MARCH 10, 2020

CONSUMER ADVISORY COUNCIL

DRAFT BY-LAWS

GOVERNANCE SUB-COMMITTEE
DRAFT BY-LAW RECOMMENDATIONS
Drafted with support from Amplify, Inc.

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PREFACE

The Consumer Advisory Council (CAC) was created to advise the Office of Health Strategy by making sure a strong consumer voice is included in healthcare strategies to achieve health equity in Connecticut.

Evolving from the State Innovation Models' Consumer Advisory Board, the Consumer Advisory Council of the Office of Health Strategy will continue to promote, engage and foster the consumer voice in communities throughout our state.

Thank you to the members of the Consumer Advisory Council Governance Sub-Committee who worked on these By-law recommendations:

- Robert Krzys
- Nanfi Lubogo
- Velandy Manohar
- Jason Prignoli
- Ann Smith

And thank you to Amplify, Inc. (formerly known as the North Central Regional Mental Health Board) and Health Equity Solutions for supporting the Consumer Advisory Council in drafting these By-laws.

ARTICLE I – MISSION STATEMENT/GOALS & OBJECTIVES

Section I – Mission Statement

The mission of the Consumer Advisory Council (CAC) of the Office of Health Strategy is to facilitate public and consumer input in Connecticut health reform policies. The overarching vision of the CAC is to ensure that OHS has a sounding board of consumer voices to inform Connecticut healthcare innovations which lead to positive health outcomes and health equity for consumers across Connecticut.

The mission of Connecticut's Office of Health Strategy (OHS) is to implement comprehensive, data driven strategies that promote equal access to high-quality health care, control costs, and ensure better health outcomes for the people of Connecticut.

Section II – Goals and Objectives

The goals and objectives of the CAC are to:

A. Bring together consumer views that might not otherwise be heard. The CAC acts as an advisory council to OHS to provide feedback on projects and work the OHS presents to the CAC.
B. The CAC promotes consumer participation for OHS by:
    1) Planning and executing consumer engagement activities,
    2) Reviewing and considering consumer input, and
    3) Providing advice and guidance on healthcare innovation strategies based on consumer engagement.

ARTICLE II – DUTIES AND COMPOSITION OF THE CAC

Section I – Duties

For the OHS to be informed about consumer needs, the CAC shall:

A. Develop a comprehensive plan for consumer engagement,
B. Report consumer feedback to OHS to ensure that community voices inform health care strategy in Connecticut, and
C. Identify gaps in healthcare services, inequity, and emerging healthcare needs in communities.
D. Select a membership that meets the intent of Article II, Section II herein and the intent of Article III – Membership, Section II Categories of Membership, subsections A through L.

Section II – Composition

The CAC shall consist of no less than five (5) members and no more than seventeen (17) members who reside throughout Connecticut. The CAC will strive to maintain membership composition that includes individuals representing a variety of healthcare perspectives and will recruit members without regard to disability, genetics, race, color, religion, gender, sexual orientation, or national origin.

ARTICLE III – MEMBERSHIP

Section I – Members

The terms "member" or "members," as used in these By-laws, refer to persons who have been interviewed by the CAC Membership Committee, recommended to and approved by the full CAC, and appointed to the CAC with a letter from the CAC Chair.

Section II – Categories of Membership

At a minimum, membership of the CAC shall strive to include representation of the following categories:

A. Consumers, or persons with direct lived experience in the health care system, including caregivers of chosen or biological family members. Representatives of this group must comprise a minimum of 33% of the CAC.
B. Affected communities, members of a federally recognized Indian tribe as represented in the population, and historically underserved groups and subpopulations;
C. Youth;
D. Community health workers;
E. People with disabilities;
F. Community leaders;
G. Community-based organizations addressing health equity and health service organizations;
H. Mental health and substance abuse providers and consumers;
I. Social service providers, including providers of housing and homeless services;
J. Local public health agencies;
K. Health care providers, including federally qualified health centers (FQHC);
L. Hospital planning agencies or health care planning agencies.

Section III – Term of Membership

Term of membership on the CAC shall be three (3) years. Upon expiration of their terms, a member may be nominated and re-elected to one additional three (3) year term, up to a maximum of 6 years, total. After serving on the CAC for two terms, there is no option for renewal.

Section IV – Applications

Individuals interested in becoming members of the CAC can apply for membership. Membership applications can be obtained from OHS, on OHS's website, and at CAC meetings. Applications include a description of criteria for membership and a questionnaire to be filled out by the applicant and returned to designated OHS personnel. Applications will be kept as a resource pool for future vacancies on the CAC. Existing members up for another term need not fill out a new application.

