

Consumer Advisory Council
Meeting Minutes July 13, 2021


Meeting Date	Meeting Time	Location
July 13, 2021	3:00 – 5:00 p.m.	Zoom Meeting

Participant Name and Attendance


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Jeffrey G. Beadle		Robert Krzys	X	Christiane Pimentel	
Adrienne Benjamin	X	Terry Nowakowski	X	Peggy Lampkin	
Alan Coker	X	Velandy Manohar	X	Andre L. McGuire	
SB Chatterjee	X	Soneprasith Phrommavanh	X	Daniel C. Ogbonna	
Taylor Edelmann	X	Ann R. Smith		Michele Scott	
Others Present					
Terry Gerratana (OHS)		Sarah Darer		Karen Hlavac	
Ormand Clarke (OHS)		Michelle Scott			
Hanna Nagy (OHS)		Greg Frani			
Kelly Sinko		Richard Albrecht			

Meeting Information is located at: <https://portal.ct.gov/OHS/SIM-Work-Groups/Consumer-Advisory-Board>

	Agenda	Responsible Person(s)
1.	Call to Order & Welcome to New Members: The scheduled Annual meeting of the Consumer Advisory Council (CAC) was held on Tuesday, July 13th via zoom. The meeting convened at 3:04 p.m. Terry Nowakowski chaired the meeting.	Terry Nowakowski
2	Roll Call: Members and attendees were listed in ‘Participant Name and Attendance,’ above.	Terry Nowakowski
3	Public comment: No public comment was raised.	Terry Nowakowski
4	Approval of the last meeting’s minutes: The June 8, 2021, minutes were not approved because a quorum was not available. The consensus was to delay the approval to the next meeting, September 14, 2021.	
5	Standing Committee Reports	Taylor Edelmann & Dr. Velandy Manohar
6	Presentations on Primary Care Initiatives-discussions and Approvals.	Kelly Sinko, Hanna Nagy, OHS and Erin Campbell, Bailit Health; and Karen Novak, a Consumer Representative
	<ul style="list-style-type: none"> Terry Nowakowski introduced the guest presenters: Kelly Sinko, Hanna Nagy; and Jenn Searles (OHS) Kelly Sinko, OHS’ director of healthcare innovation made a presentation on Primary Care Initiative Kelly Sinko provided a brief overview of the key points of her presentation—primary care. She stated that she anticipated the audience’s feedback, indicating the factors that they thought would improve the patient experience. 	



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- Kelly Sinko provided a rationale for focusing on primary care and the reason that she thought it is important.
- Kelly Sinko allowed Karen to share some of the challenges and barriers, she has experienced in accessing primary healthcare services.
- Kelly Sinko mentioned four key elements of CT's Healthcare Benchmark Initiative Cost Growth Benchmark that covers all payers and populations for CY 2021 2025; a 10% Primary Care Spend target that applies to all payers and populations for CY 2021 2025; a complementary Data Use Strategy that leverages the state's APCD to analyze cost and Cost Growth drivers; and Quality Benchmarks that are applicable to all public and private payers.
- Kelly Sinko stated that these focus areas emerged from the Governor's Executive Order number five. She initially stated that an executive order is a direction that the governor can give that has the force of law but is not required to proceed through the legislature.
- She stated that there is focus on primary care through cost growth benchmarks, suggesting health carriers and certain large healthcare providers should endeavor to curtail spending increases below a certain amount.
- She stated that optimal healthcare should be accessible by all CT residents, indicating that communities with greater primary care have yielded reduced health costs and correspondingly, increased health outcomes.
- Kelly Sinko stated there should be transparency in healthcare services and CT is the 5th State to have something like this, a statewide cost growth benchmark. She stated that a major focus in increasing the percentage of primary care funding. She mentioned that of total healthcare expenditures that goes towards primary care to reach 10% by 2025. To give her perspective, she stated CT's spending is less than 5%; indicating there is less than years within which to reach the 10% so we have about five years to try to move that needle to reach 10% for primary care expenditures.
- Kelly Sinko stated that OHS is in the process of implementing and designing a healthcare data management strategy. She stated that means this is a plan to leverage the data derived from all payers claims database and other sources to analyze cost drivers and develop a better sense of making sure better decisions, using the available data.
- Kelly Sinko stated reported that OHS has an RFP out now for analytics vendor and it is hoped that onboarding will occur by the end of the summer.
- In terms of quality initiatives, KS stated that OHS is currently identifying with stakeholders, the factors that should be measured in accessing quality. After, OHS will decide the goal and provider benchmarks.
- Kelly Sinko stated that similar to the cost growth there are no established penalty for not meeting the benchmarks; however, OHS supports the idea of transparency because having that information will facilitate decision making processes and next steps.
- Kelly Sinko stated that similar to the cost growth there are no established penalty for not meeting the benchmarks; however, OHS supports the idea of transparency because having that information will facilitate decision making processes and next steps.
- Kelly Sinko stated the office of health strategy believes very strongly that high quality primary care should be accessible to all Connecticut residents in every community and that shrinking primary care is a very high priority. She conceded that primary care CT has room for


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improvement, which is the reason that OHS believes it should be prioritized, adding that CT spends less than other states on primary care relative to total health care spending.

