



Franklin Pierce School of Law
Institute for Health Policy & Practice
Health Law & Policy

Annual Health Law & Policy Symposium

Event Summary

Equitable and Affordable Healthcare: A Shared Responsibility

June 22, 2022 | 9:00 - 11:30 AM

UNH Franklin Pierce School of Law and Online



Acknowledgments

The University of New Hampshire Health Law and Policy Programs at UNH Franklin Pierce School of Law and the Institute for Health Policy and Practice would like to thank all attendees, and everyone listed below for participating.

Lucy Hodder, JD, *Director, Health Law and Policy, Professor of Law, University of New Hampshire Franklin Pierce School of Law, Institute for Health Policy and Practice*
Jo Porter, MPH, *Director, Institute for Health Policy and Practice*

Hosts

Health Law and Policy Programs, UNH Franklin Pierce School of Law
Institute for Health Policy and Practice, UNH College of Health and Human Services
The Warren B. Rudman Center for Justice, Leadership & Public Service

Speakers

Shelley Lyford, *Chief Executive Officer, West Health*
Sean Dickson, JD, MPH, *Director, Health Policy, West Health Policy Center*
Morissa Henn, DrPH, *Associate Commissioner, Department of Health and Human Services, New Hampshire*
Katherine Mills, Esq., MPH, *Senior Director, Market Oversight and Transparency, Health Policy Commission, Massachusetts*
Patrick Tighe, MPP, *Commissioner, Office of Health Insurance Commissioner, Rhode Island*
Victoria Veltri, JD, LLM, *(formerly) Executive Director, Office of Health Strategy, Connecticut*
Marie-Elizabeth Ramas, MD, FAAFP, *Regional Medical Director, Aledade Founder, Medrizon Consulting*
Ellen Meara, PhD, *Professor of Health Economics and Policy, Harvard T.H. Chan School of Public Health*
Deborah Fournier, JD, *Senior Associate, Health Law and Policy, Institute for Health Policy and Practice*

Graphic Recording

Kate Crary, *Project Director, Institute for Health Policy and Practice*

Funding provided by:



Keynote

*Growing Worry about
Rising Costs and Inequities
in the U.S. Healthcare
System*

New England Panel


*State Action to Address
Healthcare Affordability &
Equity*

New Hampshire

Discussion

Our Shared Responsibility



 **ENDOWMENT**
for Health

*Support for this event was provided
by the Endowment for Health.*

Summary

Rising health costs and affordability problems are impacting individuals and families and disrupting healthcare access across the country and in New Hampshire. We are asking ourselves: *how will we build an accountable, affordable and equitable healthcare system for tomorrow?* In an effort to answer that, over 200 participants, both in person and online, joined a discussion on what can be done to improve New Hampshire's healthcare.

This summary provides an overview of our discussion, titled "[Equitable and Affordable Healthcare: A Shared Responsibility](#)" hosted by Health Law and Policy Programs, UNH Franklin Pierce School of Law and the Institute for Health Policy and Practice (IHPP) on June 22, 2022. The event, supported by the Endowment for Health, brought together federal, state, and local policy makers, health care professionals, managed care organizations, research institutes, advocacy groups, and consumers/patients from New Hampshire and across the country.

The Symposium began with opening remarks from **Lucy C. Hodder, JD**, Director, Health Law and Policy, Professor of Law, UNH Franklin Pierce School of Law, Institute for Health Policy and Practice, and **Kirsten N. Corazzini, PhD, FGSA**, Dean, UNH College of Health and Human Services. **Megan Carpenter, JD**, Dean, UNH Franklin Pierce School of Law welcomed the attendees.

The Symposium featured keynote addresses by Shelley Lyford, Chief Executive Officer of West Health, who illustrated the ever-growing struggles middle-income seniors face with respect to healthcare unaffordability, and Sean Dickson, Director of Health Policy at the West Health Policy Center, who highlighted the many populations affected by cost and access disparities and the long-term impacts of care avoidance.

The Symposium included interactive policy panel discussions about how states can make healthcare more affordable and equitable. Representatives from Connecticut, Massachusetts, and Rhode Island outlined their stakeholder driven policy frameworks focused on equitable and affordable healthcare, including cost growth benchmarks, system transparency, goals for investment in primary and mental health care, and new payment models. Panelists detailed what actions their respective states were taking to constrain healthcare cost growth while redirecting investment to activities that support positive health outcomes.

The event closed with a discussion about our shared responsibility in New Hampshire to enhance affordable, equitable, and sustainable healthcare system.

For a complete video recording of the Symposium, copies of presentations, and additional resources, please visit our event [page](#).

Agenda

- 9:00 AM **Welcome**
Lucy C. Hodder, JD, Director, Health Law and Policy, Professor of Law, UNH Franklin Pierce School of Law, Institute for Health Policy and Practice
Kirsten N. Corazzini, PhD, FGSA, Dean, UNH College of Health and Human Services
Megan Carpenter, JD, Dean, UNH Franklin Pierce School of Law
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- 9:10 AM **Keynote: Growing Worry about Rising Costs and Inequities in the US Healthcare System**
Introduction: **Jo Porter, MPH**, Director, Institute for Health Policy and Practice
Speakers:
Shelley Lyford, Chief Executive Officer, West Health; Chair, Gary and Mary West Foundation; Chair, West Health Institute; Chair, West Health Endowment
Timothy A. Lash, M.B.A, President, West Health and West Health Policy Center; CEO and President, Gary and Mary West PACE; Chairman, West Health Policy Center
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- 9:35 AM **New England Panel: State Action to Address Healthcare Affordability & Equity**
Moderator: **Lucy C. Hodder**
Introduction of Panelists: **Morissa Henn, DrPH**, Associate Commissioner, Department of Health and Human Services, New Hampshire
Panelists:
Katherine Scarborough Mills, Esq., MPH, Senior Director, Market Oversight and Transparency, Health Policy Commission, Massachusetts
Patrick M. Tigue, MPP, Commissioner, Office of Health Insurance Commissioner, Rhode Island
Victoria Veltri, JD, LLM, Executive Director, Office of Health Strategy, Connecticut
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- 10:40 AM **Break**
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- 10:45 AM **New Hampshire Discussion: Our Shared Responsibility**
NH Overview
Lucy C. Hodder
Panel Discussion
Deborah Fournier, JD, Senior Associate, Health Law and Policy, Institute for Health Policy and Practice
Panelists:
Ellen Meara, PhD, Professor of Health Economics and Policy, Harvard T.H. Chan School of Public Health
Marie-Elizabeth Ramas, MD, FAAFP, Regional Medical Director, Aledade; Founder, MedRizon Consulting LLC
-
- 11:25 AM **Closing Remarks**
Jo Porter