Section V – Attendance

Members should inform the CAC Chair or Vice-Chair if a member will be absent from a meeting.

CAC Members will be administratively discharged after three absences incurred during the calendar year (January 1 – December 31). Members will be notified of their membership status after their second absence in the calendar year. Members must attend at least three (3) CAC meetings in person during the calendar year to stay on the CAC as a member or will be administratively discharged.

The CAC reserves the right to administratively discharge a member – including a Chair or Vice-Chair for cause such as non-compliance with CAC attendance policies.

Any member of the CAC who needs to request a leave of absence may do so by submitting in writing to the Chair of the CAC. That Chair will submit the letter to the Membership Committee for recommendations to be forwarded to the full CAC. The Membership Committee will present, after deliberation, approved recommendations to the CAC for appropriate action.

Section VI – Member's Duties and Responsibilities

It is the duty and responsibility of voting members to:

A. Attend and participate in CAC monthly, special, and committee meetings, trainings, and retreats;

1. Prepare for meetings by reviewing materials distributed ***prior*** to meeting, prepare to raise questions and comments about issues being discussed.
2. Participate in meeting discussions.
3. Listen and speak respectfully to others.
4. Assist in planning and implementation of CAC consumer engagement activities and efforts to promote healthcare policies important to consumers.
5. Uphold CAC Values (*See* Appendix II, Member Guide, page 17).
6. Comply with OHS Conflict of Interest policy (*See* Article VII, page 10; *see also* Appendix III, Conflict of Interest Policy and Statement, page 20).

B. Participate in at least one standing committee;
C. If a member is unable or unwilling to fulfill the above responsibilities, the Chair or Vice-Chair will refer the matter to the Membership Committee for removal or other action.

Section VII – Resignation and Removal of Members

A CAC member shall serve his/her designated term unless he/she resigns, are removed, or otherwise disqualified to serve.

Section VIII – Resignation by Notice

Any member choosing to leave the CAC shall submit a letter or send an e-mail of resignation to the Chair and Membership Committee. Resignation by notice shall take effect on the date of receipt of such notice by the Chair and Membership Committee.

Section IX – Termination of Members for Cause of Action

A member of the CAC may be removed from membership for any of the following:

a. Non-attendance at committee meetings without notification;
b. Other causes, such as unethical behavior, as determined by the full CAC whenever, in its judgement, the best interests of the OHS and CAC would be served by removal.

When informed of non-compliance of any CAC Member(s), the Chairs will investigate the situation in consultation with the Membership Committee. If the findings indicate that further action should be taken, the Chairs will notify the CAC at the first meeting of the following month where:

a. The floor will be opened for discussion of the situation;
b. The Member will be afforded the opportunity to respond;
c. A secret ballot will be cast to determine removal from the CAC by a simple majority vote of the members present at the meeting.

Section X – Vacancies

The Membership Committee will fill vacancies on the CAC as expeditiously as possible. The Membership Committee may fill vacancies of the CAC from the existing resource pool.

ARTICLE IV – OFFICERS

Section I – Composition

There shall be a Chair and Vice Chair of the CAC. Officers may serve up to two (2) three-year terms, maximum. Elections are staggered for Chair and Vice-Chair with the exception of the first election cycle, when the Vice-Chair will be appointed by the elected Chair of the CAC for one year only. An election of a Vice-Chair will then proceed for a regular three-year term starting in 2021.

Section II – Eligibility

In order to be considered for a CAC leadership position, a nominee must have the following experiences and/or skills:

A. Must be an active CAC member;
B. Must exhibit a commitment to the mission of OHS and CAC;
C. Have a willingness to and capacity for planning and implementing efforts to identify and voice consumer concerns, especially of those who are severely affected by health inequity;
D. Must have an interest in leadership, with some potential to lead others, and an openness to coaching/mentorship. A certain number of years on the CAC or a certain leadership experience is not required;
E. Ability to facilitate a meeting, in accordance with Robert's Rules of Order Abbreviated (*See* Appendix IV, page 23).
F. Knowledge of consumer issues;
G. Have cultural sensitivity;
H. Have an ability to bring people together and build consensus;
I. Can make the time commitment of at least 1.5 hours per week; and
J. Have a working phone.

