



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

The SustiNet Health Care Cabinet

Thursday, December 8, 2011
Meeting Minutes

Cabinet Attendees: Nancy Wyman, Lieutenant Governor, Chair; Patricia Baker, Vice Chair; Ellen Andrews; Phil Boyle; Jeannette DeJesús; Alexis Fedorjaczenko; Bonita Grubbs; Janice Gruendel; William Handelman; Steven Hanks; Kevin Lembo; Jeffrey Lucht; Terrence Macy; Kim Martone; Frances Padilla; Lou Pozella; Pat Rehmer; Margaret Smith; Linda St. Peter; Robert Tessier; Alfreda Turner; Vicki Veltri; Joanne Walsh; Tory Westbrook; Peter Zelez

Absent: Secretary Ben Barnes, Sarah Kolb

Invited: Dr. Miller, All Payer Claims Database Council and Ashley Peters

Vice Chair Pat Baker opened the meeting by welcoming all attendees and having Cabinet members introduce themselves.

Minutes from the November 10, 2011 meeting were approved with no changes.

Vice Chair Baker informed the group that Health Care Cabinet meetings for 2012 will occur on the second Tuesday of each month from 9:00 – 11:00 am.

Vice Chair Baker discussed the changes that were made to the Proposed Operating Principles. Cabinet members voted unanimously to approve the Principles, which are posted [online](#).

The Governor's Special Advisor Jeannette DeJesús provided an update on the Consumer Advisory Board. Her office has been contacting those nominated by this Cabinet to gauge their interest in serving on the committee. She will voluntarily release the list of all nominees along with those selected as soon as the process is completed. This Advisory group will hold its first meeting on January 18, 2012 from 10 am – 12pm.

Commissioner of Department of Mental Health and Addiction Services, Pat Rehmer, reported on the activities of the Delivery System Innovation group. This group is focusing on areas such as the development of ICOs and medical homes, and has had presentations from the Comptroller's Office and DSS. Vice Chair Baker added that this work group is looking at the reduction of fragmentation of coverage and how to promote integration. More information on Delivery System Innovation can be found [online](#).

Tia Cintron, project manager for the Insurance Exchange provided an update. She reported that Mercer consulting firm will provide a presentation at the next Exchange meeting. She said the next steps for the Exchange will be to make key decisions regarding applying for state certification and beyond. Ms. Cintron added that the Exchange Board is also developing a business plan. Further information on Exchange activities is located [online](#).

Frances Padilla, senior vice president of the UHCF and cabinet member reported on the Business Plan Development group. The group is conducting an analysis of potential gaps in coverage, access to care, and quality and affordability while closely following the work of the Exchange Board. The group will examine data sources including Mercer's report in order to gain a full understanding of the uninsured population in the state. Further information from this work group can be found [online](#).

Special Advisor DeJesús described efforts by the Office of Health Reform and Innovation to develop a Multi-Payer Claims Database. The work group formed for this purpose has convened. A Technical Advisory group of multiple payers in CT has been assembled and they have agreed to work cooperatively in developing the database. Additionally, this work group has established a relationship with the All Payer Claims Database (APCD) Council leadership and they too will provide technical assistance and advice to the work group. Bobbi Schmidt from the Office of Health Reform and Innovation is the lead person for this project. Ms. Schmidt introduced Dr. Patrick Miller and Ashley Peters from the University of New Hampshire and the APCD Council. Dr. Miller provided an in depth presentation to the Cabinet and the material from the presentation is posted [online](#).

Dr. Miller opened the floor for questions and discussion. He said claims will be received monthly, providing an entire picture of statewide activity to be packaged for release on a quarterly basis. Currently in the standards there is examination of whether the Database should capture just post-adjudicated claims or if they should be captured when the payer receives them as well. In addressing privacy, Dr. Miller stated that this will be tied to release rules. Opt out or opt in legislation will affect privacy also.

Dr. Miller said the implementation path from the time legislation is passed and rules are created takes about six to twelve months for having five years' worth of historical data available in a database. This could be expedited now that there are carriers who have learned how to do this. There will need to be a lot of time and effort put into release rules.

Cabinet member Ellen Andrews shared that eHealthConnecticut has already gathered data from all payers, and Waterbury Health Access Project already captures claims data, so CT providers are familiar with this type of database. Dr. Andrews emphasized the importance of privacy and gaining the public's trust for using this database. Janice Gruendel said this database will be invaluable in connecting information among agencies serving vulnerable populations. While it's important to consider privacy, release, and use, this database has the potential to provide greater resources to assist with helping families.

Cabinet member Phil Boyle pointed out that ICD-9 codes are being updated and asked how the database will reflect changes in codes. Dr. Miller said that major changes and their effects on analytics will need to be taken into consideration. There was discussion about patient identifier

numbers and the importance of being consistent and maintaining privacy. Cabinet member Jeffrey Lucht asked for examples of states that are using data effectively. Dr. Miller offered New Hampshire Public Health Department as a good example, stating that their data is used for looking at emergency room utilization, determining where to redistribute public health dollars, and in medical home pilot programs. Because the data will be retrospective it will have limitations, but it will be valuable for looking at historical data and determining areas for improvement. There was discussion about provider data and the reality that most states don't have resources to expend time, energy and funds in improving the data. Special Advisor DeJesús emphasized that the APCD has broad applicability for health reform implementation, and moving quickly to establish one will better prepare the state to compete for grants and pilot programs.

Cabinet member Peter Zelez asked how to ensure that data is accurate and also how to implement an actionable data trend analysis. Dr. Miller pointed to exemplary efforts by the New Hampshire Insurance Department, and added that states need to partner with carriers and providers to ensure the accuracy of data. He added that there needs to be a constant quality improvement feedback loop to catch errors. Dr. Miller said that data gathered has reflected trends that have led to the development of educational materials, various health and wellness activities, and policy initiatives.

Bobbi Schmidt asked about the experiences of other states in collecting data on self-insured members. Dr. Miller said many states have included self-funded Employee Retirement Income Security Act (ERISA) plans in their data collection mandates. He said that certain states have mandates to collect all insurance data for state residents. He pointed out that in order to look at data from a population health perspective, it's necessary to capture data from the full population. Commissioner Rehmer asked if there are difficulties with data for behavioral health and substance abuse records due to federal regulations. Dr. Miller replied that this is something that needs to be addressed by each state in their collection and release rules. Commissioner Rehmer commented that CT laws allow DMHAS to collect these types of data.

Lt. Governor Wyman asked if other states are leaning toward an "opt in or opt" out of the APCD. Dr. Miller answered that his experience with this is from health insurance exchanges rather than APCD, and most states have chosen the "opt out" option. He added that the APCD is an "opt in" model, collecting all claims from all residents. He said that something to be considered is whether there will be linkage between Health Insurance Exchange and APCD data.

Meeting was adjourned.

Next meeting will be held Tuesday January 10, 2012 at 9:00 am.