Healthcare Cabinet Meeting Minutes

December 8, 2020

Meeting Date	Meeting Time	Location
December 8, 2020	9:00 a.m. - 11:00 a.m.	Webinar and Conference Call

Participant Name and Attendance

Healthcare Cabinet Members					
Victoria Veltri	X	Kate McEvoy	X	Hussam Saada	X
Ellen Andrews	X	Alan Kaye	X	Jordan Scheff	X
Rev. Robyn Anderson	X	Paul Lombardo	X	Shelly Sweatt	X
Patricia Baker	X	Judy Dowd	X	David Whitehead	X
Kurt Barwis	X	James Michel	X		
Heather Aaron	X	Danielle Morgan	X		
Nancy Navarretta	X	Cassandra Murphy	X		
Theodore Doolittle	X	Frances Padilla	X		

Others Present		
Olga Armah	Jill Zorn	Sean Fogarty
Demian Fontanella	Kelly Sinko	Brent Miller
Sean King	Krista Moore	Adrian Texidor
Kimberly Martone	Hanna Nagy	Laura Morris
Lindsey Donston	Steve Lazarus	Joseph Rus
Bozena Piascik	Carmen Cotto	Ron Ciesones
Gloria Sancho	Ormand Clarke	Laurence Grotheer
Members Absent		
Susan Adams	Margherita Giuliano	Kevin Lembo
Vanessa Dorantes	William Handelman	Nichelle Mullins

	Agenda	Responsible Person(s)
1.	**Call to order and Introductions**	**Victoria Veltri**
	The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, December 8, 2020 via Zoom. The meeting convened at 9:01 a.m. Victoria Veltri presiding. Attendance taken by roll call. Ms. Veltri introduced Kelly Sinko, the new Health Care Innovation Director at the Office of Health Strategy.	
2.	**Public Comment**	**Victoria Veltri**
	There was no public comment.	
3.	**Approval of the October 13, 2020 Meeting Minutes**	**Victoria Veltri**
	The motion was made by Valencia Bagby-Young and seconded by Patricia Baker to approve the October 13, 2020 Healthcare Cabinet meeting minutes. Vote by roll call. Motion carried.	

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4.	**Access Health Open Enrollment**	**James Michel, Access Health**

James Michel, from Access Health CT presented on Access Health Open Enrollment (see presentation here). An update was provided on the work being done to help the State of Connecticut respond to the COVID-19 pandemic and the outreach that has been done since the pandemic started.

- The 2021 open enrollment update was reviewed. It was mentioned that the emergency order goes over to January 31st and helps with transition. There was a question about whether there are any implications for those that are enrolling now verses choosing to wait and how does it reconcile. It was noted that the emergency order is only for those that are on Medicaid.
- There was a question regarding how enrollments are meeting expectations. It was noted that enrollments were a little above where they were last year. This year is unique because of the pandemic and they are not sure where things will end up. There are so many factors that are impacting this year's open enrollment. The expectation is that it they will be better than they were last year.
- There was a suggestion to include in the campaign for people not to delay their screenings and health checks. It was noted that there is a campaign called, "Choose, Use, and Be Well". After open enrollment, a whole new campaign starts and they send out brochures, emails, texts, etc. to organizations and to encourage customers to choose a provider, use the provider, and be well which means follow your providers instructions to promote health. There was a suggestion to also have healthcare coaches to follow up and encourage individuals to make sure that are seeing their primary care providers. It was mentioned that Access Health CT has a call center vendor and there have been conversations regarding this.
- A suggestion was for Mr. Michel to come back to provide a follow up on affordability challenges for enrollees and provide a report about subsidies and whether there is enough for customers to afford the plans. There was also a suggestion to provide a follow up on the project to reach out to the underserved and minority communities.
- Mr. Michel spoke about outreach work and efforts. It was noted that there has been direct outreach but currently it is difficult to get into the communities because of the pandemic so a lot of the outreach is through targeted marketing efforts. They have partner organizations to help to get the word out and answer questions. At the end of open enrollment, final data can be shared. It was mentioned that a list of specific data points will be needed to share the information on hand to compare year to year.
- There was a suggestion to encourage participants to use virtual visits. It was noted that a goal is to expand the use of telehealth services. CMS has expanded widely the use of telehealth and CT took on the offer. Ms. McEvoy spoke about the partnership between Access Health CT and DSS around Husky A and D coverage groups. There are a broad range of services being offered including telehealth options, medical and behavioral health predominantly and in long term services and supports.

