

# STATE OF CONNECTICUT Consumer Advisory Board

## Special Meeting Summary Tuesday, May 27, 2014

### Participants

**Consumer Advisory Board:** Jeffrey G. Beadle, Yvette H. Bello, Patricia Checko (Co-Chair); Kevin Galvin; Cheryl Harris Forbes; Bryte Johnson; Stephen Karp, Robert Krzys; Theanvy Kuoch; Sharon D. Langer; Arlene Murphy (Co-Chair); Richard Porth. **Equity and Access Council:** Ellen Andrews; Maritza Bond; Darcey Cobbs-Lomax; Barbara Headley; Gaye Hyre. **Practice Transformation Taskforce:** Lesley Bennett; Shirley Girouard; Jesse White-Frese. **Quality Council:** Daniela Giordano; Elizabeth Krause; Rebecca Santiago; Jean Rexford. **Healthcare Innovation Steering Committee:** Robin Lamott Sparks; Alta Lash; Jane McNichol; Jan VanTassel.

Meeting was called to order at 1:05 p.m.

### Welcome, Introductions and Purpose of Meeting

Consumer Advisory Board Chairs Patricia Checko and Arlene Murphy welcomed all of the participants. The agenda for the session was reviewed. The goal for the session is to form the first building blocks of future discussions. Each appointed member was selected because of the knowledge, experience, and expertise they could bring to the process. All will need to find ways to work together and reach out to others.

It was noted that not all questions will be answered during the session but they will be collected for later response.

### The Need for Healthcare Reform and Examination of 5 Healthcare Innovation Strategies

Lynn Quincy, Associate Director for Health Reform Policy with Consumers Union, the policy and advocacy division of Consumer Reports, provided a presentation on healthcare reform trends. [Ms. Quincy's presentation can be found here.](#)

Alta Lash asked about the role of insurance and other payers in health reform and to what extent they are impacting reform. Ms. Quincy said they impacted reform to a huge extent because financial incentives matter and those incentives are determined by payers. Ms. Lash said she anticipated that more providers would be at the table. Mark Schaefer, of the Healthcare Innovation Program Management Office, said the reason for having all of the payers at the table is to help insure that they support the model and make investments to support it.

Shirley Girouard asked what role health prevention and promotion play in health reform. Ms. Quincy said that investment in public health measures have shown the biggest "bang for the buck." Ms. Murphy said that while the day's discussions on prevention and community health were limited in scope, these topics need to be addressed in depth at a future meeting. Dr. Schaefer said that CMMI sees community health prevention as a key initiative and that, unless the state can get a grip on prevention, transformation will never happen. Dr. Checko said that the public health community is excited about prevention, with the Department of Public Health rolling out its chronic disease plan the next day.

Other questions that arose included whether the goal was to take the model to a national arena; how social determinants of health such as nutrition, housing, and poverty, would be incorporated, and what role community based organizations would play. It was noted that there is a higher rate of chronic disease among transient, traumatized populations. Dr. Schaefer agreed that there was a need to fine tune the cultural relevance of the efforts that are undertaken and focus on exposure to trauma which leads to patterns of poor health. The Clifford Beers Clinic in New Haven has a project that focuses on families and trauma and there is a great deal that can be learned from that work.

### **Overview of CT Healthcare Innovation Plan**

Dr. Schaefer gave an overview of the plan ([presentation can be found here](#)). He said the plan has grand aspirations that will require a huge lift to effectively change healthcare. Jean Rexford asked how they would reach providers who don't know they need to improve. Dr. Schaefer said that limited transparency made it difficult for providers to know where they needed to improve. One plan is to have physicians talk to other physicians to help build buy in. The quality scorecard could lead to real transparency so that providers will know where they need to improve.

Maritza Bond asked who would serve as the accrediting body for the medical home standards. Dr. Schaefer said the Quality Council will look at various standards. Kevin Galvin asked if it made more sense to use existing national standards, in light of the time and expense that goes into developing them and current time constraints. Dr. Schaefer said that during his time in Medicaid, he was strongly in favor of NCQA standards. However, during the SIM Design Care Delivery Work Group meetings last summer, the group moved away from that. Those who had gone through the process found it burdensome and didn't actually focus on transformation. The thought process was that practices could get to a better result at a lower cost without going through the entire process. Ms. Rexford asked how the All Payer Claims Database (APCD) fit in. Dr. Schaefer said the APCD is statutorily authorized to be implemented and will be a big part of the process going forward, however, there may be challenges to implementation and it will be a slow build.

Dr. Schaefer said the goal is to bring the work groups online within the next couple of months. The program management office has contracted with Marie Smith of the University of Connecticut School of Pharmacy to work on the Practice Transformation Taskforce. Dr. Smith worked with CMMI for six months on small practice transformation. That group will start in June. The others will start later.

Mr. Galvin asked how all the work groups will integrate and how the new work groups will fit into the State Innovation Model. Dr. Checko said there are plans to discuss that later on and the group will circle back to that. Steven Karp asked about the size of smaller provider groups. Dr. Schaefer said there is no concrete answer. There is data that shows that out of 2,800 physicians, 60 percent are affiliated with a larger system. There is need for more workforce data. UConn, Yale and the Department of Public Health are working on a physician survey. Ms. Rexford asked how scope of practice and "minute clinics" fit in with practice transformation. Dr. Schaefer said the Practice Transformation Taskforce would need to figure out how APRNs and pharmacy run health clinics will fit into the equation.

