



Nancy Wyman

LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes

January 12, 2016

Members in Attendance: Lt. Governor Wyman, Dr. William Handelman, Margherita Giuliano, Larry Santilli, Miriam Delphin-Rittmon, Morna Murray, Frances Padilla, Patricia Baker, Victoria Veltri, Ellen Andrews, Katharine Wade, Ann Foley, Kristina Stevens, Dr. Raul Pino, Bonita Grubbs, Gregory Stanton, Bob Tessier,

Members Absent: Shelly Sweatt, Margaret Smith, John Oraziatti, Gary Letts, Joanne Walsh, Linda St. Peter, Steven Hanks, Kevin Lembo, Roderick Bremby, Jim Wadleigh, Joette Katz

Agenda Item	Topic	Discussion	Action
1.	Call to order & Introductions	Pat Baker called the meeting to order. Cabinet members introduced themselves.	
2.	Public Comment	No public comment.	
3.	Review & Approval of minutes	November 10, 2015 Dr. Robert Tessier read a typo from Section 5 of November's report regarding the SIM update. On the second page of the November report which detailed the draft proposal on how to categorize	Lt. Governor Wyman requests a voice vote to change the language to reflect the correction, which passed unanimously.

Agenda Item	Topic	Discussion	Action
		<p>different payment models, Dr. Tessier read, “it is a traditional fee for service which is not considered to be an alternative payment model” which then goes on to say, “it is value driven, fragmented and not linked to quality.” Dr. Tessier’s impression was that if it is not linked to quality, then it is <i>not</i> value driven.</p> <p>Victoria Veltri clarifies the report should read: “it is not value driven, it is fragmented and not linked to quality.”</p>	
4.	<p>Cost Containment Study, Victoria Veltri, Healthcare Advocate, Office of the Healthcare Advocate</p>	<p>Vicki Veltri, OHA, introduced and provided background information regarding the Bailit Health Purchasing, LLC consultants attending the meeting: Michael Bailit, Megan Burns and Marge Houy</p> <p>Michael Bailit provided background information on the firm’s experience and expertise with regard to working with states on cost control strategies, noting that Bailit consultants have worked with 4 of the 6 states identified in PA 15-146 on cost control initiatives, and with the other 2 on related projects. Michael also reviewed the legislative mandate to 1) study at least the 6 identified states’ cost control strategies, 2) develop a recommended model for Connecticut and 3) submit a report with its recommendations to the legislature by December 1, 2016. He noted that it was a broad mandate and that the resulting model would likely consist of multiple,</p>	<p>Presentation can be found here.</p>

Agenda Item	Topic	Discussion	Action
		<p>coordinated strategies.</p> <p>Marge Houy outlined the five steps in the proposed study approach: 1) understand the strategies adopted by the targeted states, 2) assess cost containment models in these states, 3) understand Connecticut’s health care environment, 4) identify successful practices for Connecticut and 5) develop a report on findings and recommendations. She emphasized that Bailit would be working collaboratively with the Council members to develop a set of recommendations and report that was theirs. The Cabinet members emphasized the importance of including input from a diverse group of stakeholders, particularly from consumers, as part of the study process.</p> <p>Marge then presented a high level overview of the cost containment strategies of Massachusetts, Rhode Island, Vermont, Oregon, Washington and Maryland, looking at regulatory activities, state purchasing activities and private sector activities. Cabinet members identified specific types of information that they would like the study to address, including:</p> <ul style="list-style-type: none"> • Assessment of each state’s marketplace • Initiatives regarding behavioral health integration for adults and youth • Legislation and regulations required to implement the different initiatives 	

Agenda Item	Topic	Discussion	Action
		<ul style="list-style-type: none"> • The role of 1115 waivers and other related waivers • How states collect and use data for policy development purposes • How states evaluate the effectiveness of their initiatives • Medicaid initiatives for the IDD, SPMI and LTSS populations • Workforce needs • The prevalence of key CMS programs, such as the Medicaid Accountable Communities initiative <p>Megan Burns led the Cabinet Members in an exercise to identify guiding principles for the Connecticut cost containment model. The following key themes emerged from the discussion:</p> <ul style="list-style-type: none"> • Consider consumer impact • Consider provider impact • Be innovative, realistically grounded in evidence and context • Promote the triple aim • Be actionable • Promote health equity • Ensure sustainability • Contain costs • Incorporate consumer voices • Address state role 	

Agenda Item	Topic	Discussion	Action
5.	Next Steps	For next steps, Bailit will be: <ul style="list-style-type: none"> • Scheduling telephone interviews with Cabinet members to obtain their input on cost containment strategies • Presenting on Vermont at the February Cabinet meeting • Drafting proposed principles of the cost containment model for discussion at the February meeting • Developing an analytical framework for discussion at the February meeting 	
6.	2016 Meeting Dates	None	None
7.	Adjournment		