

Consumer Advisory Council

Meeting Minutes

January 28th, 2020

Meeting Date	Meeting Time	Location
January 28 th , 2020	3:00 – 5:00 p.m.	CT Behavioral Health Partnership, 500 Enterprise Drive, Crandall Room – Suite 4D, Rocky Hill, CT

Participant Name and Attendance

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Jeffrey G. Beadle		Kelly Ray	X		
Robert Krzys	X	Ann R. Smith			
Velandy Manohar	X	Denise O. Smith			
Terry Nowakowski					
Christiane Pimentel					
Jason Prignoli					
Others Present					
Terry Gerratana (OHS)		Dashni Sathasivam (HES)			
Leslie Gabel-Brett (OHS)					

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

	Agenda	Responsible Person(s)
1.	Welcome	Robert Krzys
	<p>Call to Order The scheduled meeting of the Consumer Advisory Board (CAB) was held on Tuesday, January 28th at the CT Behavioral Health Partnership, 500 Enterprise Drive, Rocky Hill, CT. The meeting convened at 3:07 p.m. Robert Krzys chaired the meeting.</p> <p>Members and other participants introduced themselves.</p>	
2.	Public Comment	Robert Krzys
	There was no public comment.	
3.	Approve November 12, 2019 Meeting Summary	Robert Krzys
	<p>The motion was made by Velandy Manohar and seconded by Kelly Ray to approve the minutes of the Consumer Advisory Board meeting of November 12, 2019. Motion carried.</p> <ul style="list-style-type: none"> • Velandy Manohar raised the issue of quorum • Robert Krzys stated that at the moment the CAB does not require quorum to approve the minutes. 	
4.	Discussion of Name Change for CAB	Terry Gerratana
	<ul style="list-style-type: none"> • Terry Gerratana noted that the name Consumer Advisory Board (CAB) no longer reflected the identity of the group. She felt that maintaining the word consumer was important to the function of this entity. She offered suggestions including OHS Consumer Council (OCC) or OHS 	

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Advisory Council (OAC). Terry Gerratana made clear that she did not want the body to be referred by the acronym "CAC" to avoid unpleasant connotations. She also agreed that the entity will act as an advisory organization while the "consumer" is the premier part of the mission.

- Kelly Ray expressed her support for changing the name of CAB.
- Velandy Manohar stated his support for having a new name because the group was no longer under SIM.
- Terry Gerratana stated that the website will change, but the previous CAB work will be archived so that the new entity's page will be linked to the CAB page. Terry Gerratana will talk to the communications person to do a feature about the change in name.
- Velandy Manohar wanted to know if the recent community listening sessions and that work would be available on the new website.
- Terry Gerratana affirmed that they would.
- Robert Krzys was concerned that there was not enough discussion of the word "advisory" which contributed to people leaving. Robert Krzys requested that the word "advisory" be maintained given the history of people resigning due to concerns about changes with CAB as a result of the creation of OHS and the sunsetting SIM funding. The perception that CAB could have independent action to implement activities is misleading. He made clear that the current body would serve to collect information, comments, and advice from various parts and providers from the state of CT and report that to the Office of Health Strategy and it was up to OHS to choose how they would take or adopt those comments into policy.
- Robert Krzys suggested the Consumer Advisory Council, to make that clear that this body is not specific to implementation and has an advisory capacity versus a body with authority. Robert Krzys wants it to be clear that this is an advisory body in order to not mislead people in the entity and external facing community so that they don't have expectations that the entity will be able to answer question "what did you with what we said?" That is beyond the entity, as it will function as a sounding board to OHS and report on what is heard and provide recommendations in an advisory capacity.
- Kelly Ray agreed with Robert Krzys. She noted the young adult listening session in New Haven and people asked what are they going to do with their information. She wanted communities to be aware that this group would not be able to carry out the change, but rather start the conversation.
- Leslie Gabel-Brett agreed that the key point of this body is "consumer."
- Terry Gerratana felt that the new entity should be planning the year out.
- Velandy Manohar agreed that the CAB was powerless to do anything although there was much enthusiasm. It would be important to lower expectations. He suggested the name OHS Community Liaison Council (CLC). He noted the Gov. Lamont's executive order number 5 and felt that this entity could assist with this. Velandy noted his reason for his suggestion of OHS CLC because of the liaison function of those on the entity.
- Terry Gerratana stated that the bylaws required 33% of this new entity to be consumers.
- Terry Gerratana summarized that she liked OCC because she felt that it more clearly reflects the bylaws.
- Robert Krzys noted that there is not any difference in the mission of the old CAB and the current entity. He noted that they were still doing listening sessions. He felt that more important than a

