STATE OF CONNECTICUT
Consumer Advisory Board

Meeting Summary
Tuesday, March 10, 2015

Location: Capitol, 210 Capitol Avenue, Room 310, Hartford

Members Present: Patricia Checko (Co-Chair) via conference line; Arlene Murphy (Co-Chair); Jeffrey G. Beadle; Alice Ferguson; Michaela I. Fissel; Rev. Bonita Grubbs; Robert Krzys; Theanvy Kuoch; Sharon D. Langer; Alicia Woodsby

Members Absent: Kevin Galvin; Cheryl Harris Forbes; Bryte Johnson; Stephen Karp; Nanfi Lubogo; Fernando Morales; Richard J. Porth

Other Participants: Maritza Bond via conference line; Jessica Deflumer-Trapp; Heather Gates; Daniela Giordano; Gaye Hyre; Ann Logan; Janice Perkins; Mark Schaefer; Denise Smith; Jill Zorn

Meeting was called to order at 1:11 p.m.

Introductions
Arlene Murphy chaired the meeting. Ms Murphy verified that everyone could hear her. She remarked extra time was given to arrive because of the parking. Ms Murphy noted Dr. Checko is joining the meeting via phone today.

Members and participants introduced themselves.

Ms Murphy noted the lack of a quorum presently to review the meeting summary and will postpone to later in the meeting if time allows.

1. Public Comment
There was no public comment.

2. Presentation and Discussion of Behavioral Health Design Group Recommendations
Ms Murphy introduced the Behavioral Health Design Group of the Quality Council. Daniela Giordano, NAMI-CT Public Policy Director gave an update on the group and recommendations. Ms Giordano noted that she, Michaela Fissel, and Jessica Deflumer-Trapp were only a small percentage of the Behavioral Health Design group. She mentioned they have only been meeting since November but have been able to do quite a bit of work. She said presently, the charge of the Quality Council is how to improve primary care practices. They have been talking about how to improve the integration of behavioral health services into primary care services. They discussed what may be missing from primary care in regards to behavioral health care. She noted it became clear that there is no unified and standard way of primary care physicians addressing behavioral health concerns across a life span for children, youths, or adults. Ms Giordano said, currently in the system, primary care is for physical health and behavioral care is something "outside." It is presently the same across all payers too. Ms Giordano remarked they are looking at the broader process and what they really need to have to develop specific measures. The design group talked about how someone who may be dealing with mental health issues is supported.
Ms Giordano talked about the recommendations in the presentation. She remarked members may have a copy of the document if interested.

The first recommendation is universal screenings. Ms Giordano said first is the need to identify they are dealing with something. She said the group talked about screening tools, mental health, substance use screening, trauma screenings, and global well being screening that already exist. The second recommendation is about assessment and care. Someone identified as a mental health concern may need to go and have a full assessment. The third recommendation is access to care, whether it's with the primary care or outside the office. People should be connected to care whether in the office or a referral to a behavioral health provider. The fourth is coordination of care. Ms Giordano mentioned people with complex situations should have coordination of care. The fifth is hospitalization or transition of care from one level to another.
Ms Giordano remarked group members have expertise in certain areas and wanted to make themselves available to Quality Council or the SIM initiative on following up and continuing the conversation. Also, they would be happy to support people in creating training programs. Ms Giordano noted it was wonderful to work with Michaela Fissel and Jessica Deflumer-Trapp.

Ms Fissel said in the first recommendation of universal screening, they identified measures and noted difficulty because the measures had not been tested or integrated into a primary care setting. She noted members had an intense dialogue. Ms Fissel noted several questions came up during discussions. For example, what are the outcomes of care? It is not so much the delivery of service; it's the experience of what happens to the individual in response to the treatment. She said they wanted to see the conversation move forward in the area of true quality measures. Ms Fissel said they wanted to recognize the limitations that current health care providers and primary care providers are working within, to make the shift from what is standard practice now to where they would like for it to be in the future. Ms Giordano noted they actually measure the clinical outcomes, not so much how the person is functioning or the quality of life. She said they are in the beginning stages and are hoping to get to the point where they can say health care providers actually do make a difference in a person's life and not just clinical outcomes. She also stated that behavioral health is not black and white. If you are taking medication and seeing a therapist it doesn't necessarily mean you are feeling better. Ms Hyre, from Equity and Access Council, questioned whether they discussed the difficulty in finding providers who see people with various methods of paying including state or private insurance. Ms Giordano said the Behavioral Health Design group members are aware of those issues in terms of behavioral health. She noted when it comes to public services, people have access to better continuum and more comprehensive but the reimbursement is inadequate. There are access issues except for Medicaid. Privately insured people have access issues because some providers do not accept insurance and only out-of-pocket is accepted. Ms Hyre noted as the population ages, it has been documented that Medicare would increase levels of pressure. Ms Murphy noted problems with accessing behavioral health services.

