

## Consumer Advisory Board Special Meeting Minutes October 23, 2019

Meeting Date	Meeting Time	Location
October 23, 2019	1:00 – 2:00 p.m.	Office of Health Strategy, 450 Capitol Avenue, Conference Room 2A, Hartford, CT 06134

### Participant Name and Attendance

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Jeffrey G. Beadle (phone)	X	Christiane Pimentel			
Robert Krzys	X	Jason Prignoli			
Theanvy Kuoch	X	Kelly Ray (phone)	X		
Velandy Manohar	X	Ann R. Smith			
Terry Nowakowski		Denise O. Smith			
Others Present					
Laura Morris (OHS) (phone)		Quyen Truong (Consultant, Amplify, Inc.)		Vicki Veltri (OHS)	
Leslie Greer (OHS) (phone)		Terry Gerratana (phone)		Leslie Gabel Brett (phone)	

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

	Agenda	Responsible Person(s)
1.	<b>Welcome</b>	<b>Robert Krzys</b>
	<p><b>Call to Order</b> The special meeting of the Consumer Advisory Board (CAB) was held on Wednesday, October 23, 2019 at Office of Health Strategy, 450 Capitol Avenue, Conference Room 2A, Hartford, CT 06134. The meeting convened at 1:06 p.m. Robert Krzys chaired the meeting. Members and other participants introduced themselves and reviewed the agenda.</p>	
2.	<b>Public Comment</b>	<b>Robert Krzys</b>
	There was no public comment.	
3.	<b>Discussion of Consumer Advisory Board OHS Role with Victoria Veltri, Executive Director, Office of Health Strategy</b>	<b>Victoria Veltri, Executive Director, OHS</b>
	<ul style="list-style-type: none"> <li>Robert Krzys shared his thoughts regarding the meeting. Briefly discussed organizational relationship and interface going forward from perspective of OHS. Robert Krzys reported that CAB is working on Governance Committee to know how we will run ourselves and our business. The Work Plan Sub-Committee is staffed by Laura Morris and establishes the work plan with OHS. He suggests the place to start is the CAB background – where it was and where it is going.</li> <li>Vicki Veltri shared the organization chart and said she can share it via email after the meeting. She went into the history of the CAB. In 2011, the CT Office of Health Reform and Innovation created inside of the Lieutenant Governor’s office. She discussed Sustinet, public option, and how it went through a process of pricing and that it would cost the state too much money. We had a much bigger budget deficit in 2011 than now. Governor disfavored Sustinet, and focused on the Affordable Care Act – setting up an exchange. Since Sustinet went away, the Health Care Cabinet was created and Office of Health Reform and Innovation were created</li> </ul>	

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under Lieutenant Governor Nancy Wyman, and created statutory Consumer Advisory Board to advise the Office of Health Reform and Innovation (OHRI). This was the original CAB. Fast forward to 2014 – still budget problems – so OHRI was eliminated, and its CAB was also eliminated. Victoria Veltri was Healthcare Advocate at the time, and there was a discussion about State Innovation Model opportunity – to apply for grant to design future-looking system in Connecticut. This involved a lot of people, with Victoria Veltri leading efforts. Michael Michaud and Mark Schaefer were also involved, and they all felt strongly that they wanted a CAB for SIM. Since SIM was not statutory, they created their own board to advise them. They created CAB to get consumer engagement in SIM work. Don't remember how people were originally appointed. Lieutenant Governor Wyman appointed some people, and others were recruited. As a condition of that grant, we had to apply for additional funding to test ideas from original SIM grant. We knew that as part the grant requirements, we wanted consumer feedback and CAB and other stakeholder bodies to inform the work. This is how the CAB got involved in other groups, like HIT, HEC. The CAB was created out of the SIM work. We also created these other groups to advise us on the SIM work. Health Innovation Steering Committee is statutory, but SIM groups are not statutory.