Keynote: Growing Worry about Rising Costs and Inequities in the U.S. Healthcare System

Speakers



Shelley Lyford is the Chief Executive Officer of West Health, which is comprised of the Gary and Mary West Foundation, the West Health Institute, the West Health Endowment, and the West Health Policy Center in Washington, D.C. In 2022 Shelley received the American Society on Aging Award for outstanding contributions to aging-related research, administration, and advocacy.



Sean Dickson, JD, MPH is a nationally recognized technical expert on the American drug system, including the full market lifecycle of pharmaceuticals. His career has focused on increasing access to healthcare with specific attention to reducing prescription pharmacy costs. Before joining the West Health Policy Center, he led policy and research activities under the Pew Charitable Trusts' drug spending research initiative.

"Hiding in plain sight is the largest group of Americans at risk for going without quality healthcare and affordable housing—middle-income seniors."
– Lyford



Sean Dickson, Director of Health Policy at the West Health Policy Center, explained that healthcare is inaccessible to Americans due to cost at all income levels. This inaccessibility has its own set of negative consequences. [See the West Health Benchmark Report for more details.](#)

Using her father as an example, Shelley Lyford, illustrated the struggles middle-income seniors face in overcoming rising healthcare costs. As ten thousand Americans turn 65 every day over the next decade, an entire generation—ineligible for Medicaid or other public health and housing programs but lacking the income or assets to age in place—risks sliding into poverty and ill health. “It’s the ‘American Dream’ in reverse,” said Lyford.

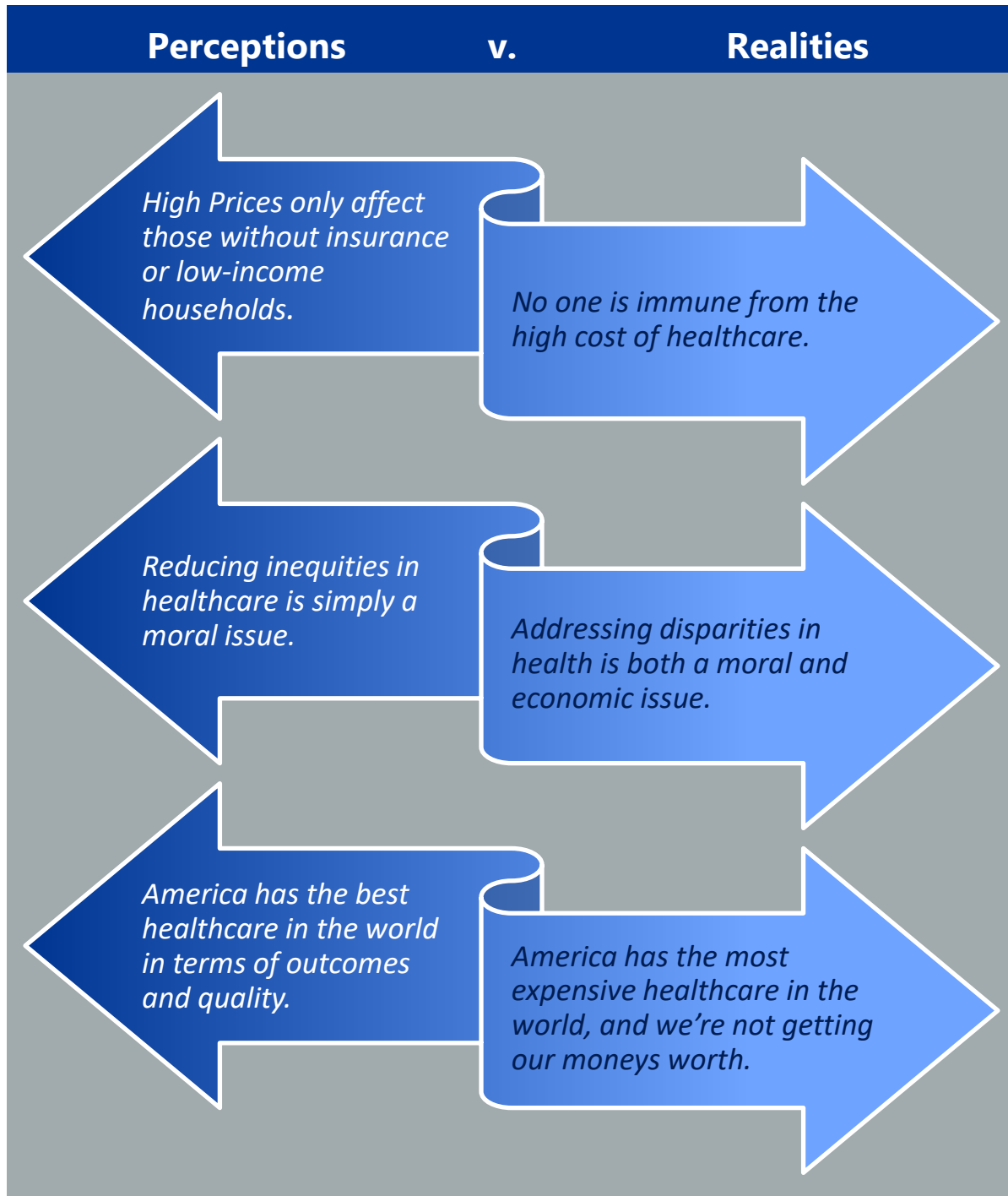
Key Equity & Affordability Takeaways

- No one is immune from high healthcare costs.
- Middle-income Americans are reporting nearly the same level of care-avoidance due to cost as lower-income Americans.
- The percentage of Americans forgoing needed healthcare due to cost is rising.
- Health disparities are costly, and the costs they create to our system are affecting all individuals, not only those experiencing disparity in their own lives.

