



Office of Health Strategy
Budget Presentation
September 18, 2024

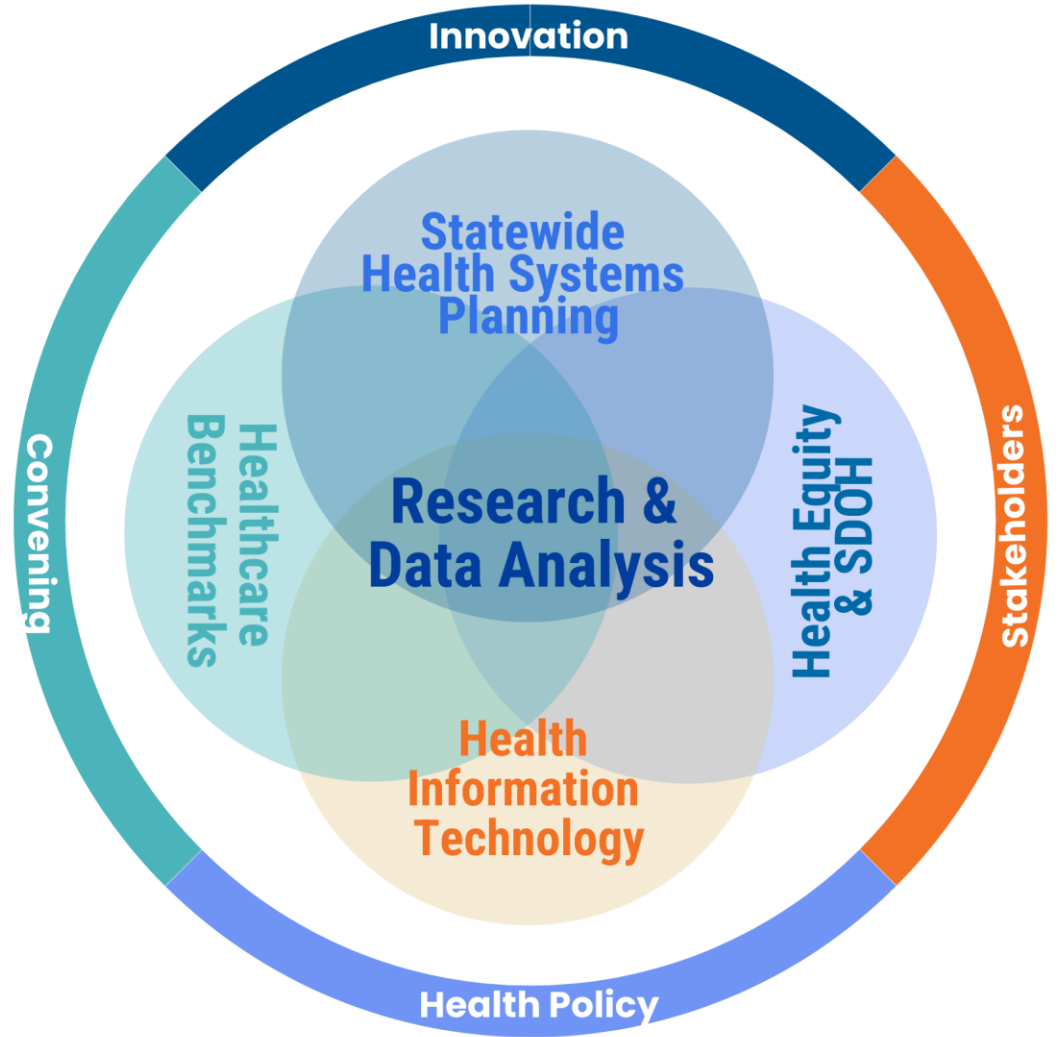
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Strategic Work Streams

Core strategic service lines:

- statewide health systems planning
- healthcare benchmarks
- health equity
- health information technology
- extensive research and data analysis.

Multidisciplinary teams within each service line work collaboratively on diverse initiatives, programs, policies, and publications with all efforts advancing our mission.



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Key Impacts

Controlling healthcare cost growth

Enhancing healthcare quality

Driving primary care investment

Building health equity

Improving population health



Even if I could afford a diagnosis for a serious injury or illness, I would never be able to pay for the treatment.

-Lynette

Insurance Fund investments in OHS support technology, policy and innovation aligned with the priorities of health care payers, employers and consumers.

