



Nancy Wyman

LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes May 9, 2017

Members in Attendance: Lt. Governor Nancy Wyman, Susan Adams, Ellen Andrews, Miriam Delphin Rittmon (DMHAS), Theodore Doolittle (OHA), Anne Foley (OPM), William Handelman, Frances Padilla, Robert Tessier, Jim Wadleigh (Access Health CT), Kate McEvoy (DSS)

Members via Phone: Hussam Saada, Bonita Grubbs

Members Absent: Pat Baker, Kurt Barwis, Roderick Bremby (DSS), Kathleen Brennan (DSS), Marguerite Giuliano, Raul Pino (DPH), Gary Letts, Michael Michaud, John Oraziotti, Lawrence Santilli, Jordan Scheff (DDS), Margaret Smith, Greg Stanton, Kristina Stevens (DCF), Shelly Sweatt, Katharine Wade (CID), Joshua Wojcik (OSC)

Others present: Victoria Veltri (Lt. Governor Office)

Agenda Item	Topic	Discussion	Action
1.	Call to order & Introductions	The Lieutenant Governor welcomed everyone to the meeting.	
2.	Public Comment	No public comment was made	
3.	Review & Approval of minutes	<p>Vote to approve February and April minutes.</p> <p>Robert Tessier commented for the benefit of the group regarding the minutes on the fiduciary responsibility language with HCC contract. Tied to financial guarantees made by PBM to the plans. PBM accepts and deems to those monies are given as assets to the plans.</p>	<p>February minutes approved. Motioned by Ellen Andrews and seconded by Susan Adams. April minutes approved. Motioned by Susan Adams and seconded by Robert Tessier.</p>
4.		<p>Vicki summarized the Cabinet's recent presenters and subjects that the Healthcare Cabinet has considered at recent meetings, in addition to drafting a summary of relevant legislation from the 2017 session that will be given to members. She also mentioned that links to sources relating to strategies from the presentations.</p> <p>Vicki shared a report from the APCD about the top 50 prescribed drugs and top 50 prescription drugs by spending. Data is from 2015 CY and is prior to Governor Malloy's opioid bill limited opioid prescribing was implemented. Vicki invites everyone to look at the list and see if it needs tinkering. She also discussed hopes to tie the data to demographic information because we have eligibility files.</p>	

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		<p>Susan asked if the data could be viewed by prescribing provider.</p> <p>Vicki identified that she wasn't sure, but would look into it. Jim noted that the Medicare data would have that data available. Vicki added that we're getting Medicare data because CT is a SIM state.</p> <p>Ellen asked if we could look at by payor.</p> <p>Vicki stated that some of it was in, and more was forthcoming.</p> <p>Ellen stated that she felt that would be very helpful to see.</p> <p>Vicki reminded members that she had sent them a detailed summary over the weekend, but acknowledged that many members hadn't probably had an opportunity to read it yet. She summarized who had presented to the Cabinet in the last several months, and suggested some possible next steps for the Cabinet.</p> <p>Ellen recommended the state should be looking at drug utilization, especially antibiotic stewardship, in addition to spending. She was reminded that there is a Value Based Pricing work group that should be meeting. She promoted enhancing consumer and provider campaigns and that the state consider how payment models affect drug prices. Round table discussions with Senator Blumenthal to discuss high cost of MS drugs and other costs. We may need to look at how bundled payments are unaffordable and patients are being affected. Her thoughts regarding the non-compliance of people not filling their medications due</p>	

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		<p>to expenses to not being able to afford their medication, stating that medication management and compliance efforts by PBMs and pharmacists is a very important element of primary care. Patients should be talking to their primary care providers about all of their needs, including housing, etc, not just medical needs, and that linkage should happen.</p> <p>Vicki mentioned an option that the Cabinet has the authority to establish work groups and sub groups, and suggested that perhaps the people who were on the Value Based Pricing task force would participate in a sub group of the Cabinet.</p> <p>The Lt. Governor agreed that the Cabinet should explore that option to ensure the scope and limitations of implementing these suggestions.</p> <p>Frances asked for clarification about what the Cabinet is considering to prepare for the coming year, including recommendations for the legislature.</p> <p>Vicki agreed that they have this mandate, and should be working on recommendations important to promote the Cabinet's charge, including legislative, administrative and other concepts.</p> <p>Anne agrees the presentations were good and the members learned a lot from them, and that the Cabinet begin developing recommendations.</p> <p>Vicki noted that the summary that was sent to members included a review of what's been done, what's pending and</p>	

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		<p>what still needs to be done. She reviewed the broad subject areas that the Cabinet has considered and asked if these were reflective of the work the Cabinet is and should be doing.</p> <p>Frances agreed that the broad categories are sufficient to guide the Cabinet moving forward, but noted that as soon as practical, they should review what the legislative session considered, and what action they may take to address the issues raised.</p> <p>The Lt. Governor noted that these are important discussion to have, but that the budget and other constraints were important factors.</p> <p>Ellen reiterated that drug pricing is an important issue, and suggested that payors might be considered. She noted that about 80% of Americans want government to do something about healthcare costs.</p> <p>Robert Tessier stated that it is very useful and helpful to review other states to see what other states are charging.</p> <p>Frances noted that the Connecticut Health Foundation has been tracking some of this information.</p> <p>Ellen suggested that they also try to discuss state strategies with other state officials for deeper insight and guidance.</p> <p>Robert added that one key area where transparency is needed is pharma and PBMs, and that it is important to have true understanding of the challenges and opportunities.</p>	

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		<p>Ted promoted the importance of focusing on transparency for consumers. Consumers need information in order to comparison shop and maximize their ability effectively access healthcare.</p> <p>Susan questioned who do we educate consumer, provider or pharmacist? Education is another category. Pharmacist should be involved in education. Costs, utilization and outcome for cost. Physicians educate consumer not knowing how to save on costs of medication. Decrease of cost of acute of hospitalization.</p> <p>Frances suggests we bear in mind strategic planning for analysis before policy making and develop regulations. Most of healthcare is not shoppable. We have to keep in mind limitations.</p> <p>Ellen mentioned the issue of drug coupons for consumers, and noted that while these are discounts for some people, all of us pay for this systemically. Promoted provider education about the importance of pricing and affordability, perhaps boosting consent concepts.</p> <p>Jim discussed classifying the nest steps as short or long term initiatives.</p> <p>Dr. Handelman discussed specific medications and the issue of providers using samples to help patients. Generics should not be prescribed and people need to stop prescribing. Change in behavior is needed.</p>	

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		<p>Miriam suggested for the work groups education, prevention and health promotion behaviors piece. These topics can fit in education category.</p> <p>Kate added cataloging available levers to not only identify in Medicaid. One of the challenge areas is the obligation to cover all in FDA approved drugs from a statutory and regulatory view.</p>	
5.	Next Steps	<p>The Lieutenant Governor announced establishing a work group with legislators Senator Kevin Kelly, Rep. Terrie Woods, Rep. Sean Scanlon, Congressman John Larson and Jim Wadleigh to discuss what happened with the bills not passed in Washington? Vicki announced a survey monkey to people to tell us what groups they would like to be on.</p>	
6.	Next Meeting	<p>The next meeting of the Healthcare Cabinet has been rescheduled to be held on Tuesday, July 11, 2017 at the LOB Room 1D. The meeting time is 9:00AM-12:00PM</p>	
7.	Adjourn	<p>Motion to adjourn</p>	<p>Kate McEvoy motioned and Miriam Delphin-Rittmon seconded.</p>