

## Consumer Advisory Council Meeting Minutes June 9, 2020

Meeting Date	Meeting Time	Location
June 9, 2020	3:00 – 5:00 p.m.	Zoom Meeting

### Participant Name and Attendance

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Jeffrey G. Beadle		Christiane Pimentel		Adrienne Benjamin	X
Alan Coker	X	Taylor Edelmann	X	Peggy Lampkin	X
Robert Krzys	X	Soneprasith Phrommavanh	X	Andre L. McGuire	X
Velandy Manohar	X	SB Chatterjee	X	Daniel C. Ogbonna	
Terry Nowakowski	X	Ann R. Smith	X		
Others Present					
Terry Gerratana (OHS)		Kimberly Martone (OHS)		CT-N	
Ormand Clarke (OHS)		Laura Morris (OHS)		Megan Burns, Bailit Health	
Vicki Veltri (OHS)		Olga Armah (OHS)		Margaret Trinity, Bailit Health	

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 scheduled meeting of the Consumer Advisory Council (CAC) was held on Tuesday, June 9<sup>th</sup> via zoom. The meeting convened at 3:03 p.m. Robert Krzys chaired the meeting.</p> <p>Robert Krzys went over the agenda. He reminded everyone CTN is recording and to introduce themselves when speaking.</p>	
2.	<b>Public Comment</b>	<b>Robert Krzys</b>
	There was no public comment.	
3.	<b>Approve May 12th, 2020 Meeting Summary</b>	<b>Robert Krzys</b>
	<ul style="list-style-type: none"> <li>A motion was made by Alan Coker and seconded by Velandy Manohar to approve the minutes of the Consumer Advisory Council meeting of May 12, 2020.</li> <li>Alan Coker made a motion to strike Terry Nowakowski’s comment on page 3. It should read the Statewide Reaching Home campaign is working to create COVID-19 dashboards specific to youth that are homeless.</li> <li>Alan Coker restated his motion to amend the minutes and incorporate the comments made by Terry Nowakowski and seconded by Velandy Manohar to approve May’s minutes. <b>Motion carried.</b></li> </ul>	