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name change was focusing on how the people on the entity are able to carry out their mission. He didn't understand the need for a name change. He noted that the effectiveness of the advisory board comes down to the commitment of the members. He is more concerned with the energy and resourcing of the group, and he doesn't feel the name is as important as what this entity does and how they do it.

- Velandy Manohar stated that another option was to not change the name.
 - Terry Gerratana responded that she does not feel that it is appropriate to go forward with an entity with the word 'board' as it is misleading. The formal definition of board refers to dictating and making decisions for an organization. She noted that as a state agency, they do not use boards in a formal sense. The old charter of the CAB does not align with the function to the entity going forward and while the history and work of the CAB will be honored, it is important to have a new name to not mislead future members into thinking that they will be making policy.
 - Velandy Manohar noted that this discussion is about fitting name to function.
 - Robert Krzys agreed that the circumstances under SIM were different and that it is important to clarify jurisdiction. He suggested Consumer Advisory Council, but that it should never be referred to as "CAC" and instead as C-A-C going forward in response to Terry Gerratana's concern.
 - Terry Gerratana responded with the suggestion of OCAC or OHS-CAC
 - Velandy Manohar noted that in the heyday of SIM, the CAB functioned more closely to a board.
 - Leslie Gabel-Brett asked if there was a compromise of CAC and since it is an OHS entity, that the OHS acronym does not necessarily need to be included. She also hoped that this group would regain its grassroots origins.
 - Terry Gerratana noted that in the bylaws she would refer to this entity as the Council.
 - Kelly Ray and Velandy Manohar were in favor of the name change. Velandy Manohar ended the discussion by stating that he agrees with Robert Krzys that what the CAC does is more important than the name of the body.
 - Robert Krzys stated that there is a consensus by the present members, that this entity will be known as the Consumer Advisory Council (CAC) to the Office of Health Strategy going forward.
- Motion carried.**

5. OHS Strategic Planning Discussion

Leslie Gabel-Brett

- Leslie Gabel-Brett provided an overview of the OHS strategic planning document that was provided to CAC members. She noted that feedback that feedback from within OHS includes the fact that having 8 goals is too many. OHS will pare down these goals. OHS has been in conversation with state agencies and commissioners as well as community stakeholders to have some community voice in these conversations. After briefly describing each section of the document, she highlighted the mission statement, which has been in existence since 2018 and brought SIM, Office of Healthcare Access (OCA) and Health Information Exchange initiative under one umbrella. These origins inform the mission.
- Velandy Manohar asked how Gov. Lamont's executive order number 5 would fit into these goals.
- Leslie Gabel-Brett answered that goals 1 & 2 were responsive to this order.

