

Consumer Advisory Board
Meeting Minutes
January 22, 2019

Meeting Date	Meeting Time	Location
January 22, 2019	2:00 pm to 3:00 pm	Webinar only

Participant Name and Attendance

Consumer Advisory Board Members				
Jeffrey G. Beadle		Robert Krzys	X	Jason Prignoli
Alan Coker		Theanvy Kuoch, MA, LPC	X	Kelly Ray
Alice Ferguson		Nanfi Lubogo		Ann R. Smith, JD, MBA
Kevin Galvin	X	Velandy Manohar, MD	X	Denise O. Smith
Rev. Bonita Grubbs		Arlene Murphy	X	Stephen Wanczyk-Karp, MSW
Linda Guzzo		Terry Nowakowski	X	Christiane Pimentel

Others Present				
Mary Jo Condon (FHC)		SB Chatterjee		
Quyen Truong (NCRMHB)				
Laura Morris (OHS)				
Leslie Greer (OHS)				

Meeting Information is located at: <https://portal.ct.gov/OHS/SIM-Work-Groups/Consumer-Advisory-Board>

	Agenda	Responsible Person(s)
1.	Welcome	Arlene Murphy/Kevin Galvin
	Arlene Murphy chaired the meeting. Members and other participants introduced themselves. Ms. Murphy mentioned the purpose of the meeting was to review questions of Consumer Advisory Board (CAB) members and it's role within the Office of Health Strategy with Victoria Veltri, Executive Director of the Office of Health Strategy	
2.	Review of CAB Questions	Victoria Veltri, Executive Director, Office of Health Strategy
	<ul style="list-style-type: none"> Victoria Veltri began the meeting by stating that OHS has a statutory role; but waiting for Governor to share direction/vision for OHS, however, Governor is supportive of OHS. Vicki stated that everything she states is from her perspective 	
	Information on Code of Ethics and Background on CAB <ul style="list-style-type: none"> Vicki wanted to clarify the role of an Advisory Board and looked at ethics statute – advisory board members aren't bound to ethics code that legislators and appointees are subject to. Kevin Galvin stated that the CAB chose to adopt the Code of Ethics. Vicki continued on to discuss the role of the CAB within OHS: <ul style="list-style-type: none"> Vicki provided background on OHS; 2017 created in legislation; 2018 OHS was fully assembled and includes the State Innovation Model, Health Information Technology coordination, statewide health information advisory council, All Payors Claims Database (was with health insurance exchange), Health Systems Planning (formerly Office of Health Care Access) anything related to hospital and group 	

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practice/financial reporting, utilization reporting, etc., certificate of need process; Healthcare Cabinet (formerly under The Office of Lieutenant Governor) – advises governor on healthcare reform issues; projects from time to time such as a grant from CT Health Foundation and Universal Healthcare Foundation to create an affordability standard for health care. Leslie Gabel-Bret will be involved and the CAB will play a role in that.

- Primary duty of OHS is to create comprehensive and cohesive vision for health for the State including but not limited to a statewide cost containment strategy. CAB and Stakeholders will have a big role within establishing that vision.
- State of CT sets budgets every two years – biennium budget. Make decisions on what we are spending money on and not. This year is the biennium budget. Without a good vision for health, we cannot set a budget. Have to set a vision and stick to the vision and budget and goals.
- OHS Leadership will be rolling out the vision for each unit and we would want CAB input.
- Ann Smith asked what was the public act enabling OHS in statute? Vicki replied Public Act 18-91
- CAB was initially created under statute under the Office of Health Reform and Innovation and idea was that it would advise Health Care Cabinet, which was eventually nixed. Then CAB was created under SIM to provide input under the activities of SIM.

What will be CAB's role in the Office of Health Strategy?

- Vicki stated that she wants CAB to advise more broadly and there is a lot of room for advice and counsel on work OHS is doing.
- Vicki identified some specific areas and initiatives that she would like advice and input on, however, not limited to just these:
 - Health Care Cabinet: Arlene currently represents the CAB on the Health Care Cabinet, input on the HCC work and potential options for the HCC to work on. The HCC is charged with work from legislative bills to undertake activities: Cost Containment Study, Prescription Drug Study, Health Care Costs now and strategies for that. Welcomes input on what we can do to constrain health care costs, would like input from CAB and consumer voice represented. All materials are located on the Health Care Cabinet website: <https://portal.ct.gov/OHS/SIM-Work-Groups/Health-Care-Cabinet>
 - SIM continued advice and input on SIM initiatives including continued input and advice on PCM and populating design groups.
 - Health Enhancement Community (HEC) – Vicki would really love to have CAB spend a lot of time on HEC, which is community driven, big opportunity across the state to get people to look at prevention, ACES, healthy weight, bring healthcare costs down.
 - HIT and Advisory Council – Vicki would like to explore ways for the CAB to have interchange with HIT and Advisory Council. Some consumers on Advisory Council but should explore input from consumers on Advisory Council with CAB.

Where does CAB sit within OHS structure?

- Ann Smith asked Vicki where the CAB sits in the organizational chart. Vicki stated that OHS is finalizing the organizational chart, however, she envisions CAB as a parallel line direct to her.
- Vicki is very motivated to listen to ALL stakeholders in the community – providers, insurers, consumers, etc. Health care is changing rapidly and the best way to respond is from the ground up as most ideas come from outside and need to percolate and facilitate to have those come to fruition.

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- Vicki stated that it is important that she know when things are working well and not working well or there may be disagreement, or of other ideas that we are not thinking of. If CAB has ideas on how to bring down healthcare costs, bring those forward. There are many initiatives that OHS needs advice on.

Will CAB be an Independent Advisory Body?