Section III – Nomination and Election of Officer

A. In April, the Membership Committee will establish a nominating sub-committee of three from the general membership of the CAC, which will develop a list of eligible candidates based on applicable leadership qualifications and in accordance with the term expirations of these offices. Nominating subcommittee members may solicit suggestions for candidates from members of the CAC. Nominating subcommittee members cannot be considered for officer positions. The nominating subcommittee will submit their recommendations to the Membership Committee for consideration and approval. If a member of the Membership committee is a recommended candidate, he or she should not participate on a vote to approve their candidacy.
B. The recommendations will be presented at the June CAC Annual Meeting by a member of the nominating sub-committee for election.
C. All persons nominated will prepare a brief statement as to why he or she is seeking election as a Chair or Vice Chair. These statements will be presented to the membership before the election at the June meeting.
D. CAC members will vote on a qualified Chair or Vice Chair nominee by written ballot at the June meeting.

Section IV – Duties of Officers

A. The Chair shall preside at all meetings and shall perform all other duties necessary or incidental to the position;
B. The Chair and Vice-Chair shall be voting members of each standing committee;
C. The Chair and Vice Chair may create ad-hoc committees as needed;
D. The Vice-Chair will assume responsibilities of the Chair in the event of their absence.

Section V – Vacancy

In the event of a vacancy in either office, the Membership Committee will appoint a qualified person as an interim appointment until the next Annual Meeting.

Section VI – Removal of Officer

Elected officers may be removed for cause by a two-thirds vote of a quorum at any regularly scheduled or special meeting of the CAC. This must appear as an item on the agenda in accordance with the rules for meeting/agenda notification.

ARTICLE V – COMMITTEES

Section I – General Provision

Each committee shall consist of no less than three (3) CAC members, and there should be an odd number of members on any standing committee. CAC members are required to serve on at least one standing committee. Ad-hoc committees of the CAC may be created at any time to meet the operational needs of the CAC. Subject-matter experts may be consulted by both standing committees and ad-hoc work groups. Any recommendations from the committees shall be voted on by the full CAC.

Section II – Standing Committees and Ad-Hoc Committees

A. All standing committees must be composed of CAC members. No member of the CAC shall be a chair of more than one standing committee.

1. Consumer Engagement/Outreach Committee

   The Consumer Engagement/Outreach Committee in consultation with OHS staff shall:

   a. Gather consumer engagement event ideas from the CAC;
      i. Seek input from consumers, as needed, through public forums and by recruiting consumers to participate in needs assessment activities, including surveys, focus groups, key informant interviews, and satisfaction surveys;
      ii. Ensure that the community understands how to effectively engage with OHS;
      iii. Make certain that the community is aware of the CAC and its work, and the availability of OHS services;
      iv. Consult past work of the CAC, such as listening session reports, for future direction and planning;
   b. Set yearly consumer engagement agenda;
   c. Assess:
      i. The size and demographics of those struggling with health disparities
      ii. Emerging trends
      iii. Service gaps
      iv. Unmet needs
   d. Develop and execute work plans for consumer engagement activities;
   e. Fulfill requests from the OHS Consumer Engagement Unit as needed.

2. By-laws Committee

   The By-laws Committee shall meet at least once every two years, or as needed, to review the By-laws and recommend any changes to the CAC at its annual meeting. By-law changes shall be submitted by CAC members only. The standard of passage for any By-law change by the CAC shall be by a minimum two-thirds (2/3) vote of the membership. Any amendment(s) to the By-laws must be filed with the By-laws committee at least 60 days before the annual meeting.

3. Membership Committee

The Membership Committee shall meet each year in April to consider:

a. Officers of the CAC, as applicable to term limit;
b. New Members for the CAC and;
c. address vacancies in members or officers, or other business as described in these By-laws, as needed.

B. Ad-hoc committees may be convened by the Chair and Vice Chair at any time as the need arises. Ad-hoc committees shall consist of no fewer than three (3) CAC members.

Section III – Committee Appointment

The CAC Chair shall appoint a Chair for each standing or ad-hoc committee. The responsibilities of the standing committee or ad-hoc chairs will include presiding over committee meetings, directing the committee affairs and activities, and reporting back to the full CAC about the committee's activities.

ARTICLE VI – MEETINGS: Regular, Annual, Special

Section I – Frequency and Location of Meeting

Regular meetings of the CAC shall be held monthly at such place and time as may be determined. OHS will offer a virtual/call-in option for remote participation. The CAC shall ensure that the location and time of meetings are reasonably accessible to members. There will be no CAC meeting in the months of August and December. The June meeting of the CAC will constitute an annual meeting. Business for the Annual meeting will include election of officers, if necessary; election of new members; an annual report from the OHS Executive Director, By-law revisions, and other business of the CAC as necessary.

