



Jeannette B. DeJesús
SPECIAL ADVISOR TO THE GOVERNOR
OFFICE OF HEALTH REFORM & INNOVATION
STATE OF CONNECTICUT

Consumer Advisory Board

Friday, February 17, 2012

Minutes

Attendees: Patricia Checko, Jeannette DeJesús, Bryte Johnson, Robert Koorse, Theanvy Kuoch, Sharon Langer, Nanfi Lubogo, Richard Porth

Absent: Lena Rodriguez

Minutes from the January 18th meeting were approved with no changes.

Introduction

Jeannette DeJesús initiated the meeting with a discussion about a draft guiding principles for the work group. She encouraged members to look at the legislation, and approach Health Care Cabinet members to create a Statement of Purpose for the Work Group. Richard Porth and Sharon Langer volunteer to create a Statement of Purpose, and to email recommendations to the Office of Health Reform & Innovation for distribution to the Work Group.

Recruitment of Consumers to the Advisory Board

Ms. DeJesús lead a discussion of the recruitment of consumer advocacy [advisory?]board members. She recommended the recruitment of at least two members, preferably patients with actual experience navigating the system. Ms. Langer supports representation of children and parents. Ms. DeJesús suggested representation from the disability community, elderly Medicare and/or special needs community. Ms. Kuoch supports representation from individuals experiencing language barrier and most importantly, whoever can speak on behalf of the consumer in general. Ms. Chekco recommended that a diversity of consumers should be represented and not just one group like children. Ms. DeJesús suggested identifying groups through Vicki Veltri's Office of the Healthcare Advocate. There are some individuals available at Dr. Koorse's suggestion. The purpose of identifying consumers who experience difficulty is to document their stories, bring their message to the website and other work groups so these experiences become real to people. Ms. Kuoch and Ms. DeJesús support hearing immigrant and undocumented stories as well.

Health Technology Presentation

Ms. DeJesús believes health technology is a significant issue of health reform and is one of the Work Groups of the Governor's Cabinet. The Co-Chairs of the Health Technology Work Group Victor Villagra and Roderick Bremby prepared this presentation for the Health Care Cabinet but are not available to present today. Ms. DeJesús provided an overview to the background and content of the slides which are available online at the Office of Health Reform & Innovation website. The inter-agency coordination of this work group is especially innovative. Health technology initiatives aim to be interoperable, collaborative, and secure.

Laurie Graham contributed to the presentation in an explanation of HHS Office of the National Coordinators' (ONC) vision for a national information network and the ways in which the State of Connecticut is responding. As part of HITTECH there are meaningful use dollars available for the adoption of electronic medical records between 2011 and 2016. According to this presentation, 30% of providers in Connecticut are currently using an electronic health record. The state of Connecticut is responding to HHS ONC initiatives through its efforts with HITE CT, the Health Insurance Exchange and the All-Payer Claims Database. The HIE infrastructure is re-tooling, upgrading and replacing existing systems to integrate across departments, state and region to contribute to an emerging national health information exchange. Patricia Checko asked for clarification on the definition of meaningful use. ONC has developed criteria to certify meaningful use technologies eligible for federal dollars if adopted within a specified timeframe. Meaningful use in Phase One means improved access to health surveillance and lab data.

Discussion

Ms. DeJesús stated that the Health Technology Work Group presentation, Agendas and Meeting Minutes are on the Office of Health Reform & Innovation website. The Health Technology Work Group completed a thorough review of health technology inventory in other agencies, common business needs and potential policies to support integration and/or joint initiatives. The work group, in coordination with the Office of Health Reform & Innovation, is creating the infrastructure to support significant transformation in the system and to support the complexity of inter-agency data sharing. Ms. Langer reminded the group that privacy is vitally important especially to the individual but it can limit families' access to care. Privacy and security policies should not be a barrier to access care. She provided the example of a lack of data sharing between DSS and DCF. Ms. Checko says the Human Investigation Committee protects information through limited disclosures (e.g. no release of social security numbers for research) and employs data coding to ensure data sharing is secure. Ms. Langer hopes for inter-agency participation in privacy policies. Ms. DeJesús says to be watchful of policies that could be an impediment to implement significant reforms. In a time when we are looking for transparency in costs of service delivery, mandates sometimes mask the cost of care. Ms. DeJesús believes the work group must be careful to shine a light on cost without impediment. Ms. Kuoch supports integrated technology, especially as it can be used to reach individuals in the community. In her experience, CDC funding was successfully used to connect health workers with Section 8 community members. This overcame historic hurdles to access involved with visits to the local health department. Mr. Porth and Ms. Checko say Connecticut Health Information Network (CHIN) found ways to aggregate data and ensure it is not individually identified.

