

STATE OF CONNECTICUT Consumer Advisory Board

Meeting Summary Tuesday, December 9, 2014

Location: 300 Capitol Avenue, Legislative Office Building Room 1B, Hartford

Members Present: Patricia Checko (Co-Chair); Arlene Murphy (Co-Chair); Jeffrey G. Beadle; Alice Ferguson; Kevin Galvin; Stephen Karp; Robert Krzys; Theanvy Kuoch; Sharon D. Langer; Richard J. Porth; Alicia Woodsby

Members Absent: Michaela I. Fissel; Rev. Bonita Grubbs; Cheryl Harris Forbes; Bryte Johnson; Nanfi Lubogo; Fernando Morales

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

1. Public Comment

There was no public comment.

The board decided to amend the agenda to include Kevin Galvin's recommendation for Code of Ethics (move to item 4).

Motion to accept amended agenda for December 9th Consumer Advisory Board Meeting – Kevin Galvin; seconded by Alice Ferguson.

There was no discussion.

Vote: all in favor.

Patricia Checko and Arlene Murphy gave a synopsis of the Consumer Advisory Board's last meeting in Bridgeport. Ms Murphy noted it was helpful to hear participants reflect barriers to healthcare in Bridgeport area. Dr. Checko and Ms Murphy stayed for the Children's Health Issues Forum, heard concerns about quality of health, and thanked those who attended. Dr. Checko said she hopes to have every other meeting out of Hartford next year.

2. Update on SIM grant

Mark Schaefer gave a presentation regarding latest on grant ([see presentation here](#)). Items discussed included: status of grant application, consulting services RFP, AMH Pilot RFP, physician survey, HIT Council, Quality Council, Equity and Access Council, and Workforce.

Physician Survey Discussion: Sharon D. Langer asked are they just surveying physicians as opposed to other types of providers such as APRNs. Dr. Schaefer said he talked with DPH and just went with physicians as very few APRNs directed practices. Ms Langer said when they release survey, it would be important to have a footnote about it because APRNs may have a different view. Mr. Galvin asked about the target response. Dr. Schaefer said people who are carrying out survey say they expect 40-50% response rate, which is quite high. If they get 30%, they will be doing pretty well. They did PCPs and specialists dealing with most chronic conditions and anticipate responses to conclude by end of the month. They can send survey around. Mr. Galvin asked whether any interaction with CSMS. Dr. Schaefer said Medical Society is a close partner in this in commenting on survey and also to help make sure had up to date address in sending out surveys. DPH and OSC were involved as well as others.

Quality Council Discussion: Ms Langer said thinking about commercial insurance, premiums, and out of pocket costs, there is a shift to more of payment being borne by consumers in the commercial world. She questioned, in this exercise, is there some way to capture that. It won't matter that there is a doctor that can serve them because of high deductibles and co-insurance. Ms Langer said insurance design could provide a barrier to care. Dr. Schaefer said Quality Council will look at making measurement transparent. He intend to

work with employers to develop insurance design where even if the consumer bears more of the cost, that cost won't be a barrier to care for chronic diseases. Ms Kuoch questioned whether the consumer will have access to de-identified data in the future and have a role in setting priorities and have ability to provide feedback on the report. Dr. Schaefer said they won't have a database. Data will set in each system's database. Intent is to make data available to do research and such. Dr. Schaefer said those questions may be best answered by Dr. Ahmed at the All Payer Claims Database and could put you in touch with him. Ms Murphy questioned whether measures will be submitted to CMS. Dr. Schaefer said related tasks but not identical. Feds are doing an evaluation and will need data that will allow them to conduct their own analysis and just try to ensure they can reliably produce measures. Feds are interested more broadly in overall improvement. They want claims data through all the payers and that requires further discussions. The common measure set, it makes sense to put all of that data together and will think about that with the evaluators how best to do that. Ms Kuoch questioned about sub-populations, how healthcare providers can identify what country of origin someone has come from. Ms Kuoch also asked if the patient decides not to provide their ethnic origin, should the provider have something in writing to request that. She said this is something the patient signs that says they did not want to provide their information. Dr. Schaefer said this falls under Equity and Access. EHR data collection may need to be changed in order to obtain the kind of detail wanted. It will take time to get to level of granularity and to put into place process for sharing only that information the patient feels comfortable. Ms Langer said when you think about HIPPA forms, there are ways to provide plain language informed consent. There is an education function. Ms. Langer said if collect data well, you will gain more than you risk. Ms Kuoch said education is definitely needed. Dr. Schaefer noted it will be a part of better understanding who you are serving.