All regular meetings of the CAC and all committee meetings of the CAC shall be open to the public. The CAC will reserve time for public comment on the business agenda of each meeting of the CAC. CAC minutes as well as other documents produced by the CAC shall be public documents, and in accordance with the Freedom of Information Act (FOIA).

Action may be taken by the committee based on a simple majority of votes of those members present at a meeting.

An annual schedule of regular meetings shall be made available to the public.

Section II – Notice

An announcement of each regular CAC meeting, the agenda for the meeting, and all related meeting materials shall be e-mailed to all members at least three (3) days in advance of the date of the meeting.

Section III – Special Meetings

Special meetings of the CAC may be held or called by either the Chair or Vice Chair or set by these leaders after written request of any five (5) members of the CAC is received by either of the leaders. The special meeting call shall be a written notice e-mailed to members, not less than seven (7) days prior to the date set for such special meeting. Such call must set forth specifically the subject matter of the meeting, and other subjects may not be introduced or considered at such meetings.

Section IV – Meeting Material

OHS staff, or a vendor acting on behalf of OHS, shall prepare a draft of the minutes of each monthly CAC meeting, stating the action taken at such meeting, and shall submit them to members as expeditiously as possible for their review. This material will be available in the language of preference of the CAC members, as requested. Any member wishing to propose a correction to the minutes shall propose a correction at the

meeting at which the minutes are presented for review and approval. Any such approved corrections will be made to the permanent file copy. For substantive or major revisions, any member may request that a copy of the revised minutes be redistributed to all CAC members.

Section V – Quorum

At any CAC meeting, the presence of at least one half (1/2) of the members shall be necessary to constitute a quorum for the purpose of engaging in any formal decision-making. The presence of a quorum will be called by the Chair.

Section VI – Voting

Each member of the CAC shall be entitled to one vote upon any matter before it. Voting upon any issue shall be a voice vote, or by show of hands, of the members. Upon the request of any member in attendance, voting on an issue may be by a roll call. A majority is the greater part, or more than half, of the total of those voting.

Section VII – Conducting Meetings

All meetings will be conducted in an orderly manner and governed by these By-laws. Regular, Annual and Special CAC meetings shall be conducted using Robert's Rules of Order Abbreviated (*See* Appendix IV, page 23).

Section VIII – Public Comment at Meetings

The agenda for each meeting shall contain an item "Public Comment" at the beginning of regularly scheduled business. The CAC Chair or Vice-Chair chairing a meeting shall manage any public comments and participation at the meeting.

ARTICLE VII – CONFLICT OF INTEREST

Section I – General Statement

All Office of Health Strategy Consumer Advisory Council members are required to disclose in advance if they, their employer, or any member of their immediate family could possibly benefit financially from the outcome of a CAC decision process. A Conflict of Interest Disclosure Form is completed by each CAC Member and submitted to the Office of Health Strategy (OHS). Once disclosed, the individual can choose to abstain from a vote or be recused from a discussion.

In the event that a matter—which raises a potential conflict of interest—comes before the CAC or a committee for consideration, recommendation, or decision, the member shall disclose the conflict of interest as soon as he/she becomes aware of it.

This conflict of interest policy shall not be construed as preventing any member of the CAC from full participation in discussion about community needs. Rather, individual members are expected to draw upon their lay and professional experiences and knowledge of the health service delivery system if they disclose verbally any potential conflicts of interest at the beginning of such discussion.

ARTICLE VIII – Duties of OHS

A. OHS shall inform the CAC about all changes that impact its mission, which includes Federal and State policy.

B. OHS shall provide all information, guidance, and support to the CAC

C. OHS shall support the work of the CAC by providing administrative support, technical assistance, and consumer engagement support as resources allow.

D. OHS will ensure on-going communication between the CAC and agency staff and leadership.

E. OHS staff assigned to the CAC will attend all meetings and inform the CAC of timely developments.

ARTICLE IX – OFFICIAL COMMUNICATION AND REPRESENTATION

Section I – Official Communication

Any communication request of the CAC to the media or general public should be directed to the OHS Communications Director.

Section II – Representation

No member of the CAC shall make any statement or communication under circumstances that might reasonably give rise to an inference that he or she is representing the CAC or OHS (including, but not limited to, communications upon OHS stationary, public acts, statements or communications in which he or she is identified as a member of the CAC) except only in actions or communications that are clearly within the policies of the CAC Chair and Vice Chair, in consultation with OHS. An example of an acceptable action is a CAC member from a given municipality being asked to provide information about the CAC and its activity at a public meeting or forum being conducted in that town on health equity or health related issues.

