

Health Care Cabinet Operating Principles
November 2011

With thanks to Frances Padilla for initiating this conversation, and to all the Cabinet members who have contributed to the conversation, we present the following documents for discussion at the November Cabinet meeting. The final discussion drafts are intended to be inclusive of the themes, principles, and criteria that have emerged thus far and we look forward to continued discussion.

- *Original Principles – Frances Padilla*
- *Cabinet comments – October, 2011*
- *Revised Principles that includes all comments*
- *Discussion draft, Principles – Pat Baker*
- *Additional topics for consideration*

DRAFT

Proposed Operating Principles for the Sustinet Health Care Cabinet

(For discussion)

In all the work the Cabinet does to meet its legislative charge, its members will be guided by the following principles:

1. **Commitment to Impact:** Contribute to the improved health of all Connecticut residents
 - a. Effectively address the needs of key constituencies such as small businesses and health care consumers
2. **Leverage:** Make best use of past and current knowledge and expertise
 - a. Use of data to drive action
 - b. Commitment to communication and information sharing
 - c. Coordination to minimize duplication and missed opportunity, both within state government and between the public and private sectors
 - d. Increase buy-in through partnerships between state government agencies, and between public, private and nonprofit players
3. **Accountability:** Be fully accountable to the public in a transparent process
4. **Inclusion:** Ensure that there are meaningful opportunities to obtain a broad cross-section of views, with particular emphasis on the perspectives of consumers and small business
5. **Action:** Think ahead to implementation as we formulate recommendations
 - a. Position Connecticut to seize opportunities

DRAFT

Proposed Operating Principles for the Sustinet Health Care Cabinet

(For discussion)

In all the work the Cabinet does to meet its legislative charge, its members will be guided by the following principles:

1. **Commitment to Impact:** Contribute to the improved health of all Connecticut residents
 - a. Effectively address the needs of key constituencies such as small businesses and health care consumers
 - b. **Reduce barriers in access to healthcare and improve health outcomes among diverse racial, ethnic, and cultural groups, including the LGBT population.**
 - c. **Reduce barriers in access to healthcare among those who are chronically ill, disabled.**
 - d. **Integrate the importance of and access to mental health services, oral health services, recognizing the commonality of the existence of co-morbidities**
 - e. **Address the areas of work force shortages.**
 - f. **Maximize the use of community-based services**
 - g. **Grow the use of health information technology across systems**
 - h. **Reduce burdens and barriers that prevent or discourage provider engagement**
2. **Leverage:** Make best use of past and current knowledge and expertise
 - a. Use of data to drive action
 - b. Commitment to communication and information sharing
 - c. Coordination to minimize duplication and missed opportunity, both within state government and between the public and private sectors
 - d. Increase buy-in through partnerships between state government agencies, and between public, private and nonprofit players
3. **Accountability:** Be fully accountable to the public in a transparent process **that timely meets all of the objectives of Public Act 11-58.**
 - a. **Maintain consumer-driven goals throughout process**
4. **Inclusion:** Ensure that there are meaningful opportunities to obtain a broad cross-section of views, with particular emphasis on the perspectives of consumers and small business **and providers**
5. **Action:** Think ahead to implementation as we formulate recommendations
 - a. Position Connecticut to seize opportunities

[V. Veltri]

From: GRUENDEL, JANICE

Sent: Tuesday, October 18, 2011 2:47 PM

To: Hinds-Ayala, Africka; Alfreda Turner; Barnes, Ben; Bonita Grubbs; DeJesús, Jeannette; Ellen Andrews; Frances Padilla; Heinrich, Deb; Jeffery Lucht; Mullen, Jewel; Joanne Walsh; Joette Katz; Kevin Lembo; Linda St. Peter; LtGovernor, Wyman; Macy, Terry; Margaret Smith; Patricia Baker; Rehmer, Pat; Philip Boyle; Robert Tessier; Bremby, Roderick L.; Steven Hanks; Tory Westbrook; Veltri, Victoria; William Handelman; Zelez, Peter

Cc: Foley, Anne; WOLMAN, FREDERICKA; Kolb, Sarah; Pakulis, Bettye Jo; Mink, Blanche; Hopes, Daisy; Taylor, Kathleen; RICE, MARILYN; Meshie Knight (Frances Padilla); Ficocelli, Rosa M.; Becchi, Theresa L; Fedorjaczenko, Alexis; Schmidt, Roberta

Subject: RE: Health Care Cabinet - Operating Principles (Draft) DCF Comment

Please see below for one or two short comments. JMGruendel (Deputy Commissioner, DCF)

DRAFT

Proposed Operating Principles for the Sustinet Health Care Cabinet [WE MIGHT WANT TO NOT USE SUSTINET in the title: JMG]

(For discussion)

In all the work the Cabinet does to meet its legislative charge, its members will be guided by the following principles:

1. Commitment to Impact: Contribute to the improved health of all Connecticut residents

a. Effectively address the needs of key constituencies such as small businesses and health care consumers [Do we want any note on the special needs of our youngest health care consumers given what the neuroscience tells us about the criticality of the first three years for brain growth? JMG]

2. Leverage: Make best use of past and current knowledge and expertise

a. Use of data to drive action
b. Commitment to strategic communication and information sharing
c. Coordination to minimize duplication and missed opportunity, both within state government and between the public and private sectors
d. Increase buy-in [do you mean commitment? "buy in" could be misunderstood in this context. JMG] through partnerships between state government agencies, and between public, private and nonprofit players

3. Accountability: Be fully accountable to the public in a transparent process [Accountability also means having a focus on "outcomes." JMG]

4. Inclusion: Ensure that there are meaningful opportunities to obtain a broad cross-section of views, with particular emphasis on the perspectives of consumers and small business

5. Action: Think ahead to implementation as we formulate recommendations

a. Position Connecticut to seize opportunities

[J. Gruendel]

Hi, all – Below are the operating principles adding in red an additional principle addressing equity and health disparities and under Leverage, I framed some language relative to evidence-based research.