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	• The partnership with the various hospitals and provider organizations helps to promote people to go to get care when they need it. A concern is around pent-up demand issues and for individuals, especially those with chronic conditions putting off necessary appointments when they really need it. It was noted that it is important for people to get care when needed, as well as preventative care.	
5.	**Other Hospital Operating Expense by Category from the Financial Stability Report**	**Ron Ciesones, OHS**
	Ron Ciesones, from the Office of Health Strategy, presented on the Other Hospital Operating Expense by Category from the Financial Stability Report (see the report here). • Health Care Cabinet members discussed the report. There was a question regarding hospital system fees and what hospitals are getting from the systems for those fees and whether hospitals getting lower prices for the supplies or better buying opportunities. Are there better buying opportunities or a better chance to be competitive against other hospitals? It was mentioned that this is a question that the hospitals could answer. However, there are gains that are made in terms of overall spend in that process. It was mentioned that corporative parent system fees also reflect a lot of salaries, wages, and labor expenses that are carried at a system level and not at the individual hospitals that makes up that system. • Mr. Ciesones said that the bulk of the data being collected at OHS is hospital specific. OHS does not collect the same data for health systems. Health systems information is limited to the audited financial statement data. The data on the systems is in the financial stability report and this was shared with the HCC in the fall of 2020. • There was a suggestion to include on a future HCC agenda, information around health systems, corporate and systems contributions both ways and how it impacts financing. It was mentioned that not every hospital pays corporate and systems fees. A question is how it works between the two and would it be like comparing "apples to oranges". There was also a suggestion to find and bring a financial person to help navigate through this. • It was mentioned that the impact of the pandemic will be great on the healthcare workforce at every level. A suggestion is to look prospectively and to be more prepared throughout the state regarding workforce related issues. Ms. Veltri said there are upcoming topics that relate to this. She would like to talk to some of our partners at other agencies and hospitals to coordinate a discussion on this and independent practices regarding what they are seeing and what we should be planning for in the future. • Any additional questions on this presentation, the hospital operating expense by category from the financial stability report, may be sent to OHS.	
6.	**OHS Inventory of Services**	**David Fernandes, OHS**
	David Fernandes, from the Office of Health Strategy, provided an overview of statewide health care facilities and inventory of services (see presentation here). • It was noted that the information in this report is directly from DPH lists licenses. The information on this report does not go deeper than what is on the paper license. • There was a question about whether there is something critical that is missing from the report. It was mentioned that the report does not show utilization. It shows where the services are but not who is using them and when. That kind of data would need to	

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	come from the all-payer claims database (APCD). There is access to hospital discharge reporting and the services that have taken place. It was pointed out that having access to information around primary care and behavioral health and knowing where the geographic deficiencies are would be critical to know where to focus opportunities. • It was noted that the information on this presentation is from 2018 and static. By June 2021, there will be a 2020 inventory of services report. • There was a discussion about obtaining additional information around workforce. A question was whether data could be obtained from the DPH licensure lists regarding provider lists and the workforce employed by contract. OHS will investigate various ways in obtaining addition information on this.	
7.	**Group Practice Reporting**	**Olga Armah and Gloria Sancho, OHS**
	Olga Armah and Gloria Sancho, from the Office of Health Strategy, presented on the Group Practice Reporting (see presentation here). Members discussed the presentation. • There was a discussion about the medical group practice profiles. The report contained statewide information for 2017 and 2019. It was noted that for physicians it is for MDs only, DOs are not included. There was a suggestion to look at the statutory language to see if it specifies only for MDs. • There was a question about access to care issues. This information would have to be pulled. It was noted that utilization data has not been received. Information has been received only on the fully insured, Medicaid, Medicare, and the state employee plan.	
8.	**Next Steps – Cabinet Discussion**	**Victoria Veltri**
	• There was a question about whether a description could be provided by the Office of the State Comptroller (OSC) regarding their public options plans. It was suggested that feedback from the Health Care Cabinet on the plan could be valuable. OHS will check with OSC. • Next steps include having someone to present on financials, follow up on the workforce related questions, check with OSC about public option plans, and share a bedding methodology analysis with our partners that will be shared with the HCC.	
9.	**Adjourn**	**Victoria Veltri**
	The motion to adjourn the meeting was made by Ellen Andrews and seconded by Ted Doolittle. The motion passed. The meeting adjourned at 10:59 a.m.	

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