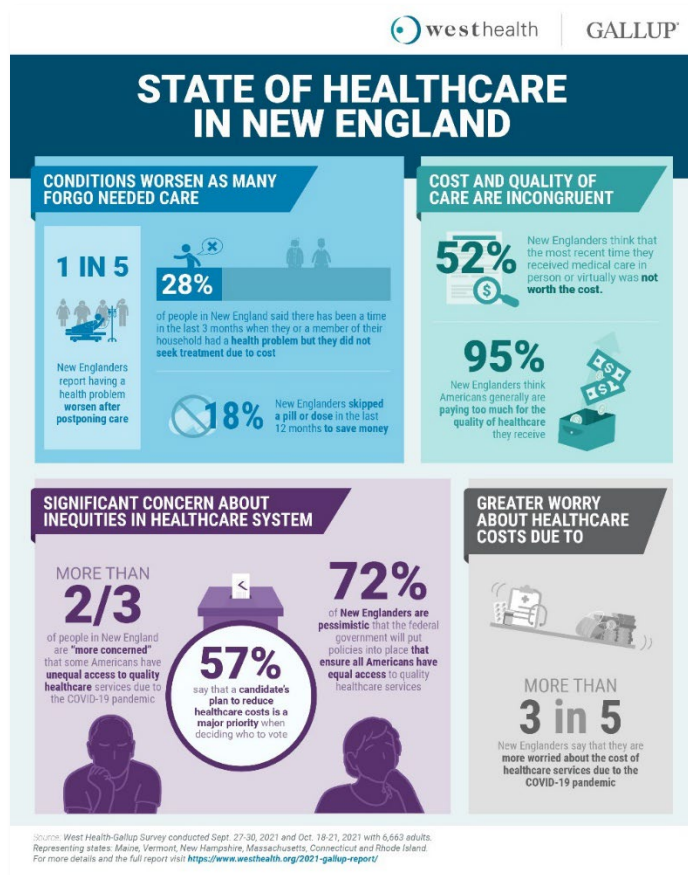


“Skipping care due to cost concerns is most acute among the lowest income households...but middle-income Americans are reporting nearly the same level of care avoidance due to cost. This is a problem that is growing and spreading across income groups,” said Dickson ([see the West Health 2021 Healthcare in American Report](#)). Based on the West Health Healthcare Value Based index, 95% of Americans view the healthcare system as offering poor or inconsistent value care.

The West Health conversation discussed perceptions of healthcare in America versus realities in a succinct picture.



Dickson and Lyford explained that rising costs and the impact on families is getting worse not better as the pandemic recedes. Existing policy solutions, Dickson emphasized, are not sufficient to keep people from avoiding accessing care. Specifically, rates of avoiding treatment due to affordability challenges surged across all income levels in 2021, and avoidance generally happens in the most low-income and racially diverse populations.



What can be done? Consumers expect local solutions to help them get the right care at the right time. State policy makers are often better able to address affordability challenges effectively than at the federal level.

Consumers put more confidence in state governments as the vehicle to address affordability challenges. States can offer an opportunity for quicker, more decisive policy action. And here in New England, we've seen a lot of action in the past, and it really has presented itself as a catalyst for action at the national level. – Dickson

New England Panel: State Action to Address Healthcare Affordability & Equity

Introduction



Morissa Henn, DrPH, serves as an Associate Commissioner at the New Hampshire Department of Health & Human Services. In this role, Commissioner Henn guides cross-cutting efforts across the State and Department to integrate and improve systems, with a particular focus on behavioral health and child welfare. Previously, she served as Community Health Director at Intermountain Healthcare, a not-for-profit 24-hospital, 160- clinic integrated health system based in Utah. Commissioner Henn also spent eight years working on child health policy issues in New York City.

Wicked Problems

In 1973, Horst Rittel and Melvin Webber described a category of social problems that they termed ‘wicked’ problems. These are problems like poverty, climate change, and terrorism, that are highly complex, contradictory, and cross-cutting. Such problems differ from the complicated, yet resolvable nature of ‘tame’ problems in some really key ways.

Wicked problems have no playbook, no silver bullets.

First, there’s uncertainty about how to define the problem. The etiology and nature of a ‘wicked’ problem defies easy consensus. The pursuit of solutions is always ongoing. Second, ‘wicked’ problems are highly interconnected. Whereas ‘tame’ problems can be examined in relative isolation, ‘wicked’ problems are tightly entangled with other problems. And finally, ‘wicked’ problems have a high potential for eliciting conflict. They involve many different groups of people with many different agendas. The different conceptualizations that these different groups bring make it very difficult and make conflict almost inevitable.

Wicked problems require collective responsibility to solve.

In many ways, healthcare affordability is the epitome of a ‘wicked’ problem. There’s uncertainty about how to define the problem. There’s high interconnectedness with other problems. And there’s high potential for political and social conflict when it comes to understanding the problem and coming together around common solutions.

It turns out that New Hampshire DHHS, like many of our peer states, has become very familiar with ‘wicked’ problems—take COVID-19, take the emergency department psychiatric boarding crisis, take opioid addiction—these are problems that have no playbook and they have no silver bullets. Solving a ‘wicked’ problem requires that we all

come together in wholly new ways and define a sense of collective responsibility.

