

OHS: LEADING THE WAY TO AFFORDABLE, EQUITABLE & ACCESSIBLE HEALTHCARE

The Office of Health Strategy First Year Plan; July 1, 2018

The Office of Health Strategy (OHS) was created in 2017 and formally established in February 2018 by a strong bipartisan effort of the Connecticut General Assembly. The legislation re-organized existing state resources into one body and centralized healthcare policymaking to advance health reform initiatives that will drive down consumer costs and undertake modernization efforts made possible by advancements in technology and communication.

Through collaboration with consumers, providers, employers, and other stakeholders, the Office of Health Strategy is leading work to forward high-quality, affordable, and accessible healthcare for *all* Connecticut residents, including:

- Developing health policy that improves health outcomes, ensures better access to healthcare, and identifies and addresses health inequities;
- Reining in Connecticut's high per-capita healthcare spending; stabilizing consumer costs across all sectors of healthcare; and promoting growth and job creation through healthcare reform initiatives;
- Modernizing how healthcare providers communicate and share data in order to improve patient experience, reduce costly redundant testing, and strengthen the value of each dollar spent on healthcare; and
- Developing and supporting multi-payer healthcare payment and service delivery reforms that improve population health, focus on the root causes of health conditions, and prevent those conditions from occurring.

OHS's mission 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.

A Healthy Population Contributes to Strong Communities, Attracts a Talented Workforce, and Fills a Critical Need for Connecticut Employers

Improving population health requires strategies that go far beyond the treatments individuals receive in medical offices and hospitals. State government can and should address population health and health policy in a comprehensive way.

The Office of Health Strategy coordinates a broad cross-section of stakeholders in a collaborative process to lead the way to better health for all residents. By engaging and convening healthcare providers and partners; advocates; consumers; employers; health plans; data experts; and leaders in health information technology, we create opportunities to understand what's working in healthcare and what needs attention—and state government becomes a true partner in the efforts to achieve better population health.

We share the same goals: a strong, healthy state that is home to a productive workforce and a thriving economy. Access to high-quality, affordable healthcare underpins those goals. Better, more accessible data, pilot projects, and engaging our communities will help us improve healthcare outcomes and address racial, ethnic, and other healthcare disparities. OHS is strengthening healthcare by:

- addressing consumer costs,
- improving efficiency, and
- modernizing the way patients communicate with their healthcare providers.

Connecticut must also recognize how poverty, discrimination, housing, educational attainment, and other social factors deeply impact the health and well-being of our communities, our workforce, and the state's ability to attract new residents and businesses. Our work will help the state's lawmakers and leaders better support health reforms through economic and social policymaking.

A healthy workforce creates strong communities that add value for employers.

Our First Year at OHS: Listening, Building, and Moving Forward

OHS, with strong bipartisan legislative support, unites the expertise, information, and responsibilities of several teams that already existed within state government. OHS is now a single entity that is responsible for developing and leading the state's healthcare policy and creating the opportunity for better health for all residents.

OHS incorporates and builds on the ongoing work of the State Innovation Model (SIM), the Office of Health Information Technology (HIT), and the Office of Healthcare Access – now called Health Systems Planning (HSP.)

Listening

Engagement and collaboration are keys to healthcare reform. 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 policy development and implementation.

OHS stakeholder groups include:

- ***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. The Cabinet has put forward several major reports, including a year-long study that underpinned recommendations to the legislature on prescription drug cost growth and cost-containment strategies. In 2018, legislators passed new reporting requirements designed to keep consumer costs in check.
- ***Consumer Advisory Board*** — advocates for consumers and ensures that the public has input on health reform policies in Connecticut. The Consumer Advisory Board supports significant consumer participation in OHS planning and implementation processes by:
 - Providing advice and guidance to the Healthcare Innovation Steering Committee;
 - Establishing and supporting consumer members on taskforces and councils;
 - Planning and executing consumer engagement activities; and
 - Reviewing and considering consumer and advocate input.

Consumers have a strong voice in health reform initiatives.

At the Office of Health Strategy, encouraging and supporting consumer engagement is a priority.

- ***Healthcare Innovation Steering Committee*** — a diverse committee comprised of providers; consumers; advocates; health plans; employers; and state agencies. The Steering Committee provides oversight and guidance to the OHS State Innovation Model (SIM) Program Management Office, and supports activities around the implementation of the SIM Model Test Grant and the Connecticut Healthcare Innovation Plan.

- **Statewide Health Information Technology Advisory Council** — members include state officials and experts representing different health and technology sectors. By statute, the Council advises OHS and the Health Information Technology Officer on:
 - Priorities and policy recommendations for advancing the state's health information technology and Health Information Exchange (HIE) goals;
 - The statewide health information technology plan and standards;
 - The statewide Health Information Exchange; and
 - Appropriate governance, oversight, and accountability measures for the HIE.
- **Certificate of Need** deliberations and public hearings are an OHS regulatory responsibility that ensure that health facility and service development address the needs in our communities. The Certificate of Need process protects the accessibility of healthcare services for consumers while limiting duplication or excess capacity of facilities and services in any given geographical area. OHS holds public hearings and encourages residents to give input on every Certificate of Need application.

OHS encourages consumer input on Certificate of Need applications to ensure that our healthcare system works for every resident.

Building Better Healthcare

To improve health and address the health inequities facing so many residents, efforts are underway to transform healthcare delivery. OHS is engaged in work to create and enhance the tools that gather, analyze, and share clinical data to advance good health and healthcare policymaking. This establishes a foundation for health reforms that promotes better patient-provider communication, addresses health inequities, and identifies cost drivers.

