STATE OF CONNECTICUT
State Innovation Model
Consumer Advisory Board

Meeting Summary
Tuesday, August 9, 2016

Meeting Location: CT Behavioral Health Partnership, 500 Enterprise Drive, Rocky Hill

Members Present: Patricia Checko; Alice Ferguson, Michaela Fissel; Bonita Grubbs; Robert Krzys; Theanvy Kuoch; Fernando Morales; Arlene Murphy, Ann Smith; Christi Staples (for Alicia Woodsby)

Members Absent: Jeffrey Beadle; Kevin Galvin; Stephen Karp; Nanfi Lubogo; Jacqueline Ortiz

Other Participants: Lesley Bennett; Judi Blei; Ashika Brinkley; Megan Burns; Deanna Chaparro; Supriyo Chatterjee; Darcey Cobbs-Lomax; Joe Dunn; Rosana Garcia; Daniela Giordano; Shirley Girouard; Margaret Houy; Alta Lash; Geralynn McGee; Linda Ross; Mark Schaefer; Quyen Truong; Jan Van Tassel; Michelle Vislosky; Jesse White-Frese; Laura Willing; Mary Winar; Hyacinth Yennie; Jill Zorn

Call to Order
Patricia Checko called the meeting to order at 1:11 p.m. Participants introduced themselves. Arlene Murphy reviewed the webinar ground rules.

Public Comment
There was no public comment.

Acceptance of July 12th Meeting Minutes
Motion to approve the summary of the July 12, 2016 Consumer Advisory Board meeting – Fernando Morales; second by Theanvy Kuoch.
There was no discussion.
Vote: All in favor; Michaela Fissel abstained as she was not present.

Bailit Health Straw Model Presentation and Discussion
Dr. Checko introduced Margaret Houy and Megan Burns from Bailit Health and provided background on the straw model on health care cost containment that they developed for the Healthcare Cabinet. Dr. Checko noted that what they are presenting is not set in stone. Ms. Houy presented on behalf of Bailit (see presentation here). She noted that the recommendations are based on feedback from the Healthcare Cabinet. Ms. Burns said all of the feedback they receive on the straw model will be incorporated into their work going forward.

Hyacinth Yennie asked why the state isn't doing more to push cost control or spending on medications. Mark Schaefer noted that there are programs in place with the Office of the State Comptroller and the Department of Social Services that are looking at those issues. It is also a nationwide issue. He said he would forward a Journal of the American Medical Association article written by President Barack Obama that looks at these issues. Ms. Burns said there could be an effort made to make sure evidence based coverage is used but noted that some issues are national ones.

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Michaela Fissel asked for more information on how consumer advisory boards are used in other states that have implemented Consumer Care Organizations (CCO). Ms. Houy said that Oregon found it made a huge difference to have consumer representatives on the board of directors. An advisory board expands the voices that can participate and that feeds into the board of directors and that changes the nature of the discussion. Ms. Fissel asked if they suggested any ratios. Ms. Houy said she would check with Oregon.

Ann Smith asked if Colorado, Oregon, or Minnesota did similar population pools with Medicaid clients and state employees. Ms. Houy said that none of the states had pooled them. They are coordinating. Oregon issued a request for proposals from health plans and included the CCOs. They talked with many providers who said they are bombarded with different models. The idea is to coordinate so they can get the results they want. Ms. Smith asked about the work that has gone into the quality portion in terms of detailing racial and ethnic data. Ms. Houy said they report on racial and ethnic disparities and they have goals in terms of reducing those disparities; however that is not easy to do. Claims do not contain race/ethnic data. Racial and ethnic data has to be married with claims data.

Shirley Girouard asked whether only Medicaid data will drive policy. Ms. Houy said they need to understand what is driving high cost and that requires data. They are finding they need more than traditional health insurance data and they need to look at things from a population perspective. The questions are the same for Medicaid.

Jan Van Tassel noted that everyone has acknowledged social determinants of health but she said she didn't have a clear sense that Connecticut has a plan for it. She said they need to build something more substantial into the model. Ms. Houy said that in New York State they developed a new model for pediatric care. They interviewed a number of doctors, social services and government representatives. With pediatrics, trauma has a long term impact, and there was an interest in addressing those social determinants. It cannot all be placed on the medical profession. It is their responsibility to identify issues and provide services accordingly but when they cannot provide those services, they need a mechanism to connect people to other services that address their needs. Ms. Van Tassel said the straw model needs to be stronger in that area.

Christi Staples said this is an opportunity to better build in what social determinants might look like in the proposal. Connecticut is doing data match with the housing system and Medicaid. Ms. Burns said that there was a 20-year effort in Washington to do a data match and they have benefitted a lot from working on that. Supriyo Chatterjee said there is a huge gap in Connecticut and the mapping has been poor. He said he could share a New England Journal of Medicine article that talks about how to best capture that data. .He said the state has received federal funding to deal with data collection and management but that it has been handled in a poor manner.

Ms. Houy confirmed that she heard interest in enhancing the proposal in two ways: 1) marrying data sets to better understand who needs what; 2) create better links between clinical and social services. Dr. Schaefer noted that much in the Community and Clinical Integration Program sets stage 1 skills: collection of race/ethnic/housing stability data, developing referral and tracking strategies. He said housing has to be part of the strategy. Ms. Burns said the only state that has done that is Oregon. She also noted that hospitals have shown interest in connecting with the community. Ms. Van Tassel said that there are hospitals that are developing a coordinating mechanism with housing and that should be included in the report. Ms. Burns said that the lack of reference to social determinants was an oversight and they will propose ways to address them.