As for the name of the Cabinet, Public Act 11-58 names the Cabinet the Sustinet Health Care Cabinet, to reflect the interrelated goals of increased coverage and access, improving quality and containing cost through state and federal health reform. These are the underpinnings of the original Sustinet policy design. In keeping with the spirit of the law, I believe we have to keep the name; can't change the intent of the law after it is enacted.

Frances

1. **Commitment to Impact:** Contribute to the improved health of all Connecticut residents
 - a. Effectively address the needs of key constituencies such as small businesses and health care consumers
2. **Equity in health care delivery and access:** Reducing racial, ethnic and economic disparities should be a common goal for all recommendations
3. **Leverage:** Make best use of past and current knowledge and expertise
 - a. Use of data to drive action, informed by evidence-based academic and applied research
 - b. Commitment to communication and information sharing
 - c. Coordination to minimize duplication and missed opportunity, both within state government and between the public and private sectors
 - d. Increase buy-in through partnerships between state government agencies, and between public, private and nonprofit players
4. **Accountability:** Be fully accountable to the public in a transparent process
5. **Inclusion:** Ensure that there are meaningful opportunities to obtain a broad cross-section of views, with particular emphasis on the perspectives of consumers and small business
6. **Action:** Think ahead to implementation as we formulate recommendations
 - a. Position Connecticut to seize opportunities

[F. Padilla]

DRAFT

Proposed Operating Principles for the Health Care Cabinet

(For discussion)

In the work the Health Care Cabinet does to meet its legislative charge, its Members will be guided by the following Operating Principles:

1. **Commitment to Impact:** Contribute to the improved health of all Connecticut residents
 - a. Effectively address the needs of key constituencies such as small businesses and health care consumers
 - b. Reduce barriers in access to healthcare and improve health outcomes among diverse racial, ethnic, and cultural groups, including the LGBT population.
 - c. Reduce barriers in access to healthcare among those who are chronically ill, disabled.
 - d. Integrate the importance of and access to mental health services, oral health services, recognizing the commonality of the existence of co-morbidities
 - e. Address the areas of work force shortages.
 - f. Maximize the use of community-based services
 - g. Grow the use of health information technology across systems
 - h. Reduce burdens and barriers that prevent or discourage provider engagement
 - i. Incorporate current federal and state programs where applicable (e.g. Birth to 3, SNAP, etc.)

[Do we want any note on the special needs of our youngest health care consumers given what the neuroscience tells us about the criticality of the first three years for brain growth? -JMG]
2. **Equity in health care delivery and access:** Reducing racial, ethnic and economic disparities should be a common goal for all recommendations
3. **Leverage:** Make best use of past and current knowledge and expertise
 - a. Use of data to drive action, **informed by evidence-based academic and applied research**
 - b. Commitment to communication and information sharing
 - c. Coordination to minimize duplication and missed opportunity, both within state government and between the public and private sectors
 - d. Increase **buy-in** commitment through developing and maintaining partnerships between state government agencies, public sector, private corporations and non-profit agencies.

[Do you mean commitment? "Buy in" could be misunderstood in this context. JMG]
4. **Accountability:** Be fully accountable to the public in a transparent process **that timely meets all of the objectives of Public Act 11-58.**
 - a. **Maintain consumer-driven goals throughout process**
 - b. Provide Outcomes and Measures for Consumers, Small Businesses, and Providers

[Accountability also means having a focus on "outcomes." JMG]
5. **Inclusion:** Ensure that there are meaningful opportunities to obtain a broad cross-section of views, with particular emphasis on the perspectives of consumers, small business **and providers**
6. **Action:** Think ahead to implementation as we formulate recommendations
 - a. Position Connecticut to seize opportunities

DRAFT

Proposed Operating Principles for the Health Care Cabinet

(For Discussion)

1. **Commitment to Impact:** Contribute to the improved health of all Connecticut residents as seen in the following:
 - a. The number of individuals and/or constituencies affected
 - b. The depth and/or intensity of the problem
 - c. Reduction of barriers and burdens for those most vulnerable
 - d. The time frame in which change can occur
 - e. The value of care and services purchased

2. **Equity in health care delivery and access:** Recommendations are mindful of the goal of reducing disparities based on race, ethnicity, gender, and sexual orientation.

3. **Leverage:** Recommendations must:
 - a. Make the best use of past and current knowledge and expertise
 - b. Maximize the opportunities provided through initiatives from the public and private sector.
 - c. Be informed by data and evidence-based practice and research.

4. **Accountability:** Be fully accountable to the public in a transparent process that meets the objectives of Public Act 11-58.
 - a. Identify and measure outcomes that demonstrate meaningful results
 - b. Maintain consumer-driven goals throughout the process

5. **Inclusion:** Ensure that there are meaningful opportunities to obtain a broad cross-section of views, with particular emphasis on the perspectives consumers, communities, small business, and providers.

6. **Action:** All recommendations must take into account implementation and position Connecticut to seize opportunities.

Focus/Priorities Identified for Consideration by the Work Groups

- 1. The needs and barriers to access of the chronically ill and disabled**
- 2. Integration of mental health and oral health services with clear recognition of the existence of co-morbidities**
- 3. Health Care workforce shortages and opportunities**
- 4. Maximization of community based services**
- 5. Health Technology needed across systems and sectors**
- 6. Provider engagement**