ARTICLE X – MAINTENANCE OF RECORDS

Files containing CAC minutes, correspondence, and records shall be maintained by OHS staff at the OHS Office, 450 Capitol Ave., Hartford, CT 06105. Copies of all documents shall be retained in accordance with OHS's record retention policies.

ARTICLE XI – CONFIDENTIALITY

While individual CAC members may opt to publicly disclose their health care status, the CAC as an entity and OHS shall not release any information to the general public relating to any member's health care status or any other medical condition.

ARTICLE XII – NON-DISCRIMINATION

The officers, staff, and committee members of the CAC shall be selected without discrimination with respect to age, gender, race, religion, disability, sexual orientation, or national origin.

All CAC business and activities shall be conducted fairly and equitably in a manner which does not discriminate with respect to age, gender, race, religion, disability, sexual orientation, or national origin.

Ratification

The CAC has ratified these By-laws as follows:

- Unanimously Adopted: Month Day, 2020 by members of the OHS CAC: Jeffrey G. Beadle, Robert Krzys, Velandy Manohar, Terry Nowakowski, Christiane Pimentel, Jason Prignoli, and Kelly Ray
- Amended: March 10, 2020

APPENDICES

Appendix I – Definitions and Acronyms

Following are definitions of terms and acronyms used in these By-laws.

- **CBO (Community-based Organization)**: An organization that provides services to a locally defined population.
- **Focus Group**: A method of information collection involving a carefully planned discussion among a small group led by a trained moderator.
- **FOIA**: The Freedom of Information Act (**FOIA**) is a United States federal law that grants the public access to information possessed by government agencies.
- **FQHC:** Federally Qualified Health Center. An **FQHC** is a community-based organization that provides comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status.

Appendix II – Member Guide

Consumer Advisory Council of the Office of Health Strategy

Member Guide

February 5, 2020

Consumer Advisory Council Member Guide

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FACT SHEET

Consumer Advisory Council (CAC) Mission

To facilitate public and consumer input in Connecticut health reform policies. The overarching vision of the CAC is to ensure that OHS has a sounding board of consumer voices to inform Connecticut healthcare innovations which lead to positive health outcomes and health equity for consumers across Connecticut

Background

The OHS was created in 2017 and formally established in February 2018 by a strong bipartisan effort of the Connecticut General Assembly. The legislation re-organized existing state resources into one centralized healthcare policymaking body to advance health reform initiatives that will drive down consumer costs and undertake modernization efforts made possible by advancements in technology and communication.

The Consumer Advisory Board was initially interested in strengthening the positive impact of SIM innovations on consumers, particularly those who are at-risk and underserved, and strengthening the communication between the SIM and consumers of health services and ensuring statewide engagement and input of consumers into the activities of the SIM initiative. The SIM initiative ended in January 2020. The SIM CAB has now evolved and become the **Consumer Advisory Council (CAC) of the Office of Health Strategy**. The focus of the CAC is still consumer engagement which will ensure that the health care consumer voice will be incorporated into the efforts of the OHS.

What Does the Consumer Advisory Council Do?

- Plans and executes consumer engagement activities
- Reviews and considers consumer input
- Ensures meaningful consumer participation for healthcare policy decisions
- Engages consumers and promotes community input in health care innovation planning and implementation

For More Information

For more information on the Office of Health Strategy and the Consumer Advisory Council (CAC), go to: https://portal.ct.gov/ohs.

Consumer Advisory Council Meetings

The CAC meets monthly. In addition, CAC Members are asked to participate in Community Listening Sessions, Forums, Focus Groups and Issue Focused Webinars. A calendar of CAC meetings and activities is posted: https://portal.ct.gov/OHS/SIM-Work-Groups/Consumer-Advisory-Board.

Consumer Advisory Council Members

Jeffrey G. Beadle
Robert Krzys
Velandy Manohar
Terry Nowakowski
Christiane Pimentel
Jason Prignoli
Kelly Ray
Ann R. Smith
Denise O. Smith

Contact Information for the Office of Health Strategy

Leslie Greer at the Office of Health Strategy can be reached at Leslie.Greer@ct.gov or 860-418-7013.

