



STATE OF CONNECTICUT  
**LIEUTENANT GOVERNOR NANCY WYMAN**

**Health Care Cabinet**

Tuesday, July 10, 2012  
Meeting Minutes

**Cabinet Attendees:** Lieutenant Governor Nancy Wyman, Chair; Patricia Baker, Vice Chair; Ellen Andrews; Phil Boyle; Jeannette DeJesús; Bonita Grubbs; Steven Hanks; Jamesina Henderson; Terrence Macy; Margaret Smith; Linda St. Peter; Vicki Veltri; Joanne Walsh; Josh Wojcik (for Kevin Lembo)

**Absent:** Ben Barnes; Roderick Bremby; Alyssa Goduti; Janice Gruendel; William Handelman; Jeffrey Lucht; Donna Moore; Jewel Mullen; John Oraziotti; Frances Padilla; Pat Rehmer; Robert Tessier; Peter Zelez

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**1. Call to Order | Lt. Governor Wyman**

Lieutenant Governor Nancy Wyman opened the meeting at 9:00 am by welcoming all attendees.

**2. Review and Approval of Minutes | Lt. Governor Wyman**

Minutes from the June 12, 2012 meeting were approved with no changes.

**3. Office of Health Reform & Innovation Updates | Special Advisor Jeannette DeJesús**

Special Advisor DeJesús commented positively on the Supreme Court decision on the Affordable Care Act (ACA). She introduced Dr. Heather Smith who is serving as a fellow in the Office this summer. Dr. Smith will assist with moving health reform efforts forward. Special Advisor DeJesús encouraged everyone to visit The Art of Public Health, an exhibit in the Legislative Office Building that is a collaboration of the Office and Yale School of Public Health students to raise public awareness of health issues.

**4. Public Comment | Lt. Governor Wyman**

Reverend Damaris Whittaker spoke on behalf of the Interfaith Fellowship for Universal Healthcare. She expressed the need for a public option, and asked for the Cabinet's view on this. Lt. Governor Wyman replied that the Cabinet and the Exchange have not yet determined what the public option will be, but she assured Reverend Whittaker that this is being considered as part of Exchange planning.

## 5. Presentation by Providence Financial Group: Consult A Doctor Plus | Lou Daniels

Lou Daniels, Principal of Providence Financial Group, which has been selected by Aetna and Consult A Doctor (CADR) to help with the distribution of this new telehealth program, opened the presentation. Telemedicine consists of 24/7 on demand doctors who can consult, diagnose and write prescriptions over the phone. This concept was developed as an outcome of the ACA, the provisions of which will cause an increase in the demand for health services while the physician supply is expected to remain the same. Much of the care being sought will be at emergency departments and outpatient clinics, which provide the most expensive health care, in addition to physicians' offices which will become increasingly busier. There is a great need for health care after normal office hours; this has been proven by the fact that 70% of all emergency room visits are for non-emergent care. The top three reasons for ER visits are ear, sinus and upper respiratory infections. 60% of all doctor visits can be handled by phone, yet consumers are limited to office hours for visits and phone calls, causing employers to lose productivity. Lisa Bana, Vice President of Business Development with CADR, gave this [presentation](#). She demonstrated how quickly CADR is accessed by phone, adding that CADR has over 5000 credentialed physicians across the US with many more asking to join the network. It is felt there are enough physicians to meet the demand for this service.

Linda Yu, National Sales Director for Aetna Resources for Living (RFL), continued the presentation, giving an example of a client in crisis who called RFL for assistance. The clinician who responded helped her find immediate help in obtaining housing and legal services. This clinician continues to follow and guide her through other challenges by identifying resources she can use. Mr. Daniels concluded the presentation, saying that combining telemedicine with RFL provides a comprehensive program that can offer CT residents better access to care while driving down costs. He explained that during the consultation, if the patient consents, electronic health records (EHR) will be utilized to review clinical history, and if the patient wishes, CADR will interact with the patient's physician. He opened the floor to questions.

