Healthcare Benchmark Initiative Steering Committee

"We collaborate, out of a shared concern and responsibility for all Connecticut residents, to develop consensus models that advance equity and consumer affordability of healthcare in our state."

Meeting Date	Meeting Time	Location
July 22, 2024	3:00 pm – 5:00 pm	Zoom Meeting: https://us02web.zoom.us/j/86419983822?pwd=Ymkzb0U4VFgxbFRVNERRNmVtSjc1Zz09

Participant Name and Attendance | Steering Committee Members					
Tim Archer (Stephanie de Abreu)	R	Paul Grady	X	Susan Millerick	R
Joanne Borduas	R	Angela Harris	R	Cassandra Murphy	R
Jim Cardon	R	Sean King	X	Lori Pasqualini	R
Ayesha Clarke	X	Gail Kosyla	R	Kathy Silard	R
Francois de Brantes	R	Paul Lombardo	R	Marie Smith	R
Tiffany Donelson	R	Chris Manzi	R	Stephen Traub	R
Judy Dowd	R	Andy Markowski	X	Chris Ulbrich	X
Lou Gianquinto (Christine Capiello)	R	Chris Marsh	R	Kristen Whitney-Daniels	R
Deidre Gifford (Chair)	R	Mark Meador	X	Josh Wojcik	R
Cindy Dubuque-Gallo, OHS	R	Abigail Cotto, OHS	R	Michael Bailit, Bailit Health	R
Alex Reger, OHS	R	Lisa Sementilli, OHS	R	Matt Reynolds, Bailit Health	R
Elisa Neira, OHS	R	Olga Armah, OHS	R	Patty Blodgett, OHS	R
Wendy Fuchs, OHS	R	**R** = Attended Remotely; **IP** = In Person; **X** = Did Not Attend			

Agenda

	Topic	Responsible Party	Time
1.	**Welcome and Roll Call**	**Deidre Gifford**	**3:00 pm**
	Deidre Gifford welcomed everyone to the July Steering Committee meeting. Deidre invited Matt Reynolds to conduct a roll call. There was a quorum present. Deidre then reviewed the agenda for the meeting.		
2.	**Committee Action: Approval of May 20, 2024 Minutes**	**Steering Committee Members**	**3:05 pm**
	Francois de Brantes motioned to approve the minutes. Stephen Traub seconded the motion. There was no opposition. Joanne Borduas, Susan Millerick, and Cassandra Murphy abstained. The minutes were approved.		
3.	**Connecticut AHEAD**	**Elisa Neira**	**3:10 pm**
	Elisa Neira reviewed the AHEAD model and the benefits it will provide to Connecticut. Elisa shared the AHEAD timeline, indicating that Connecticut will be part of the AHEAD model's second cohort. Alex Reger then reviewed AHEAD's statewide targets for primary care spending, quality, equity, and cost growth, as well as the components of Primary Care AHEAD. Elisa Neira discussed the hospital global budget and health equity components of the AHEAD model. Deidre Gifford noted that as a voluntary model, AHEAD's success will depend upon collaboration between stakeholders. • A Steering Committee member said they did not believe there was evidence that voluntary models such as AHEAD achieve anything. The member said they were concerned about the State depending on the AHEAD model to create change over the next decade. • Another member asked how AHEAD's investment will involve and support Connecticut's communities. Elisa Neira replied that OHS plans for its AHEAD advisory committee to be representative of Connecticut's communities. • Another member asked for more details on how AHEAD will increase investment in primary care. Alex Reger replied that one way AHEAD does so is via an increase in Medicare fee-for-service payments for participating practices.		

4.	**2022 Alternative Payment Model (APM) Adoption**	**Michael Bailit**	**3:30 pm**
	Michael Bailit shared data collected by OHS from insurers regarding all 2022 commercial and Medicare Advantage payments, categorized by Health Care Payment Learning & Action Network (HCP-LAN) category, and the distribution of associated member lives by the categories. In summary: 1. A large percentage of payments in Connecticut are still traditional fee-for-service. 2. There is little adoption of advanced APMs in both the commercial and Medicare Advantage markets. 3. Connecticut is behind national rates of APM adoption for Category 4, budget-based payment models. A Steering Committee member asked if OHS had data on the cost per episode for each HCP-LAN category. Michael Bailit replied it did not, as the data OHS collected are in aggregate. Michael Bailit asked members if they believed OHS should collect data on the actual incentive dollars paid out under each arrangement, as was suggested by a June public hearing speaker's comments. • One Steering Committee member replied that they thought OHS should collect such data, as well as the total dollars "lost" in downside arrangements. • A provider representative stated that they thought the incentive dollars needed to be more substantial than they are to drive provider behavior.		
5.	**Steering Committee Recommendations for 2025 Policy Action**	**Deidre Gifford**	**4:15 pm**
	Deidre Gifford asked members what policy actions they would recommend for addressing prescription drug costs, increasing APM adoption, increasing the use of Quality Benchmark measures in contracts, requiring stakeholder participation in OHS' annual public hearing, and increasing primary care spending. • A Steering Committee member noted it would be helpful for OHS to share information on specific best practices that other states have in place. • Another member suggested considering public options not only for insurance, but also for drug reference pricing and other 2023 pharmacy work group recommendations, strengthening ArrayRx and the public production of generic drugs. The member also expressed support for adding "teeth" to the cost growth benchmark. • Another member suggested requiring greater transparency around pharmacy rebates and the extent to which they impact patients, as well as greater transparency around alternative payment models in use. • A provider representative shared that they did not think simply requiring increasing use of APMs would be effective, as they thought that APMs must also be thoughtfully designed. A second Steering Committee member agreed. o A third member noted there is literature on APM designs that have proven effective. The member recommended that OHS first needed a deeper understanding of current APM designs in use, what the impacts have been, and how they correlate with designs that have been proven to be effective.		
6.	**Forthcoming OHS Reports**	**Alex Reger**	**4:25 pm**
	Alex Reger shared that OHS would be releasing the following reports in the coming months: 1. OHS' first annual report on the status of alternative payment model adoption in the state in 2022 2. OHS' second annual report to the General Assembly describing health care spending trends, monitoring for unintended consequences of the benchmark program, and recommendations for strategies to improve the state's health care system 3. A report on the impact of the carrier requirements regarding prescription drug formulary changes in Sec. 38a-477jj		
7.	**Public Comment**	**Members of the Public**	**4:30 pm**
	Deidre Gifford offered the opportunity for public comment. There were no public comments.		
8.	**Wrap-up and Next Steps**	**Deidre Gifford**	**4:35 pm**
	Deidre Gifford shared that the next meeting was scheduled for August 26th from 3-5 pm. Deidre indicated that OHS would recirculate last year's report to the General Assembly as well as the recommendations developed by the Pharmacy Cost Mitigation Strategies Work Group.		
9.	**<u>Committee Action</u>: Adjournment**	**Steering Committee Members**	**4:39 pm**

	Susan Millerick motioned to adjourn. Angela Harris seconded the motion. The meeting adjourned at 4:39 pm.

All meeting information and materials are published on the OHS website located at:
https://portal.ct.gov/OHS/Pages/Healthcare-Benchmark-Initiative-Steering-Committee/Meeting-Agendas