

To: Consumer Advisory Board Members  
From: Arlene Murphy and Kevin Galvin  
SUBJ: Proposed Revisions to CAB Member Guide

As CAB transitions from the State Innovations Model Consumer Advisory Board to the Office of Health Strategies, Consumer Advisory Board, policies will need to be revised and expanded.

The CAB Planning Committee reviewed the current CAB Member Guide Policies (attached) at the December 4th meeting and recommend additions and revisions to the following CAB Policies:

1. Change title to CAB Operating Principles and Policies – It is important to express Consumer Advisory Board principles and what we have learned about meaningful consumer engagement and participation.
2. Include CAB process for Consumer Representative Outreach, Application, Selection and Terms of Office
3. Include CAB Officers selection by majority of vote and add Terms of Office
4. Revise CAB Member Responsibilities and Attendance Policies
5. Rename and expand CAB Values to CAB Operating Principles. Include the significance of meaningful consumer participation, the need for clear language, the principles of health equity, the need for effective patient engagement and importance of language access\*.
6. New Organization Chart
7. Review of Glossary

We hope to discuss these proposed revisions at our meeting, consider other revisions that may be necessary and plan how to move forward developing this important document. We look forward to hearing your thoughts and suggestions.

Please feel free to contact us with any questions.

\*Theanvy Kuoch has shared the following wording describing the importance of language access.  
"Health Care requires engagement of a person and health care providers. Engagement requires good communication. People who speak English as a Second Language face extraordinary barriers in every aspect of that engagement from being able to make an appointment to being able to access medications, tests and information about their health including the ability to access their medical records which are playing a bigger and bigger role in patient/provider communication. Overcoming these barriers require training of every member of the health care team"

# CONNECTICUT HEALTHCARE INNOVATION PLAN



**Connecticut State Innovation Model (SIM)**

**Consumer Advisory Board**

**Member Guide**

**May 2018**

# Draft CAB Member Guide

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# Consumer Advisory Board

## FACT SHEET

### Consumer Advisory Board Mission

To advocate for consumers and provide for strong public and consumer input in Connecticut health reform policies.

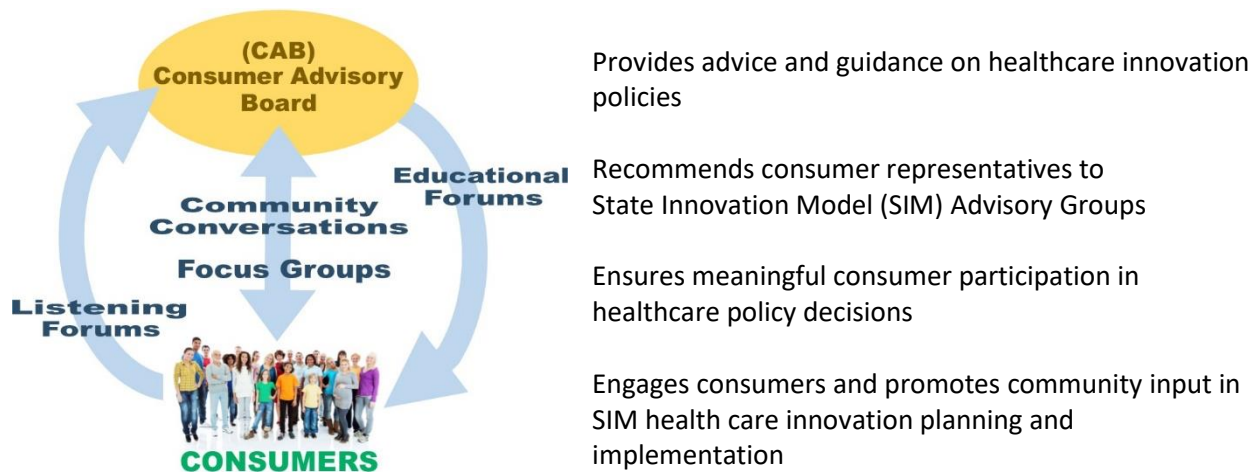
### Consumer Advisory Board Vision

The overarching vision of the Consumer Advisory Board (CAB) is to ensure that Connecticut healthcare innovations lead to positive health outcomes and health equity for consumers across Connecticut.

### Background

In March 2013, Connecticut received a Federal **State Innovation Model (SIM)** Phase 1 grant to improve the quality and reduce the cost of health care through changes in how health care is delivered, paid for and how quality of care is measured. The Consumer Advisory Board was established under this grant to promote consumer involvement in this process. Under the SIM Phase 2 grant awarded December 2014, the Consumer Advisory Board membership was increased and its activities expanded.

### What Does Consumer Advisory Board Do?



### For More Information

For more information on State innovation Model (SIM) and Consumer Advisory Board (CAB) go to <http://www.healthreform.ct.gov>.

