

Healthcare Cabinet Meeting Minutes

February 19, 2019

Meeting Date	Meeting Time	Location
February 19, 2019	9:05 am-10:56 am	State Capitol Room 310 300 Capitol Avenue, Hartford

Participant Name and Attendance

Healthcare Cabinet Members					
Pat Baker	x	Shelly Sweatt	x	Ellen Andrews	x
Cassandra Murphy	x	Arlene Murphy	x		
Kurt Barwis	x	James Michel	x		
Anne Foley	x	Frances Padilla	x		
Kate McEvoy	x	Nichelle Mullins	x		
Miriam Delphin-Rittmon	x	Susan Adams	x		
Theodore Doolittle	x	Paul Lombardo	x		
Margherita Giuliano	x	Valencia Bagsby-Young	x		
Members Via Phone					
Dr. Raul Pino	x	Hassam Saada	x		
Others Present					
Allan Hackney (OHS)		Michael Gilbert (DSS)			
Kim Martone (OHS)		Laura Morris (OHS)			
Members Absent:					
Victoria Veltri		David Whitehead		Melissa McCaw	
Kevin Lembo		William Handleman		Vannessa Dorantes	

Meeting Information is located at: <https://portal.ct.gov/OHS/SIM-Work-Groups/Health-Care-Cabinet/Meeting-Agendas/February-22-2019>

	Agenda	Responsible Person(s)
1.	Welcome and Introductions	Patricia Baker
	Call to Order The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, February 19, 2019 at the State Capitol Building Room 310 in Hartford, CT. The meeting convened at 9:05 am. The meeting was chaired by Pat Baker.	
2.	Public Comment	Patricia Baker
	There was no public comment.	
3.	Approval of the January 8, 2018 HCC Meeting Minutes	Patricia Baker
	The motion was made by Pat Baker and seconded by Arlene Murphy to approve the minutes of the Healthcare Cabinet meeting of January 8, 2018. Motion carried.	
4.	Care Delivery and Payment Reform in HUSKY Health - Overview	Kate McEvoy/ Michael Gilbert
	Kate McEvoy/Michael Gilbert gave an overview of the Care Delivery and Payment Reforms in Husky Health and Person-Centered Medical Home (PCMH+)	
	Ms. McEvoy stated that one of the problems with Healthcare is proper documentation for the patients. It is critical to see a consistent line of care dealing with a variety of physicians, also	

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noting that it will affect the changes and outcomes of many patients if the documentation is not properly charted.

In summary, health outcomes such as emergency department use, inpatient admissions, readmissions and Members' report of care experience have improved.

- It was stated that they are adopting a statewide Preferred Drug-List, rate schedules and utilization management guidelines.
- Seven years ago CT implemented a new model in its Medicaid program which consists of implementation and results of care coordination initiatives and Alternative Payment Models (APMs)
- Hoping to create more multi-disciplinary (Medical, behavioral health, dental services; social supports) health neighborhoods over a 7-8 yr. period.

The focus of the Department of Social Services is to give aid to people with complex needs is to prevent, integrate and support them in long term service.

For more detail on PCMH+ results, please see the following:

Quality results:

https://www.cga.ct.gov/med/council/2018/1109/20181109ATTACH_PCMH_Year%201%20Nov%20MAPOC_Final.11.6.18.pdf

Draft shared savings results, which are currently being finalized:

https://www.cga.ct.gov/med/council/2018/1214/20181214ATTACH_PMCH_Shared%20Savings%20Calculation%20Results%20MAPOC%2012-14-18.pdf

Ms. Baker introduced Michael Gilberts who presented HUSKY Health Financial Trends.

Mr. Gilbert stated that in FY 2018, medical expenditures in the Department of Social Services grew by 2.2% demonstrating again that CT's service model continues to bend the costs curve while improving health expectations.

Primary consideration, costs, administrative load are all at the forefront stated Michael Gilbert.

Financial trends reflect increases in spending on primary care and community-based long term services and supports, as compared to higher historical spend on acute and institutional care.

The percentage of the state budget used for Connecticut Medicaid is tied with New Jersey and New York, and is lower than the national average. Another important financial indicator is that HUSKY Health's administrative expenses are approximately 3.5% - well under Medicaid managed care norms of close to 12%.

Pat Baker thanked Kate McEvoy and Michael Gilbert for a very thorough report.