- Velandy Manohar clarified that CAB came under SIM grant. Victoria Veltri agreed.
- Victoria Veltri said that the CAB is one of multiple groups that is advisory to OHS. SIM grant ends in January. OHS hasn't decided whether to continue the SIM Health Innovation Steering Committee, but that's separate from CAB. Health Cabinet and Health Innovation Steering Committee are statutory bodies.
- Robert Krzys wants to understand relationship between Health Cabinet and Health Innovation Steering Committee.
- Victoria Veltri said Health Information Technology Council is statutory, will continue; its role goes beyond role in the SIM grant. In that grant, we said we would invest in technology solutions to collect clinical quality data that is tied to payment reforms that we said we would do. The Health Information Technology Council that now exists was created by legislation in 2015 and revised in 2016 to create Health Information Technology officer for the state – broader than what the SIM was working on, and to create a health information technology exchange. This was brought under OHS when OHS was created. The Health Information Technology work has been pulled under OHS.
- Robert Krzys asked about the org chart; Victoria Veltri clarified that the Health Information Technology Council is not in this org chart – but on another page. That group is advisory to OHS. That body has discretion to have consumer representatives on it.
- Robert Krzys asked what is the role of the Healthcare Cabinet. Victoria Veltri said there are a lot of advisory bodies – one of her goals is to streamline processes. Healthcare Cabinet's mission has not changed: it's purpose is to advise the Governor on health care issues. This is a legislative appointment, not a CAB appointment. Marty Looney gets to appoint the CAB representative. Victoria Veltri announced that Rev. Robyn Anderson will be appointed as a consumer representative, but OHS and CAB does not have the statutory authority to appoint a members to the Healthcare Cabinet.

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- Victoria Veltri chairs the Healthcare Cabinet and is Executive Director of Office of Health Strategy. Work in the Healthcare Cabinet is relayed by Victoria Veltri up the chain to the Lieutenant Governor and Governor – executive branch.
- Victoria Veltri went through the list of consumer representatives. Said that Population Health Council is suspended. All these appointments came through the CAB. Said that Health Innovation Steering Committee, Quality Council are still meeting, but they have vacancies. Payment Reform Council, like other committees, was also set up by SIM. Community Health Worker Advisory Council has a vacancy. Vicki Veltri does not remember appointing Terry Nowakowski to be on the Certification Requirements Sub-Committee, so will have to check on that, since there were strict appointment guidelines. All of these aforementioned committees are non-statutory.
- Victoria Veltri then went over the statutory committees: Health IT Advisory Council; APCD Advisory Council – came over from Access Health over to OHS – and statutes were changed to put APCD Council under HIT group – has latitude in appointing consumers. Pat Checko is heavily involved in APCD. But there was a legislatively appointed position for patient safety. We should check on that seat to see whether there is a free consumer seat. But just like Advisory Council – there is a data release committee and a privacy committee.
- Victoria Veltri believes that Lesley Bennett asked someone to help join Health IT Med Rec Polypharmacy Group. And CAB could potentially help appoint someone here – they'd have to connect with Allan Hackney and coordinate with him to discuss the appointment. The Health Care Affordability Standard group was created by OHS without statutes, felt strongly that there should be an affordability standard. This is a non-statutory advisory group created to inform/advise OHS. Some of these committees are project related and will end with the project. Victoria Veltri is firm that Quality Council and Population Council are going to stay around.
- Robert Krzys noted that the 9 Design Group Consumer Representatives groups are all disbanded. Is everything on hold? Victoria Veltri said that Primary Care Modernization Project is not happening right now – the demonstration project has been set aside in favor of working with new administration (new DPH commissioner, new DSS commissioner) and wanted to make the process collaborative as possible. There are two streams that she would like to continue on Primary Care: 1) Continued outreach to communities around the state about what they want to see from their Primary Care experience; 2) conversations at the commissioner level between OHS, DPH, DSS about how they can move an agenda forward in a collaborative manner for primary care. We want to get the engagement we need to move people forward on Primary Care.
- Robert Krzys noted time and reflected that we went over the org chart and discussed where CAB has connections and where it doesn't have connections. Where is Health Enhancement Communities – Vicki Veltri said OHS and DPH are co-leading this effort. Recently there was an RFP for grant funding and recently have been awarded – planning grants for communities to have governance structures. At some point, Victoria Veltri thinks that the Population Health Council will revive to advise this work on HEC. She feels strongly that this work will continue.
- Velandy Manohar expressed a concern about burnout. Victoria Veltri acknowledged that she heard this loud and clear, that doctors are burning out.

