



STATE OF CONNECTICUT  
LIEUTENANT GOVERNOR NANCY WYMAN

## The Health Care Cabinet

Tuesday, February 14, 2012  
Meeting Minutes

**Cabinet Attendees:** Nancy Wyman, Lieutenant Governor, Chair; Patricia Baker, Vice Chair; Phil Boyle; Roderick Bremby; Jeannette DeJesús; Bonita Grubbs; William Handelman; Kevin Lembo; Terrence Macy; Donna Moore; John Oraziotti; Frances Padilla; Pat Rehmer; Margaret Smith; Linda St. Peter; Robert Tessier; Vicki Veltri; Joanne Walsh; Tory Westbrook; Peter Zelez

**Absent:** Ellen Andrews; Anne Foley; Janice Gruendel; Steven Hanks; Jeffrey Lucht; Jewel Mullen; Alfreda Turner

**Invited:** Victor Villagra, representing the Cabinet Health Technology work group; Marci Sindell and Beth Honan, representing Atrius Health

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Lieutenant Governor Nancy Wyman opened the meeting at 9:00 am by welcoming all attendees and having Cabinet members introduce themselves.

Minutes from the January 10, 2012 meeting were approved with no changes.

Special advisor Jeannette DeJesús provided a brief update on activities of the Office of Health Reform & Innovation. The Office recently drafted legislation to establish an all payer claims database for CT, and will present this to the Legislature along with a report detailing the efforts of the database work group. The Office is required to submit a report to the legislature on the status of health reform implementation in multiple state agencies. They are in the process of recruiting a consultant to assist in the development of this comprehensive report. The Consumer Advisory Board held its initial meeting and would like to meet jointly with the Cabinet, either in March or April.

Vice Chair Pat Baker reminded work groups that they were asked to bring one to three priorities to the Cabinet. She asked that these be included in work group updates. This will serve to advise and inform future Cabinet agendas.

Victor Villagra a presentation on the [Health Technology Work Group's Interim Report](#). He opened the floor for questions. Health Care Advocate Vicki Veltri asked how the technology described would identify gaps in coverage. Dr. Villagra said there will need to be a major initiative for consumer/patient education in order to show consumers what's available to them. He added that there is a need for reporting systems that capture data regularly in order to

examine gaps in coverage. He added that this type of “cloud computing” allows greater access to health information by creating a system that is accessible to a wide variety of computers and mobile technologies. Ms. Veltri emphasized the importance of integrating data between agencies and carriers. Donna Moore asked how the data would be converted into analytics, meaning actionable information for decision making. Dr. Villagra responded that cloud computing would connect all the layers, allowing the production of analytics and actionable reports and the evolution from a testing environment to a production environment. Frances Padilla commented that this system has the potential to determine the impact of health reform in CT. She added that she envisions reforms that could control health outcomes as well as begin to control costs. Commissioner Roderick Bremby spoke of the need for investing in redesigned computer systems which will ultimately reduce costs. Phil Boyle asked about initial costs and what the timeline is for this project. Dr. Villagra said the cost hasn’t yet been determined but there are federal funds available; these grant opportunities will directly influence the timeline. He added that it is critical to seek out these funds immediately.

Bob Tessier worked with the Office of Health Reform & Innovation to invite Ms. Marci Sindell and Ms. Beth Honan from Atrius Health to provide an inside view of their pioneering work in establishing an Accountable Care Association (ACO) in Massachusetts. Their presentation entitled “*Accountable Care Organizations: Applied Lessons*” is available [online](#). Commissioner Pat Rehmer asked whether there are ACO’s in MA specifically for behavioral health. Ms. Honan replied that historically, health plans carved behavioral health services out of their sets of services, and those services were vended out. This created a complicated situation which is beginning to change as some plans are bringing back behavioral health services. At Atrius, many practices are embedding behavioral health clinicians who provide “Curbside consults,” which address mental health issues. The clinicians have also proven to be valuable in helping patients with driving behavior modification in order to achieve improved health outcomes. Margaret Smith inquired whether dental services are included, and Ms. Sindell replied that dental care isn’t included because it was difficult to integrate into the system, although she agreed that it is very important and should be included. Ms. Veltri commented that the integration of oral health, behavioral health and medical health is critical for the success of health reform efforts in CT. She added that it’s clear from oral health data that people aren’t receiving the dental services that they need. She asked if behavioral health services are included in the per member per month amount. Ms. Honan replied that these services are not included in the global payment but are paid on a fee for service basis.

Bob Tessier asked how many Atrius patients are enrolled in Medicaid. Ms. Honan replied that approximately 40,000 are on Medicaid and of these, 25,000 are on full capitation arrangements; 60,000 receive Medicare and 5,000 have Medicaid/Medicare dual eligibility. Approximately 90% of Atrius clients are enrolled in commercial insurance. Mr. Tessier asked about the challenges encountered while going through transformations, specifically those faced by patients. Ms. Honan replied that from a financial standpoint the patients didn’t see any change. Ms. Sindell added that patient satisfaction rates have risen modestly through the organization’s transformation.

Meeting was adjourned at 11:00 am.

**Next meeting will be held Tuesday March 13, 1012 at 9:00 am.**