Ms Langer said one of the interesting points Sandy Hook Commission made was trying to improve behavioral health care and a need to look beyond the medical model at other kinds of supports. She said SIM is mostly focused on the healthcare system itself. Ms Langer noted behavioral health care supports can make a difference in people lives. It may help to reduce conditions such as depression or anxiety. Ms Langer questioned given the fiscal challenges, where do we go from here. Ms Giordano noted the quality of life for somebody doesn't start or end with the medical care system. She stated it is a good point and they will think about it some more and include discussions on how to address it. Ms Langer noted behavioral health, substance abuse, and mental health has more of a stigma on it and people may be discriminated against as a result. She said when people talk about universal screening, what specifically are they screening for. It is one thing to screen for a medical or mental health condition and another thing to screen for housing. She asked are they asking questions such as how is your housing or can you pay your rent. In the federal healthcare system, they ask these questions all the time and may not ask them in a private practice. Ms Fissel said they talked about this and they are at crossroads right now. She said they want to get people connected

to options outside of the traditional service system. Ms Fissel questioned do they maintain integrated care within the same building for behavioral health or recommend that the primary care physician has to have an agreement with people outside of their office. She added it is a lot of responsibility to put on a primary care physician. She said they want to know how to create a process or a model that everyone is comfortable with that it is working and effective. Rev. Grubbs said the conversation takes her back a couple of years ago when she was at the Department of Mental Health. They tried community based efforts which are not medically focused. They would try to maintain and see how the people were doing prior to or after engaging the medical provider. She noted the Community Health Center has the capacity. Rev. Grubbs suggested being aware of an informal network that plays a role with trying to support people and provide public education. It is a hidden part of the healthcare system that should be looked at rather than placing all of the responsibility on the medical providers. She said to some extent the medical provider may feel ill-equipped or liable in some way. She suggested thinking about the use of natural networks and how they can be used for the benefit of people at the level where people need support. Rev. Grubbs said she is thinking of preventative strategies rather than waiting until people are to the point of hospitalization or need supportive housing.
Ms Hyre questioned whether they discussed making recommendations for dedicated Psychiatric PA's, APRN's, or other resources such as a step below the MD for making connections. Ms Giordano noted they didn't go into detail about how a practice would look or make those connections in reaching out to the community. She noted MD's may not have time to do and RN's may not have the community aspect of things. Ms Fissel said it seems like community health workers could fill that role. She remarked if we are considering integrating the holistic community and wellness practices with existing resources or workforce, they could have community health workers fill the role. Ms Murphy noted SIM offers us several opportunities. She said with the recommendations, it is the first time there will be behavioral health measures that will access quality of care that practices will have to be adhere to. It is only being done in a few states in the country. She said this is the first step in making a connection that this is a part of healthcare. Ms Murphy mentioned the whole point of SIM is to improve health. Ms Murphy said this is why we have all of these different work groups together to look at how practices and systems get structured to provide what people need. Ms Giordano noted there is another design group accessing health equity. She said Elizabeth Krause from the Connecticut Health Foundation is the co-chair and they are looking at health roles appropriateness, what is going on, and where we need to be heading as a state and nation. Ms Giordano suggested inviting Ms Krause or representatives to speak about what is going on in their group and have this conversation because it may provide a different angle.