Dr. Checko asked whether the CCOs would grow out of accountable care organizations. Ms. Burns said that CCOs are basically ACOs. The state would put forth a request for proposals that would contain the requirements. ACOs could submit proposals but they would need to modify their structure.

Ms. Yennie said she had not heard how they were going to address quality. Ms. Fissel raised the question of how quality behavioral health care is defined. It was designed using a traditional clinical care model decades ago. They have moved forward but not shifted from what insurance and health care are saying needs to be measured. She said boards should be majority consumers that are literal recipients of those services. Ms. Burns noted that the recommendations are very high level and more detail needs to be worked out. Daniela Giordano asked what the overlap between ACOs and CCOs is and what it looks like in terms of timeline. Ms. Burns said the legislature could write a bill by the end of the next session with a 2017 serving as a year of lobbying. They could see the new program in place by 2018.

Ms. Fissel noted that questions have been raised about the evidence that psychiatric medications work. Some practices have a small sample but gain evidence-based status. Ms. Houy noted that Oregon rates the strengths of the research and includes that information in their report. Ms. Van Tassel suggested they include consumer run approaches among the options. Ms. Burns said that the public input process allows for those kinds of services to be looked at. Ms. Houy said that there is not always evidence for everything, often with new procedures. Ms. Smith said that the other concern is that they base the evidence on narrow target populations and extrapolate the data out without regard to culture factors. This results in a negative impact on other groups. Ms. Giordano said that evidence-based is not the end-all-be-all. She noted they find huge barriers in commercial insurance and she would love to see guidance there. Ms. Yennie said the state needs special funding to get information out to the public.

Dr. Checko noted that the proposal to consolidate health and human services agencies was the most controversial but also made the most sense. She said there are challenges involved regarding loss of missions. She asked for an explanation about how the proposal is primarily about policy and funding. Ms. Houy said that Massachusetts, Oregon, and Washington each have one unified entity. Bonita Grubbs said she had concerns that important programs would get lost in the reshuffling of the deck. She asked what protections are in place for Medicaid if the proposal doesn't work. Ms. Burns said that the Medicaid population would fall under the health authority and intersects with the Department of Mental Health and Addiction Services. It is about coordinating the Medicaid and State Employee population rather than pooling them. Other states have very formal arrangements in place. Tasks and focus may change based on leadership.

Ms. Van Tassel asked if they were aware of the history in Connecticut of combining agencies. She said, having worked as a state employee, it is disastrous and can be very disruptive. She would prefer a Vermont model that looks at key components. She saw multiple groups feeling like their voices are lost and that the state could lose sight of the fundamental goal they had set.

Ms. Houy reviewed the proposal to launch the CT Office of Health Reform. Mr. Chatterjee asked if there was a reason to have a quasi-agency. He also said that health equity is missing. He said the state has received a lot of funding to address health equity and that DPH and DMHAS have its own health equity offices. There is a lot of overlap and the offices don’t talk to one another. Dr. Checko noted that there was a Commission on Health Equity that had little effect. She said it raises the issue of duplication of effort. Ms. Van Tassel said that Connecticut has one of the highest percentages of

state-funded behavioral health. She is concerned about people with disabilities and the state-funded services for them.

Ms. Murphy asked how the cost growth cap would affect those who would need expensive services. Dr. Girouard asked how this effort was different from others. Ms. Houy said that any cap would need to be risk adjusted so there is no disincentive for adding people with complex needs. It's not about cutting back on needed services but eliminating wasteful services.

Ms. Fissel asked if there was intent for the new state agency to demonstrate that reforms are leading individuals to move away from dependency on care. Would they see more coordination of care, the removal of barriers to access, and monitoring how patients move through the system? Ms. Burns said that the goal is to hold the CCOs accountable. Ms. Houy said that it would be implemented by the measures the state chose the state would be responsible for the RFP and contracting and aggressively monitoring those contracts.

Ms. Giordano said there needs to be resources to do this; there needs to be access to the services that are identified as being effective. She said the state is looking at more deficits and that they need to deal with both the ideals and the realities. Ms. Burns said that if there is no change that things will not get better. Ms. Houy said the model represents a change of priorities that everyone would need to get behind.

Ms. Murphy requested participants send additional questions and comments to sim@ct.gov and put "Straw Model Comments" in the subject. Rev. Grubbs said they tried to connect with other groups and DSS and that they should try to share the information with them.

Ms. Houy reviewed next steps. The updated model will be shared with the Healthcare Cabinet and the Consumer Advisory Board. There will not likely be a broad comment period but there is the opportunity to provide public comment at the Cabinet meetings. Rev. Grubbs said there will be further opportunity during the next legislative session.

Next Steps and Adjournment
Ms. Murphy thanked Ms. Houy and Ms. Burns for the presentation and everyone else for participating.

The CAB's next meeting is September 13th at 1 p.m.

Motion: to adjourn – Patricia Checko; seconded by Michaela Fissel.
The meeting adjourned at 3:04 p.m.