Testimony
Before the Public Health Committee
In Support of Senate Bill 16
March 16, 2018

Good afternoon Senator Gerratana, Representative Steinberg, Senator Somers, Representative Srinivasan and members of the Public Health committee. For the record, I am Victoria Veltri, the Executive Director of the Office of Health Strategy (OHS). Today I submit testimony in support of Senate Bill 16, *AN ACT IMPLEMENTING THE GOVERNOR’S BUDGET RECOMMENDATIONS REGARDING PUBLIC HEALTH.*

Last year, the General Assembly passed Public Act 17-2 (June Special Session), which created the new Office of Health Strategy on January 1, 2018 and permitted the transfer of responsibilities from other state agencies on or before July 1, 2018. This bill fully implements OHS by making necessary technical changes to the general statutes effective July 1, 2018. To date, OHS has taken on the work of the State Innovation Model, the Health Information Technology Officer, and the All-Payer Claims Database. This bill is necessary to complete the transfer of the Office of Health Care Access (OHCA) into OHS, as well as to update any statutory references to the responsibilities that have already transitioned.

(Please note that HB 5290, An Act Concerning the Office of Health Strategy, is also under consideration by this committee. That bill contains the same provisions as SB 16 regarding the implementation of the new office, but would be effective upon passage.)

A. **Background:**

The Office of Health Strategy (OHS) will enhance coordination of the state’s health care reform strategies, including responses to potential changes at the federal level. Aligning the state’s major health care planning and reform initiatives within one office will help prevent duplication of resources, and is expected to streamline efforts to improve access to quality health care services, while also reducing costs.

The mission of Connecticut’s Office of Health Strategy is to implement comprehensive, data driven strategies that promote equal access to high quality health care, control costs and ensure better health for the people of Connecticut.¹

¹ Please see the attached “Introduction of the Office of Health Strategy” for a fuller picture of the work already underway.
B. Requested Language and Summary

HB 5290 includes language that tightens and clarifies the timing of the transition of certificate of need decision-making authority to OHS. We respectfully request this language also be added to this bill by amending a new subsection (b) to section 69:

(a) [Notwithstanding any provision of the general statutes, there shall be a Deputy Commissioner of Public Health who] The executive director of the Office of Health Strategy shall oversee the Office of Health Care Access division of the Department of Public Health and who] Health Systems Planning Unit and shall exercise independent decision-making authority over all certificate of need decisions.

(b) Notwithstanding the provisions of subsection (a) of this section, the Deputy Commissioner of Public Health shall retain independent decision-making authority over only the certificate of need applications that are pending before the Office of Health Care Access and have been deemed completed by said office on or before the effective date of this section. Following the issuance by the Deputy Commissioner of Public Health of a final decision on any such certificate of need application, the executive director of the Office of Health Strategy shall exercise independent authority on any further action required on such certificate of need application or the certificate of need issued pursuant to such application.

We also respectfully request a correction to line 1808 of the bill, which still references the state’s health insurance exchange regarding the administration of the All-Payer Claims Database. This function is now the responsibility of the Office of Health Strategy. This line should be corrected to say, “Information collected, stored and published by the Office of Health Strategy [exchange] pursuant to this section is subject to the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time.”

Please find a summary of this bill’s provisions appended to this testimony.

Thank you for your bipartisan support of the creation of OHS and your support for this legislation. The staff is eager to begin working together and we look forward to passage of this legislation. I’m happy to answer any questions you have about this bill. Please feel free to contact me with any additional questions at victoria.veltri@ct.gov.
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<th>Section</th>
<th>Description</th>
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| 55      | Establishes the Office of Health Strategy (OHS) | Clarifies the statutory language establishing OHS by:  
  - Incorporating the Office of Health Care Access’ (OHCA) health planning authority into the OHS responsibilities (§19a-637)  
  - Including the administration of the All-Payer Claims Database (APCD), consumer health information website, and the designation of a state health information technology officer in OHS responsibilities |
| 56-57   | Definition of "Department Head" | Recognizes the Executive Director of OHS as a state department head |
| 58-67   | Health Information Technology Initiatives | Makes appropriate reference changes to OHS regarding health information technology to reflect the transition of responsibilities to the new office. Additional minor changes are explained below:  
  - §58, lines 1658-1665 and 1732-1737: ensures that language that existed under the HITO authority to oversee APCD (see §19a-755 for repeal) is included under OHS  
  - §59, line 1808: JFS is requested to update reference to “exchange” and replace with OHS  
  - §62: fixes outdated references and clarifies state HIT roles of DSS and HITO  
  - §65, lines 2136-2137: expands the criteria for appointment  
  - §66, lines 2269-2270: removes reference to the date in which initial members to the board of the state-wide health information technology exchange are appointed |
| 68-114; 120-123; 127-131; 133 | Office of Health Care Access and Health Systems Planning | Makes appropriate reference changes to OHS from OHCA to reflect the transition of responsibilities to the new office. OHCA is renamed to the Health Systems Planning Unit to more clearly represent its duties.  
  - §69: JFS is requested in order to clarify and tighten up the transition of CON decision-making authority to OHS |
| 115-117 | Chronic Disease Plan, Community Health Workers, and Health Care Cabinet | Makes appropriate reference changes to OHS regarding initiatives on chronic disease planning and community health workers and the Health Care Cabinet to reflect the transfer of responsibilities to the new office. |
| 118-119 | Insurance Assessment | Reflects the move of SIM and HIT insurance-funded expenses from the Office of the Healthcare Advocate to OHS and clarifies the calculation of the assessment for OHS |
| 124-126 | Obsolete References | Removes obsolete references to OHCA in the DSS CON statutes |
| 132; 136 | Repealers | Repeals outdated statutes and removes references to those sections proposed for repeal |
The mission of Connecticut’s Office of Health Strategy is to implement comprehensive, data driven strategies that promote equal access to high quality health care, control costs, and ensure better health outcomes for the people of Connecticut.

