Consumer Advisory Council
Meeting Minutes
October 13th, 2020

Meeting Date	Meeting Time	Location
October 13th, 2020	3:00 – 5:00 p.m.	Zoom Meeting

Participant Name and Attendance

Jeffrey G. Beadle		Christiane Pimentel	X	Adrienne Benjamin	X
Alan Coker	X	SB Chatterjee	X	Peggy Lampkin	
Robert Krzys	X	Soneprasith Phrommavanh	X	Andre L. McGuire	
Velandy Manohar	X	Taylor Edelmann	X	Daniel C. Ogbonna	X
Terry Nowakowski	X	Ann R. Smith	X		
Others Present					
Dashni Sathasivam (HES)		Tekisha Dwan Everette (HES)			
Leslie Greer (OHS)		Olga Armah (OHS)			
Ormand Clarke (OHS)		Margaret Trinity			

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

	Agenda	Responsible Person(s)
1.	**Welcome**	**Terry Nowakowski**
	Call to Order The scheduled meeting of the Consumer Advisory Council (CAC) was held on Tuesday, October 13th via zoom. The meeting convened at 3:03 p.m. Terry Nowakowski chaired the meeting.	
2.	**Public Comment**	**Terry Nowakowski**
	There was no public comment.	
3.	**Approve July 14th, 2020 Meeting Summary**	**Terry Nowakowski**
	The motion was made by Terry Nowakowski and seconded by Velandy Manohar to approve the minutes of the Consumer Advisory Council meeting of September 15th, 2020. **Motion carried.**	
4.	**Standing Committee Reports**	**Velandy Manohar**
	• Velandy Manohar provided a summary of his analysis and observations of the findings presented 197-page final DPH report prepared by Mathematica. He commented on the disturbing information of surges in specific nursing homes which he also mentioned when he presented on the report during the previous Community Engagement and Outreach Standing committee of the Consumer Advisory Council of the OHS-CT. He also referenced articles from the CT Mirror: COVID outbreak at Colchester nursing home sparks state response in southeastern Connecticut and Report: In early stages of COVID-19, nursing homes overlooked as state focused on hospitals. He also mentioned that the early efforts of COVID-19 response efforts were focused on strengthening hospitals which hampered the response efforts to long-term care facilities. Velandy Manohar mentioned that it was difficult to track outcomes as a result of non-standardized data. In addition, there were no mechanisms in place to track data in real-time. Velandy Manohar also noted that not all of the concerns raised by the CAC and Bob Krzys were specifically addressed by the report. He also mentioned Norwich, which continues to face adverse outcomes.	

- Adrienne Benjamin asked what is the mechanism in place is to ensure change versus good intentions.
- Bob Krzys responded that 70% of people in nursing home are in the Medicaid program, and indicated that reimbursement rates may not be enough. Also, the First Families Coronavirus legislation allowed CT to increase the rate by 10% in the short term. So, it may take a significant amount of funds to make improvements
- Ann Smith did agree that investing money into the system is part of the solution, however also paying attention to the fact that the money currently being put into the system is not being put to use in showing that there is adequate staffing, supplies, professional development etc. There is also the fact that smaller private nursing homes are being bought up and merged into larger for-profit organizations that are focused on maximizing their profits at the expense of quality and appropriate staffing levels.
- Ann Smith also agreed that it is mostly Medicaid dollars. In order to start to address this, she advised looking at the oversight reports from the CMS and how they were enforcing existing regulations. Some of this can be handled at the state level when looking at DPH and licensing, however, more robust federal oversight is needed. This is not a simple or one-step approach. It is a number of things that come together that have put our nursing home residents at an extreme level of risk.
- SB Chatterjee suggested sharing the CAC's thoughts up to Kate McEvoy and the MAPOC Council since the Medicaid dollars goes through them.
- Velandy Manohar also mentioned his concerns of the power of these huge corporations and their significant lobbying power.
- Adrienne Benjamin mentioned that Kate McEvoy has her hands full as Director of Medicaid and with leading the CT COVID-19 task force. DPH is the entity to address the quality of care issues since they license the nursing homes in the state of CT.
- Terry Nowakowski asked Bob Krzys and the Council if there was a meeting or webinar with Mathematica going through the results. Terry indicated she would find out.
- Velandy Manohar requested that a few council members should attend that meeting. He also thinks that the CAC standing committee has enough to go forward. Potential steps forward are lobbying the people controlling the financing. The other is to talk to stakeholders
- Bob Krzys agreed that for the CAC to stay in their lane, they need to collect the community voice and bring that back to OHS. He requested reconvening the standing committee. Also, Mathematica discussed pursuing funding through the CT Rebalancing Fund. In addition, what is the responsibility of nursing homes as it relates to addressing social supports. The report recommends developing a personal care plan.
- Ann Smith also requested that the CAC keep a focus on the racial and ethnic disparities as it relates to population health outcomes.
- Velandy Manohar also mentioned that the CAC could assist with the efforts of advocates as they look to improve quality for the for long-term care facilities.
- Alan Coker recounted his personal experience and challenges as a nursing home client and how he had to advocate aggressively to be discharged. He agreed with Ann Smith and Bob Krzys, that nursing home residents' voices must be heard, and that he would like to be involved in these efforts.