Margaret Smith inquired about follow up, asking if another phone call is made to learn if the issue has been resolved. Mr. Daniels replied that the doctor calls within 72 hours to ask how things are and to make further recommendations if needed; this information is entered into the EHR. He added that usually only about 8% of the calls need additional follow up. Ms. Bana noted that there are plans to include consultant specialists by year's end, including pediatricians, cardiologists, ob-gyns, and dentists. In response to a question about quality assurance, Ms. Bana said CADR uses a doctors' platform that includes e-prescribing, referrals, and the patient's EHR. Names of doctors currently involved in the patient's care can be loaded onto the "doctors' dashboard" to assure that referrals are made in network. Formularies are included on the dashboard and are available to the prescribing doctor. CADR also conducts monthly audits of physicians and has a Quality Assurance group managed by Dr. Douglas Smith, Chief Medical Officer. Credentialing of physicians is reviewed annually.

Phil Boyle commented on the requirement that all doctors providing services in CT are licensed here. He added that this program would fit well with efforts to expand health care access. Pat Baker asked if payors are contracting with CADR. Mr. Daniels replied that employers provide this as a wellness strategy; it doesn't interfere with broker relationships or plan designs. This program provides immediate results by driving down ER, outpatient clinic, and doctor usage,

thus driving down health care costs. This is usually covered by employers, who want the return on investment, and it's very inexpensive, eventually leading to lower renewal rates. The Aetna Employee Assistance Program, RFL, adds even greater value to CADR. Steve Hanks asked if CADR was privately held, publicly traded, how long it's been up and how many individuals are being covered. Ms. Bana replied that CADR was founded in 2007, that it now serves over 2 million lives, and has contracts with about 1600 individual organizations. CADR is privately owned.

## **6. Work Group Updates**

Special Advisor DeJesús related that work group co-chairs held a meeting for the purpose of forging an agreement on consolidating work group recommendations and moving them forward. The group identified its next steps as naming a series of desired outcomes and then linking recommendations to those outcomes. This will be outlined in a document which will be presented to the Cabinet for feedback.

### **Consumer Advisory Board | Special Advisor Jeannette DeJesús**

This group has been discussing how to maximize influence on other work groups, and members have been attending other work group meetings. Additional information is posted [online](#).

### **Basic Health Plan | Special Advisor Jeannette DeJesús**

There are 23 members of this group and additional members are welcome. The group's purpose is advisory, with the end result being making recommendations. The group has agreed upon eight general categories to focus on, all containing questions that are necessary to be answered before recommendations can be made. The group has identified the need for an actuary; OPM has offered to assist with this. It was decided to convene a smaller group of members with the specific charge of driving this work group forward. Information on this group's activities is available on the website, [Basic Health Plan](#).

### **All-Payer Claims Database (APCD) | Special Advisor Jeannette DeJesús**

This group has been developing regulations for the Database. Bobbi Schmidt stated that this group hopes to initiate the formal regulatory process within the next few weeks. She added that upcoming work group activities include creating a detailed data submission guide and procuring a data management vendor who can provide data intake and warehousing services as well as data analytics. Further information is available [online](#).

### **Business Plan Development Work Group | Linda St. Peter & Phil Boyle**

Ms. St. Peter reported that this group has been fine tuning its recommendations based on input received from the Cabinet. The group looks forward to reviewing comments from the recent Co-chair meeting in order to incorporate those suggestions into the recommendations. Additional information on the Business Plan work group is posted [online](#).

## **Health Technology | Roderick Bremby**

There was no report given. Information for this group is available [online](#).

## **Delivery System Innovation | Pat Baker**

This group is waiting to get direction from the Co-chair's meeting as to how to move forward most effectively with its recommendations. The group plans to discuss health outcomes and their relationship to service delivery reform. This work group's information is posted [online](#).

## **7. Health Insurance Exchange Update | Kevin Counihan**

Mr. Counihan related that a planning grant application has been submitted for funding the integration of a new eligibility system with DSS. This will provide moneys for outreach, staffing, and a project management office, all of which will contribute to the successful roll out of the Exchange. Jim Wadleigh has been hired as the new Chief Information Officer. Mr. Counihan added that the Exchange is refining its outreach and communication campaign that will inform CT residents of the Exchange and its benefits. Further information on the Exchange can be found [online](#).

## **8. Next Steps**

## **9. Adjourn**

Meeting was adjourned at 10:15 am. **Next meeting in September, date to be determined.**