

Key Staff

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Victoria Veltri, JD, LL.M. is the Executive Director of the Office of Health Strategy, appointed to serve as the first head of this agency in February 2018. From 2016 to 2018, she was the Chief Health Policy Advisor in the Office of Lt. Governor Nancy Wyman, coordinating the state's health reform initiatives, including the State Innovation Model Initiative, the Healthcare Cabinet and other initiatives. She acted as the Lt. Governor's liaison on healthcare issues with state agencies, community organizations and the private sector. She is a member of the Board of Directors on the Connecticut Health Insurance Exchange (d/b/a Access Health CT), and previously served as a member of the Board of Directors of Connecticut Partners for Health. From 2010-2014, she worked at the law offices of Snell & Wilmer and served as a Legislative and Government Affairs Analyst. Ms. Veltri has extensive legal experience in health care advocacy and in legislative policy and she lectures frequently at colleges, universities and conferences on health reform and Connecticut healthcare initiatives.

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Executive Order and/or Statute

On January 22, 2020, Governor Lamont signed [Executive Order No. 5](#), directing the Office of Health Strategy (OHS) to develop annual health care cost growth benchmarks for calendar years 2021–2025, and convene a technical advisory group for this purpose. Other activities prescribed by the executive order include:

- 1 Setting targets for increased primary care spending as a percentage of total healthcare spending to reach 10 percent by 2025.
- 2 Developing quality benchmarks across all public and private payers beginning in 2022, including clinical quality measures, utilization measures, and patient safety measures.
- 3 Monitoring and reporting annually on healthcare spending growth across public and private payers.
- 4 Monitoring accountable care organizations and the adoption of alternative payment models.

Website



[Cost Growth and Quality Benchmarks, and Primary Care Target \(ct.gov\)](#)

“Alignment around the strategy is important to ensure people are champions of the work and are looking at the same data and understanding it in the same way. We want to be swimming in the same direction. What we're seeing in terms of costs and patient experience will help us provide a platform for better policymaking.”

Victoria Veltri

Additional Policy Initiatives

- Prior to Executive Order No. 5, OHS established a Quality Council with broad stakeholder representation from consumers/advocates, independent and system-based providers, health plans (including Medicaid and the state employee/retiree plans and carriers), and employers, which developed a common set of quality measures for public and private payers and providers to use in assessing performance.
- Executive Order No. 5 expanded the work of the OHS Quality Council to include the establishment of quality benchmarks to go into effect in 2022. OHS recently updated and expanded the Quality Council membership to include patient safety advocates and experts and low-value care measurement and public health experts.
- OHS has convened a [Primary Care and Community Health Reforms Work Group](#) to recommend strategies not only to achieve the primary care target of Executive Order No. 5, but also to advance primary care through transformation activities. OHS has charged the Work Group with developing an actionable roadmap by the end of 2021. This workgroup is also working on upstream intervention/investment strategies that address social drivers that contribute to poor outcomes and high costs to all residents.
- OHS leads the coordination of statewide health IT activities, many of which enable quality measurement and primary care and specialty care reforms. This work is led with the advice of the Health IT Advisory Council, another broad stakeholder body.
- OHS is working with the Medicaid program and the Office of the State Comptroller on initiatives such as the exploration of bundled payments and high-value provider contracting.