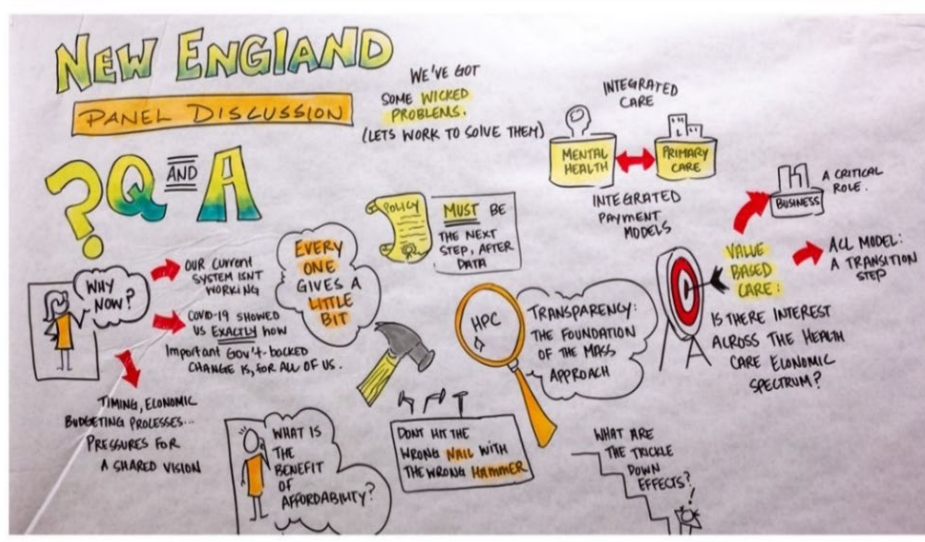
Wicked problems are those that are difficult to define, highly interconnected with other issues, and elicit conflict between diverging political and social views.

“Relative to healthcare affordability, New Hampshire has a lot to learn from our neighboring states about what can be done. And that’s why we’re all here today. We’re here to learn from some of the most creative thinkers and some of the most effective changemakers in this space.

We are so excited today to learn from these leaders and their states, and especially how they have harnessed collective accountability to address costs and improve access. Affordability and access matter a great deal to

New Hampshire, and to the work that the Department does for individuals and families—it is a key pillar of our efforts to improve population health and advance health equity. Ultimately, the people that we serve can’t be the ones who bear the burden of finding a way forward. Collaborative action acknowledges that just as there is no single cause of healthcare unaffordability, there is no single person, group, or intervention to control costs. Only by bringing diverse entities together can we harness the ‘wickedness’ toward powerful change. And that is why we are here today,” said Henn.

Collaborative action acknowledges that just as there is no single cause of healthcare unaffordability, there is no single person, group, or intervention to control costs. Only by bringing diverse entities together can we harness the wickedness toward powerful change.



Panelists



Katherine Scarborough Mills, Esq., MPH serves as Senior Director for Market Oversight and Transparency at the Massachusetts Health Policy Commission. Katherine was one of the key architects of Massachusetts' first-in-the-nation cost and market impact review (CMIR) process and led the Health Policy Commission's first cost and market impact reviews, focused on the proposed expansion of the Commonwealth's largest provider organization. Prior to joining the HPC, Katherine worked as an attorney with the Massachusetts State Senate.



Patrick M. Tigue, MPP serves as Commissioner at the Office of Health Insurance Commissioner, State of Rhode Island. Patrick is Rhode Island's fourth health insurance commissioner, appointed in January of 2021. Commissioner Tigue advised on the statewide impact of the proposed consolidation of the state's two largest hospital systems and expanded access to telehealth. Previously, he served as Assistant Secretary and Medicaid Director for the Rhode Island Executive Office of Health and Human Services.



Victoria Veltri, JD, LLM served as Executive Director at the State of Connecticut Office of Health Strategy. Victoria served as the first head of the Office of Health Strategy from its creation in February of 2018. From 2016 to 2018, she served as Chief Health Policy Advisor in the Office of Lieutenant Governor Nancy Wyman. Prior to that, Victoria was the state's Healthcare Advocate in the Office of the Healthcare Advocate (OHA). She also serves as a member of the Board of Directors of the Connecticut Health Insurance Exchange.

Some Key Terms Used by New England Panelists

Healthcare Cost Growth Benchmark: A Healthcare Cost Growth Benchmark (CGB) is an annual, statewide target set for the rate of healthcare cost growth. A state with a CGB has an entity that monitors and measures healthcare cost growth compared to the established target by collecting and analyzing data from a variety of entities in a state. The function of a CGB is to ensure healthcare costs in the state don't rise faster than the economy, state revenues, or wages. CGBs have been established by statute and Executive Orders.

Total Healthcare Expenditures: Total healthcare expenditures is the sum of annual per capita and/or aggregate healthcare expenditures in the state from public and private sources as defined by statute, regulation or executive order. Total Health Expenditures are used to measure healthcare cost growth in a cost-growth benchmark environment.

Massachusetts

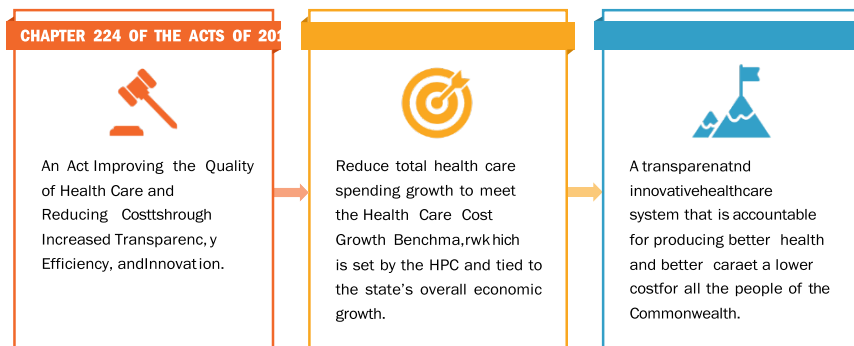
Katherine Mills, MPH, Senior Director, Market Oversight & Transparency, Massachusetts Health Policy Commission



Key Equity & Affordability Takeaways

- Massachusetts policy makers are able to track healthcare cost growth across the state and healthcare systems, investigate vulnerabilities, and recommend solutions due to passage of cost containment legislation in 2012.
- Spending growth in MA has been below the US since 2010, in part due to transparency, spending growth targets, and other oversight mechanisms addressing affordability. The gap nearly closed, however, in 2018 and 2019.
- Recent data presented to the MA Health Policy Commission shows:
 - Nearly a quarter of Massachusetts middle-class families spent more than one-quarter of their earnings on healthcare. Those numbers only increase for lower-income families.
 - Commercial spending growth has been faster than Medicare and Medicaid, largely due to price increases.
 - Commercial spending growth per hospital stay is mostly driven by facility spending growth – inpatient facility prices grew 42% and physician prices grew 18% (2007-2014).
 - Spending growth varies considerably by provider organization – healthcare cost growth is not equal across the system.
- Due to cost growth, recently the Health Policy Commission has exercised its authority to require the first ever performance improvement plan from Massachusetts General Brigham Hospital.



