

# STATE OF CONNECTICUT Consumer Advisory Board

## Meeting Summary Tuesday, February 3, 2015

**Meeting conducted via conference call.**

**Members Present:** Patricia Checko (Co-Chair); Arlene Murphy (Co-Chair); Jeffrey G. Beadle; Alice Ferguson; Michaela I. Fissel; Stephen Karp; Robert Krzys; Nanfi Lubogo; Fernando Morales

**Members Absent:** Kevin Galvin; Rev. Bonita Grubbs; Cheryl Harris Forbes; Bryte Johnson; Theanvy Kuoch; Sharon D. Langer; Richard J. Porth; Alicia Woodsby

Meeting was called to order at 1:04 p.m.

### **1. Public Comment**

There was no public comment.

### **2. Update on SIM Work Groups**

Patricia Checko provided an update on the SIM Core Team. She said there is a lot of work on developing memoranda of agreement and setting of business office practices. She, Jeff Beadle, Arlene Murphy, and Fernando Morales have formed a committee to work on objectives and goals for the SIM Test Grant funding. Additional volunteers are welcome.

Ms. Murphy verified that everyone received the update on SIM work group activities via email ([found here](#)). Each of the CAB liaisons provided updates on the work group activities.

**Quality Council:** Ms. Murphy provided an update of the council's activities. The council's measure review process is focused on selecting a smaller number of measures including those focused on chronic conditions such as of COPD/asthma, diabetes, high blood pressure, breast cancer, colon cancer, cervical cancer, ischemic vascular disease, and heart failure. Ms. Murphy asked whether any of these conditions should be a higher priority than others. She also noted that there have been discussions regarding data collection and how the measures will connect with the work of the Health Information Technology Council. Stephen Karp said that some areas require more self management than others (such as diabetes). There were concerns expressed about how to effectively monitor self management. Mr. Morales noted the need to take cultural competencies into account so that patients realize the importance of the information. Alice Ferguson asked how the chronic care list was determined. She asked whether HIV/AIDS were considered chronic conditions and suggested they be added to the list. Dr. Checko said that HIV/AIDS is included in the Department of Public Health's Healthy CT 2020 under the category of infectious disease. Ms. Murphy said she would raise the question with the council. She also asked Ms. Ferguson whether she knew of any national quality measures used for HIV, chronic care management of HIV, or related to HIV. She suggested having a follow up discussion so that she can raise the question to the Quality Council. Mr. Morales said he knows there are measures that the federal government has set up that may be available through HRSA. Dr. Checko suggested that Elaine O'Keefe at Yale and/or Jeff Ross at Hartford Hospital may be good resources. She also suggested taking a look at the objectives for Health CT 2020 to see how HIV is addressed.

**Practice Transformation Taskforce Update:** Nanfi Lubogo provided an update on efforts of the Task Force. The PTTF has been focusing on the 2014 NCQA PCMH standards. They identified 17 Areas of Emphasis which they then prioritized through a survey. On December 3<sup>rd</sup>, they held a conference call to review the Areas of Emphasis. Ms. Lubogo reported that a practice transformation vendor had been selected by the PMO but that Mark Schaefer declined to identify the vendor as contract negotiations are ongoing. PTTF members requested a discussion with the vendor prior to the contract being finalized. Ms. Lubogo said during contract negotiation the vendor noted that the 17 Areas of Emphasis were a heavy lift to ask the practices or take on. They recommended paring the number down to more a manageable number. Ms. Lubogo said Task Force identified nine or ten as core elements for emphasis. They would require practices meet those core elements within the first year of practice and then work on the rest at a later time. There was no vote due to lack of quorum. Dr. Checko noted that there was a PTTF report scheduled for the Steering Committee and asked Ms. Lubogo if she had more details. Ms. Lubogo said the presentation was information sharing as the Areas of Emphasis were not formally voted on. She noted the recommendations have been posted online for those interested in viewing them.

**Behavioral Health Design Group:** Michaela Fissel provided an update on the progress of the group. The Design Group was convened because of the need to focus on behavioral health. There's a concern regarding the integration of behavioral health into primary care. The group has two main considerations: what is practical in primary care; what efficient processes PCPs can use to ensure access to quality care. They looked at what assessments could be used to screen for behavioral health and they developed an initial quality measure list for the primary care setting. The group recognized that co-location is not the only way to go but they need to make sure consumers have access to appropriate care. Ms. Fissel noted the need for collaboration between primary care and behavioral health. There should also be some follow up with the insurance company. They need to educate consumers so they understand how to get information on their options for providers and services in their networks. Ms. Fissel also noted the need for coordination of care. She asked members to share their questions.

Dr. Checko asked how the group's work related to the Practice Transformation Task Forces' work. Ms. Lubogo said the work did relate. The design group will also weigh on the task force's work. There was discussion regarding the need for coordination between work groups, especially in areas of overlap. Ms. Fissel said that Heather Gates is a PTTF member and is relaying information back and forth. Dr. Checko noted that behavioral health also impacted the work of the MAPOC Care Management Committee and the Equity and Access Council. She also reminded the Board that behavioral health was among their three areas of special concern and noted that it would be within their mission to bring the various groups working on behavioral health together. Ms. Fissel also noted that the Design Group is drafting a full set of recommendations and she would share the draft with those interested.