## **Consumer Advisory Board Meetings**

The Consumer Advisory Board meets monthly. In addition, Consumer Advisory Board Members are asked to participate in Community Listening Sessions, Forums, and Issue Focused Webinars. A calendar of CAB meetings and activities is posted at <http://www.healthreform.ct.gov/CAB>.

## **Consumer Advisory Board Members**

Jeffrey G. Beadle

Alan Coker

Alice Ferguson

Kevin Galvin (Chair)

Rev. Bonita Grubbs

Linda Guzzo

Stephen Karp, MSW

Robert Krzys

Theanvy Kuoch, MA, LPC

Nanfi Lubogo

Velandy Manohar, MD

Arlene Murphy (Chair)

Terry Nowakowski

Jason Prignoli

Kelly Ray

Ann R. Smith, JD, MBA

Denise O. Smith

## **Contact Information for the Office of Health Strategy SIM**

Jeannina Thompson at the Office of Health Strategy SIM can be reached at [Jeannina.Thompson@ct.gov](mailto:Jeannina.Thompson@ct.gov) or 860-418-7079.

## Consumer Advisory Board (CAB) Member Responsibilities

1. **Attend** meetings consistently to ensure active participation and quorum
  - a. Contact staff if you will be absent from a meeting
  - b. Contact staff prior to meeting if circumstances prevent you from attending in person and you require participation via conference call.
2. **Prepare** for meetings by:
  - a. Reviewing materials distributed prior to meeting
  - b. Prepare to raise questions and comments about issues being discussed
3. **Participate** in meeting discussions by raising questions and comments, and making recommendations
4. **Listen Respectfully and Speak Respectfully** to others
5. **Assist** in planning and implementation of CAB consumer engagement activities and efforts to promote healthcare policies important to consumers
6. **Uphold** Consumer Advisory Board Values
7. **Comply with** SIM Conflict of Interest policies.

In the event, that a Consumer Advisory Board member is unable or unwilling to fulfill the above responsibilities, Consumer Advisory Board may recommend their replacement.

## Consumer Advisory Board Values

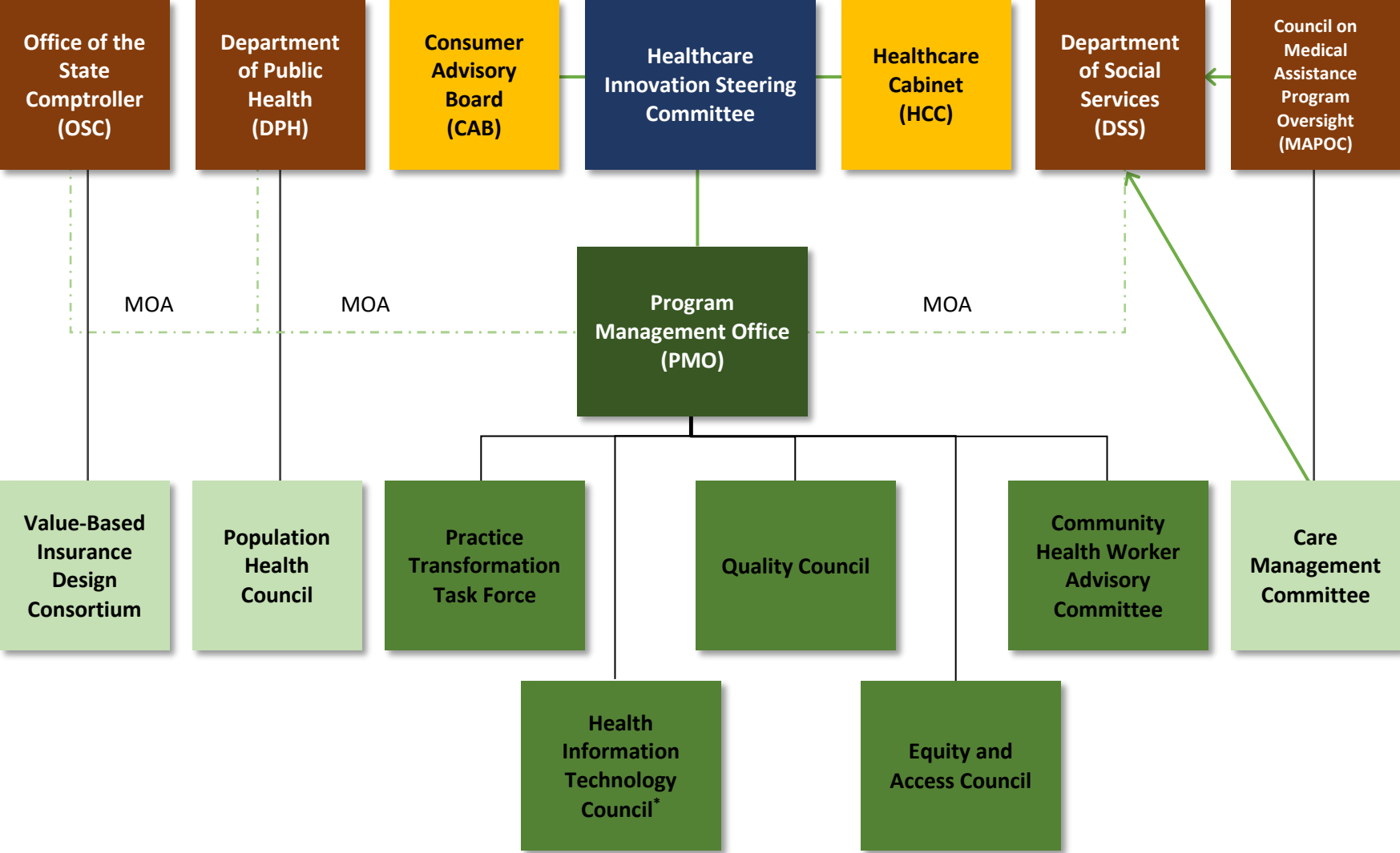
The mission of the Consumer Advisory Board is to advocate for consumers and provide for strong public and consumer input in Connecticut health reform policies. To accomplish this mission, Consumer Advisory Board meetings and activities are open to the public and strive to uphold such values as;