Mr. Beadle said that he is part of a state wide initiative. He said there are many agencies across the state that manage supportive housing programs and provide case management not by a mental health professional. He noted in his office, they provide support to people that are in trouble, at risk for being homeless or homeless, people with a diagnosis or dual diagnosis, and mental health issues. They provide a linkage between the mental health and doctor's offices. He noted they work with others in the community like the police authority. They do a wellness check for people and usually are able to prevent re-incarceration and re-institutionalization. They determine whether people need to see their mental health provider, CHR, something else. Mr. Beadle remarked in housing, there are models. He said it is the one particular model they are looking at as they discussed the community health worker piece. There are some primary care providers who may not have that much difficulty establishing a linkage but there's still the question of whether they will have the capacity in the office to make the connections. Ms Giordano said this is their first document and it was pointed out that it's not specific quality measures. She remarked the design group looked at behavioral health in the primary care setting. Ms Giordano noted they looked at specific issues like screening for tobacco use, unhealthy alcohol use, and suicide risk especially for children and adolescents. There are specific measures that are being submitted to the Steering

Committee. They have more work to do by looking at admission rates, readmission, and follow up rates. Ms Gates noted trying to figure out what measures to use is a difficult process. She said they had a conversation about how measures were more about holding hospitals accountable as opposed to holding primary care providers accountable. She said holding the PCP accountable for the treatment process is a long ways off. Ms Murphy noted this was a great first discussion and said she really appreciated the Behavioral Health Design group coming in and talking about the issues. At this point, Mr. Beadle said he had to leave due to another engagement. Ms Fissel questioned whether there was a quorum. Ms Murphy noted the lack of a quorum.

3. Update on SIM Work Groups

Ms Murphy said in the interest of time, they will move through the updates and check to see if anyone has questions regarding the summary sent via email (found here).

Quality Council: Ms Murphy gave the update on Quality Council. They are preparing to present provisionally approved quality measures and the recommendations by the Behavioral Health Design group to the Steering Committee on Thursday. There is an outstanding list and they are not done working on it yet.

Practice Transformation Taskforce: Ms Murphy noted PTTF gave a presentation at the last Steering Committee meeting. She said changes and recommendations were sent out to everyone in advance and discussed at the last PTTF meeting.

Equity and Access Council: They have broken into four subcommittees and have been working through conference call meetings.

Health Information Technology Council: Dr. Checko gave an update. They received a request from the Quality Council to provide them with Proof of Solution. They are looking at two measures of high blood pressure and diabetes and will discuss at the next meeting.

MAPOC Care Management Committee: Ms Murphy asked whether there were any updates from this committee. The last meeting was cancelled. There were no updates at this time.

4. Consumer Representative Resignations

Ms Murphy noted the need to adjust because people life situations have changed. She said, currently Barbara Headley resigned from Equity and Access Council. Cheryl Harris Forbes will need to resign from the Consumer Advisory Board due to a change in her schedule. Theanvy Kuoch has resigned as CAB liaison from Health Information Council. They are going to post an announcement on the website for two weeks, to see if anyone would like to work on one of the workgroups as a consumer representative. If interested, they can send in the consumer information sheet that will be posted. Ms Murphy said they will go through the process of reviewing applications and scoring. More information about this process will be coming in the next week. Ms Ferguson questioned whether a liaison has to be a Consumer Advisory Board member first. Ms Murphy said they are looking for a CAB liaison but could probably be flexible with it because Dr. Checko is also serving on Health Information Council. Ms Murphy, Dr. Checko, and Ms Kuoch will meet to discuss.

5. Update on CAB Workforce Issues Questions

Ms Murphy asked Mr. Krzys to give an update. Mr. Krzys said when the SIM grant was filed, there were five work groups and then it was modified to have four work groups. He noted Workforce Council work group was never formed or does not exist. He noted one charge of CAB is to recommend and participate in consumer engagement activities. It happens through the workforce that talks to the patients and consumers. He mentioned the importance of having a process in place to develop workforce investment strategy. He questioned, how does the existing workforce get transformed? He questioned, how do new necessary jobs get created? He noted from an economics' view, there is a certain supply of workers now and there's going to be a certain demand for workers in the future. There may not be enough for what is needed in the future, for instance

