HEALTHCARE BENCHMARK INITIATIVE STEERING COMMITTEE
Meeting Minutes
May 20, 2025 | 1:00 – 3:00 p.m. EDT
Zoom Meeting Recording

ATTENDANCE:

By Electronic Device:

Tim Archer
Francois de Brantes
Jim Cardon
Ayesha Clarke
Tiffany Donelson
Judy Dowd
Deidre Gifford (Chair)
Angela Harris
Deremius Williams (for Gail Kosyla)
Chris Marsh
Susan Millerick
Cassandra Murphy
Kathy Silard
Marie Smith
Kristen Whitney-Daniels
Josh Wojcik

Absent:

Joanne Borduas
Mehul Dalal
Lou Gianquinto
Paul Grady
Kathy Holt
Paul Lombardo
Andy Markowski
Mark Meador
Lori Pasqualini
Chris Ulbrich

Other Participants:

Alex Reger
Lisa Sementilli
Patty Blodgett
Michael Bailit
Matt Reynolds

WELCOME, ROLL CALL, AND AGENDA REVIEW

Deidre Gifford called the meeting to order and asked Matt Reynolds to conduct a roll call. There was a quorum present. Deidre then reviewed the agenda for the meeting.

APPROVAL OF MARCH MEETING MINUTES

Tiffany Donelson motioned to approve the March meeting minutes. Susan Millerick seconded the motion. The Steering Committee approved the minutes, with Jim Cardon and Kristin Whitney-Daniels abstaining.

TECHNICAL TEAM RECOMMENDATIONS FOR 2026-2030 COST GROWTH BENCHMARKS AND PRIMARY CARE SPENDING TARGETS

Michael Bailit reminded members of the Technical Team's charge and composition. Michael shared that the Technical Team met seven times between November 2024 and March 2025. Michael reported that the Technical Team agreed that there was a need for relief for Connecticut residents from high health care costs and made note of variation in spending growth by market. The Technical Team recommended bringing heightened attention to the role of prices and agreed that more accountability was needed to slow the trajectory of spending growth.

Michael shared that the Technical Team recommended 1) using forecasted median household income as the basis for the 2026-2030 healthcare cost growth benchmark values and 2) applying a downward adjustment to the benchmark in the later years to account for excess costs already built into the system.

Regarding primary care spending, Michael reported that Technical Team members observed that the primary care spending target had not resulted in a re-allocation of spending away from specialty, hospital and drug spending to primary care, and that significant primary care service spending was occurring outside of traditional primary care practices in urgent care centers and emergency departments. Michael shared that the Technical Team recommended retaining the 2025 primary care spending target for 2026-2030 and pursuing additional strategies to strengthen traditional primary care.

Michael noted that OHS was considering the Technical Team's recommendations and would publish its own recommendations in early June before discussing the recommendations during a public hearing on June 23rd. Michael asked members for their reactions to and/or questions about the Technical Team's recommendations.

- Tiffany Donelson asked for additional details related to the Technical Team's recommendations for policy changes. Michael explained that developing specific policy changes was not part of the Technical Team's charge. Deidre Gifford added that OHS' October report to the legislature requires policy recommendations.
- Deidre Gifford shared that the Technical Team explored tying the cost growth benchmark to the percentage of household income spent on healthcare but found it too challenging to implement.
- Francois de Brantes, who served on the Technical Team, explained the rationale for the downward adjustment, noting that Connecticut's healthcare spending per capita is far above the national average and the Technical Team felt that action in the commercial market was needed to bring Connecticut's spending more in line with the rest of the country.
    - Jim Cardon noted that both Medicaid and Medicare were underfunding care, which he felt was necessary to take into consideration. Jim also thought it was unfair to say that price is the only driver of increasing spending in the commercial market.
    - Deremius Williams agreed with Jim Cardon, noting that she thought utilization and other factors were greater contributors to increased spending than price.
    - Kathy Silard agreed with Jim that spending growth is multi-factorial and that the chronic underpayment from Medicare and Medicaid is what drives provider organizations to request higher rate increases from commercial payers. Kathy said she would be very happy if her expenses were only growing at median household income, but the benchmark was not based in reality in the current market. Kathy noted that the benchmark had not been met because it had not been achievable.
- Kathy Silard asked if there was a number associated with the Technical Team's recommendations. Patty Blodgett replied that projected median household income was 2.7%.
- Marie Smith asked how the Cost Growth Benchmark and Quality Benchmarks get tied together to assess the value that Connecticut is getting for its spending. Michael Bailit noted that the two work in parallel but are not integrated to assess value. Michael also noted that the Cost Growth Benchmark looks at change-over-time performance while the Quality Benchmarks look at point-in-time performance.
- Tiffany Donelson asked if there was a path forward to gaining shared understanding among Steering Committee members of the drivers of cost growth. Deidre Gifford noted that the Technical Team specifically recommended that OHS tease out utilization vs price in future reports. Deidre Gifford said she thought it would be useful for the Steering Committee to spend a future meeting discussing utilization vs price.

- Francois de Brantes noted that the Technical Team assessed the role of price vs utilization by market, because the role of utilization is not the same in the commercial market as it is for Medicaid and Medicare. Francois de Brantes noted that it is also important to look beyond Connecticut, because other states are having greater success controlling healthcare costs despite having the same challenges with Medicaid and Medicare.

UPDATE ON JUNE 23, 2025 HEALTHCARE BENCHMARK HEARINGS

Alex Reger shared that OHS' June 23rd public hearing would consist of two hearings: one for the 2023 Healthcare Benchmark Initiative results in the morning, and another for OHS' 2026-2030 Healthcare Benchmark Initiative recommendations in the afternoon. Alex then reviewed the proposed agenda for each hearing. Alex noted that OHS would release its 2026-2030 recommendations for public comment on or around Monday, June 9th. Alex stated that public comments could be submitted in writing to OHS@ct.gov or shared orally during the hearing, or during a virtual listening session on June 16th.

- Deremius Williams asked if OHS had already identified hospitals that would be called to participate in the hearing. Alex Reger replied that OHS had identified the hospitals and would be sending invitations out shortly.

PUBLIC COMMENT

Deidre Gifford offered the opportunity for public comment. No member of the public offered a comment.

NEXT STEPS & MEETING ADJOURNMENT

The meeting adjourned at 1:57 pm.

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