

State of Connecticut Consumer Advisory Board

**January 27, 2014
Meeting Summary**

Members Present: Jeffrey G. Beadle; Yvette H. Bello; Patricia Checko; Alice Ferguson; Cheryl Harris Forbes; Bryte Johnson; Theanvy Kuoch; Sharon D. Langer; Arlene Murphy; Richard Porth

Members Absent: Nanfi Lubogo; Cece Peppers-Johnson

Meeting called to order at 1 p.m.

Advisory Board Meeting and Process

Richard Porth, acting as interim chairman, provided the history and background of the work group. The goal is to reinvigorate and focus that board's work in support of the State Innovation Model Initiative (SIM). One of the board's tasks is to recommend members to the councils being formed in support of the state's healthcare innovation plan. Those members would bring information back to the Consumer Advisory Board. The board would provide a report to the Health Care Cabinet. The board will also support consumer engagement and provide a forum for highlighting health disparities. The board will need resources to propel its work going forward. That support will be provided by staff of the Office of the Healthcare Advocate. Members were asked to attend faithfully and maintain an environment open to all consumers. The member of the board introduced themselves.

SIM Presentation

Mark Schaefer, the recently appointed Director of Healthcare Innovation, and Vicki Veltri, the Healthcare Advocate, presented background information on the State Innovation Model initiative ([CT State Innovation Model Outline](#)). Dr. Schaefer explained CMMI's Triple Aim, the timeline and vision, and the consumer engagement process. He described the Advanced Medical Home Model. Yvette Bello asked why the decision was made to develop new standards rather than utilize existing national standards such as NCQA or the Joint Commission. Dr. Schaefer said part of the reason was that only one accrediting body conducts onsite visits to validate changes. In addition, the existing accreditation processes can be costly and according to health plans and providers, often does not result in meaningful practice transformation. The decision was made to instead direct state and provider resources towards improving the care process. This decision was based on a recommendation from the Care Delivery Work Group. Arlene Murphy asked whether there will be a comparison of the benefits to each process down the road. Dr. Schaefer said the plan was to build an evaluation process that would provide rapid cycle feedback. Additionally, the intent is not to discourage pursuit of national accreditation for those who wish to seek such accreditation. Rather the intent is to find a means to reach those providers who have not engaged in practice advancements and to assist them in undertaking advanced practice. Other goals of the innovation model are community health improvement, boosting consumer empowerment, and rewarding providers based on the quality of care provided. Dr. Schaefer also provided an overview of the governance model.

SIM Involvement

Dr. Schaefer said the goal is to include both full-time advocates as well as consumers who do not advocate as their day job to serve on the various councils. He asked how to best support those

consumers who may not have experience in this role, so that their participation is meaningful. Patricia Checko said that she has reached out to Community Health Center Inc. and found that there may be consumers who are interested in being involved. She noted participation may be challenging for consumers depending on where and when meetings take place and she suggested finding a way to support their participation (such as providing travel reimbursement). Sharon Langer said the Coordination of Care Committee of the Behavioral Health Partnership Oversight Council provides stipends to consumers who attend their meetings. Mr. Porth said that to the extent practicable, providing support to those council members who are exclusively consumers would be beneficial. Theanvy Kuoch said that the experience non-English speaking consumers would be valuable but they may need interpreter services in order to participate.

The composition and structure of the councils has not yet been determined. Dr. Schaefer said the goal is have consumers on all of the councils but there is a question as to how many per council. It may not be realistic to have comprehensive representation. During the design phase, an attempt was made to include more consumers in the work groups but they were not successful. They instead engaged with established groups such as the AARP. He welcomed additional suggestions on the most effective way to engage consumers. Alice Ferguson said that in her advocacy work, there is an established pool of consumers ready to answer the call, but if the focus of the work is too broad, it may be difficult to maintain their interest. Dr. Checko suggested that more informed consumers were needed. There may be people who would fit the bill but may not come from disease specific advocacy groups. She said it may be the job of the board to speak on consumers' behalf. Yvette Bello suggested focus groups and surveys as key to both educate consumers on the initiative and elicit feedback. Arlene Murphy said it was important to undertake conversations with the community and develop a feedback loop. Board members agreed that consumer representatives should be part of all of the work groups.

Dr. Schaefer said that they are proposing different categories of membership such as consumers, state agencies, payers, and providers. He asked the board to consider how the consumer and advocacy seats could be filled. Mr. Porth said that the board is not the exclusive voice of consumers and that there should be outside consumer representation to the extent possible.

Next Steps

The Healthcare Innovation Steering Committee's next meetings will be held on February 18 and March 24. The board decided to reconvene prior to the February 18th meeting to resolve issues such as governance, electing officers, and recommending council representatives. Board members were also asked to provide feedback on which councils they would like to participate. Ms. Murphy encouraged continued feedback between the Steering Committee and the board.

Mr. Porth opened up the floor to the audience. Melinda Montovani, a representative of the Brain Injury Alliance of Connecticut said that a number of their members were concerned about the impact of upside and downside risk in the plan. Dr. Schaefer suggested she stay for the consumer advocate meeting to immediately following the board meeting, wherein he expected there would be discussion on that subject. He also said that the Equity and Access Council would be the primary forum for considering issues related to downside risk. There will be continued discussion of the topic going forward.

The board decided to meet immediately following the February 11th Health Care Cabinet meeting.

Meeting adjourned at 3 p.m.