



STATE OF CONNECTICUT  
**LIEUTENANT GOVERNOR NANCY WYMAN**

**Health Care Cabinet:**  
**Business Plan Development Work Group**

Monday, April 30, 2012  
Meeting Minutes

**Business Plan Work Group Attendees (7):** *Frances Padilla, Co-Chair; Nancy Yedlin, Co-Chair; Ellen Andrews; Phil Boyle; Bonita Grubbs; David Guttchen; Alex Hutchinson; Linda St. Peter*

**Delivery System Innovation Attendees (1):** *Mark Borton*

**Absent (2):** *Vicki Veltri; Tom Woodruff*

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**Welcome and Introductions**

Frances Padilla opened the meeting by welcoming everyone. Members introduced themselves.

The minutes from the April 16 meeting were not finalized, and a vote on those minutes was tabled until the next meeting.

**Presentation and Discussion: Ken Lalime, Connecticut State Medical Society Independent Physicians Association (CSMS-IPA)**

Frances Padilla introduced Ken Lalime, Executive Director of the Connecticut State Medical Society Independent Physicians Association (CSMS-IPA), to make a presentation to the group.

Mr. Lalime provided background information on CSMS-IPA, which was founded in 1986 and has over 7,000 physician members. CSMS-IPA has a patient-centered practice model which includes both primary care physicians and specialists.

Mr. Lalime then spoke about the efforts of CSMS to develop a Consumer Operated and Oriented Plan (COOP), a nonprofit health plan whose initial costs would be financed by loans through a provision of the ACA. CSMS is currently applying for this federal funding for its proposed COOP, which would be called Healthy CT. This plan would offer an alternative to existing health insurance options, and would give consumers a voice in policy decisions. Healthy CT will seek to improve coordination and integration of care through patient-centered medical

homes and information technology. Healthy CT has submitted a COOP application to CMS and is awaiting notification regarding approval.

Mr. Lalime discussed the patient-centered medical home (PCMH) model of care coordination and accountable care organizations (ACO). Connecticut has made progress recently in the number of providers using these systems. There are more opportunities to increase the use of these models, and CSMS is working with several organizations to expand them in Connecticut. He emphasized that there are seven factors critical to the success of an ACO:

- Engaged patients,
- Engaged physician leaders,
- Analytics and information strategies,
- Relationships with key partners,
- Care coordination,
- Behavioral health integration, and
- Health information exchange.

Mr. Lalime concluded by saying that Healthy CT is a necessary new entrant into the insurance market, and that PCMH and ACO are important reforms for the delivery system.

Nancy Yedlin asked how physicians and other providers would learn how to work within the PCMH and ACO systems. Mr. Lalime responded that CSMS-IPA is providing training to physicians on these models, and that care coordinators and other staff would play a role in this as well.

There were questions about the role of consumers in Healthy CT. Mr. Lalime responded that once the plan is operational, members would elect several fellow consumers to the board.

Frances Padilla asked about potential barriers to entry into the health insurance market for a nonprofit plan such as Healthy CT. Mr. Lalime responded that the barriers to entry are no higher than for a for-profit health plan. Since Healthy CT is planning to offer coverage through the Exchange, they would be on a level playing field with other insurers.

### **Presentation and Discussion: Leslie Swiderski, Waterbury Health Access Program**

Frances Padilla introduced Leslie Swiderski, Program Coordinator for the Waterbury Health Access Program, to make a presentation to the group.

Ms. Swiderski provided background information on the program, which helps uninsured and underserved people in the Waterbury area get access to health care services. The program acts as a navigator, and coordinates with providers and social services agencies.

Ms. Swiderski described the work of the program, which is largely focused on ensuring that people have access to appropriate medical services, and reducing usage of emergency rooms for non-emergency health issues. The program helps people determine if they are eligible for Medicaid or other government programs, and works with the local DSS office to get them

enrolled. They work with physicians and other providers to obtain free or low-cost care, including for undocumented immigrants.

There were questions about coordination with other organizations. Ms. Swiderski responded that the program coordinates with hospitals, churches, and other community organizations to provide free care to people in their region. These organizations see the value in accessing care early, before problems become more serious, and keeping people healthy as well as controlling costs.

### **Public Comment**

There was no public comment.

### **Adjournment**

The meeting was adjourned at 4:45pm.