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OFFICE OF HEALTH REFORM & INNOVATION
STATE OF CONNECTICUT

Consumer Advisory Board
Wednesday March 22, 2012
Minutes

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

Absent: Lena Rodriguez

Public: David Desiderato from HealthCare 4Every1

The Board approved minutes from the February 17, 2012 meeting.

Introduction

Richard Porth initiated the meeting with an invitation for public comment. David Desiderato provided an update on Consumer Testimony in support of the State Basic Health Program (SB 425) before the Public Health Committee (March 21, 2012). Richard Porth and Sharon Langer commenced with a discussion about the mission statement, mission strategy and guiding principles for the work group. He reminded members to see the board meeting minutes and agenda online.

Advisory Board Discussion

The Board discussed issues with communicating with the legislators about current legislation. Bryte Johnson contacted the Office of State Ethics regarding this issue, and was informed that membership with the board does not preclude individual testimony on any particular issue. However, Richard Porth asked that if there is a conflict of interest, that these issues be approached carefully. Sharon Langer clarified the important difference between providing individual testimony for respective lobbying associations and on behalf of the consumer advisory board. Theanvy Kuoch encouraged more consumer input directed at legislators, in order to allow them to speak on behalf of their own needs and interests, because this would be a strong addition to the Board's input. Richard Porth reminded the group that they were invited because of their past and current work with consumers and the state is looking for their expertise. However, if there is a potential conflict on certain health reform (or other) issues, Board members were encouraged to be careful about stating their interest and the advisory group's position. Mrs. Schmidt explained that if board members are entering into a business contract that is directly related to or affected by issues being discussed by the Board, that it is best to excuse oneself from the conversation as this might present a conflict of interest. Dr. Koorse suggested Board members to be transparent in the views and or opinions they are representing, as seen in his St. Francis medical grand rounds.

Dr. Koorse explained his thoughts on patients as consumers of health care policy, and not consumers of health care products/services per se. He encouraged the board to think about how they would want to be treated, and would want their experience. He encouraged advocates in place to facilitate navigation of the health care system. He provided an example of a patient who has seen 38 physicians before finding a doctor to accept a state-based program.

Patricia Checko recommended that the Board should think about how to empower people to have a relationship with their doctor. Bryte Johnson said part of the solution is continuity of care to establish trust and respect with the same doctor. Theanvy Kuoch suggested that the medical record can summarize past care for new and continuing care and she encouraged the group to support health technology-related initiatives. Sharon Langer advised the group to watch federal reform of health technology integration aiming at physician reimbursement and patient center-medical homes. Richard Porth recommended that the group should be proactive about relaying their experience. Patricia Checko recommended that this group get behind prevention models. Sharon Langer reminded the group that prevention models are controversial again.

Richard Porth and Sharon Langer led a discussion about the proposed guiding principles: improving access to quality health care and affordable health insurance coverage. The group discussed how insurance cards are not equivalent to access to health care. Bryte Johnson recommended administrative simplicity in order to focus on getting better. He suggested following the best practices of other states. For instance, California requires reading font size on all prescriptions. Richard Porth agreed that regulation and education can help individuals to make informed decisions.

Bryte Johnson suggested increased feedback from the public to create legislative and regulatory solutions for public health issues not addressed by health reform. He cautioned the group that public concern and cynicism is high, and therefore access to legislators to express these concerns and make changes is essential to ensure the success of the PPACA. Laurie Graham reminded the group that it is possible to access the legislators with these concerns, following Ms. DeJesus' recommendation to identify group consensus on a few issues and to provide legislative testimony or written letters. Theanvy Kuoch provided an example of patient concern. In her experience, prescription price discrepancy between plans and between pharmacy settings adds to complexity for patients. Regardless of language barriers, medical errors and pricing problems confuse individuals. Dr. Koorse recommended strong ideas for positive change are needed. For instance, legislators are going to pass laws on hospital rate setting and physician reimbursement but are unfamiliar with these issues. Dr. Koorse recommended following the godfather's adage "Keep friends close but enemies closer" in order to educate legislators on how the health care system operates. Nanfi Lubogo suggested using social networking to collect and communicate health reform to the public.

Next Steps

- Richard Porth concluded the discussion and suggested the Board, in conjunction with the Office of Health Reform & Innovation should add a bullet point to guiding principles regarding consumer information and communication.
- Richard Porth asked the group to email the Office of Health Reform and Innovation names of two additional members for the advisory group. David Desiderato (Public Comment) said there are many names of thoughtful consumers to the board for consideration.
- The Board identified issues to be addressed by this work group including the essential health benefits, all-payer claims database, basic health benefit plan, and state medical loss ratio legislation.
- At Patricia Checko's initiation, the Board discussed the possibility of a public forum to gather consumer opinion.
- At Sharon Langer's suggestion, the Board discussed interest in finding out what is happening with the other consumer group. Laurie Graham reminded the board the exchange consumer advisory

group is following a different timeline than this group. This group can use its advocacy experience to provide comment during legislative session. Richard Porth would like a consumer forum prior to providing comment on any one issue. Patricia Chekco, Bryte Johnson and Bobbi Schmidt discussed seminal issues with the essential benefits plan. Dr. Koorse and Sharon Langer would like to take time to figure out what they care about before diving into any one piece of legislation such as the essential benefits plan.

Homework

The Office of Health Reform and Innovation will post background information from the Health First authority and Sustinet on the www.healthreform.ct.gov website.

Public Comment: None

Meeting Adjourned