primary care providers. Mr. Krzys mentioned the SIM grant issue brief number eight being all about the community health worker initiative. Mr. Krzys remarked he would like a place to share ideas and have a forum about the workforce issue. It is important that somehow within the system, those innovative workers, innovative non-profits, and innovative for-profits can feel that the system works. Many of the workers will come right out of the community. They need those kinds of workers to do the kinds of things that a lot of people are asking to be done. So as they progress through the four year program, they have a place to raise issues and evaluate what they can/can't do and what's needed to make it happen. He noted that the Department of Labor (DOL) is part of the workforce investment board services. Mr. Krzys said he talked with Dr. Schaefer about maybe bringing in Southwest AHEC, Bruce Gould, and other stakeholders to the next meeting. He noted the state DOL funded the curriculum for community health services at Norwalk, Gateway, and Greater Hartford Community Colleges. He said he is just trying to get the topic back into the mix. He suggested bringing in groups so they can start having these discussions or transforming the existing workforce. The existing workforce is not going anywhere. They can be transformed into a different type of role.

Ms Murphy questioned if it would be helpful if they included a presentation on the workforce issues in the April meeting. They could include someone from the Department of Labor and CHW lead, Bruce Gould, to talk about these issues. They could bring questions regarding workforce, community health worker, and health navigator to the next meeting.
Dr. Checko noted they were approached by the people at UConn and suggested inviting them to the forum. They could find out exactly what the plan is to use the money that has already been appropriated in the SIM grant. She suggested getting DOL to the table and possibly inviting the folks in Massachusetts that have dealt with and solved this issue. There is a lot more to the whole workforce issue, but they can start addressing the CHW piece, which is critical. She mentioned that the larger issue is, "If they bring them, will someone pay?" Dr. Checko said she thinks it's a good idea to use the April meeting to start a discussion on it.
Mr. Krzys suggested they think it through and start talking to people who are actually doing it. He said maybe they can come to a consensus of how best to wrap around the approach.
Dr. Schaefer questioned what active subgroups were formed. Ms Murphy said on CAB, they have worked with the design groups from the working groups and pulled together with them as opposed to separate ones. Ms Murphy said CAB could certainly set up a design subgroup on behalf of workforce. Dr. Schaefer said if the PMO tries to set up a workforce group, it may become contested as to who would be able to participate, in what numbers, and with or without votes. It doesn't preclude the CAB from having their own work group focusing on that gap and maybe get to the point where it sort of formulates the recommendation in so many months. Dr. Schaefer noted they are not restricted from creating something that is called that and it becomes the place where folks can go to have that conversation. It doesn't prevent them from moving forward with examining those questions. Ms Murphy said it makes sense to her; just as long as they can bring in representatives from the various work groups and the behavioral design group. This would ensure that the work they are doing connects to the work of Quality Council quality measures, and Practice Transformation. Ms Murphy noted unfortunately they do not have a quorum to make a motion for the design group. Members agreed on moving forward in developing a design group but couldn't get a motion. Ms Murphy and Mr. Krzys volunteered to be a part of the design group. Workforce issues will be put on the next agenda. Ms Murphy suggested that each of them working on various work groups, go back and do "homework," looking through what they are talking about with quality measures and standards to find things that pertains to this issue. Ms Fissel suggested that it be put on the next meeting's agenda to establish the design group.

Ms Woodsby said she is going on maternity leave in two and a half weeks but would like to be kept informed.

6. Update on CAB Questions Regarding Conflict of Interest Policies
Ms Murphy said they have shared CAB questions with Dr Schaefer on the issues and he is in the process of getting the information they have requested. They will make sure to let everyone know as soon as they get the response on it.

7. Next Steps and CAB Meeting Schedule
Ms Murphy questioned the date of the next meeting. The Board will next meet on April 7th from 1:00 p.m. to 3:00 p.m. Ms Murphy said they will aim for Hartford, but not the Capitol Building location if possible. She mentioned parking problems. Ms Fissel questioned whether the location had to be connected to the legislators to have a meeting. She said she knows of a space they can possibly meet located at 399 Franklin Avenue in Hartford. They have the ability to have telephone conferences. She will send the information for consideration.

Meeting adjourned at 3:00 p.m.