Consumer Advisory Council (CAC) Member Responsibilities

1. **Attend** meetings consistently to ensure active participation and quorum. Members will be discharged after three absences in a year. Members must attend at least three (3) meetings in person. Members must participate in at least one standing committee.
    a. Contact the Chair if you will be absent from a meeting
    b. Contact staff prior to meeting if circumstances prevent you from attending in person and you require participation via conference call

2. **Prepare** for meetings by:
    a. Reviewing materials distributed prior to meeting
    b. Prepare to raise questions and comments about issues being discussed

3. **Participate** in meeting discussions and be prepared to make recommendations, motions and other committee business

4. **Listen Respectfully and Speak Respectfully** to others

5. **Assist** in planning and implementation of CAC consumer engagement activities

6. **Uphold** Consumer Advisory Council Values

7. **Comply with** OHS Conflict of Interest policies

In the event, that a CAC member is unable or unwilling to fulfill the above responsibilities, the CAC may recommend their replacement.

Consumer Advisory Council Values

The mission of the Consumer Advisory Council (CAC) is to provide for strong public and consumer input in Connecticut health reform policies. To accomplish this mission, CAC meetings and activities are open to the public and strive to uphold such values as:

- Respect
- Diversity
- Accountability for meeting CAC goals and objectives
- Commitment to overcoming language and other barriers to meeting participation
- Understanding there are many different "consumer" perspectives
- Listening to and learning from other points of view
- Appreciation of CAC member time and effort

Conflict of Interest Policies

All Consumer Advisory Council (CAC) Members are required to disclose in advance if they, their employer, or any member of their immediate family could possibly benefit financially from the outcome of a CAC decision process. A Conflict of Interest Disclosure Form is completed by each CAC Member and submitted to the Office of Health Strategy (OHS). Once disclosed, the individual can choose to abstain from a vote or be recused from a discussion.

Glossary of Terms and Abbreviations

All Payers Claims Data Base: Connecticut's All Payer Claims Database (APCD) was established as a program to receive, store, and analyze health insurance **claims data.** (*See* https://portal.ct.gov/OHS/Services/HIT-SIM-Consumer-Engagement/Health-Information-Technology/All-Payer-Claims-Database)

A **Community Conversation** is a group of individuals invited to help identify and prioritize community needs. Normally done in small group sessions, (i.e., 6 to 15 participants), it can be conducted with small subgroups in a larger, community setting. (*See* www.unitedwaywi.org/sites/.../Community%20Conversations%20Guide.pdf)

Behavioral health refers to both mental health and substance use conditions.

Care experience is the actual experience a consumer has with the services that are provided. This can include the timeliness of scheduling an appointment, the courteousness of administrative staff, and the perceived willingness of the doctor to answer questions in a way that is understandable to the consumer.

Comprehensive multichannel engagement and communication plan is an approach to sharing and receiving information through a variety of strategies that is tailored to the target audience. This may include **Listening Sessions.**

Health Care Cabinet: The Health Care Cabinet is a committee of health care policy experts who advise the Office of Health Strategy on issues related to federal health reform implementation and development of an integrated healthcare system for Connecticut.

Health disparities can be understood as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups. (*See* www.fccc.edu)

Health equity is when all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'." (*See* http://www.cdc.gov/socialdeterminants/Definitions.html)

Health information technology involves sharing health related information through electronic based platforms. (*See* http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/healthit/)

HealthscoreCT: is a resource for consumers and others to compare hospital, healthcare facility, and other Connecticut provider healthcare quality and cost information. (*See* https://healthscorect.com/)

Health Systems Planning Unit: The major functions of OHS Health Systems Planning (HSP) include the administration of the Certificate of Need (CON) program; preparation of the Statewide Health Care Facilities and Services Plan; health care data collection, analysis and reporting; and hospital financial review and reporting. (*See* https://portal.ct.gov/OHS/Content/Health-Systems-Planning)

Healthcare workforce is the actual number of individuals who are providing health services, across disciplines and levels of care. (*See* http://bhpr.hrsa.gov/healthworkforce/)

Interactive information portal is located on the internet as a webpage that brings information together and makes it accessible to multiple groups and individuals. (*See* https://en.wikipedia.org/wiki/Web_portal)

Linguistically and culturally relevant services means effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. (*See* https://thinkculturalhealth.hhs.gov/clas/what-is-clas)

Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Population health plan extends beyond the individual and incorporates health outcomes of a group of individuals. Often, population is defined by geography, but can also include another defining group characteristic. (*See* http://www.improvingpopulationhealth.org/blog/what-is-population-health.html)

Prescription Drug Reporting System: The *Prescription Drug Reporting System (PDRS)* is a web-based application that the Office of Health Strategy (OHS) has developed to assist prescription drug sponsors and manufacturers with reporting required notices, information, and data as required under Connecticut General Statute (C.G.S.) **§19a-754b**. (*See* https://portal.ct.gov/OHS/Pages/Prescription-Drug-Reporting-System)

Primary care is the care provided by a personal physician that is trained in health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. This person is typically the first contact with a consumer of health services. (*See* http://www.aafp.org/about/policies/all/primary-care.html)

Quality measure alignment is the process of developing a more systematic approach to value-based payment in which payers tie financial rewards for providers to the same or similar quality targets.