Ms. DeJesús provided a review of the health technology inventory and assessment of other agencies. One example of inter-agency coordination is the eligibility system upgrade using available federal dollars. The Health Technology Work Group provides recommendations for each agency. Mr. Porth asked about deadlines and project priorities. Ms. DeJesús reports on the progress of the eligibility system and Health Insurance Exchange system expected to be operable January 1, 2014. Bobbi Schmidt reviewed deadline details of the Health Information Exchange and long-term vision for coordination and integration in their timeline. Ms. DeJesús reminded the Work Group for the need to discuss outcomes and disease management in the context of health technology.

Laurie Graham provides two major themes of the Health Technology Work Group presentation which includes an update on the integrated eligibility system upgrade and the establishment of a health technology forum for discussing integration of systems, policies, tools going forward inclusive of and beyond the Work Group. Mr. Johnson believes information technology is the place to start to be able to talk to everyone else. He wants to invest in systems that can work with in-house programs written twenty years ago and with programs that will be written 20 years in the future. Ms. DeJesús believes any system we invest should be customer friendly and we can use phones to reach more people. Roderick Bremby agrees with mobile health initiatives for DSS. According to one board member's daughter, the MCAID card changes have been test and they worked successful by. Initially, parents weren't recognized as guardians but being able to access Dr. Zavorksy with this problem, the program was quickly fixed and the continued successfully. Ms. Langer believes in functionality of the eligibility system must work appropriately. Ms. DeJesús reminds there is one group of professionals just working on that but people represented by this group should be considered.

Ms. Checko says that if new laws need to be made to share data between agencies, then we should urge that. Ms. Kuoch believes language barriers can still prevent access to care despite improved technologies. Ms. DeJesús stated that there is every effort to ensure communities have resources needed to access this system. Mr. Porth wants

streamlined, rationalized, coordinated eligibility systems. Ms. DeJesús reminds that it is the job of this Work Group to be engaged with community groups to observe what is happening and to bring this to the Cabinet's attention. Ms. DeJesús asks the group to look at the calendar to attend other Work Group meetings in addition to convening this group every other.

Additional Business

Mr. Porth has looked through the legislation PA 11-58 and wonders if there are any other avenues for consumer representation. Ms. DeJesús encourages the Work Group to see the website to participate in other working groups and emerging consumer advisory initiatives. In order to formalize representation, there is a co-lead from the community in other initiatives. Ms. DeJesús encourages a broad and bold statement of purpose for the Work Group. Mixed representation of consumers and others is important for this work group. She suggests that the Work Group identify a few health reform issues to actively respond to. For example, this group might want to make a comment on the essential health benefit, or the all-payer claims database. Ms. DeJesús suggests the group's voice to be memorialized in more than the meeting minutes through a letter or official comment on Health Care Cabinet issues. Mr. Porth asks whether this work group should be a conduit for opinion. Ms. Checko believes speaking for the community is valid and Ms. DeJesús' idea is a good one. Mr. Porth expresses concern in his ability to speak for everyone's experience and make judgments on every issue under health reform. Ms. DeJesús believes the group was convened to have a commanding voice for the experience of consumers. She suggests providing in very simple terms, an outline of what is going on in health reform and what is going on in respective communities, to provide comment on five major issues. The work group could invite members to speak on these issues. Ms. DeJesús encourages the work group to carve out its voice and opinion. It is important to report back to the communities represented. Ms. DeJesús asks the group to consider asking consumers these questions: "What does the legislation mean to consumers in health reform? Does the list represent everyone who should be at the table?; Does this make sense to your community?; What is the purpose of this?; Who is coming into our community?; Can they communicate with people in our community and do they know enough about these issues?" This work group could write a letter to the Exchange to consider three more things or to thank them for doing things well. This work group does not need to do an assessment on the state's work with health reform. Each member of the Board already brings expertise on issues related to health reform. The responsibility of this work group is to bring to light what people are experiencing with health reform and system issues that may not be known.

Next Steps

- The Office of Health Reform & Innovation is looking to hire someone to help coordinate meetings for this group
- OHRI will give updates on what is happening in health reform

Homework

- Compose Work Group Statement of Purpose
- Determine Work Group Guiding Principles
- Identify additional Consumer Advisory Board members
- Identify members that will testify their experience in the healthcare system
- Visit the Office of Health Reform & Innovation Website to determine other work group meetings to attend in addition to this work group
- Consider issues for formal work group comment (e.g. Letters, Testimony)
- Determine Work Group meeting schedule: monthly or bi-monthly

Public Comment: None

Meeting Adjourned