	• SB Chatterjee also mentioned the disproportionate impact on minority communities as indicated by the data. • Velandy Manohar added that drug overdose and gun violence, in addition to clinically treated mental health issues have skyrocketed. • Ann Smith asked: how do people of color end up in nursing homes is such disproportionate amounts and is it related to the disparities in health care? It is important to address health equity at all levels. For example, pre-COVID-19, Ann Smith would go into nursing homes as related to her elder law practice. There are many people who have experienced amputations as a result of diabetes. This is not necessary, since diabetes is manageable and treatable. This is especially true for people of color. Looking at race, ethnicity and linguistic data, there is a crisis amongst Black males as it relates to a high rate of amputations. This is heart wrenching and preventable considering the amount of money being poured into health care. The system needs revamping. • Velandy Manohar also mentioned that treatment within the nursing homes is not adequate enough to rehabilitate individuals to get back into the community. • Terry Nowakowski mentioned the CT Housing and Engagement Support Services (CHESS) initiative that is soon to be launched. It is a Medicaid program in collaboration with DMHAS, DSS and DOH. Its goal is to provide housing and supports to individuals on Medicaid that have high medical need and costs. CHESS will provide both subsidized housing and support services. Hopefully, this will allow more nursing home residents to return to the community. Terry will be able to have more information at a future meeting. • Daniel Ogbonna asked Terry Nowakowski to send out information on this imitative as he was interested in learning more. • Dashni Sathasivam commented that the discussion on this subject has been robust. She suggested that as the discussion continues at a future standing committee meaning, the CAC consider what their role is given that OHS is not directly related to long-term care facilities. • Taylor Edelmann provided an update. He and Adrienne Benjamin had a meeting with Tony Ferraiolo, a life coach for LGBTQ youth. He is interested in participating in a future CAC event for the LGBTQ population. At this point, they are trying to gauge interest. Adrienne Benjamin also connected with Diana Lombardi, the Executive Director of the Trans Advocacy Coalition. She is willing to advertise the event. Taylor Edelmann thinks that the CAC has enough time to plan and event and he is excited to get this going. He wants to narrow down who they want to be on the panel so that it reflects both providers and folks utilizing services.	
5.	**Cost Growth Benchmark update**	**Margaret Trinity & Olga Armah**
	• Olga Armah provided a brief summary of the Cost Growth Benchmark, Primary Care Spend Target, the Data Use Strategy and the Quality Benchmark activities to date. She reviewed the composition of the Cost Growth Technical Team and the Stakeholder Advisory Body. • Olga Armah reviewed how the CAC's comments and feedback from the June 9th meeting were addressed and integrated into OHS's approach: OHS increased the number of patients on the Stakeholder Advisory Body and they also ensured that certain groups were engaged in the primary care workgroup, Quality Council or via webinars.	

	• Robert Krzys voiced his surprise at the forming of a Quality Council. He referenced that under SIM a Quality Council was convened and they developed roughly 35 benchmarks. He wanted to know how this work is being built upon and leveraged moving forward. • Olga Armah responded that the SIM Quality Council is being reactivated with some new members. Bailit will also be using some of the information that the SIM Quality Council has developed to make sure that there is alignment in the work of all groups. • Margaret Trinity noted Robert Krzys's comment and made a note that the report was not clear about leveraging the work of the previous SIM Quality Council. • SB Chatterjee mentioned that the Social Determinants of Health was a focus of SIM. He appreciated that that was referenced, but will be submitting his own public comment to address this area and others. • Olga Armah responded that the information that OHS will be getting from payers will not include race and ethnicity, but as the HIE continues to develop, this information will be integrated. • SB Chatterjee agreed that due to logistics, SDOH data and race and ethnicity data is not of high quality in the APCD. • Adrienne Benjamin commented that these are complex materials. Adrienne also commented that in relation to the quality benchmarks, we should be looking at the rise in depression and suicide rates. These could be additional benchmarks. • Adrienne Benjamin added that the list of stakeholders did not include people with developmental disabilities, e.g., autism. Current data from the American Academy of Pediatrics shows that 1 out of 68 kids is identified as autistic. The number of kids on the autistic spectrum is going up and the number that will have an intellectual disability and that will be nonverbal is also going up. This is a population that cannot necessarily represent themselves so it would be important to engage their parents and caregivers. • Adrienne Benjamin recommended a physician, Dr. Lisa Rowlands, as she is a primary care physician with a son who has a developmental disability. • Terry Nowakowski thanked OHS for sharing the progress.	
6.	**CHW Advisory Body Updates**	**Dr. Tekisha Dwan Everette and DeLita Rose Daniels**
	• DeLita Rose Daniels presented on who the CHW Advisory Body (CHWAB) is and what they do. The CHWAB is a statutory body under OHS. The CHWAB has been tasked to determine and approve education and certification requirements for CHW training program vendors, conduct a continuous review of certification and education programs and provide DPH with a list of approved certification and education training programs. There is representation from various stakeholders on the CHWAB. • Tekisha Dwan Everette provided an overview of CHW certification in the state. She also summarized the two pathways of CHW certification in Connecticut, Pathway one, for CHWs with experience and Pathway two, for CHWs who go through an approved training program. She also discussed how CHW certification is intended to benefit the CHW workforce by raising visibility of the profession and establishing the initial foundation needed to advance sustainable payment pathways for CHWs. Lastly, Tekisha Dwan Everette provided an update of the CHWAB's current activities as they related to approving the CHW training vendor application	