Social determinants of health are the conditions in which people are born, grow, work, live, and age. Social determinants of health also include the wider set of forces and systems shaping the conditions of daily life. Examples of social determinants of health are access to health services, safe housing, food, education and employment. (*See* http://www.who.int/social_determinants/en/)

Stakeholders can be understood as those individuals or groups that would be substantially affected by reforms to the system. The primary stakeholders in healthcare are consumers, providers, pharmaceutical firms, employers, insurance companies, and government. (*See* https://sites.sju.edu/icb/health-care-reform-duties-and-responsibilities-of-the-stakeholders/)

Value-based Insurance Design is an approach to increasing the quality of care a consumer receives while also lowering the costs of providing care by using financial incentives to promote cost efficient services and consumer choices. (*See* http://www.ncsl.org/research/health/value-based-insurance-design.aspx)

Appendix III – Conflict of Interest Policy and Statement

General Principles

The OHS Consumer Advisory Council (CAC) seeks to avoid any conflict of interest in its operations and, where possible, to avoid even the appearance of a conflict. The members of the CAC understand that, as an advisory body of OHS, CAC members are expected to maintain a commitment to transparency and integrity of their work.

The integral nature of the input OHS receives from the CAC will inform the development of health policy intended to benefit all within the State. While CAC members will benefit from their work, as a resident of the State, this policy is not intended to address those situations where Members may benefit from a decision simply because they are a member of the CAC. Instead, this policy is designed to address situations where a board or committee member has a specific or individualized interest which may impact his/her ability to participate in CAC activities in a neutral, transparent and unbiased manner.

Taking into consideration the above principles, individuals covered by this policy agree that they will not participate in any CAC decision that materially benefits them or a related party.

All individuals covered by this policy also agree to disclose any interest they have in a matter being considered by the CAC of which he/she is a member where that interest could reasonably be viewed by others as affecting the objectivity or independence of the covered individual. An insubstantial interest will not normally be viewed as affecting the objectivity or independence of the covered individual. However, in the interest of full disclosure, an insubstantial interest should be disclosed to the CAC chair.

Conflict of Interest Policy for CAC Members and Committee Members

For purposes of this policy, CAC members are considered to have a conflict if the conflict defined under the policy is one of self or a related party to self. For the purposes of this policy, a related party is any:

• Immediate family member (children, grandchildren, parents, siblings and spouses thereof and spouses);

• Household member (persons residing in a Member's household); or

• Organization with which an immediate family member or household member has a formal relationship. A formal relationship is defined as serving as a member, director, officer, employer or partner of an organization regardless of whether the organization is a business or nonprofit.

Determining the Existence of a Conflict of Interest

Generally Defined "Conflicts of interest" includes not only individual financial gain in conflict with an individual's duties to the CAC ("material conflict") but also conflicts arising from any interest in or duty to another organization. In general, individuals shall not seek to profit personally from their affiliations with the CAC or favor the interests of themselves, relatives, friends, supporters, or other organizations over the interests of the CAC, or bring their interests into conflict or competition with the interests of the CAC.

Recognizing that not all conflict of interest situations are clear-cut and easy to define, it is ultimately the responsibility of each individual to use sound judgment and avoid or determine the existence of and disclose any situation that creates or appears to create a conflict of interest. Specific questions about the possible presence of a conflict of interest shall be directed to OHS' General Counsel. Alternatively, the Member may choose to treat the issue as a conflict of interest in accordance with this policy.

Examples

This section includes illustrative examples of what does and does not constitute a conflict of interest that would need to be disclosed under this policy.