In 2012, Massachusetts became the first state to establish a target for sustainable health care spending growth. 



What is Massachusetts Doing to Address Healthcare Cost Growth?

In 2012, Massachusetts became the first state to establish a CGB through cost containment legislation, referred to as “Chapter 224”, in order to address health spending that was growing faster than the state economy. Chapter 224 established two independent state agencies to work together and monitor the state’s healthcare performance and make data-driven policy recommendations.

Chapter 224 established two independent state agencies to work together and monitor the state’s health care performance and make data-driven policy recommendations. 

|  Massachusetts Health Policy Commission (HPC) |  | Center for Health Information and Analysis (CHIA) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Policy hub | PURPOSE | Data hub |
| Independent state agency governed by an 11 -member board with diverse experience in health care | OVERSIGHT | Independent state agency overseen by a Council chaired by the Secretary of Health and Human Services |
| <ul style="list-style-type: none"> Sets statewide health care cost growth benchmark Enforces performance against the benchmark Certifies accountable care organizations and patient-centered medical homes Registers provider organizations Conducts cost and market impact reviews Holds annual cost trend hearings Produces annual cost trends report Supports innovative care delivery investments | DUTIES | <ul style="list-style-type: none"> Collects and reports a wide variety of provider and health plan data Examines trends in the commercial health care market, including changes in premiums and benefit levels, market concentration, and spending and retention Manages the All -Payer Claims Database Maintains consumer-facing cost transparency website, CompareCare |

The [Health Policy Commission](#) (HPC) sets a statewide healthcare cost growth benchmark, enforces performance against the benchmark, and conducts cost and market impact reviews. The cost growth benchmark rate, set annually, is tied to the state’s long-term economic growth rate.

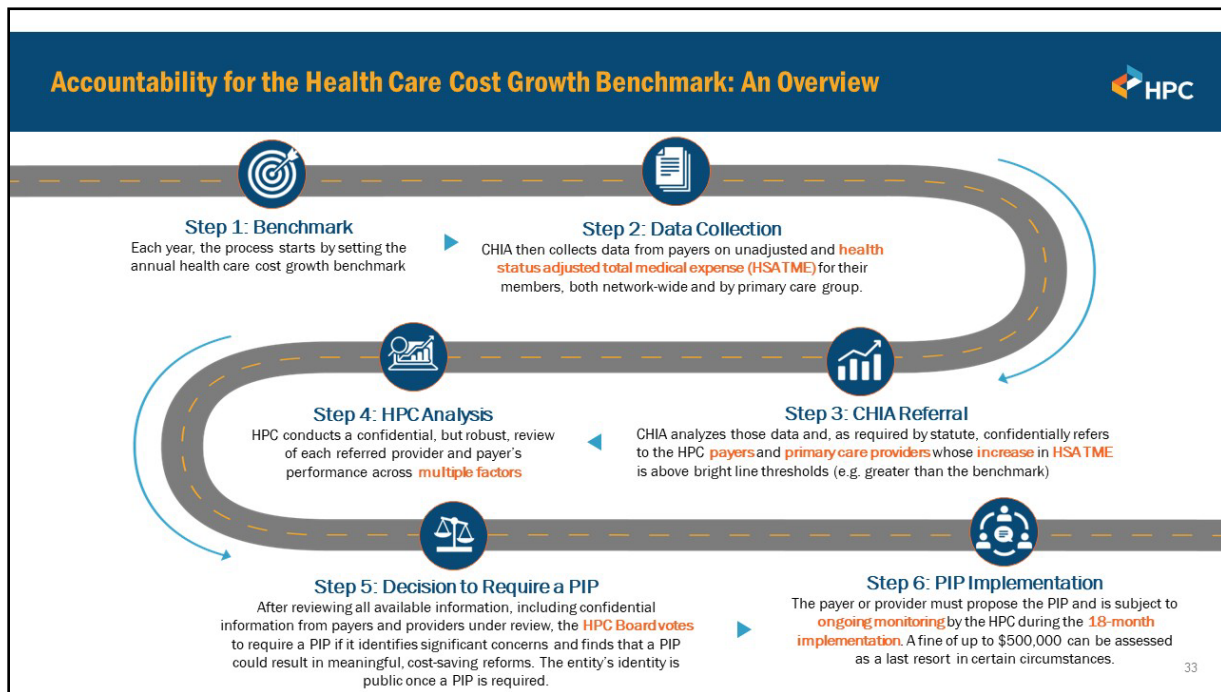
The [Center for Health Information and Analysis](#) (CHIA) collects and analyzes healthcare cost data from providers and institutions throughout the Commonwealth in order to assist the HPC with monitoring and enforcing the Cost-Growth Benchmark.

The HPC is able to address healthcare system vulnerabilities by reviewing healthcare market shifts, providers that

“...one of the benefits to our process is that we engage in a very robust back and forth with the entities under review... We have the ability to solicit confidential data and documents and...have these confidential conversations,” said Mills. Thus, the entities can proactively adjust their plans to address any inefficiencies.

enter and exit the market, market consolidation, private equity investment, and general investment trends. The HPC also closely tracks health outcomes and the experience of populations across the Commonwealth.

The HPC promotes accountability for meeting the CGB by publicly reporting state and provider performance against the CGB and creating Performance Improvement Plans (PIP) for entities that fail to consistently meet the CGB.



The HPC sets a prospective target for controlling the growth of total healthcare expenditures across all payers (public and private) and is tied to the state's long-term economic growth rate.



Since establishing the CGB, the Commonwealth's healthcare spending growth rate has been tracking below the national average.