**Equity and Access Council:** Alice Ferguson provided the update of the council's activities. The council discussed whether members can designate someone to serve in their place when they cannot attend a meeting and what limitations that designee has in the role. Ms. Ferguson said the council is forming design groups and members were invited to participate in any of the groups they were interested in ([information on the design groups can be found here](#)). She also noted that the council discussed consumer choice in selecting a provider and how that impacts outcomes. Dr. Checko said that the PMO is drafting a document on guidelines for participating in work groups which will likely be shared with the Steering Committee at its February 5<sup>th</sup> meeting. She noted that at the last CAB meeting, it was decided to recommend others to serve on an interim basis on the

Equity and Access Council. Bonita Grubbs will serve in Barbara Headley's place. Kevin Galvin was originally going to serve as a substitute for Roy Lee as needed; however, Mr. Galvin has since declined that role. At present, it appears that Mr. Lee will be able to attend most meetings so no further action is needed. There were concerns expressed regarding the fact that they were advisory but not involved with the final decision making. Dr. Checko noted the SIM PMO is developing a document that will define the Steering Committee's role as the body that appoints work group members. In addition, they are discussing rules for proxy participation that would allow for a designee to attend participate but not vote. This would apply to all participant types. In order for a person to have voting capabilities, a recommendation would need to be made to the Steering Committee. At present, Rev. Grubbs can vote while serving in the interim. Ms. Murphy noted the importance of settling process issues so that the groups can focus on the work ahead.

**Health Information Technology Council:** Dr. Checko provided an update of the council's activities. There has been one meeting to date and the focus was on the SIM process and the HIT report given at the December Steering Committee which laid out the vision of how HIT should proceed. There was a great deal of emphasis on building everything around the existing Medicaid program. Dr. Checko noted that Fran Turisco is the Chartis consultant assigned to their group. Ms. Turisco is convening one-on-one discussions with all HIT Council members. Alice Ferguson noted that Adam Stolz of Chartis also held one-on-one discussions with 16 of the 20 Equity and Access Council members and included this in his report. Dr. Checko noted that Ms. Turisco and Mr. Stolz are putting a great deal of effort into the two councils to learn about those involved, determine how processes could be improved, and to coordinate members working together as a team. She further noted that they will keep everyone informed about the next steps.

**Workforce Council:** Ms. Murphy noted that the proposed Workforce Council is not moving forward at this time. She asked members what they think should be done to ensure that workforce issues are addressed. Dr. Checko said the original proposal had three components in it: the creation of a community health worker (CHW) curriculum; a residency program for Federally Qualified Health Centers; and the expansion of the UConn Urban Service Track. In the negotiations with CMMI of the Test Grant application, the workforce budget was cut to include only the community healthcare worker initiative. Dr. Checko noted her concern regarding the Memorandum of Agreement with UConn to develop the CHW curriculum as there are already CHW classes graduating from the community colleges. She said she is concerned that money is directed towards work that has already been completed. She also noted that CHWs are one initiative that everyone looks favorably upon. There have been discussions about how to move this along but at the current time there appears to be no plan to address these issues. Board members discussed the importance of workforce and the need for focus so that efforts are successful. Dr. Checko recommended having a Workforce sub-committee along with Operations committee to consider hosting a forum on this issue, particularly as it relates to community health workers. She requested motion to develop a statement from the CAB and to be voted upon prior to being presented to the Steering Committee.

**Motion to draft a statement by the Consumer Advisory Board regarding the strong need for a Workforce investment strategy as part of the SIM and to be presented to the Steering Committee - Jeffrey Beadle; seconded by Alice Ferguson.**

Robert Krzys volunteered to develop the statement and will share it with the CAB for their review.

**Vote: all in favor.**

**MAPOC Care Management Committee:** Board members will receive an update from Sharon Langer via e-mail.

### **3. Discussion of CAB Conflict of Interest Policies**

The sub-committee developed questions regarding SIM Conflict of Interest Policies for CAB to raise ([draft found here](#)). Ms. Murphy said it would be helpful for the Steering Committee to develop SIM policies that incorporate priorities from a consumer's prospective.

***Motion to accept the Consumer Advisory Board questions regarding Conflict of Interest Policies and to submit them to the Steering Committee – Jeffrey Beadle; seconded by Alice Ferguson.***

There was no discussion.

***Vote: all in favor.***

### **4. Discussion of Consumer Representative Attendance Policies**

The sub-committee developed a proposed consumer representative attendance policy ([draft found here](#)). This is a communication from the CAB to all work group appointees, as well as all CAB members, so that members are aware of the expectations for participation.

***Motion to approve the Consumer Advisory Board's statement regarding Consumer Representative Attendance Policy – Fernando Morales; seconded by Stephen Karp.***

There was no discussion.

***Vote: all in favor.***

### **5. Next Steps and CAB Meeting Schedule:**

Dr. Checko recommended adopting the meeting schedule so that people will be aware of standing meetings. The location and time of 1 to 3 p.m. may be subject to change so that members can meet with consumers and advocates. The Board will meet on the Tuesday preceding every Healthcare Innovation Steering Committee meeting.

***Motion to adopt the Consumer Advisory Board's meeting schedule with a time of 1 to 3, subject to change, preceding the Steering Committee's meeting by two days – Stephen Karp; seconded by Arlene Murphy.***

There was no discussion.

***Vote: all in favor.***

Dr. Checko said that between now and the next meeting the Operations Committee will begin to look at how to move forward with agendas, timelines, objectives, and budget. They aim to present solid recommendations to the Board by the April meeting.

***Motion to adjourn conference call – Arlene Murphy; seconded by Fernando Morales***

There was no discussion.

***Vote: all in favor.***

Meeting adjourned at 2:57 p.m.