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- Robert Krzys expressed that it would be helpful for other CAB members who did not participate in this meeting to see the notes from the meeting and to look at materials from this meeting to understand how CAB fits into OHS. Going forward, CAB wants to redefine CAB interface with OHS and understand its authority, in regards to its budget-setting and choice of contractor. If we run out of time, then perhaps there is a group of staff from OHS that makes a memorandum of understanding to share relationship between OHS and CAB.
- Victoria Veltri said that in terms of the structure, there are multiple advisory groups – they were created for input. They are set up to support the work of the office. How she sees this role is the CAB consists of people with life experiences and perspectives, have independent views about what they think should happen, and OHS values all of this. However, she is no longer the healthcare advocate, she is no longer independent – she works for the governor. So at the end of the day, there is no governance authority over the OHS – there is feedback and input, and decisions need to rest with the agency as the executive branch agency. OHS might be prohibited from acting on input, or agree or disagree with input. CAB has authority to run itself and what agenda they choose to bring forward, but CAB needs to bring its work back to the OHS.
- In terms of the budget, there was no budget for the CAB. When SIM grant came in, Victoria Veltri worked with Pat Checko and Arlene Murphy for budget for the CAB. Our office gets a budget allocation from the legislature. Victoria Veltri stated that we want to support the CAB, and set aside a dollar amount for the CAB to do its work – last year we set aside \$100,000. Victoria Veltri has not made a decision for 2020 or beyond. She is committed to having a budget for the CAB work, and CAB should talk with her about that budget. Laura Morris and Leslie Greer are not 100% dedicated to CAB, which is why there is a budget for consulting help. In the past, we worked with Kevin Galvin and Arlene Murphy to put out a Request for Proposals (RFP) for contractor to assist with CAB – and had a small review team consisting of Kevin Galvin, Alan Coker, and Laura Morris to select the CAB’s consultant. So this is the process that OHS would continue.
- Robert Krzys wanted to clarify budget that’s left from SIM money and from the state to engage services of Amplify (consultant). Victoria Veltri confirmed that there is \$100,000 for each year of the biennium – so \$100,000 each year. Robert Krzys wanted to know whether the budget set aside for CAB can be completely CAB-managed. Vicki Veltri said the money has to be spent following state rules, so it would be important to figure out expenditures of funds jointly – shared authority. But at the end of the day, OHS is liable.
- Robert Krzys wants to know about communications – he said when CAB was under SIM, it held listening sessions and life was simple, but now under OHS, there is a spider’s web of activity, and we are hoping to figure out communication with Community Catalyst. Victoria Veltri said the work will depend on what CAB will want to do, and there is work that OHS wants feedback on. For example, the Certificate of Need (CON) is a regulatory process. There is not a lot that CAB can do because she can’t share information on the CON process once the application is submitted, but maybe the New London event that’s coming up and other projects could be useful for CAB feedback.
- Velandy Manohar said who is responsible for onboarding and recruitment? Victoria Veltri said that onboarding and other work is for the consultants to help with. She will share the

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	<p>contract with the CAB – this is a public document. There is also staff time allocated to the CAB to help clarify the rules from the state. Vicki Veltri is still figuring out what is the budget for the future, because she doesn't know what's coming from the Governor's budget for adjustments – but we have made a commitment for the CAB. Some things might be ad-hoc, so plan the core things that you know you might want to do.</p>	
<p><b>4.</b></p>	<p><b>Next Steps and Other Questions</b></p>	<p><b>Victoria Veltri</b></p>
	<ul style="list-style-type: none"> <li>• Robert Krzys asked whether other CAB members have any questions? We haven't talked about all the questions and they all sort of involve discussions with Community Catalyst. How do we finish this conversation with OHS?</li> <li>• Velandy Manohar asked what remains to be discussed? Robert Krzys said, the nature of the communications? How does CAB interface with HEC? The dove-tailing has to be done.</li> <li>• Victoria Veltri said that CAB has mostly been in the SIM pool and other work streams. We can bring more people in to talk about what they are doing on their work. Also, Health Enhancement Communities – CAB is the vehicle to share information, to the extent Population Health Council, which has CAB representative on it, or that we can do more outreach about these initiatives and bring information back to the CAB. If a project is under a particular work stream, like HIT, Victoria Veltri wants to assign someone on Allan Hackney's team to interact with the CAB.</li> <li>• Robert Krzys wants a process where role and existence of the CAB is important to the other councils, so that CAB can be involved and engaged with that work.</li> <li>• Vicki Veltri said that one thing she wants the CAB to work on is the HealthScore CT website – we need focus groups on the cost estimator. We needed to launch something, but we want to make it more useful. This would be ideal if CAB could work with HIT team to set up focus groups. This is an example of a concrete project, time-limited, through HIT team, to set up focus groups.</li> <li>• Velandy Manohar said that after Laura Morris showed us the site, he was very interested in the data.</li> <li>• Robert Krzys ended the meeting to continue the discussion in the next regularly scheduled CAB meeting.</li> </ul>	
<p><b>5.</b></p>	<p><b>Adjourn</b></p>	<p>Meeting adjourned at 2:18 p.m.</p>
	<p>Robert Krzys motioned to adjourn, and Velandy Manohar seconded. <b>Motion carried.</b></p>	