Workforce Discussion: Dr. Checko questioned if they do not get funds through the grant, are they prepared to look at outside sources of grants. Dr. Schaefer said SIM PMO is eager to support any effort to get funds for workforce or any other funds to support our work. We are counting on that. The leads know we would like to support them. When we become aware of those opportunities, we share them as appropriate.

3. Update on SIM Work Groups

Dr. Checko asked those involved to share their feedback.

Practice Transformation Taskforce: Ms Murphy spoke of discussions with consumer representatives. Their sense of the progress is, they are reviewing NCQA standards and are working to review additional state-specific standards with attention given to behavioral health, oral health, and N-class. Anyone interested in being involved should contact Lesley Bennett who is on the executive team.

Quality Council: Ms Murphy said Dr. Schaefer's report covers most of broad stroke and a lot of detail work. Developing core measures first are being considered by the whole group. They are using set of principles to guide work. Three design groups are weighing in. Care Management Committee will also review. Dr. Schaefer noted the Behavioral Design Group got together last week to begin deliberating on measures. They are still getting ready to compile measures for recommendation and will try to deliver for consideration in January.

Equity and Access Council: Dr. Checko said the road has been a little bumpy on that committee and she is looking forward to a consultant coming on board. They are looking for a liaison. Alice Ferguson has come forward and will pay special attention to this committee. Dr. Checko noted concerns regarding participation and intends to be very involved. Alicia Woodsby questioned whether issues of social determinants being placed. Dr. Checko said one of the reasons they created their own subcommittee were concerns being addressed properly. This fits under both population health and health equity. Dr. Schaefer said social determinants are a thread that runs through all of our work. In Quality Council, one question is whether social determinant related risks might have an effect on organizational performance and how do you factor that in. It is a national discussion. In PTF, it will be most significant in clinical and community integration program. That is where they are going to focus most specifically. In assessment process, that includes asking about the SD risks that need to be considered. Dr. Checko said our own designees' participation and getting more involved is critical. They need to look at three areas of special concern and see how they play into each other. Ms Kuoch noted social determinants of health being part of everything in our overall health. For the

community they need to look at what the needs are. Ms Theanvy suggested that CAB should go to see where the communities are to can help determine solutions.

Health Information Technology Council: Dr. Checko said the first meeting is December 18th. Theanvy Kuoch and Patricia Checko will attend and attempt to get representatives together before the meeting. This Thursday, most of SIM meeting will be discussing HIT proposal.

Workforce Council: Dr. Checko noted it was heard about what is going on with Workforce.

Care Management Committee: Ms Langer said she was only able to be at part of the last meeting. The committee was presented with a document regarding the protocol for the work group and they had a robust discussion about it. Once it is finalized they can send it around. The document emphasizes that it is ultimately the Medicaid Council that will decide appropriate measures for Medicaid. It is important to understand the particular demographics of Medicaid population, understand quality and under-service measures, and make sure clients are protected. The next meeting is scheduled for Wednesday, December 10th. Ms Murphy said we are open for participation. Ms Langer said a lot of information was just sent out. Dr. Checko noted it has been unclear in terms of who can get involved. She questioned who is actually officially on this group. Ms Langer said they would have to ask Olivia Puckett or the co-chairs of MAPOC. They try to make sure those who come to meetings devote real energy and input but don't know that there is an official list.