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Fiscal Year 2019–2025 Insurance Fund Expenses

Recurring Operating Expenses	FY 2019 -2020	FY 2020-2021	FY 2021-2022	FY 2022 -2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
Personal Services *	\$724,491	\$807,577	\$769,706	\$847,662	\$1,025,464	\$ 1,966,556	\$ 1,982,363
Other Expenses	\$1,439,416	\$2,100,953	\$2,107,269	\$4,302,905	\$8,311,961	\$ 9,823,324	\$ 9,829,264
Equipment	\$9,209	\$0	\$7,468	\$7,231	\$10,000	\$ 20,000	\$ 10,000
Fringe Benefits **	\$660,489	\$686,857	\$669,256	\$756,172	\$839,589	\$ 1,924,234	\$ 1,939,640
Insurance Fund - Total	\$2,833,605	\$3,595,387	\$3,553,699	\$5,913,970	\$10,187,014	\$13,734,114	\$13,761,267

* Personal services includes 13 Staff positions, excluding 4 unrealized policy goal positions, as well as Increases due to step increases and COLA increases. Decrease in FY 2021–2022 was due to four staff vacancies.

**Fringe Benefits are paid from a separate account

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Fiscal Year 2024 Insurance Fund Other Expenses

Description	Amount	Percent
Health Information Technology (Connie/Cedarbridge/Covendis/APCD/I.T. Supplies)****	\$9,270,268.57	88%
Healthcare Benchmarks Initiative (Cost Growth, Primary Care, Quality)**	\$784,928.18	8%
Health Equity***	\$291,800.23	3%
Operational Expenses	\$129,847.58	1%
Total	\$ 10,476,844.56*	<u>100%</u>

***Some expenses supported by FY2023 carryforward funds to pay Connie invoices that were delayed to the contract and the hospital study.**

****** Vendors for the Healthcare Benchmark Initiative are Bailit Health and Mathematica. Bailit Health provides consulting and analytic services as well as strategic planning. Mathematica provides granular level "deep dive" analysis that helps support the healthcare benchmark initiative.

******* This includes HMA, Grossman, Covendis.

********This includes **Connie (\$8,666,454.90)**/APCD (**\$267,059.44**)/CedarBridge, and Covendis. This generates \$1.67 million in reimbursement from Federal share.

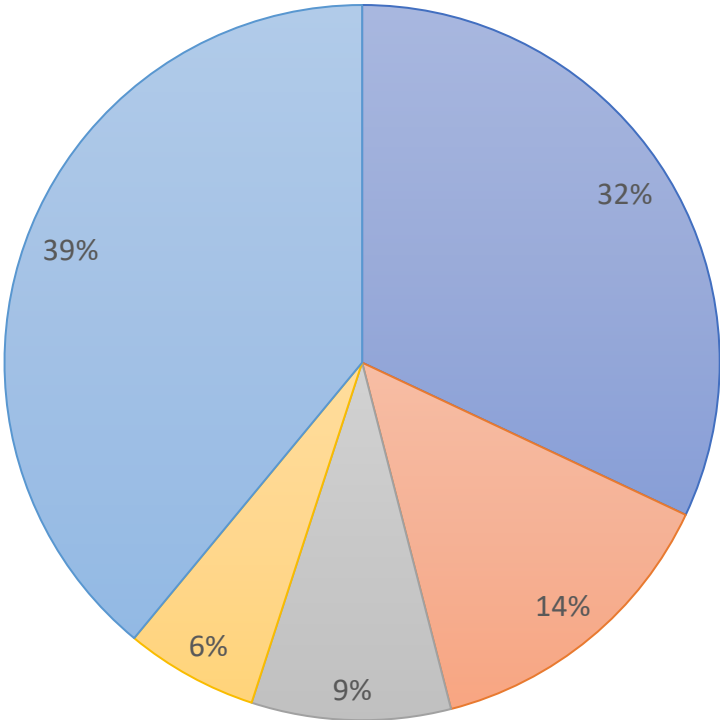
Source FY 24 Trial Balance Report

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Fiscal Year 2024 Insurance Fund – 13 Positions

Description	Amount	Percent
Health Information Technology	\$342,932.91	32%
Healthcare Benchmark Initiative	\$149,712.39	14%
Health Equity	\$97,701.15	9%
Certificate of Need	\$66,513.49	6%
Administration	\$421,187.24	39%
Total	\$1,078,047	<u>100%</u>

Fund Distribution



- Health Information Technology
- Healthcare Benchmark Initiative
- Health Equity
- Certificate of Need
- Administration

