

## Healthcare Cabinet Meeting Minutes

### September 17, 2019

Meeting Date	Meeting Time	Location
September 17, 2019	9:00 a.m. - 11:00 a.m.	LOB 1D

#### Participant Name and Attendance

Healthcare Cabinet Member					
Victoria Veltri	X	Kurt Barwis	X	Valencia Bagsby-Young	X
Alan Kaye	X	Shelly Sweatt	X		
Anne Foley	X	Nancy Navarretta	X		
Cassandra Murphy	X	Nichelle Mullins	X		
Danielle Morgan	X	Laurie Ann Wagner	X		
Deidre Gifford	X	Patricia Baker	X		
Ellen Andrews	X	Paul Lombardo	X		
Hussam Saada	X	Janice Brancifort	X		
Theodore Doolittle	X	Francis Padilla	X		
Members Via Phone					
Susan Adams					
Others Present					
Alan Fontes		Kimberly Martone			
Kate McEvoy		Mark Schaefer			
Members Absent					
David Whitehead		William Handleman			
Joshua Wojcik		Margherita Giuliano			

	Agenda	Responsible Person(s)
1.	<b>Call to order and Introductions</b>	<b>Victoria Veltri</b>
	<b>Call to Order</b> The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, September 17, 2019 at the LOB 1D. The meeting convened at 9:04 a.m. Victoria Veltri presiding introductions were made, and meeting had quorum.	
2.	<b>Public Comment</b>	<b>Victoria Veltri</b>
	Dr. Larry Deutsch, Hartford City Council  Vaping and e-cigarette use. Dr. Deutsch requested help in banning the sale all vaping and e-cigarettes of products that contribute to the illness and deaths of young people.  High Deductible Health Plans: There is a new trend in municipalities and corporations of the high deductible health plans. The municipalities are imposing within their labor contracts the shift from traditional insurance with lower copays to high deductible health plans. The high deductible plans have a high discriminatory impact on low and moderate income individuals.  Ms. Veltri thanked Dr. Deutsch for the thoughtful comments. Ted Doolittle commented that he is currently on the High Deductible Task Force which is scheduled to meet through the fall into the	

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	<p>winter. The task force will be issuing a report in February to the legislature on options if any on the high deductible plan reform. The next meeting will be some time in mid-October. Mr. Doolittle will add Dr. Deutsch name to the list of those who would like to be informed of the progress of the task force. Frances Padilla stated that Universal Health Care Foundation is going to be posting through social media vignettes of stories related to their high deductible insurance plans experiences. They will be looking to identifying individuals who have stories to tell.</p>	
<b>3.</b>	<b>Approval of June 11 &amp; July 9, 2019 HCC Meeting Minutes</b>	<b>Victoria Veltri</b>
	<p>The motion was made by Pat Baker and seconded by Susan Adams to approve the meeting minutes of the June 11 and July 9, 2019 meeting. Motion carried.</p>	
<b>4.</b>	<b>Department of Social Services Priority Updates</b>	<b>Commissioner Deidre Gifford</b>
	<p>Commissioner Gifford appreciate the opportunity to discuss the Department of Social Services' (DSS) priorities. Commissioner Gifford gave a brief description of her background and the work that DSS has been ongoing since her arrival. In the first three months the work has been identifying the areas commonality between agencies; and beginning to work on programmatic alignment. DSS is very closely interrelated to many state agencies. Identifying and understanding potential areas of efficiency both programmatically and operational is of the utmost importance.</p> <p>The priority at the moment is the alignment across state agencies. Several meetings have occurred with different agencies and have identified areas of common concerns and interest to better serve CT resident.</p> <ul style="list-style-type: none"> <li>✓ OHS both with the SIM work and primary care and alignment between the work that has been on going in the Medicaid program and the work that has been on going at OHS been leading and how those two things can come together.</li> <li>✓ DPH a tremendous amount in common nationally and within Connecticut. Medicaid covers 40-50 % of births and maternal health is a big priority at DPH. Initial conversations about how the two department can work together on improving maternal health, health disparities and social determinacy of health.</li> <li>✓ At DDS there is an enormous amount of overlap around issues of eligibility and enrollment; electronic visit verification and on improvement in quality measurement and care delivery.</li> <li>✓ DMHAS – common interest to continue to build out continuum of care in Ct for individuals affected by opioid and substance abuse but also on behavioral and physical health integration. Along with how the two agencies can continue to build and further integrate and partnership on the behavioral health partnership.</li> <li>✓ Communications with DFC are continuing around how DSS and DCF can building on the behavioral partnership to make sure that we are optimally serving the children and family who receive services both through DCF and DSS.</li> <li>✓ Access Health the work of the two entities is interdependent.</li> <li>✓ Conversations are ongoing with other state agencies: The Office of Early Childhood, Department of Corrections, Aging and Disability along with the Department of Labor.</li> </ul>	

