CONNECTICUT Health Strategy

HEALTHCARE BENCHMARK INITIATIVE STEERING COMMITTEE
Meeting Minutes
January 27, 2025 | 3:00 – 5:00 p.m. EST
https://us02web.zoom.us/j/86419983822?pwd=Ymkzb0U4VFgxbFRVNERRNmVtSjc1Zz09

ATTENDANCE:

By Electronic Device:

Jim Cardon
Ayesha Clarke
Tiffany Donelson
Judy Dowd
Christine Capiello (for Lou Gianquinto)
Deidre Gifford (Chair)
Paul Grady
Angela Harris
Kathy Holt
Gail Kosyla
Paul Lombardo
Chris Manzi
Andy Markowski
Chris Marsh
Mark Meador
Cassandra Murphy
Kathy Silard
Marie Smith
Stephen Traub
Chris Ulbrich
Kristen Whitney-Daniels
Josh Wojcik

In Person:

N/A

Absent:

Tim Archer
Joanne Borduas
Francois de Brantes
Susan Millerick
Lori Pasqualini

Other Participants:

Leslie Greer
Alex Reger
Wendy Fuchs
Patty Blodgett
Olga Armah
Boyd Jackson
Elisa Neira
Michael Bailit
Matt Reynolds

WELCOME, ROLL CALL, AND AGENDA REVIEW

Alex Reger called the meeting to order at 3:00 p.m. Alex conducted a roll call. There was a quorum present. Alex reviewed the agenda for the meeting.

APPROVAL OF DECEMBER MEETING MINUTES

Andy Markowski motioned to approve the December meeting minutes. Jim Cardon seconded the motion. The Steering Committee approved the minutes.

UPDATE ON THE TECHNICAL TEAM

Michael Bailit reported that the Technical Team had met twice since the last Steering Committee meeting. Michael noted that, to date, Technical Team discussions had primarily focused on recommendations for 2026-2030 healthcare cost growth benchmarks. Michael noted that during the Technical Team meeting held earlier in the day, the group began discussing recommendations for 2026-2030 primary care spending targets. Michael shared that OHS added two additional Technical Team meetings to the original schedule to allow the Technical Team time to complete its work.

Michael Bailit reported that the Technical Team was leaning towards recommending forecasted median household income as the economic indicator for setting the new cost growth benchmarks. The Technical

Team had recommended continued use of truncation, confidence intervals, and risk adjustment by age and sex. Michael asked the Steering Committee for its reactions to Technical Team discussions on the cost growth benchmark so far.

- A health system representative expressed concern that the Technical Team did not appear to be accounting for the continuing high inflation that hospitals are facing. Michael Bailit said he would relay this feedback to the Technical Team when it meets next.
- Another health system representative expressed concern that the Technical Team recommended against using clinical risk adjustment. The representative also cautioned that commercial spending had to be considered in the context of Medicaid and Medicare spending. Michael replied that he would relay this feedback to the Technical Team.
- A provider representative expressed interest in hearing where the Technical Team believes there are opportunities to reduce excess costs.

UPDATE ON AHEAD

Elisa Neira provided an overview of the AHEAD Model and reviewed Connecticut's AHEAD timeline.

- A Steering Committee member asked how consumers will experience the AHEAD Model. Elisa replied that AHEAD includes additional payments to support primary care practices in providing advanced primary care, such as through screening for health-related social needs.
- A provider representative asked if primary care providers would be paid for participation or performance. Elisa replied that primary care providers would receive enhanced payments for participation, with the potential for elevated payments based on performance.

OVERVIEW OF OHS' NEW ANALYTIC DASHBOARDS

Alex Reger shared that OHS recently created a "Healthcare Benchmark Data Transparency" page on its website. Alex noted that the page includes links to three interactive dashboards: a Cost Drivers Dashboard, Hospital Cost Tool Dashboard, and Retal Pharmacy Tool Dashboard. Alex said that OHS would be happy to meet to answer any questions stakeholders may have about using the dashboards, adding that OHS would also welcome any feedback on the dashboards once Steering Committee members had the chance to look through them.

ADDRESSING CONSOLIDATION IN HEALTH CARE

Boyd Jackson noted that OHS published a report in 2024 on the impacts of Connecticut hospital and health care system consolidation. Boyd then reviewed OHS' Certificate of Need (CON) process, highlighting that the process is required for the transfer of ownership of a health care facility. Boyd noted that per statute, OHS "shall deny any CON application involving a transfer of ownership of a hospital unless the executive director finds that the affected community will be assured continued access to high quality and affordable health care." Boyd added that a cost and market impact review (CMIR) is required when a transfer of ownership of a hospital involves a hospital or system that had net patient revenue over $1.5 billion in 2013. Finally, Boyd shared that Governor Lamont announced a forthcoming bill to enhance oversight of healthcare transactions by engaging both OHS and the Attorney General via a notice of material change. The bill would expand the types of transactions reviewed and the types of entities that require review.

- A Steering Committee asked if OHS had drilled down to understand what is driving the association between consolidation and higher prices. A health system representative replied that when their system has acquired community hospitals, it significantly changed the service mix of those hospitals, leading to more high acuity (and thus more expensive) services.

2025 LEGISLATIVE AGENDA

Boyd Jackson shared that OHS had three legislative proposals for 2025: one related to the cost growth benchmark, one related to the CON process, and one related to the Health Care Cabinet. The proposal related to the cost growth benchmark would:

- require payers to ask an employer of a self-funded employee health plan to opt-in to providing data required for the cost growth benchmark;
- allow OHS to subpoena testimony and/or documents from entities that refuse to participate in the cost growth benchmark hearing;
- require OHS to conduct a one-time study to assess performance improvement plans as a tool to slow cost growth, and
- allow OHS to establish policies and procedures through the cost growth benchmark statute while regulations are being promulgated.

Boyd shared that the proposal related to the CON process includes:

- authorization of an expedited review pathway for applicants that address a significant unmet need;
- updates to definitions and fixes to the CMIR process, and
- granting OHS the ability to establish policies and procedures throughout the CON statute while regulations are being promulgated.

Finally, Boyd shared that the Health Care Cabinet proposal would update outdated language in the statute related to Health Care Cabinet membership.

PUBLIC COMMENT

Alex Reger offered the opportunity for public comment. No member of the public offered a comment.

NEXT STEPS & MEETING ADJOURNMENT

Alex Reger shared that the next meeting was scheduled for February 24, 2025 from 3-5 pm. Alex requested a motion to adjourn the meeting. Jim Cardon made a motion to adjourn, which was seconded by Kathy Silard. The meeting adjourned at 4:24 pm.

Healthcare Cost Growth Benchmark Initiative Steering Committee Meeting Materials:
https://portal.ct.gov/OHS/Pages/Healthcare-Benchmark-Initiative-Steering-Committee/Meeting-Agendas