What We Do

June Special Session PA 17-2 established a new Office of Health Strategy, effective January 1, 2018.

The OHS develops health policy that improves health outcomes and limits health care cost growth across all sectors, whether private or public, including hospitals, physicians and clinical services and prescription drugs. Creation of this office brings together critical data sets and health information exchange efforts and allows for collaboration with many stakeholders, including state agency partners. Working with comprehensive data and experts from inside and outside government, OHS will develop and support state-led multi-payer healthcare payment and service delivery reforms.

The Office of Health Strategy will include three teams, working together:
HEALTH DATA & ANALYSIS

- Create and administer a state Health Information Exchange (HIE) to facilitate coordination across care settings, reduce costs associated with preventable readmissions, duplicative testing and medical errors, and provide patient access to personal medical records.
- Establish and administer the Core Data Analytics Solution (CDAS) to enable in-depth data analytics, including electronic Clinical Quality Measures (eCQMs) to support payment and practice reforms.
- Administer the All-Payer Claims Database (APCD) program for the purpose of collecting, assessing and reporting health care information relating to safety, quality, cost-effectiveness, access and efficiency for all levels of health care.
- Create and administer a consumer health information website for the public to find accurate and reliable information to help make informed decisions when choosing health plans and providers.
- Prepare the statewide Health Information Technology Plan (HIT Plan) to ensure that appropriate governance, oversight and accountability measures achieve the state's health information technology goals.
- Establish electronic health information standards for use by health care providers and institutions including provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols.

HEALTH INNOVATION & STRATEGY

- Develop state-led, multi-payer healthcare payment and service delivery reforms;
- Provide technical assistance to providers to support participation in model reforms;
- Develop and promote health insurance and coverage innovations that remove financial barriers to, or introduce rewards for healthy behavior, preventive care, medication adherence, chronic disease management, and use of high-value services and providers;
- Develop innovations for the management and financing of cross-sector community initiatives to improve health;
- Promote healthcare workforce innovations, and
- Seek and administer state and federal demonstration programs that support these activities.
On or before July 1, 2018, the Office of Health Care Access (OHCA) will be consolidated within the Office of Health Strategy as the Health Systems Planning Unit to continue and enhance health systems planning. The HSP Unit will continue to have statutory authority to gather and analyze specified hospital financial, billing and discharge data such as hospital expenses and revenues, uncompensated care volumes, hospital utilization, demographic, clinical, charge, payer and provider statistics.

The unit’s major functions are to:

- Administer the **certificate of need (CON) program** to promote appropriate development of health facilities and services that addresses a public need. The CON program strives to ensure accessibility for needed services while limiting duplication or excess capacity of facilities and services;
- Prepare the **Statewide Health Care Facilities and Services Plan**;
- **Collect and analyze health care data and issue reports** including the biennial utilization study; and
- **Review hospital financial information and issue reports** including an annual acute care hospital financial stability report.

Existing State Resources Used in New Ways

The Office of Health Strategy was created by combining existing state projects and personnel: the Chief Health Policy Advisor from the Lt. Governor’s office; the State Innovation Model (SIM) Project Management Office; the Health Information Technology Office; the Office of Health Care Access; and the All Payers Claims Database.

By combining experts, data and goals, the new OHS will provide integrated, comprehensive leadership to improve health care systems and health in Connecticut.
OHS Goals for FY 2019

- Make more health care data available to consumers and policy experts
- Launch the next phase of multi-payer payment reform planning with the engagement of Medicare
- Assess and leverage existing community accountability strategies
- Develop evidence-based interventions and solutions to improve population health
- Use analytics to improve health in areas of highest disease burden and health disparities
- Align community health priorities and community benefit allocations
- Monitor impact of hospital acquisitions and consolidations
WORKING TOGETHER TO FIND THE BEST SOLUTIONS

Input and guidance from all sectors is a key ingredient to the success of the Office of Health Strategy. The Executive Director will continue to convene and work closely with the Healthcare Cabinet whose members represent state leaders, providers, consumers, payers and policy experts. The State Innovation Model Steering Committee and its working groups, and the Statewide Health Information Technology Advisory Council will continue to meet to drive the best solutions to improve health and healthcare in our state.

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<td>• Consumer Health Information website</td>
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<td>• Innovation to improve health and health care while controlling costs</td>
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<td>• State oversight to ensure that services provided by hospitals and other facilities are equitably available to meet the needs of consumers across the state</td>
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<td>• Public input through work groups and hearings</td>
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<td>• Regular news and fact sheets about health care in Connecticut</td>
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<thead>
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<tr>
<td>• Health Information Exchange</td>
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<td>• Technical Assistance</td>
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<td>• Innovation to improve health care delivery</td>
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<td>• Regulation of new services provided to specific populations to prevent higher costs or inequity</td>
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<td>• Access to data and analysis to assist in community service and financial stability</td>
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<td>• Access to comprehensive data through the APCD and other sources</td>
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<td>• Opportunities for data linkage between clinical, administrative, insurance, and financial data systems</td>
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<td>• Data and analysis about hospital acquisitions and overall changes to health care delivery systems</td>
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<td>• Reporting of national and statewide health care trends and issues</td>
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<td>• Leadership and collaboration</td>
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