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Commissioner Gifford acknowledged Kate McEvoy, Medicaid Director. Commissioner Gifford mentioned that she is very fortunate to join Department of Social Services when there is such a strong leader who has lead Medicaid program for many years. Commissioner Gifford is building on the foundation that Ms. McEvoy and the previous Commissioner Bremby had built prior to her arrival at DSS. Commissioner thanked them for all of the work that has been done.

Commissioner Gifford stated that the next important area of focus is protecting the coverage gains that has been made in health insurance coverage. CT is proud that there are 268,000 individuals that are covered by Medicaid expansion and a total of 840,000 individuals in total covered by Medicaid.

Commissioner Gifford stated that she has seen a number of policies related to immigration that will begin to affect coverage and one of the policy is the Public Charge Rule which will be in effect October 15. There is concern about the number of individual that might be deterred from accessing benefits such as SNAP, Housing and Medicaid because of the confusing nature of these proposed and finalized policies. There is a law suit that Connecticut is a leading part that is hoping to delay or postpones the rule. If it goes into effect it will change how an individual is deemed to be a public charge and could change the ability to citizenship. This proposed rule pertains to only legally residing immigrants in the US.

Final priority is building on the very strong foundation of Ct Medicaid is the move to value. It is an area to look at and focus on making sure that give the highest quality and most efficient services for our Medicaid investments here in CT. It was noted that in many areas we have high levels of quality performance. CT has the highest rate of adolescent immunization in Medicaid in the country. It is one of the most difficult and challenging measure to engage members on. Very high proportion of members being served in a patients centered medical home and very good measure when it comes to access to primary care in most areas of specialty care. It was also mentioned that the PCMH and PMCH + programs are continuing focus on the program on integrating the social determinants of health into primary care; screening tools along with providers beginning to deploy community workers and all of the work that goes along with these programs like data collection and transparency.

Ms. Veltri thanked Commissioner Gifford for a very detail informational report. Ms. Veltri asked the committee if they have any questions or comments.

Ms. Baker thanked the Commissioner for attending the meeting and sharing the information and stated that alignment is critical around health disparity and health equity. Ms. Baker noted that Community Health Foundation is very invested in outcomes. Ms. Baker asked Commissioner Gifford how does she imagine the conversation of moving to value taking place; how would the cabinet be helpful in helping to think about multi payer and what can you share about multi payer?

Commissioner Gifford stated that on the multi payer question it is clearly very important to providers. Some providers whose population are predominantly Medicaid and/or Medicare, alignment is less important to them. The other providers who see a wide range of individual, alignment in the gross terms are much more important. One of the challenges is that our population and conditions focus don't always align. There are areas that we have in common maternity care, behavioral health and pediatrics. For multi payer conversation to be effective it is important to begin with the commonalities between the interested parties, identify the work and focus on those areas. Behavioral health is a perfect place to