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<b>4.</b>	<b>Motion to Approve and Welcome New CAC Members</b>	<b>Terry Nowakowski</b>
	<ul style="list-style-type: none"> <li>• Terry Nowakowski introduced five new members to CAC: Daniel Ogbonna, SB Chatterjee, Andre McGuire, Adrienne Benjamin, and Dr. Peggy Lamkin.</li> <li>• Terry Nowakowski made a motion to accept the new members and Velandy Manohar seconded. <b>Motion passed.</b></li> <li>• Each of the new members gave a brief introduction and provided background information on their qualifications or lived experience for the council.</li> <li>• Robert Kryzs introduced Terry Gerratano from OHS to the new members. In terms of the onboarding process she has or will forward a copy of the bylaws to help familiarize who CAC is.</li> <li>• CAC has two standing committees: Membership and Outreach/Engagement. Will need a new Membership chair soon. Dr. Manohar is the chair for the Outreach/Engagement committee.</li> <li>• CAC bylaws state each member of the council is to join one of the committees.</li> <li>• Outreach/Engagement Committee has a meeting scheduled June 25<sup>th</sup> @ 2:00 pm.</li> </ul>	
<b>5.</b>	<b>Report from Executive Director, OHS</b>	<b>Vicki Veltri</b>
	<ul style="list-style-type: none"> <li>• Vicki Veltri welcomed the new members and discussed the current issues Connecticut is facing with health disparities. Vicki commented “the events that have happened over the last couple of weeks has hit everyone in different ways. The level of inequities and the structural racism that pervades Connecticut and the United States needs to be addressed head on.” <ul style="list-style-type: none"> <li>○ Health is broader than health care. OHS stands with others that are deeply disturbed. There are many things touching on health from education, housing, where you live, or work must be part of our consideration of our work on an everyday basis.</li> <li>○ When we talk about reforming the health care delivery system; we can’t separate ourselves away from the things that affect the delivery system.</li> <li>○ In order to make a solid and good health care reform delivery; listening to the communities is the key.</li> <li>○ OHS will look to CAC for advice on what we do or should not do. Taking advise on how to do our work better and shape our work streams in a way that ensures OHS has the kind of input we need.</li> <li>○ Relying on CAC to give input on barriers in the healthcare system that need to be knocked down.</li> <li>○ Under the OHS umbrella is the Consumer Advisory Council (CAC) under the counsel of Terry Gerratona, Health Information Technology initiatives (HIT) which includes the Health Information Exchange (HIE). The Health Information Technology Advisory Council currently has one vacancy and needs to be filled by a consumer. The work stream is going forward, and we are building out the information exchange. It is important that people get better coordination of their healthcare, patients have access to their health records, health care provider systems can talk to one another.</li> <li>○ OHS supports the kind of work that ensures interoperability - meaning one health care exchange can talk with one another, so patients do not have to go to five different places for their records. The council meets monthly and encourages CAC members to get involved.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>○ The All Payer Claims Database Advisory Council lead by OHS’s Olga Armah. Olga is leading the All Payers Claim database (APCD) work. APCD is a giant database that has deidentified whether you are on medicare, medicaid or a private insurance plan. The All Payer Claims database is the result of legislation passed in 2012. The idea was to use the claims data to better track what kind of variations you can see in data among providers, the kinds of services being used across the state, how much they cost and how much consumers are paying for these services. OHS also invites input from CAC. OHS is utilizing some of the data to report on price variations across the state. APCD work will be picking up.</li> <li>○ Another big stream at OHS is the Health Systems Planning Unit (HSP). HSP was formerly the Office of Health Care Access (OHCA). The HSP unit has several functions including the Certificate of Need (CON) program. A CON makes decisions about mergers and acquisitions of hospitals, a hospital wants to buy another hospital, acquiring a group practice, buying certain types of equipment, set up new services or terminate services. Kim Martone, OHS Deputy Director and Micheala Mitchell, OHS Staff Attorney leads the unit. The Certificate of Need program is mostly regulatory and governed by public hearings. Consumers mostly weigh in through public comment. OHS will rely on CAC to reach out to communities to let them know their voices can be heard during these hearings.</li> <li>○ The Hospital Reporting System (HRS) also under the leadership of Olga Armah. The HRS unit collects hospital financial reporting, data about utilization and group practice reporting. HRS also collects outpatient surgical centers reporting on the level of utilization. Every other year OHS publishes a State Health Facilities and Services Plan which provides an inventory of where services are located, which providers are where, and gaps in utilization. Opportunity for CAC members to provide advice on gaps on services and ways to improve the plan.</li> <li>○ OHS funding for CAC is fine and will proceed with all work streams and move forward. Most of the funding for HIE comes through federal grants and funding streams. We have a strong collaboration with the Department of Social Services and feel comfortable with the process and where we are on funding.</li> <li>○ Discussion on Health in All Policies (HIAP) - whose mission is to improve the social determinants of health. OHS has perservarating on the health and all policies strategy. Vicki feels OHS needs to embrace it. OHS has somewhat embraced it through the HIT communities. Perhaps Laura Morris and Brent Miller of OHS can present to CAC in the future on where we are in the health enhancement communities. Laura Morris has drafted a Health Policies document that we can share. Would love the state to go that direction rather it comes from OHS or somewhere else; would love CAC’s counsels’ input on moving forward.</li> </ul>	
6.	Bailit Health: Governor Lamont’s Executive Order 5 Briefing and CAC Role	<b>Meghan Burns &amp; Margaret Trinity</b>
	<ul style="list-style-type: none"> <li>○ Executive Director of the Office of Health Strategy, Vicki Veltri spoke to the Consumer Advisory Council on the topic of Connecticut’s Cost Growth Benchmark, Primary Care</li> </ul>	

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Target and Quality Benchmark Initiative in conjunction with Margaret Trinity and Megan Burns of Bailit Health, consultants on this project.