and evaluation criteria, the CHW training vendor appeals process, the upcoming focus on continuing education requirements, and the marketing and outreach workgroup.

- Terry Nowakowski agreed that the question of funding is paramount. She asked if the financing of CHWs fitting into the larger conversation of healthcare financing reform in CT?
- Tekisha Dwan Everette responded that based on OHS's strategic plan, health care delivery reform is still an area of interest for them. Related to CHWs, she referenced that COVID-19 has shown the potential future value of CHWs as it related to contact tracing etc. The CT Health Foundation has funded some of this work. If we are trying to contain costs, we have to keep people out of unnecessary places of care such as hospitals and also navigating social determinants of health, which CHWs are central to addressing.
- Terry Nowakowski also stated that CHWs are beloved and trusted members of their communities and that may help to improve access to care for those most vulnerable.
- SB Chatterjee mentioned that New Haven had done some work with CHW and COVID-19. He also commented that CHWs are frontline delivery workers for many countries.
- Christiane Pimentel mentioned that one aspect of her job is to coordinate CHWs, however due to grant-funded salaries, in the last year her organization went from having 9 CHWs to 1. They were doing wonderful work, however due to a loss of grant funding, they had to be relocated in the organization. She now is left doing much of the work that the CHWs had done. The lack of sustainable payment is awful.
- Tekisha Dwan Everette responded that CHWs funding is a big challenge and there will be work going forward around how do we get sustainable funding for CHWs.
- Ann Smith asked what is the steps forward in terms of the strategy for getting CHWs to be reimbursable under major payers including CMS.
- Tekisha Dwan Everette responded that CT does not have Managed Care, therefore, we have to think about what a value-based healthcare financing structure looks like. This will be the lynchpin going forward. Currently, there is no payment coding for CHWs. There are major players in this state that are paying for CHWs in other states. We need to make the business case profitable for individual payers to do this and so providers understand the value for CHWs and so we are creating the advocacy opportunities to push the state forward in those directions.
- Bob Krzys mentioned that in 2014 there was interest in the state of promoting CHWs in primary care teams. Now there is a 10% Primary Care Spend Target. He asked why hasn't Connecticut tried for a waiver to get CHWs covered.
- Tekisha Dwan Everette agreed that the waiver process could be included as a part of what we pay for under Medicaid. In the current environment, CT doesn't have the appetite to pursue waivers. One is hopeful that this shifts as waivers are seen as part of the mechanism to fund and pay for CHWs. We all know that when Medicare and Medicaid do something, so does commercial. So, using waivers will be important for us to use in this state.
- Adrienne Benjamin asked if CHWs are being used in long-term care facilities to address the social isolation. Are there examples of CHWs being a link in a nursing home or hospital type setting or addition to staff to make connections etc.?
- Tekisha Dwan Everette agreed that this would be a good example of how CHWs can be used, but she does not know of any examples in Connecticut.

	• Alan Coker believes that the work is outstanding and agrees that the funding is a crucial piece for advocacy. • SB Chatterjee added that it is important to see empirically to see how CHWs are contributing to the supply chain of health care delivery and relates to the earlier conversation with Bailit. • Terry Nowakowski followed up with Adrienne Benjamin's comments about CHWs ability to serve as a bridge. There are gaps within the health care delivery system in all areas. She appreciated that in the first part of the CHWAB presentation addresses funding, the elephant in the room. • Daniel Ogbonna asked if there was data associated with the decline in CHWs and the increase the health disparities to emphasize the need for funding and to support the advocacy? What else can be done to support the advocacy and bridging arguments and helping people see the value? Tekisha Dwan Everette responded that there is some historical evidence on this, but not contemporary evidence as it relates to COVID at this time. We will pull some of this data and share with the group.	
7.	**New Business**	**Terry Nowakowski**
	Velandy Manohar asked about the funding support for the CAC and what is the calendar cycle. Bob Krzys responded that the CAC is within the biannual budget of the OHS and so it is their discretion to support the CAC. Terry Nowakowski mentioned that she will discuss this with Terry Gerratana upon her return.	
8.	**Adjournment**	**Terry Nowakowski**
	Terry Nowakowski adjourned the meeting at 4:58 PM. Velandy Manohar seconded. **Motion carried.**	