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	<p>For more detail on HUSKY Health financial trends, please see the following: https://www.cga.ct.gov/med/council/2019/0208/20190208ATTACH_MAPOC%202-8-19%20HUSKY%20Financial%20Trends.pdf</p>	
5.	<p>Process Improvements Home Health: A Public/Private Partnership</p>	<p>Susan Adams/Kate McEvoy</p>
<p>The Person-Centered Medical Home + (PCMH+) initiative, which includes enhanced features of care coordination, supplemental care coordination payments to FQHCs, and an upside-only shared savings approach:</p> <ul style="list-style-type: none"> ✓ Completed its first wave (a one year period), and it's one its second wave (two-year period); ✓ Supporting over 180,000 Medical members, who have chosen to receive their care at designated practices. <p>In 2012, Connecticut HUSKY Health has been structured as a self-insured, manages the risk for medical, behavioral health, dental and pharmacy benefits and uses care coordination and payment reforms to improve outcomes and care experiences, and control cost.</p> <p>What we want :</p> <ul style="list-style-type: none"> ✓ a stronger healthier future; ✓ families that are together, strong, accomplished and supportive; ✓ available choices, self-directed and integration by those served by Medicaid; ✓ vested, local, multi-disciplinary healthy neighborhoods. <p>An explanation of the rebalancing, projected growth, where homecare fits in, and what gets in the way ensued. This all lead to a discussion on the new path along with the Department of Social Services. Along with what actions steps have been taken by the Department of Social Services and Connecticut Association for Healthcare at Home (CAHCH).</p> <p>Kate McEvoy stated that from the year 2017, the Department of Social Services have greater outcomes with companion aids and non-nursing home health rates.</p> <p>Susan Adams stated that the State of CT DPH regulations for Home Health and Hospice were written in 1979 which makes them 40 years old this year. She further stated that our current practice in Home Health and Hospice has evolved considerably in the past 40 years making it necessary to update the antiquated regulations.</p> <p>Kurt Barwis mentioned that he was looking forward to the changes to come for Hospice Home, but also if the restrictions were more accommodating then maybe help wouldn't be so hard to achieve. For example, he pointed out that there has to be at least a 12 room facility by the minimum to be even considered a Hospice facility. Mr. Barwis also mentioned that a 4 room facility or different houses would be more comforting to aid the case and more accessible to families across the state.</p>		

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	<p>Susan Adams replied that the Department of Public Health and Connecticut’s Federal Reserve Board has conditions of preparation but is defiantly working with them to see if there can be hope for a better outcome on certain issues like the one Mr. Barwis pointed out.</p> <p>Pat Baker noted that she really appreciates the stakeholders on these issues.</p> <p>Pat Baker thanked Ms. Adams and Ms. McEvoy for their presentation.</p>	
6	Health Care Affordability Poll	Jill Zorn
	<p>Jill Zorn, Universal Health Care Foundation presented on Health Care Affordability Poll from February 2018 survey that was conducted in partnership with Altarum Healthcare Value Hub.</p> <ul style="list-style-type: none"> • The Universal Health Care Foundation states that their mission is to serve as a catalyst that engages residents and communities in shaping a democratic health system that provides universal access to quality, affordable, equitable health care and promotes health in Connecticut. • The recent reports point out the struggles of everyday people to afford living in Connecticut and housing, food, and transportation are expensive. Job creation and wages are stagnate. • 40% of Connecticut households fall under the income threshold for meeting basic needs- they are ALICE (Asset- Limited, Income-Constrained, Employed). • Increasing disparities in health and longevity by income, race, and ethnicity. <p>The survey data shows that the average household income is far above the economic median hourly wages. Ms. Zorn mentioned that Connecticut’s wages are not keeping up with the current cost of healthcare.</p> <p>Data from this survey exposed the following issues:</p> <ul style="list-style-type: none"> • 40% of Connecticut’s residents fell below the income threshold and 50% can’t afford insurance; • 43% didn’t follow up for care due to affordability; • Barriers to why most can’t pay; <ul style="list-style-type: none"> ✓ 10% owe collection agency; ✓ 9% used their savings; ✓ 6% would rather pay for necessities like food, heat and housing then to pay for healthcare. • 20% Drug prices are too high, so as a result they won’t fill a prescription they need; they are cutting their medications in half and skipping doses. <p>Ms. Zorn also added that the public wants to see change from the state, but the survey showed it isn’t 100% across the board to make an effective change, but still high enough to show concern.</p> <p>Pat Baker thanked Ms. Zorn for a comprehensive report.</p>	

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	<p>For more information on this presentation please visit: universalhealth.org</p> <p>Ellen Andrews mentioned that this is not just a low-income issue but a state issue.</p> <p>Francis Padilla noted that there isn't a real care or urgency for affordability and there should be an effort to create an affordability standard.</p> <p>James Michel added that the cost not only comes from the insurance companies but the providers as well.</p> <p>Arlene Murphy was concerned how the word was going to get out on affordability options.</p> <p>Francis Padilla responded by saying she is working on the different avenues to use to get the word out.</p> <p>Paul Lombardo stated that he will look at healthcare rates and can present it to the Cabinet members. Everyone agreed it would be helpful.</p>	
8.	Discussion	Patricia Baker
	<p>Pat Baker noted that there was confusion on today's presentation by Michael Matthews of CedarBridge. The Cost Group Discussion will be presented at the next Health Care Cabinet meeting to be held on March 12th.</p>	
9.	Adjourn	Meeting adjourned at 10:56 a.m.
10.	Shelly Sweatt motioned to adjourned and Arlene Murphy seconded; Motion carried	