The healthcare cost-growth benchmark is not a cap on spending or provider-specific prices but is a measurable goal for moderating excessive healthcare spending growth and advancing healthcare affordability.

This is a snapshot of the Massachusetts framework for creating a more cost effective and accessible healthcare system. There is much, much work to be done. And importantly, I think we need to really focus even more heavily on equity. As I and others have noted, healthcare spending does not affect everyone equally.

To promote accountability for meeting the state’s benchmark target, the HPC can require health care providers and health plans to implement PIPs and submit to public monitoring.

A PIP of an individual provider or health plan is only required following a retrospective, comprehensive, and multi-factor review of the entity’s performance by the HPC, including evaluating cost drivers outside of the entity’s control and the entity’s market position, among other factors.

On January 25, 2022, the HPC voted to require Mass General Brigham (MGB) to implement a [PIP](#).



Rhode Island

**Patrick Tighe, Commissioner,
Office of the Health Insurance Commissioner**



Key Equity & Affordability Takeaways

- Policy reform and regulatory enforcement are mutually reinforcing functions. Enforcement actions taken with respect to healthcare affordability inform policy reform, and policy reforms rely on the ability to enforce an affordability regulatory framework.
- Robust stakeholder engagement, evidenced by creation of the Office of Health Insurance Commissioner compacts on cost-growth benchmark and value-based payments, has helped stakeholders recognize that achieving affordable and equitable healthcare is not a zero-sum game; it can be a mutually beneficial endeavor.
- The COVID-19 pandemic exacerbated longstanding healthcare affordability challenges. Because of the COVID-19 shutdown, providers could see the benefits of receiving value-based payments (consistent income despite patient volume) in exchange for accepting lower cost-growth over time and committing to investments in primary care.

What is Rhode Island Doing to Address Healthcare Cost Growth?

Rhode Island's Governor Office of the Health Insurance Commissioner (OHIC) implemented a healthcare cost-growth target of 3.2% growth for years 2019-2022 via Executive Order.

OHIC also uses its statutory rate review authority to establish affordability standards in commercial health insurance to establish annual price inflation caps on health insurance.

Rhode Island's affordability standards also provide OHIC the authority to regulate statewide primary care investment and enhancement measures. Rhode Island required commercial insurers to increase primary care as a percentage of total spending over a five-year period (2010-2014) without increasing overall spending.

Robust stakeholder processes undergird the adoption of value-based payment to accelerate delivery system reform and the establishment of the cost growth benchmark, as evidenced by the Compact Agreements in which stakeholders participated.

... achieving affordable and equitable healthcare is not a zero-sum game; it can be a mutually beneficial endeavor.

How Do They Do It In Rhode Island?

Rhode Island established the State of Rhode Island OHIC in 2004. It is the only state with a health insurance commissioner separate from a broader Department of Insurance.

Affordability Standards:

In 2010, Rhode Island implemented Affordability Standards, which established annual price inflation caps on health insurance under the Commissioner's rate review authority.¹ The Affordability Standards in insurance products work in parallel with the cost growth benchmark to lower healthcare costs and improve the quality of services provided. The Affordability Standards also provide OHIC the authority to regulate statewide primary care investment and enhancement measures.² Rhode Island required commercial insurers to increase primary care as a percentage of total spending over a five-year period (2010-2014) without increasing overall spending. A 2019 study found that the Affordability Standards increased aggregate primary care spending and saw reductions in total spending growth, with no negative impacts on healthcare quality.³



Cost and Transparency:

Since 2018, Rhode Island has focused its efforts on promoting transparency and to institutionalize, at the state government level, voluntary work around a cost-growth benchmark. In 2018, the Rhode Island Governor convened stakeholders under the rubric of the Rhode Island Health Care Cost Trends Steering Committee, which included consumer advocates, employer groups, governments, payers, and

¹ Source: Manatt Health, The Robert Wood Johnson Foundation, May 2022 Edition, pp. 2.

² Source: https://risos-apa-production-publics3.amazonaws.com/DBR/REG_12056_20211217133432.pdf

³ Source: A. Baum et al., "Health Care Spending Slowed After Rhode Island Applied Affordability Standards to Commercial Insurers," Health Affairs, February 2019.

providers. These stakeholders signed [a voluntary compact](#) that agreed upon a cost growth target and methodology and became a quantifiable commitment to containing cost growth. The cost-growth benchmark, established at a rate of 3.2% from 2019-2022 by Executive Order, is the product of this unique, collaborative compact. The strength of

We've made a shared commitment...to invest more in primary care to deliver better health outcomes and affordability...and to move to a hospital global budget system...to both create more predictable, affordable cost growth in our hospital sector...[and] ensure we have a sustainable delivery system coming out of the public health emergency related to COVID-19.

this accountability model is derived from the collective buy-in of stakeholders that preceded the Governor's Executive Order.

Delivery System Reform Acceleration

Through another voluntary compact, centered around advancing Value-Based Payments, OHIC set Rhode Island on a three-to-four-year course to

fundamentally change the way its healthcare is paid for. The compact would, through specific obligations and milestones, improve affordability while supporting reorientation of care. [Compact to Accelerate Advanced VBP Model Adoption in Rhode Island](#)



Connecticut Office of Health Strategy

**Victoria Veltri, JD, LLM, former Executive Director
State of Connecticut Office of Health Strategy**



Key Equity & Affordability Takeaways

For the last two decades healthcare spending has annually grown at a pace *more than double* the growth in median household income.

- Employer-sponsored insurance (ESI) premiums are growing at a rate 2.5 times the rate of personal income growth.
- Connecticut residents cannot afford healthcare or health insurance –not insurance premiums and not the cost sharing.
- Retail pharmacy and hospital outpatient drove Connecticut healthcare spending in 2019.
- Healthcare involves multi-participant issues that everyone must own. Bipartisan support was the hallmark of the OHS creation.

What is Connecticut Doing to Address Healthcare Cost Growth?