Source 2024 Trial Balance Report

Summary of OHS Positions in Insurance Fund—History

Years	# of Added Positions and Total Positions	Justifications
FY 2018		OHS created by PA17-2 JSS. First funds and positions est. in FY 19 (2018-2019)
FY 2019	6	Transfer of 5 positions from OHA for the SIM project; 1 position transferred from CID
Total FY 18 & FY 19 Positions	6	
FY 19 Adjust	3	Transfer the rest of the 3 positions from OHA for SIM project.
Total FY 19 Positions	9	
FY 2020 & FY 2021*	1	Complete transfer of 1 position from OHA to OHS, Conducts consumer engagement, represents OHS on advisory boards and lead in partnership initiatives
Total FY 20 & FY 21	10	
FY 2022 & FY 2023	-	
Total FY22 & FY 23	10	
FY 23 Adjust	-	
Total FY 23	10	
FY 2024 & FY 2025	3**	1 position to support Statewide Health IT Plan; 2 positions to enhance data analytic capacity (Data Scientist and Health Care Analyst)
Total FY24 & FY 25**	13**	

*No FY 21 Adjustment due to Covid; ** An additional 4 positions for unrealized policy goal will be returned via technical adjustment

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Strategic Work Streams Supported by The Insurance Fund

Health Information Exchange

[Conn. Gen. Statutes Sec. 17b-59d](#)

- Real-time secure access to patient health information (PHI) – 374,000 weekly encounters from 2,900 connected organizations
- Secure/no cost access to PHI for patients
- Supports care coordination
- Reduces costs associated with preventable readmissions, duplicative testing and medical errors
- Supports public health & population health analytics



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Strategic Work Streams Supported by The Insurance Fund

Health Information Exchange

[Conn. Gen. Statutes Sec. 17b-59d](#)

- Health Information Technology Advisory Council (HITAC)
- Health Insurance Exchange Regulations Subcommittee
- PA 24-10 Health Insurance Exchange Recommendations Workgroup
- Annual Report State Health IT & Health Information Exchange

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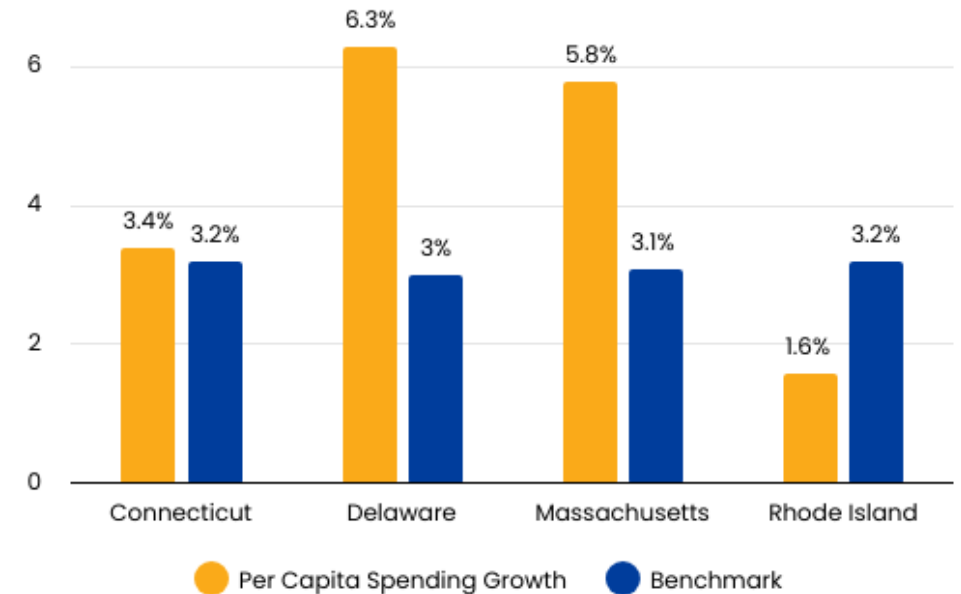
Strategic Work Streams Supported by the Insurance Fund

Healthcare Benchmarks Initiative

[Conn. Gen. Statutes Sec. 19a-754a](#), [19a-754g](#), [19a-754f](#)

- Set an annual healthcare **cost growth** benchmark and **primary care** spending target
- Developing healthcare **quality** benchmarks
- Developing strategies in consultation with stakeholders to meet benchmarks
- Monitors ACO, PCMH and alternative payment models
- Supports public health & population health analytics
- Enhances transparency of \$36.4 billion in total health expenditures
- Developing data dashboards to provide public information on health care cost growth, hospital prices, and prescription drug prices

CY2022 State Cost Growth Benchmark Performance



State Health Care Cost Growth Target Values & Performance Reports | Milbank Memorial Fund

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Strategic Work Streams Supported by the Insurance Fund

Connecticut's Healthcare Quality Benchmark

Phase 1 (Effective January 2022)

- Asthma Medication Ratio
- Controlling High Blood Pressure
- Glycemic Status Assessment for Patients with Diabetes

Phase 2 (Effective January 2024)

- Child and Adolescent Well Care Visits
- Follow-up After Hospitalization Visit for Mental Illness (7-day)
- Obesity Equity Measure

Connecticut's Primary Care Spending Target