- Respect
- Diversity
- Accountability for meeting CAB goals and objectives
- Commitment to overcoming language and other barriers to meeting participation
- Understanding there are many different “consumer” perspectives.
- Listening to and learning from other points of view
- Appreciation of CAB member time and effort
- Dedication to healthcare innovation efforts that improves healthcare for Connecticut consumers

## **Conflict of Interest Policies**

All Consumer Advisory Board (CAB) Members are required to disclose in advance if they, their employer or any member of their immediate family could possibly benefit financially from the outcome of a CAB decision process. A Conflict of Interest Disclosure Form is completed by each Consumer Advisory Board Member and submitted to the Office of Health Strategy (OHS). Once disclosed, the individual can choose to abstain from a vote or be recused from a discussion.

### SIM Organization Chart



\*The Health Information Technology Council was disbanded in June 2016. The Health Information Technology Advisory Council, a legislative council, was expanded to encompass SIM HIT activities in addition to its legislatively mandated work to develop a statewide health information exchange.



## Glossary of Terms and Abbreviations

A **Community Conversation** is a group of individuals invited to help identify and prioritize community needs. Normally done in small group sessions, (i.e., 6 to 15 participants), it can be conducted with small subgroups in a larger, community setting.

[www.unitedwaywi.org/sites/.../Community%20Conversations%20Guide.pdf](http://www.unitedwaywi.org/sites/.../Community%20Conversations%20Guide.pdf)

**Behavioral health** refers to both mental health and substance use conditions.

**Care experience** is the actual experience a consumer has with the services that are provided. This can include the timeliness of scheduling an appointment, the courteousness of administrative staff, and the perceived willingness of the doctor to answer questions in a way that is understandable to the consumer.

**Comprehensive multichannel engagement and communication plan** is an approach to sharing and receiving information through a variety of strategies that is tailored to the target audience.

**Health disparities** can be understood as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups ([www.fccc.edu](http://www.fccc.edu))

**Health equity** is when all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'" <http://www.cdc.gov/socialdeterminants/Definitions.html>

**Health information technology** involves sharing health related information through electronic based platforms. <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/healthit/>

**Healthcare workforce** is the actual number of individuals who are providing health services, across disciplines and levels of care. <http://bhpr.hrsa.gov/healthworkforce/>

**Interactive information portal** is located on the internet as a webpage that brings information together and makes it accessible to multiple groups and individuals. [https://en.wikipedia.org/wiki/Web\\_portal](https://en.wikipedia.org/wiki/Web_portal)

**Linguistically and culturally relevant services** means effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

**Population health** is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

**Population health plan** extends beyond the individual and incorporates health outcomes of a group of individuals. Often, population is defined by geography, but can also include another defining group characteristic. <http://www.improvingpopulationhealth.org/blog/what-is-population-health.html>

**Primary care** is the care provided by a personal physician that is trained in health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. This person is typically the first contact with a consumer of health services. <http://www.aafp.org/about/policies/all/primary-care.html>

**Quality measure alignment** is the process of developing a more systematic approach to value-based payment in which payers tie financial rewards for providers to the same or similar quality targets.

**Social determinants of health** are the conditions in which people are born, grow, work, live, and age. Social determinants of health also include the wider set of forces and systems shaping the conditions of daily life. Examples of social determinants of health are access to health services, safe housing, food, education and employment. [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

**Stakeholders** can be understood as those individuals or groups that would be substantially affected by reforms to the system. The primary stakeholders in healthcare are consumers, providers, pharmaceutical firms, employers, insurance companies, and government. <https://sites.sju.edu/icb/health-care-reform-duties-and-responsibilities-of-the-stakeholders/>

**Value-based Insurance Design** is an approach to increasing the quality of care a consumer receives while also lowering the costs of providing care by using financial incentives to promote cost efficient services and consumer choices. <http://www.ncsl.org/research/health/value-based-insurance-design.aspx>