- In 2018, Connecticut created the Office of Health Strategy.
- In 2020, Connecticut established a cost growth benchmark of 3.4% for 2021, 3.2% for 2022, and 2.9% for 2023-2025 via Executive Order with annual monitoring and reporting requirements for the Office of Health Strategy against those targets.
- In 2020, Executive Order No. 5 created primary care investment spending targets as a percentage of healthcare spending.
- In 2020, Executive Order No. 5 created healthcare quality benchmarks.
- In 2022, Connecticut put the cost-growth benchmark requirements and targets into state law.
- Connecticut also created a Connecticut Health Affordability Index to measure the impact of healthcare costs, including premiums and out-of-pocket expenses, on household's ability to afford all basic needs, like housing, transportation, childcare, and groceries.

How Do They Do It in Connecticut?

In 2018, Connecticut legislation established the Connecticut Office of Health Strategy (OHS). The Office of Health Strategy had several primary domains of activity: health information technology, healthcare innovation, consumer engagement, health system planning (including Certificate of Need review), the CT HealthCare Affordability Index, and public data reporting.

In 2020, Executive Order No. 5 directed the OHS to:

- develop annual healthcare cost growth benchmarks for the period between 2021 and 2025;
- set targets for increased primary care spending;
- create quality benchmarks across public and private payers; and
- monitor developments with respect to alternative payment models and ACOs.

After 2020, pharmacy prices continued to increase and inpatient and outpatient hospital spending had not changed. Consequently, Connecticut put its cost-growth benchmark, primary care spending targets, and quality measure targets into law. OHS also created the Connecticut Healthcare Affordability Index to be able to gauge how its policies are impacting consumer affordability.

Why are primary care spending targets necessary? Other countries investing more in primary care, Veltri explained, see better health outcomes, lower costs, and quality patient and provider experiences. Connecticut's health systems, like those throughout the nation, remain specialist-oriented. Connecticut's primary care spend is only 5.3% of the total spend. Connecticut expects to increase primary care spending as a percentage of total healthcare spending to 10% by 2025.

Better primary care-oriented systems produce better patient outcomes, can lower costs and they can improve patient experience.

What is the Connecticut Healthcare Affordability Index?

The Connecticut Healthcare Affordability Index (CHAI) measures the impact of healthcare costs, including premiums and out-of-pocket expenses, on a household's ability to afford all basic needs, like housing, transportation, childcare, and groceries. CHAI starts with a Self-Sufficiency Standard for Connecticut and adds in additional details that influence healthcare costs such as type of insurance coverage, age, and health risk. The index calculates healthcare costs and affordability for 19 different household types across Connecticut.



New Hampshire Discussion: Our Shared Responsibility

Introduction

Deborah Fournier, JD serves as the Senior Associate for the Health Law and Policy Programs at the UNH Franklin Pierce School of Law and UNH Institute for Health Policy and Practice. Deborah previously served as Medicaid Director in New Hampshire and as Sr. Director for Clinical to Community Connections at Association for State and Territorial Health Officials. She earned her JD from Northeastern School of Law and is admitted to the practice of law in Massachusetts.

Panelists

Lucy C. Hodder, JD is a Professor of Law at UNH Franklin Pierce School of Law and the Director of Health Law and Policy programs for the law school and at IHPP. Lucy focuses her research with IHPP on healthcare systems reform, coverage and payment strategies, Medicaid policy and medical records privacy. She holds over thirty years of regulatory experience, which includes serving as Legal Counsel to New Hampshire Governor Maggie Hassan and practicing as Chair of Rath, Young and Pignatelli's health law group.

Ellen Meara, PhD is a Professor of Health Economics and Policy at the Harvard T.H. Chan School of Public Health. Ellen is also a Research Associate at the National Bureau of Economic Research and a member of the National Academy of Medicine. Her research examines the effects of public policies and regulations on healthcare utilization and health and economic outcomes, with a focus on publicly insured populations in Medicare and Medicaid.

Marie-Elizabeth Ramas, MD, FAAFP is a family physician activist with 12 years of experience practicing full scope family medicine with obstetrics in both rural and urban settings. Dr. Ramas completed medical school, as a National Health Service Corps Scholar, at Case Western Reserve University School of Medicine, in Cleveland, Ohio. She completed her residency training at the Lonestar Family Medicine Residency Program in Conroe, Texas, in 2011. She returned in 2016 to practice community medicine in New Hampshire until 2020, when she joined Aledade Inc., as Regional Medical Director working with both independent primary care practices and community health centers to provide high quality care for over 150,000 patients.



Key Equity & Affordability Takeaways

- New Hampshire patients identify access, trust, cost, and complexity as key barriers to care.
- Rising healthcare costs are impacting New Hampshire families and businesses.
- The healthcare system does not make sense to families in New Hampshire.
- In 2020, New Hampshire had higher premiums than all but one other New England state, and deductibles that were higher than all other New England States and 19% higher than the U.S. average.
- Healthcare spending in New Hampshire grew by 28 percent between 2013 and 2019.
- Healthcare system accountability is needed at all levels.
- There is no silver bullet; stakeholders have a collective responsibility to work towards an affordable and equitable healthcare system.

What is New Hampshire Doing to Address Healthcare Cost Growth?

What happens around us impacts New Hampshire. What happens or doesn't happen in New Hampshire impacts those around us. – Hodder

New Hampshire has no transparent strategy to manage healthcare cost growth, unlike other states in the New England region.

“New Hampshire consistently has the highest, commercial premiums in New England and deductibles that are well above the national average,” said Hodder.

