations of the Healthcare Cost Growth Benchmark Technical Team
- **Ongoing opportunities for stakeholder engagement in the months and years ahead**

# Stakeholder Engagement

Based on this Council's June 9 Recommendations (Thank You):

1. OHS increased patients represented on the Stakeholder Advisory Board from one to three to ensure patients/consumers hold the highest number of stakeholder seats on the board
2. Representatives from the following groups are on the primary care workgroup, quality council or participated in a webinar:
  - ❖ Communities of color ( Hispanic Health Council, United CT Action for Neighborhoods)
  - ❖ Health Enhancement Communities
  - ❖ School Based Health Clinic/Primary Care (CHACT)
  - ❖ African Caribbean American Parents of Children with Disabilities, Inc.
  - ❖ LGBTQ communities
  - ❖ Lao Association of CT
  - ❖ New Britain's HRA
  - ❖ Keep the Promise Coalition and Advocacy Unlimited

# Questions and Open Discussion