- Over the last couple of years, one of the biggest issues confronting Connecticut is the affordability of healthcare. OHS has been addressing this; one of our projects is the Healthcare Affordability Standard. One big question is: with huge healthcare spending in our state are we getting good quality healthcare and value? Also, why does the rate of spending on healthcare go up by an amount that exceeds most other measures of increased spending? Does it make sense? We discussed this with our legislators and others in the healthcare economy. We asked the Governor to pursue cost growth benchmarks. Let us get some transparency and data, on spending so we can monitor, maybe redirect it and do a better job for the amount of money we are spending on healthcare and bring that rate of growth down. We worked with the Governor and other partners like the DSS, CID and OSC and developed an executive order that was issued earlier this year. It directs OHS, with partners, to set cost growth benchmarks for the next five calendar years, to set some targets at which we expect the rate of healthcare cost growth to tie to over the next five years. We spend a lot of money on healthcare, but a very low percentage goes to primary care. CT, depending on certain measures, is one of the worse states in terms of the percentage of spending on primary care. We think we need to spend a higher share of healthcare dollars on primary care. That will allow us to reallocate some of those dollars to spending on things like chronic conditions, incorporating others on care teams, give practitioners the ability to talk with patients about other health issues. What can we do to incentivize better attention to health issues before they occur? Quality and health disparities are two components of what we need to look at in relation to what we are paying. We are only the second state to look at quality benchmarks. The quality benchmarks will need to start a little later because we will need that time to build them in. We will need deep discussion with all the players and that will take time, much more time than the spending discussion. DSS also will be developing quality measures through Executive Order #6. We will be looking at patient safety, over or underutilization as quality measures. We will look at how much we are spending across the different payers like the State of CT plan, insurance: employer as well as commercial healthcare, Medicaid, and Medicare. This is a long-term strategy to keep an eye on spending. It is a target not a cap on spending. We will also monitor accountable care organizations.
- Director Veltri introduced Megan Burns and Margaret Trinity who work with Michael Bailit founder of Bailit Health. They work with other states like Delaware and Rhode Island, who are undertaking work on benchmarks and targets.
- Given the staggering healthcare costs incurred this year to combat Covid-19, this has made healthcare finances off this year. This includes loss of revenue for elective procedures and so forth. We think this is an opportunity to begin this work, where healthcare is going and what it may be like in the future. We need to start now. The current year spending would not be our baseline. However, we need the transparency and to move forward on what we are seeing in spending and quality transparency. We are on schedule now.

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- Ms. Burns stated CT is a very expensive state relative to other states and spends more on a per capita basis. Healthcare is unaffordable to many in CT. Insurance premium cost have grown twice as fast as personal income. Out of Pocket spending, like co-pays have risen. CT's quality is in the average range compared to other states and has opportunity for improvement in several key categories of quality measurement like patient safety, person-centered care, care coordination, healthy living, home health and hospice care and hospitalizations.
- There was discussion from CAC members on the nursing home quality being above average in Connecticut on the slide projection, especially considering recent Covid-19 outbreaks in CT nursing homes. Ms. Burns directed the Council members to this link for more information: <https://nhqrnet.ahrq.gov/inhqrdr/Connecticut/dashboard>
- Two teams have been brought together to implement Executive Order #5. There is a technical team, appointed or designated by the Governor and represented by agencies and others. They will look at policy. The other team is the stakeholder advisory board which includes patient representatives, advocates, labor unions, health plans and others who will advise the technical team before any plans are made. There will also be stakeholder engagement outside of these entities which includes the CAC and others input.
- Director Veltri stated: "We hope the CAC will help us in this stakeholder advisory work. It is not a one-time discussion. "
- Ms. Burns gave an overview of the work ahead: The CT benchmarks and target program includes work on the:
  - Cost Growth Benchmark: this covers all payers and populations for 2021-2025 to establish a benchmark. The Cost Growth Benchmark sets a rate but is not a cap. MA, DEL and RI established this.
  - Primary Care Target: is spending as measured equals at least 10% as a share of total spending/healthcare cost expenditures. It will measure what primary care is at the code level detail and then, perhaps, establish a series of benchmarks to get to 10%. The Primary Care Target is an expectation for what percentage of healthcare spending should be devoted to primary care. We want better outcomes for people. The Federal government through CMS Innovations has pushed to increase primary care resources in the states. Reshaping how we deliver primary care will be key. One challenge: how to integrate mental health with primary care. The goal would be to shift some dollars into primary care.
  - Data Use Strategy: Using the APCD as a point of leverage to identify where there may be issues and why they may or may not be meeting the benchmarks or targets. It can focus in the populations and where and why they may not be meeting quality benchmarks. We will be leveraging the data the APCD has and publishing this information.
  - Quality Benchmarks: is applied to all public and private payers. This work will begin now but not be implemented until 2022. The goal is to ensure the maintenance and improvement of healthcare quality in the state. Delaware has statewide quality benchmarks.