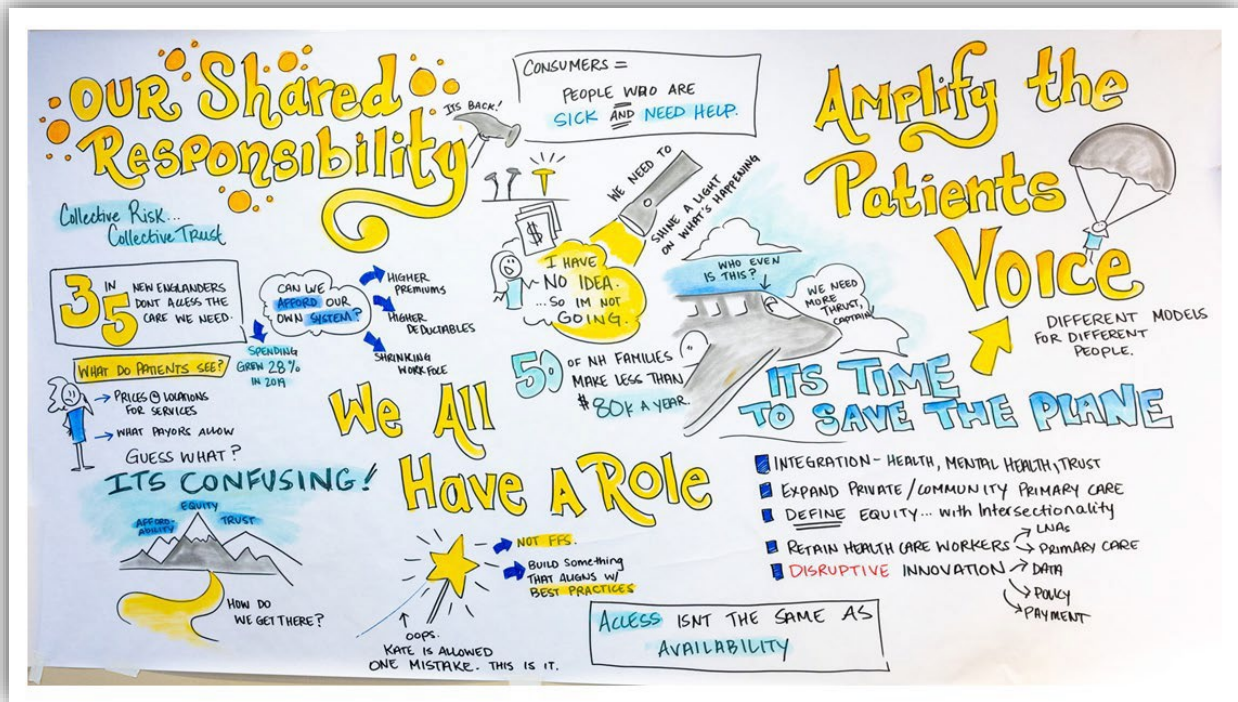
Individual healthcare spending in the Granite State grew by 28 percent between 2013 and 2019—a figure that is especially troubling when, as panelist Ellen Meara pointed out, half of New Hampshire families make less than \$80,000 annually.

If we wait until young workers don't move here, until employers can't manage costs, until our population is foregoing care for longer periods of time, and [until] the pressure on our hospitals is too great, we will react with a policy hammer that does not hit the right nail. – Hodder

How Could We Do It in New Hampshire?

“Trust,” Hodder asserted, “along with affordability, sustainability, and equity, make up New Hampshire’s core values for building a healthier tomorrow. Those values can animate a state strategy that builds accessible and affordable coverage, long-term and budget strategies, enhanced primary care and equitably resourced and available healthcare services.”

We have a collective responsibility to work towards an affordable and equitable system. Our well-being and health depend on us coming together around this really challenging issue. – Hodder





Panelists explained that data show positive health outcomes associated with expanding primary care, which prioritizes value over volume; incentivizing collaborative and integrated care and investing in innovative strategies like those related to telehealth. What do we know about the patients we serve? Panelists also emphasized that cost and affordability are population health issues that are directly related to mental healthcare access and workforce shortages.

There are many New Hampshires in New Hampshire. We have to have an expansive view on how we access and how we create meaningful change for our micro, hyperlocal communities within the state. – Dr. Ramas

Panelist Dr. Marie-Elizabeth Ramas analogized our health system to a nosediving plane that requires certain “thrusts”—primary care expansion, retention of healthcare workers, utilization of innovative strategies like those related to telehealth and physician-led ACOs, and segregate data that extracts meaningful information about

populations—to overcome its “drags” of complexity, expense, and disparities. She raised questions about primary care that must be asked: *How do we expand care to those who are most vulnerable? How do we define vulnerability, which relates to equity? Who does equity pertain to?*

She also elaborated on the patient experience, which is affected by systemic disincentivizing of collaborative care. For many primary care clinicians, it is difficult to consider, in one short visit, a patient’s mental health and all the social determinants of their health. This lack of integration, unfortunately, does not match how Granite Staters define “health and wellness”—a connection between healthcare, mental health, and sense of belonging and trust in the community.

Ellen Meara explained that promoting accountability at every level of healthcare could look like defocusing on specific procedures and focusing more on pressuring large systems who charge higher rates to behave differently. High costs continue to haunt New Hampshire. Regarding a \$1,100 preventative care bill her daughter received, Meara said “...the insurer did nothing to negotiate down; they just paid it. And maybe you think that’s a win, but it’s not because for every dollar [paid] there is a dollar that didn’t go to, not just our wages, but other people’s wages.”

“Price transparency is great. But what I found compelling and...more effective was holding the health system accountable for what we actually spent. Patients deserve to be heard.” – Meara



Concluding Thoughts for New Hampshire from a Live Poll

Participants were asked to choose which mechanisms for addressing healthcare affordability and equity were feasible in the Granite State in a live poll during the Symposium (that allowed multiple options to be selected). Participants' showed interest in all options: no option received less than 17% support from participants. But the top selection, garnering 26% support, was "an entity that could collect and publicly report data on healthcare cost, use and equity." Shifting healthcare spending to primary care and mental health without increasing overall healthcare budgets was the second most popular option with 22% support.

Live Poll Results from the Symposium: *Identify feasible ways to address healthcare affordability and equity in New Hampshire.* Respondents could select more than one response.

| Poll Results | % |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Empowering an entity to consistently collect and publicly report understandable healthcare cost, use, quality, and equity trends in NH's healthcare system | 26% |
| Shifting healthcare spending to primary care and mental health without increasing overall healthcare budgets | 22% |
| Developing an office of health consumer advocacy and information | 18% |
| Creating an entity to engage stakeholders to set healthcare strategy | 17% |
| Setting and measuring a statewide healthcare spending target | 16% |

Thank you to the following people for their assistance in creating this booklet:

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