4. Code of Ethics: Mr. Galvin presented CAB/SIM Proposed Ethics Language ([found here](#)). There was a question as to the ethics language for the work of the groups. Ms Langer said she would want to review it and said she's not sure that they are public officials. She said it should start at the Steering Committee. Ms Langer said it would be helpful language to say what is it that you are trying to protect us against. Some of us sit on multiple councils and taskforces. Mr. Galvin said coming from experience with the exchange, this as an entity that would fall under the code. It is to make sure no personal gain from making decisions. There is a concern about choosing groups to work with and would not want all five to come from this group. Mr. Galvin said CAB members shouldn't benefit from any decisions they make. Ms. Murphy said it reflects a principle by which they work from. They asked participants to share if there would be conflict of interest. It is possible to play a role in a decision that involves funding and want to make sure people are objective. She suggested recommending it to the Steering Committee. Ms Murphy said she is not sure if they fit the legal definition of public officials and questioned if it is possible to consider this as a set of principles. Mr. Galvin said it could and would ensure there is transparency. Dr. Checko said she would like to get a definition on public officials. Ms. Langer said some are paid lobbyists and they have to file with ethics. Dr. Checko said it is a good idea to bring to SIM as to whether it should be considered. Mr. Galvin asked Dr. Schaefer what would be the way to move forward. Dr. Schaefer said this seems like the right question to pose to the group and nothing preclude board from adopting a set of ethical principles. He said they can look at public official question but should not preclude from considering what ethical principles so far. Anything they discuss in work groups, (e.g. issue briefs) they publish on the web site. The time they take concepts and take it behind the curtain, state would not have outside content with the board. In a state agency, they have those involved sign conflict of interest agreement which include outside members sign as well. The Steering Committee helps to design the program and not so much a role in deciding the funding. They follow state procurement rules. Richard Porth questioned what role they have in decisions with regard to AMH pilot. Dr. Schaefer said it is basically a state process to recruit consumer advocates to participate in the evaluation process. It would not come back to Steering Committee or CAB as to who should be decided upon. Dr. Checko said all agree that ethics is critical but will never be involved in the actual procurement. A CAB representative to an RFP evaluation team will have signed an ethics agreement. She said they are not in a position to approve today. Ms Woodsby said it sounds like everyone agrees that something is needed but the question is what that will look like. Dr. Checko noted Steering Committee is also appointees. It makes sense for to sign something but may want to look at some other language and it should come through appropriate process and should come at all levels. Another question is whether our role as CAB appointees puts us in a position to have a potential conflict. She suggested making a formal request through PMO to clarify. Dr. Schaefer said PMO will research. Ms Murphy said because they are here to represent consumers, this is very important and they asked volunteers to share potential conflicts at beginning of the process. Jeffrey Beadle volunteered to bring to the Steering Committee.

5. Discussion of CAB Taskforces on Chronic Disease, Behavioral Health and Health Equity: Michaela Fissel sent out an email before the meeting with a one page attachment. Chronic disease is really population health. Some of this will be impacted by whether money is received but suggest reaching out to others who could provide feedback. Dr. Checko said she will reach out to Alicia Woodsby on population health with regard to housing.

6. Other Business: The group discussed dates for next year's meetings and decided to go with January's proposed date. They will have further discussions about planning for away meetings and time of day, especially in the warmer weather. It is difficult to talk to the public between 9 a.m. and 5 p.m. They will have frank discussion about whether members are willing or able to attend meetings and have a real commitment to doing that.

Arlene Saffron was introduced as a possible volunteer to help with work. She was asked to provide some background. She is very interested in the work of the SIM, worked in healthcare field, has a marketing background, and seemed like CAB would be the place to start.

The next meeting is January 6, 2015. The location will be determined.

Meeting adjourned at 2:40 p.m.