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- Robert Krzys referred to the statute that established OHS (Sec 19a-754a) and specifically asked about section b4(C) "establishing and maintaining a consumer health information Internet web site under 19a-755b." He felt that if CAC is meant to inform OHS's consumer engagement strategy, then they should have ability to have feedback on this website. He asked if 1) CAC will be able to make comments and provide feedback or make other suggestions about data and other content that they feel is important to consumers? 2) if the CAC page could be linked to this website?
- Leslie noted that the website HealthscoreCT is a work in progress and that she agreed with what Robert Krzys was suggesting.
- Terry Gerratana noted that she will put a request in with the consumer unit head at OHS and to the tech people regarding CAC's requests and their interest in participating in the website.
- Robert Krzys stated that the HealthscoreCT is important because it tells you what a service will cost in a specific geography, but it is not relevant for all populations and types of insurance. He noted that it is complicated because many things are missing. Robert Krzys and asked if there are going to be community focus groups about HealthscoreCT. Also, he said that there is no point in knowing the cost of something unless you have to pay it. There were also discussions about surprise billing. He thinks it is an important test and will want to road-test and potentially at other consumer listening sessions.
- Leslie Gabel-Brett and Terry Gerratana did agree that there will be.
- Terry Gerratana also noted that HealthscoreCT is linked to OHS but has a separate page.
- Leslie Gabel-Brett noted that health care is a very opaque system and this is a tool to increase transparency to drive costs down. She also stated that continued input from CAC is welcomed.
- Dashni Sathasivam noted that there will be community focus groups that are being organized by the consultants, though they are waiting for the greenlight from OHS because the site is still requiring updates.
- Leslie Gabel-Brett reviewed and explained each goal and then asked to discuss the following 4 questions with members of the CAC:
 1. The degree of relevance and impact of the OHS goals, as drafted, on the people you serve or represent.
 2. What is the best and most useful role that OHS can play to achieve shared goals?
 3. Are there any goals with which you disagree or that may lead to conflict with goals or work that you support?
 4. What's missing from our list of goals?
- Velandy Manohar asked how the state will accomplish disaggregating the data to further Goal #5.
- Leslie Gabel-Brett noted that they are trying to ensure that race/ethnicity language data would be collected through the HIE including Latino ethnicity and the OMB standard five categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White as well as Sexual Orientation and Gender Identity (SOGI)
- Velandy Manohar also noted the importance of Goal #5 and looking at longevity, life expectancy of a population is important, particularly for people living in certain areas as well as Goal #6 and focusing on conditions and SDOH are the most relevant to CAC.

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- Leslie Gabel-Brett noted that the CAC could be engaged and providing information and feedback about Goal #5 and Goal#6.
- Velandy Manohar also wants to be engaged on the upcoming community sessions that the consumers are organizing.
- Kelly Ray referred to Goal #5 and Goal #6 and wanted to know how the data that the CAB has already collected from previous listening sessions can be used to advance these. It is important to use the efforts that have been done in the past and it is important not to lose the feedback from communities that have already been reached out to. She noted a previous session that had been outreached to twice, but the former session was not used to inform the next session that was held. Kelly Ray also thought that the data collected from the community sessions would be helpful to informing Goal #2. Overall, she also felt that data from these sessions will provide OHS with (potential) solutions and provide insight into new questions to ask when thinking about these goals or things that should be changed in the future.
- Leslie Gabel-Brett agreed that OHS could take the data from previous sessions and chart it or map it and agreed that it was important to not lose prior work and to make the best use of it.
- Terry Gerratana agreed that there is real data from these sessions and does not know if OHS could have their staff look at this data to come up with something tangible.
- Velandy felt that there was not a space to really talk about health system transformation, specific to health care that is delivered outside of the clinical setting for example with home visitors or telemedicine. He also noted that there is nothing in the goals about innovation and the use of technology, for example telehealth. He would like to see a health care delivery system innovation and technology innovation in this conversation.
- Leslie Gabel-Brett appreciated Velandy Manohar’s feedback and recognized that his suggestions related more closely with how to achieve those goals.
- Velandy Manohar agreed with this. He did summarize that overall his feedback was that he wanted to see the word “innovation” associated with “delivery” included in these goals.
- Robert Krzys noted the work that Quyen Truong has done with following up with communities where listening sessions had happened. They asked: “Where did you go?” “Why did it take so long to get back to us?” and “What happened?” He agreed that Kelly Ray’s point is fundamental to this work and strongly felt that mapping this feedback was important and should be included in the work plan for CAC and in OHS.
- Robert Krzys referred to Goal #6. He discussed rural eastern and rural western Connecticut and noted that lack of psychiatrists and transportation as well as lack of telemedicine services were the greatest barriers to health care delivery. That should be mapped to goal #6. Also, in other areas people stated the challenges of establishing a relationship with providers due to differences in experiences and cultural backgrounds. He thinks that OHS should think about mapping this data and that the CAC should go back and look at the reports and videos and see again what was said and match it to the goals that OHS is considering. Reviewing this data would also help in identifying what is missing from the list of goals. He thinks that this will help the CAC see where we have been and where we are going.
- Velandy Manohar asked about the current status of payment and delivery of telemedicine.
- Terry Gerratana recapped her history in advancing telemedicine services in the state.