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- Will the benchmark reduce utilization? Some have questioned whether there will be unintended consequences of reduced utilization. This has not happened in Massachusetts.
- Margaret Trinity spoke on the stakeholder engagement plan: There will be on-going work which includes gathering input for the technical team and stakeholder advisory board during its initial phase from May to September 2020. Starting in October the focus will be on communication and education related to the state's Cost Growth Benchmarks, Primary Care Target and Quality Benchmarks.
- Bailit will come back to hear from CAC on their input on these initiatives, and the need to hear from other consumers. Council member Ann Smith caregivers should be included (family members as caregivers), the CAC is the perfect vehicle to come up with some ideas on how to identify and engage stakeholders in general. Director Veltri offered that they are looking at the SHIP coalition, Ministerial Health Fellowship, CONNECT, and Developmental Disabilities Council for input. Council member Adrienne Benjamin will help with contacting other groups. She pointed out there are significant issues with autistic people getting dental and gynecological care. Council member Taylor Edelmann stated LGBTQ, especially in communities of color should be included. Access to care especially for LGBTQ youth is incredibly important. Bridgeport and Hartford housing are an issue. Council member Ann Smith asked how can the Council more efficiently be able to support your desire to expand stakeholder support? She suggested the CAC could map it out if we had a list of who has already been contacted and criteria to look at like race, gender, etc. We could do asset mapping which will show some gaps.
- Ms. Burns asked if the Council had any concerns about policies you want to share with Bailit and especially with the technical team or stakeholder advisory board? Council member Terry Nowakowski commented she is happy Health Enhancement Communities are on the table. Over the years we have seen a lack of connection with some communities. We need to reach the voices, through the many layers, we need to get to. Director Veltri stated OHS is committed to the HEC work and we should engage the HEC as a resource and a key group.
- Council member Dr. Manohar directed Bailit and others to look at the videos OHS/CAC has posted on our website. He mentioned school base health clinics as a resource and a primary care source. There was discussion about CLAS (culturally and Linguistically appropriate services).
- Council member Alan Coker is concerned about Nursing home's quality of care.
- Council member Andre McGuire discussed institutional racism.
- Director Veltri responded that health spending and correctional institutional care are important issues, especially in terms of the Covid-19 outbreak.
- Council member Ann Smith's general observation is we should engage other groups, they are working on a specific issue and do it in a vacuum. We must consider how their work may impact others and issues. As we are dealing with pandemics: a primary source of stress is with our children. When they get back to school, we need to prepare how we will support those children especially as it relates to trauma and stress. Other Council members pointed out the state should adequately fund SBHC.
- Interim Chair, Bob Krzys suggested the CAC form an ad hoc committee to look at phase one of this study.

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<b>7.</b>	Approval of Final Reports for New London and New Britain Listening Session Events.	<b>Robert Krzys</b>
	<ul style="list-style-type: none"> <li>• Motion made by Alan Coker to approve the final reports for New London and New Britain Listening Sessions and seconded by Taylor Edelmann. <b>Motion passed.</b></li>   <li>• Terry Gerratano urged Ballit and CAC to look at the information on OHS website. CAC has done quite a bit of work throughout the communities. There is a wealth information there and good resources.</li> </ul>	
<b>8.</b>	Election of OHS CAC Chair	<b>Taylor Edelmann</b>
	<ul style="list-style-type: none"> <li>• Recommendation for Terry Nowakowski to be nominated for a three-year term to chair the Consumer Advisory Council. A motion was made by Dr. Manohar and seconded by Alan Coker. <b>Motion passed.</b></li> <li>• Terry accepted and looks forward to serving as the chair. The counsel thanked Bob Krzys for his time as interim chair.</li> </ul>	
<b>9.</b>	<b>Announcements and New Business</b>	<b>Bob Krzys</b>
	<ul style="list-style-type: none"> <li>• Terry Nowakowski will need to appoint a vice chair to assist her.</li> <li>• Encouraged new members to join the Outreach/Engagement meeting on 6/25 @ 2 pm. Currently discussing nursing homes situation and LGBTQ community. New members should email Terry Nowakowski to be appointed.</li> <li>• A card and gift card were sent to Quyen Truong for her support.</li> <li>• A certificate of appreciation was sent to Quyen Truong and Kelly Ray</li> <li>• Terry Gerratono will also send Bob Krzys a certificate of appreciation</li> </ul>	
<b>10.</b>	<b>Adjourn</b>	
	Meeting was adjourned at 5:00 pm	