

Questions for the Office of Health Strategy Executive Director Nominee

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Office of Health Strategy Executive Director ([CGS § 19a-754a](#))

The Executive Director oversees the Office of Health Strategy (OHS), which is within the Department of Public Health (DPH) for administrative purposes only. The office is the successor to the (1) Connecticut Health Insurance Exchange for administering the all-payer claims database (APCD) and (2) lieutenant governor's office for (a) consulting with DPH to develop a statewide chronic disease plan; (b) housing, chairing, and staffing the Health Care Cabinet; and (c) appointing the state's health information technology officer and overseeing the officer's duties.

The office is responsible for (1) developing and implementing a cohesive health care vision for the state; (2) overseeing the APCD, State Innovation Model Initiative, and Health Systems Planning Unit; (3) coordinating Connecticut's health information technology initiatives; (4) convening forums and meetings with state government and external stakeholders to discuss health care issues designed to develop effective health care cost and quality strategies; and (5) establish benchmarks for health care quality and cost growth and primary care spending targets.

Questions

1. Please describe the mission of OHS as you see it. How will you ensure that the office fulfills this mission? What particular experience, expertise, knowledge, and skills do you bring to this task?
2. You have a diverse professional background as a physician, having had a faculty appointment at UCLA, as well as various roles in state and federal service, including, among others, acting DPH commissioner and Department of Social Services commissioner. How have these experiences prepared you to be the OHS executive director?

3. OHS is a relatively new agency established in 2018. What hurdles has the office experienced in the first five years? Do you believe it has the adequate resources, in terms of both personnel and budget, to meet its statutory obligations?
4. The office is placed within DPH for administrative purposes. Has this arrangement helped OHS's ability to meet its statutory obligations?
5. [PA 22-47](#) directed OHS to study the rates at which health insurers and third-party administrators in the state reimburse health care providers for physical, mental, and behavioral health benefits and submit its final report to the legislature by January 1, 2024. Do you have any preliminary findings or recommendations that you can share?
6. OHS administers Connecticut's statewide health information exchange ("Connie"), which launched in May 2021. How many health care institutions and providers are currently participating in the exchange? What have you learned from the state's many attempts to implement a statewide exchange between 2010 and 2021? How do you anticipate Connie will improve health outcomes for Connecticut residents?
7. One of OHS's responsibilities is to administer the state's certificate of need (CON) program for health care facilities. [PA 22-118](#) created a task force to examine various aspects of the program, such as whether to institute a price increase cap tied to the cost growth benchmark for consolidations and the timeliness of decisions or approvals related to the CON process. The task force recently issued its [final report](#) to the legislature. Can you please comment on the report's findings and recommendations?
8. [PA 21-129](#) required OHS to study physician practices, including ways to improve oversight and regulation of physician practice mergers and acquisitions and ensure the viability of these practices. Can you please comment on any findings or recommendations? Do you anticipate any legislative proposals on the issue this session?
9. How does the office monitor the impact of hospital acquisitions and consolidations on communities to ensure that required community benefit allocations are aligned with community health needs?
10. Legislation passed last session requires OHS, in consultation with the insurance and social services departments, to study whether payment parity exists between behavioral and mental health service providers and other providers within and by comparison to those in the private market and HUSKY Health program ([PA 22-47](#)). The office must submit its final report by January 2024. Can you share any preliminary findings and recommendations?
11. Last session, the legislature directed OHS to set and publish annual health care cost growth benchmarks, health care quality benchmarks, and primary care spending targets. Under the new law, the executive director is generally empowered to identify payers and provider entities who do not meet these benchmarks or targets and require them to participate in public hearings explaining why ([PA 22-118](#)). Have you held any such hearings? How has the office approached setting these benchmarks and targets?

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