

Stakeholder Advisory Board Meeting

Meeting Date	Meeting Time	Location
December 8, 2021	2:00 pm - 4:00 pm	Webinar/Zoom

Participant Name and Attendance

Healthcare Benchmark Initiative Stakeholder Advisory Board		
Pareesa Charmchi Goodwin	Jonathan Gonzalez-Cruz	Kelly Sinko Steuber
Reggy Eadie	Hector Glynn	Marie Smith
Tekisha Everette	Angela Harris	
Howie Forman	Richard Searles	
Others Present		
Krista Moore, OHS	Olga Armah, OHS	Matt Reynolds, Bailit Health
Jeannina Thompson, OHS	Michael Bailit, Bailit Health	
Members Absent:		
Rebecca Andrews	Fiona Mohring	Kristen Whitney-Daniels
Sal Luciano	Lori Pasqualini	Jill Zorn
Rick Melita	Luis Perez	
Susan Millerick	Theresa Riordan	

	Agenda	Responsible Person(s)
1.	Call to Order	Kelly Sinko Steuber
	Kelly Sinko Steuber welcomed everyone to the December Stakeholder Advisory Board meeting and invited Matt Reynolds to conduct a roll call.	
2.	Public Comment	Kelly Sinko Steuber
	Kelly Sinko Steuber offered the opportunity for public comment. There was no public comment.	
3.	Welcome New Members	Kelly Sinko Steuber
	Kelly Sinko Steuber welcomed the new Stakeholder Advisory Board members.	
4.	Approval of June 29, 2021 Meeting Minutes	Kelly Sinko Steuber
	Reggy Eadie motioned to approve the minutes. Howie Forman seconded the motion. There was no opposition nor any abstentions. The meeting minutes were approved by the members present. ¹	
5.	Healthcare Benchmark Initiative Steering Committee	Kelly Sinko Steuber
	Kelly Sinko Steuber reviewed the new OHS Healthcare Benchmark Initiative Steering Committee and its relationship to the Stakeholder Advisory Board.	

¹ There was an inadvertent miscount of members. A vote was taken to approve the minutes however there were not enough members for a quorum. The vote to approve the 6/29/2021 minutes will be placed on the agenda for the next meeting.

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6.	Highlights from Mathematica Cost Driver Analysis	Michael Bailit
<p>Michael Bailit presented highlights from Mathematica’s analyses of commercial market cost growth drivers and ED utilization disparities.</p> <p>Howie Forman thought the findings for ED disparities were consistent with what he has seen in the emergency room. He said that what was trickier was what to do about it. Tekisha Everette agreed, stating she was interested in what might be done in response to these findings.</p> <p>Howie Forman stated that he believed access was likely a factor for both low-income communities and communities with higher proportions of people of color. He added that research a colleague had done indicated that insurance dictated access to urgent care centers. Howie also shared a narrative of a patient who was on and off of Medicaid who found that coming to the ER was the most efficient way to access care.</p> <p>Angela Harris thought the data indicated the need to connect patients to primary care providers, community health workers, and social workers, particularly for those with multiple chronic conditions. Angela thought that the multiple touch points with providers during the COVID-19 pandemic (e.g., during vaccinations) should be better utilized to meet other patient needs.</p> <p>Reggy Eadie said he was interested in the number of patients who were “frequent flyers.” He noted that the primary reason for visits from these patients was they could not get in to see their primary care providers.</p> <p>Pareesa Charmchi Goodwin agreed that access and coverage churn contribute to the observed ED utilization disparities, adding that social services and allied health supports can help. She also said that from talking with community groups, she knew people also relied on the ED for dental issues too.</p> <p>Reggy Eadie wondered if it would be beneficial to reveal names of the systems and hospitals with the highest price growth. Kelly Sinko Steuber replied that the meeting’s goal was to give a high-level overview of the findings, adding that system and hospital-specific data would be shared in the future with individual systems first, and then with the Stakeholder Advisory Board.</p> <p>Michael Bailit asked for thoughts on what should be done in response to the hospital price growth findings.</p> <p>Hector Glynn thought any approach would have to be bifurcated due to two systems having such large market share. Michael noted that the issue of high rates of price growth was not unique to the two largest systems, though they played a role.</p> <p>Angela Harris stated that wages needed to be increased. Tekisha Everette agreed with Angela and added that she thought transparency and equity needed to be brought into pricing. She stated that a “system solution” was needed as well as a “people solution” like the one Angela alluded to, where more money was being put into the pockets of people.</p>		

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	Jonathan Gonzalez-Cruz shared his view that there should be events that bring together legislators with the people most impacted by the issues presented to make sure both groups understand what the problems are and can respond accordingly. Jonathan noted that his organization would be willing to provide support if there was need.
	Michael Bailit noted that recommendations would also be welcomed by OHS following the meeting.
7.	Overview of Primary Care Roadmap Michael Bailit
	<p>Michael Bailit explained the reasoning for the Primary Care Roadmap (Roadmap) and reviewed the drafted Roadmap. He then invited feedback.</p> <p>Angela Harris thought that identifying social risk factors and connecting patients to community resources were essential. She shared that first-year UConn medical students were brought to a high-needs community in Hartford and asked to note what the assets were in the community. Michael thought that this would be an interesting activity for the learning collaborative. Angela agreed, and gave kudos to Dr. Kirsten Ek for starting the program at UConn.</p> <p>Jonathan Gonzalez-Cruz asked about the procedure following any detected adverse impact. Michael Bailit said that this had not been prescribed, but insurers could respond by asking for corrective action plans or by removing the practice from their networks. He added that the draft Roadmap was written at a pretty high level, though OHS hoped to make the Roadmap more detailed in the future. Jonathan asked about patient notification of detected adverse impact. Michael said there was not a system to do so today, adding that such issues could be occurring now with fee-for-service practices. He added that the goal would be to have some parameters for what insurers should do in the future. Jonathan replied that he would be happy to be a part of the conversation in the future during implementation.</p> <p>Angela Harris wondered if the plans outlined in the Roadmap would address the scenario where practices ask patients to first have a consultation visit before having to return for the “real” visit. Michael Bailit said that it could, but there was no guarantee of this. He stated that with prospective budgets, physicians could decide how they wanted to structure their visits since they would not get paid per visit.</p>
8.	Wrap-Up and Next Steps Kelly Sinko Steuber
	Kelly Sinko Steuber noted the next meeting would be held during the first quarter of 2022, potentially sometime in March. She said that some ad-hoc meetings may be held as needed. Kelly stated that meeting minutes would be posted.
9.	Adjourn Kelly Sinko Steuber
	Angela Harris motioned to adjourn. Tekisha Everette seconded the motion. The meeting adjourned at 3:35 pm.