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	<ul style="list-style-type: none"> • Robert Krzys suggested that there could be a listening session about people who have accessed telemedicine. While there is significant work needed to create reimbursement for additional services that do not have a payment mechanism, it is equally important to explore services that are already reimbursable. This would include digging deeper into communities where there are disparities in accessing reimbursable services such as telemedicine in rural areas of Connecticut. • Robert Krzys summarized the discussion by asking that the CAC do the remapping and that OHS can also look at data from previous session and that there could be a conversation to compare notes between CAC and OHS. 		
6.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Report on New Britain and New London Listening Session</td> <td style="width: 30%;">Robert Krzys</td> </tr> </table>	Report on New Britain and New London Listening Session	Robert Krzys
Report on New Britain and New London Listening Session	Robert Krzys		
	<ul style="list-style-type: none"> • Robert Krzys noted that the formal report that will come from Quyen Truong and will be based on the notes from CT Health Disparities Institute, Amplify and OHS. He hoped some findings would be available for the February 11th 2020 meeting. It would also be important to share the findings back to the players and attendees to start to establish a feedback loop. • Robert Krzys summarized the event with attendees including consumers, providers and decision makers and the fishbowl discussion that started with community talking about their perceptions of the health care system and then had providers talking about their experiences and then put everyone in discussion with each other. Robert Krzys felt that it was an impressive event. He learned a lot about active listening and what people concerned about and reinvigorated about his involvement in this work. • Velandy Manohar noted that he liked the format of the fishbowl. He acknowledged that there was great need and great resilience in the community. He felt that the OIC location in New London was challenging because there was not an obvious or well-lit entrance and although not as easy to access he felt the event went well. There was also food at the event. He felt that the support of CHC contributed to the success of the New Britain event. He thought that with the photographs and recording that something compelling could be put together. • Terry Gerratana provided Kelly Ray, who did not attend, with more overview that this event was specific to primary care and provided a bio of Dr. Wizdom Powell and highlighted her superior facilitation skills. She also provided more details on the fishbowl format. Terry Gerratana felt that the fishbowl format and way the listening session operated were stellar and high quality. She noted that Dr. Powell facilitated the sessions gratis. She felt that these sessions were a good model to continue with. Also, having a facilitator with a clinical background was helpful. • Terry Gerratana and Velandy Manohar also noted current and former CAB members that joined and attended the sessions. • Velandy Manohar noted that he was nervous about using green card and how that might be perceived by residents without legal documentation. • Terry Gerratana restated that Quyen Truong will be completing the report. She will be asking Quyen Truong to create a community event checklist so that the CAC is aware of some of the administrative processes in building out these events for the future. • Robert Krzys thinks that it will be important for members to think about topics for future activities to put on the agenda of the CAC. Also, he noted that CAC and OHS are indebted to Dr. Wizdom Powell, Stephanye Clark, and Yvonne Highsmith and in particular, Quyen Truong, among many others, for organizing this in a short timeframe. 		

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7.	Recruitment/Onboarding Activation	Robert Krzys
	<ul style="list-style-type: none"> • Robert Krzys asked to defer conversation about agenda item #7 to February 11th, 2020 meeting because it is a crucial aspect and will include a substantive conversation about the bylaws and recruitment. • Velandy Manohar and Kelly Ray agreed. • Terry Gerratana also referred to the asset mapping survey that was sent out to the CAC. • Robert Krzys asked Terry Gerratana if she could lead this agenda item at the next meeting. • Terry Gerratana agreed to lead this session. She felt it was important that the CAC going forward having discussion on issues and doing planning and substantive work of reaching out to the community and enhancing the feedback loop. She thought maybe that there should be focus on consumer insights from the previous work by the CAC and OHS. • Robert Krzys stated that there are 2 people who have been approved as interim members of the CAC. They are interested and have been previously vetted. He has held off going forward with them at the behest of OHS. • Terry Gerratana also noted that there are individuals who have expressed interest to OHS about joining the CAC. 	
8.	CAB Announcements	Robert Krzys
	<ul style="list-style-type: none"> • Robert Krzys announced that Theanvy Kuoch has resigned from the CAC. • Terry Gerratana noted that the OHS will be sending her a certificate of appreciation that will be signed by Vicki Veltri. • Terry Gerratana also noted that the people that contributed to the listening sessions will be formally thanked by OHS. 	
9.	Adjourn	Meeting adjourned at 5:04 p.m.
	Kelly Ray motioned to adjourn, and Velandy Manohar seconded. Motion carried.	