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	<p>begin those conversations. Commissioner Gifford envision this on the work that has been happening under the SIM's grant on measure alignment.</p> <p>On health outcomes, the next step is to begin to think about how we collect data on health outcomes that are not easily available from claims.</p> <p>Commissioner Gifford stated that she is still learning about the Healthcare Cabinet group and the potential roles that DSS plays; how the committee addresses the multi-player initiatives and looks forward to further conversations.</p> <p>Ms. Veltri commented that there have been very good discussion on moving to values and totally cognizant of the issues of moving to outcomes. On the technology side, they have been working on the collection of clinical quality measure to test a solution about the collection of quality measure.</p> <p>Ms. Ellen commented that she is very happy that DSS is interested in behavioral health. Ms. Andrews would like to learn more about the technology of quality measures.</p> <p>Ms. Baker thanked Commissioner Gifford and introduced Alan Fontes.</p>		
5.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"><b>APCD Data Reporting - Updates</b></td><td style="width: 30%; padding: 5px;"><b>Alan Fontes – Director UConn Aims</b></td></tr> </table>	<b>APCD Data Reporting - Updates</b>	<b>Alan Fontes – Director UConn Aims</b>
<b>APCD Data Reporting - Updates</b>	<b>Alan Fontes – Director UConn Aims</b>		
	<p>Alan Fontes –Director for UConn Aims presented a demonstration of the analytics of the APCD data base. Since the last time, the team went from a deidentified data set to a limited data set. The limited data set provides information on who the individual is, address, dates of services, towns, zip codes. This provides more details that can be applied to the analytics. There is still a good amount of work to do on the data since the information arrived to the team 2 weeks ago. Mr. Fontes presented the pharmacy data today and in the future medical procedures will be presented.</p> <p>The data presented was 7 years' worth of pharmacy, commercial population and Medicaid data we do not have Medicare at this time. But there is some data on individuals on Medicare Advantage.</p> <p>Ms. Baker asked what strategic questions this data tells us. Mr. Fontes stated that just on the pharmacy data the team l was looking for what was going on with prescription drugs, brand names, generic and year over years spending and copays. All the data is that looked at is per person.</p> <p>Dr. Kaye noted that this is unbelievable potential planning tool for OHS. Mr. Fontes mentioned that at the next presentation there will be more information presented. The team wants to facilitate and reach out to the stakeholders and ask what they want to see to bring it to the development process. Receiving any feedback is very important to the team.</p> <p>Ms. Veltri proposed to create a small group with committee members to review the information and select the type of data they would like to see and to be presented to the cabinet in the future.</p>		

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	Ms. Veltri thanked Mr. Fontes for the demonstration and introduced Dr. Mark Schaefer.	
<b>6.</b>	<b>Scorecard Report</b>	<b>Mark, Schaefer, SIM</b>
	<p>Dr. Schaefer presented to the cabinet members a demonstration of the Scorecard CT website.</p> <p>Dr. Schaefer noted that the website was designed by UConn Health and Quality Council which was very engaged in the graphic, scoring tool, site design, and the use of color especially for those who have disability such as color blindness.</p> <p>Since the site went live we have had more than 2,300 hits to the website. The website received national attention due to the uniqueness of this particular approach to profiling provider's performances and cost estimation. The creation of this website was an effort to create public transparency around the performance of the provider organization and networks that have a commitment to driving better more affordable care.</p> <p>Dr. Schaefer presented the three views: Health Care Organization, Quality Measure and Summary results. All different views are of quality performance. A demonstration of the site ensued.</p> <p>Paul Lombard asked why they would rate those entities who we do not have enough data on. Dr. Schaefer noted that it is a good question that has not been currently raised by the score entities and will bring it to the Quality Council to ask if the website should have higher threshold or minimal number of rated entities to not create the wrong impression.</p> <p>Dr. Kaye asked how the data is acquired. Dr. Schaefer stated that the data is acquired by the APCD claims data. Future data will have a Medicaid and Medicare view as soon as the data is procured.</p> <p>Ms. Veltri noted that this is evolving. The next big launch will be the Cost Estimator. The next Health Care Cabinet meeting will be October 8<sup>th</sup>.</p>	
<b>7.</b>	<b>Next Steps – Cabinet Discussion</b>	
<b>6.</b>	<b>Adjourn</b>	
	Ms. Veltri asked for motion to adjourn meeting. Ms. Baker motioned to adjourn and was seconded by Ms. Padilla. Motion carried.	Meeting adjourned at 11:00 a.m.