1. A Member works for a consulting firm which the CAC is considering hiring. The Member has a material conflict of interest with respect to that issue that needs to be disclosed.
2. A Member's employer organization has applied for a grant from the CAC which is awarded by the committee. The Member has a material conflict of interest with respect to the grant decisions that needs to be disclosed.
3. A Member's foundation has requested the CAC work on a particular project funded by the foundation. The Member has a non-material conflict of interest with respect to the CAC's consideration of the project under the policy on external funding and grants that needs to be disclosed
4. A Member's foundation is being considered for a non-financial award selected by the committee. This Member has a non-material conflict of interest with respect to award decisions that needs to be disclosed.

Other Conflicts of Interest

When a matter presents a non-material conflict of interest for individuals covered by this policy, the following procedure must be followed unless a more specific procedure is outlined above: a) The Member involved identifies the potential conflict to the CAC; b) The Member fully discloses all facts relevant to the CAC's discussion of the matter; c) The member refrains from voting on the matter and, if requested by the CAC chair, absents him or herself from the meeting during any discussion of the matter; and d) The disclosure of the conflict and recusal from the vote is documented in meeting minutes and/or other records.

CAC Members are under a continuing obligation to report any actual or potential conflicts of interest and must report promptly any conflicts of interest that have not been previously disclosed including material or non-material conflicts of interest requiring disclosure under this policy.

If an individual has reasonable cause to believe that others have failed to disclose a conflict of interest, he/she shall inform the CAC chair and the CAC's general counsel. The CAC chair shall discuss the issue with the CAC's general counsel to assist in determining the appropriate steps to protect the CAC.

Certificate The undersigned hereby certifies that he or she has read and understood this Conflict of Interest Policy and agrees to abide by it.

_____ _____

Signature Date

_____

Print Name

Office of Health Strategy

Consumer Advisory Council

Conflict of Interest Statement of Disclosure

The Consumer Advisory Council (CAC) seeks to avoid any conflict of interest in its operations and, where possible, to avoid even the appearance of a conflict. All individuals signing the conflict of interest statement agree that they will not participate in any CAC board or committee decision that materially benefits them or a related party.

CAC Members must annually disclose the name of each business or nonprofit organization with which the individual, an immediate family member or household member serves as a member, director, officer, employer or partner if that business or nonprofit organization has or reasonably expects to have a material interest in any proposed or existing contract, transaction or arrangement with the CAC. Individuals must report any conflicting relationships of which they are aware but are not required to make inquiries regarding affiliations of any person who is not a household member.

Based on terms of the Conflict of Interest Policy, please check one of the statements below as applicable to you:

☐ I am not aware of any direct or indirect financial or other material interest that is required to be disclosed under the Conflict of Interest Policy.

OR

☐ I have described in the space below or attached letter every direct or indirect financial or other material interest that is required to be disclosed under the Conflict of Interest Policy.

1. _____
2. _____
3. _____

Signature: _____ Date: _____

Print name: _____

Appendix IV – Robert's Rules of Order, Abbreviated

What is Parliamentary Procedure? It is a set of rules for conduct at meetings that allows everyone to be heard and to make decisions without confusion. It's a time tested method of conducting business at meetings and public gatherings. It can be adapted to fit the needs of any organization.

Sample Order of Business:

1. Call to order and roll call of members
2. Present the Agenda
3. Consider minutes of last meeting—vote to accept amended minutes.
4. Special orders--important business previously designated for consideration at this meeting
5. Business--motions
6. Announcements
7. Adjournment

Presenting Motions:

1. Obtain the floor
2. Make a motion--avoid personalities and stay on subject.
3. Wait for someone to second the motion.
4. Another member will second the motion or the Chairman will call for a second--if there is no second to motion it is lost.
5. The Chairman restates the motion.
6. Debate—concise and focused on content of motion.
7. Keep established time limits.
8. Put the question to the membership--if there is no more discussion, a vote is taken.

Note: Motion to Table – This motion is often used in the attempt to "kill" a motion. The option is always present, however, to "take from the table", for reconsideration by the membership.

Voting on a Motion:

1. By General Consent -- When a motion is not likely to be opposed, the Chairman says, "if there is no objection ..." The membership shows agreement by their silence, however if one member says, "I object," the item must be put to a vote.
2. By Voice -- The Chairman asks those in favor to say, "aye", those opposed to say "no". Although "voice" is preferred, any member may move for an exact count.
3. By Ballot -- Members record their votes; this method is used when secrecy is desired.

In summary, parliamentary procedure is an effective means to get things done at your meetings. But it will only work if you use it properly.

1. Allow motions that are in order.
2. Have members obtain the floor properly.
3. Obey the rules of debate—stay focused

Most importantly, BE COURTEOUS.

Adapted from: http://www.robertsrules.org/rulesintroprint.htm