Ms. Langer said that no provider has to accept a particular health insurance. She asked to what extent the SIM would confront that. Dr. Schaefer said that health plans are moving towards narrower networks. There it not a position on that. On the other hand, there is the possibility that Medicaid business could be required as part of the Advanced Medical Home standard. Medicaid's position is that there is greater provider enrollment in light of increased reimbursement.

Richard Porth asked how consumer feedback surveys would be conducted and incorporated into transformation. Issue Brief #1 lays out a potential strategy that would require physicians to undergo the survey and the state could provide one standard survey statewide to reduce the cost. There will be a need to figure out a strategy for poor performers. Dr. Checko said she was concerned about what the survey would look like. It should look at issues related to access and outcomes. Mr. Porth asked that consumers have a continued feedback loop. Ms. Langer suggested looking at the Connecticut Health Foundation's recent survey to see if there is potential to build on that work. Dr. Schaefer said he was excited to hear the discussion on this tool. The program evaluation will require a sample of consumers statewide. In terms of practice, there is an advantage to having common measures that can be looked at statewide. Jan VanTassel said the CAB could play an important role in that.

### **CT Healthcare Innovation Workgroup Objectives**

Ms. Murphy asked participants to share their questions and concerns about the process. She said the goal for the board is to be a partner to make sure questions or concerns are addressed.

Brenda Shipley gave a presentation on the work group charters and identified some of the questions each work group will need to answer for the detailed design and implementation phase of the test grant. Currently, the draft charters for Practice Transformation, Quality, and Equity and Access can be found on the Healthcare Innovation Steering Committee page. The plan is to post each group's charter separately before the groups start meeting. ([Presentation can be found here](#))

Dr. Girouard asked if the work was focused solely on the advanced medical home as opposed to the healthcare system as a whole. Dr. Schaefer said the AMH was the primary focus but the work groups may move beyond it. Dr. Girouard also asked if they would be privy to other government work that impacts what the work group is doing. Dr. Checko said all of the groups will need to interface with one another.

Ms. Rexford asked about governance and how to get others to buy into the work. She asked why the other work group participants weren't already meeting with them. Dr. Checko said the work groups are not yet ready to begin and that the goal was to bring the consumers and advocates together so they can start on the same page. Dr. Schaefer said that the health plans did not necessarily have anything to gain from the process but that they were willing to be involved. He said providers are looking for reform because there are many different cross payer measures. They want to establish a common set of standards. It is important to have the payers at the table so they will buy into the concepts and make necessary investments. The federal government is looking to improve the administrative burden. Ms. Langer said there should be different measures for men and women and adults and children.

Dr. Girouard asked how the work of the Practice Transformation Taskforce and the Quality Council differed. Dr. Schaefer said the former would focus on standards and the latter would focus on measures. Jeff Beadle said it all came down to how providers are going to be paid, and what services would be valued for payment. It is setting new standards for what is rewarded, he said. Gaye Hyre asked if the decisions need to be made by July. Ms. Shipley clarified that it is a 12 month process.

Ms. VanTassel asked how the test grant would work so that it doesn't constrain the work of the groups. Dr. Schaefer said that the state is proposing six months of work but that the grant may allow for additional time (between six months and a year). Ms. Hyre asked where the participants could get resources to inform the decision making process. Dr. Schaefer said that for a group like

Equity and Access, they are creating something out of nothing. The program management office plans to hire consultative support to help provide the information and research needed for decision making.

### **Group Discussion of Strategies for Communication, Coordination and Outreach**

Dr. Checko said it was important to make sure all are working together, particularly with the test grant and other activities on the horizon. She provided a brief explanation of the program management office's issue briefs, which help frame model design questions. Four issue briefs have been released and are available from the CAB web site. Ms. Murphy said there are many questions regarding the issue briefs and she suggested that those questions be placed on a "parking lot." She advised the participants to reach each of them and to share their thoughts with the group.

The participants worked within their work groups to develop communication and outreach strategies. Ms. Murphy presented on behalf of the Equity and Access Council. They said they would like access to databases, the charter, and information sources. They would also like to start work to formulate questions. Suggestions included looking at Access Health CT's consumer email list and creating an email distribution list for the group to feed questions. They also requested having water at future meetings. Dr. Schaefer said the program management office is working on arranging for food to be available at evening meetings. Yvette Bello requested a schedule of meetings.

Daniela Giordano presented on behalf of the Quality Council. She asked if the board was looking for ideas to help each of the work groups to communicate with amongst their members or across groups. Ms. Murphy and Dr. Checko said they were looking for both. Ms. Giordano suggested they be clear in terms of who they are talking about in their communication structure. Elizabeth Krause asked who the CAB liaison to the Quality Council was. Ms. Murphy will serve in that role. She and one other person have not yet been appointed to the council. Jane McNichol suggested that input be welcomed from free standing advocates.

Members of the Practice Transformation Taskforce said that not all members had received notices. They also requested receiving information for meetings ahead of time. There is not yet a CAB liaison to the taskforce.

### **Next Steps**

The next Healthcare Innovation Steering Committee meeting is scheduled for June 12 at 3 p.m. There were plans to have a poll to set up the next meeting. One recommendation was to have a conference call the week of the 23<sup>rd</sup>. At some point, the board may need to do evening meetings.

Ms. Murphy and Dr. Checko thanked all for participating. There will be a follow up email with the meeting materials and plans to follow up individually as well. Theanvy Kuoch suggested developing a communication structure to aid in disseminating information.

### **Public Comment**

There was no public comment.

Meeting adjourned at 4:10 pm.