The Office of Health Strategy is engaged in the following initiatives:

- Building a **Core Data Analytic Solution** (CDAS). The CDAS will provide insight and analysis of clinical healthcare and related data, including social determinants of health data. It will include an innovative statewide quality measures system based on electronic clinical quality measures (eCQM) and other quality analytics in support of overall health quality improvement.
- Designing a secure statewide strategy for data sharing—the **Health Information Exchange** (HIE)—will improve the quality, safety, and value of health care; reduce waste and duplication of services; support clinical decision-making; and, by having healthcare data in one place, empower consumers to make better decisions for their health.

- Launching Connecticut’s first **healthcare quality scorecard**. The scorecard will present performance ratings of healthcare organizations participating in current health reform activities with OHS. Information is based on Quality Council selected measures.
- Improving provider access to **Immunization Information System** data and the **Prescription Drug Monitoring Program** controlled substance prescriptions.
- Making **All Payer Claims Database (APCD)** data available to enable targeted improvements in healthcare delivery by identifying trends and gaps in healthcare. OHS advances holistic, data-driven policymaking by providing hospital financial reports; inpatient and emergency room visits information; hospital quality and use statistics; and clinical data to a wide variety of stakeholders and consumers.
- **State Innovation Model (SIM)** reforms: Community and Clinical Integration, Community Health Workers, and Person-Centered Medical Home Plus (PCMH+). In collaboration with provider organizations, federally-qualified health centers, community-based organizations, and Medicaid, OHS is working to eliminate health disparities and diversify care teams by leading and supporting efforts to increase integration between medical, oral, and behavioral health and community services.
- **Value Based Insurance Design (VBID)** — Value Based Insurance Design models incentivize members to get the right care at the right time from the right provider. Employers achieve better value on their healthcare investments because employees are healthier, and employees have higher-value health benefits plans that reduce their out-of-pocket costs and improve their quality of care.

Led by OHS and the Office of the State Comptroller, the VBID consortium works collaboratively to encourage high-quality, high-value care plans. The consortium includes consumers; advocates; large employers and associations; health plans; and providers who develop recommendations for the promotion and adoption of VBID models for self- and fully-insured employers and health insurance exchanges. OHS currently provides technical assistance to 11 large employers designing value based models and expects to engage additional employers this year.

- **Health Systems Planning (HSP)** — Health Systems Planning reviews the state’s healthcare landscape to ensure consumer access to services, competition among providers, and a community benefit from hospitals. Health Systems Planning, previously the Office of Health Care Access, is responsible for administering the Certificate of Need program and monitoring the community impact of hospital/provider acquisitions and consolidations; preparing the Statewide Health Care Facilities and Services plan; health care data collection; and reporting on the fiscal health of our healthcare institutions.

Moving Forward: The Future of Healthcare in Connecticut

- **Primary Care Modernization**

The Practice Transformation Task Force convened by the OHS State Innovation Model team is developing options to modernize and expand access to primary care. We engage experts and others to research and propose models that will, over several years, support an increase in primary care investment by large employers, insurers, and other payers.

We will explore options under which payers may use bundled payments that give medical practices the most flexibility in providing health services. These resources would give them the ability to add nursing, pharmacy, community health, and other providers to their teams in accordance with greatest patient need. It also improves patient communication by allowing better use of technology like email and text.

Primary care modernization allows providers to use their resources more efficiently and to the greatest benefit of their patients. Practices could expand and diversify their care teams to better meet the health needs of their patients and address the social determinants that impact health.

- **Affordable and Effective Prescription Drugs**

- Pursuant to Special Act 18-6, OHS will convene a working group to recommend practical approaches to improving the state's ability to reconcile medication lists and demonstrably reduce the incidence of undesirable drug interactions.
- Pursuant to Public Act 18-41, OHS will work with the Office of the State Comptroller and the Departments of Social Services, Public Health, and Insurance to increase transparency and accountability in drug pricing and ensure that consumers have access to the most effective medicine at a fair price.

- **Population Health, Health Enhancement Communities, and Community Benefit Allocations**

The Office of Health Strategy is leading work to achieve a quadruple aim:

- Delivering the highest quality care;
- Reining in the cost of healthcare;
- Improving the health of our communities; and
- Eliminating health inequities.

This year, OHS is leading several initiatives:

- ***Health Enhancement Communities (HEC)***: Health Enhancement Communities are accountable for health, health equity, and healthcare costs for all residents in a geographical area. They are coordinated efforts among multiple stakeholders to create healthier conditions for the residents in their area. State and local officials; healthcare providers; housing, anti-poverty and other community groups; advocates; and consumers use data, community engagement, and other initiatives to identify and address the causes of illness and disease. This year, OHS is partnering with collaboratives in Norwalk, Waterbury, Hartford, and New London to identify health priorities and help design a sustainable economic environment that would reward HEC communities statewide for improving health and lowering healthcare costs. These collaboratives will help us determine how to develop sustainable HECs throughout Connecticut.
- ***Community Benefit Allocation***: OHS will continue to monitor the impact of hospital acquisitions and consolidations on communities and ensure that required community benefit allocations are aligned with community health priorities. Our work focuses attention on persistent health inequities and builds a viable and competitive health care market that is accountable for both health outcomes and containing healthcare costs.

OHS: Working For Better Health For All Residents

In this first full year of operations, the Office of Health Strategy will continue to engage consumers, providers, payers, and state leaders in strategic planning and lead the way to better healthcare.

Working together, we can find the best solutions to the challenges we face in health and healthcare—cost, access, quality, equity—and present those options to our state leaders and stakeholders.