- Regarding the independence of CAB, Vicki stated that CAB should be independent of OHS but wants CABs advice when OHS needs it. She would like CAB to speak freely and members to bring their own experiences.
- Vicki also envisions CAB helping OHS connect with communities and community organizations.
- When Vicki was healthcare advocate, she went out to communities a lot. She wants to do that more again, and to get to know people, wants to listen to what communities are facing and how we can help and CAB can assist with that.

What resources are available to CAB?

- Kevin Galvin asked about the resources available to CAB. Vicki stated that the following resources are available:
 - There is still \$75,000 funding from SIM grant
 - There is \$100,000 RFP for consultant to assist CAB with administrative tasks, resources, outreach, consumer engagement, etc.
 - Vicki doesn't know what will happen next year because she doesn't know what the Governor's budget is
 - But she is committed to continuing support for CAB, it is an important function
 - SIM funding dries up in January 2020. But there is some HIT work being moved from state to federal funds, so we might have some funds there
 - Plus we have OHS staff – Laura Morris and Leslie Greer who are helping
 - Vicki thinks funding may ebb and flow based on activities
 - Will look at applying for other grants and opportunities if needed
 - OPM has been supportive of the budget– of RFP, OHS, etc.
 - Vicki states that perhaps Alan Hackney or someone from HIT as well as HSP can come talk to the CAB about their work.

Operating Principles for CAB?

- Regarding Operating Principles for the CAB going beyond CAB and how the CAB works with OHS. Would defer to the CAB as to its operating principles. However, Vicki hopes that one of the principles would be how the CAB goes out into communities and interacts with communities.
- Theanvy commented that CAB must work with communities to find solutions because barriers come from the community but solutions also come from the communities.
- Vicki agreed with Theanvy's statement and talked about working across agencies and having a health and health equity in all policies across all agencies.
- Vicki also stated that CAB can play a role in places historically have not been such as DMHAS, DCF, Office of Early Childhood, etc.
- Vicki stressed the need for CABs assistance with HEC. HEC is aligned with where the feds are going, there is cross sector collaboration with HEC and looks at health inequities including environmental factors and housing. HEC is a long term lift and would like to see a deeper dive into community engagement with HEC, meeting with community organizations, convening consumers and patients that we can talk to.

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- Kevin indicated the HEC is big lift and from a management perspective CAB would like help from Vicki to hand off things so we don't get bogged down on one initiative and nothing else. PCM was important, but also an anchor and slowed CAB down. We might want to think about our organizational plan and how to manage big items that are urgent.
- Kevin also indicated that CAB members know how to bring people together. Placing consumers in key areas to craft and oversee the development of health care.
- Vicki stated that HEC has always been in our plans and has more widespread support. Also came out of sustainability planning for the SIM and modernize healthcare. HEC is a long term lift and PCM is perhaps a shorter term lift depending on how it happens. The rest of OHS activities are more discreet and are short term opportunities for input from the CAB such as CON applications, public comment, etc. That is just one example of activity and CABs role in assisting with that.
- Terry asked about HEC and how it's changing – is there still opportunity for public comment? Yes – it's extended to end of February 13th. But the overall intent is the same, which is to look at the innovation and community based strategies, correct? Yes, that is correct.

Additional Questions by CAB members:

- Velandy asked the timeframe when Vicki will meet with the Governor's office? Vicki stated she cannot give a committed date but hopes to have a conversation within the next couple of weeks.
- Ann Smith asked if there is a vision for children's health and integrated behavioral health?
- Yes, Vicki will meet Beth Bye soon – Office of Early Childhood needs to be at the table with what they're doing. Will also reconnect with DCF around behavioral health, meeting with Sarah Egan on kid's behavioral health, and Kate McEvoy. Have had conversation with data/technology work and helping DCF. Integrating behavioral health is a big challenge and need to work on it. See a role with the Pediatricians in SIM on how to integrate behavioral health. We separated out behavioral health and now we have to bring it back together. Need agency intervention; in the last couple of years agencies got siloes again. Don't have specific timeframe. Long Term care is another need to make sure the siloes go away. Don't want kids to be stuck in ED due to lack of places to go for lack of capacity in the system. Same problem on the senior side – just as many seniors going to ED as kids.
- Velandy mentioned School Based Health Centers and data integration.
- Theanvy stated that when talking about community, children behavioral health and health integration, one thing we are missing is data.
- Vicki stated that there are several things going on with respect to data. OPM has a Data Officer and the Open Data Portal which reports on how agencies are doing; Under OHS is the HIT, clinical, claims data, etc., this data is the data that will drive how well we do. Third piece is a bill that we tried to get passed last year, but there was misunderstanding on what that bill was trying to do. This year there will be another bill which has a much better chance of passing. Vicki stated that we cannot improve what we are not measuring, demographic data to the degree we need including sub population data to solve for the inequities in the state. Vicki talked to OPM about supporting that legislation. We have lots of pockets where we need improvement we can't address unless we collect data to target interventions.

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	<ul style="list-style-type: none">• Velandy brought up the funding available in maternal child health, money in legislation to collect information on maternal deaths.• Vicki stated that there are a lot of funding streams. Will need to rely on federal grants. Talk to DPH, Early Childhood Education, DSS on maternal health funding. Also, funding on Opioid grants specifically related to data collection.• Jason asked what does a successful CAB look like in next 12 months. Vicki stated that a successful CAB is one that is successful in informing our initiatives, engaged with many community members, don't have to agree with OHS, is sustainable, and can point to a couple of initiatives it has really influenced. <p>4. Next Steps & Other Questions Discussion</p> <ul style="list-style-type: none">• Will start working on preparation on healthcare cabinet and start bringing issues• Presentation on other topics• June 11th CAB Strategy Session for the coming year• Ann Smith motioned to adjourn, Velandy seconded.



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