- Kelly Sinko indicated that research shows that systems with comprehensive primary care actually achieve better outcomes and are less costly, so moving the needle towards better primary care will help consumers across the entire system.
- Kelly Sinko stated that the challenges encountered in recruiting and retaining premier care physicians; however, this is a national problem.
- KS stated that OHS wants to hear from the CAC as well as the general public
- Karen was invited to relate her experiences with her son living with intellectual disability autistic disorder
- KS requested that at the conclusion of the Karen presentation state what they believe patients value most in their primary care experience; what are barriers and challenges that they thought should be looked into.
- Karen stated when her son was younger he was seen by pediatric practitioners who had received some training in Medical School regarding persons with intellectual and developmental disabilities; however, they do not have a working knowledge of this population's needs.
- Karen stated that electronic check in is very helpful and that electronic medical records are very helpful owing to her son's lengthy medical history. She stated taking care of her son requires extra time and financial cost.
- Since the advent of Title 19 coverage Karen have been presented with a new set of challenges; however, for some persons with only title 19 coverage some practices will not accept this form of payment, because the practitioner is not adequately compensated for their time. The payment structure needs to change, for this reason.
- Terry Nowakowski thanks Karen for sharing and invited the audience to comment.
- SB Chatterjee asked how the problem of the lack of primary care providers is especially by being addressed.
- Adrienne Benjamin stated that she had a child with intellectual disabilities. She added that it is complicated to treat children with varying medical needs and providing care requires flexibility.
- Adrienne and Karen stated despite their challenges, for other parent the circumstances are more dire. Adrienne expressed the need for medical health providers to be educated on how to deal with emotional unwell patients or health service recipients
- Denise Perez also expressed that changes could be made, explaining how telehealth services can be helpful in terms of transportation difficulties.
- Terry Nowakowski expressed that "emotional health is just as important as physical health so in terms of primary care, I think we have a long way to go."
- Richard Albrecht, a new member of the committee embraced the concept of telehealth, expressing that his primary professional occupation and focus is figuring out how this innovation can be used to eliminate the barriers to access for people in underserved communities within New Haven and Bridgeport. He also stressed the "need to broaden access and make it easier for people with disabilities to get the care that they need when they need it."
- Dr. Manohar describing the combination of Tele health and patient portal, stated children and adults with autism and associated disorders may not be as great in oral communication, but



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	<p>they are very good in electronic communications. He also stated having a parent or caregiver in the same consultation /interview room is sometimes inhibitory, especially if there are LGBT Q issues and many other issues. He mentioned that when the parent or caregiver was not there, this communication has to be with the electronic.</p> <ul style="list-style-type: none"> • Denise Perez expressed that many social anxieties associated with mental health and that patients met Telehealth appointments more frequently than they did in on site appointments because it took away some of the anxieties. • Richard Albrecht stated that the integration of bidirectional secure text messaging is an ideal medium to increase access to care. • Karen Hlavac expressed that unfortunately, some folks do not have access to technology, and are unable to use that option • Kelly Sinko continued her presentation and expressed that OHS’ next steps include its strategies are effective and successful. She said it is important that practice teams understand the Community that person's coming from and has an awareness of the health and social issues in the Community and have the care necessary to address the health and social needs of that specific Community. • Ann Smith spoke on the importance of integrating behavioral health in primary care screening 	
7	Update on CONNIE	Jenn Searles
	<ul style="list-style-type: none"> • Jenn Searles was introduced by Terry Nowakowski • Jenn Searles stated she wanted to give an update on some of where OHS is with connecting. She stated CONNIE commenced operations May 3rd, 2021 and is working diligently to help hospitals and labs get connected. She spoke of a legacy DSS project called project notify that has come under the Connie umbrella. She stated this was a project that DSS had been running in collaboration with Yale and Hartford Health systems. The organizations receive alerts on their patients once they are discharged or admitted. CONNIE does not have their clinical data, yet, but there are intentions to establish relationships and know who their providers are. She said she had meeting with UConn today. She mentioned that anthem blue cross Blue Shield has also signed on as a as a participant with Connie. Potential partners are also lab core, Nuvance Health System. Jenn express that she hoped to go live by July 31, 2021. She mentioned that legislation was just passed in this past session where Commissioner Gifford is now appointed to the board, so DSS is now a permanent member of the board of county which is great news. She stated that it is the plan to provide patients a sort of consolidated view of disparate data from different medical systems in one place. • There were several inputs from the meeting in response to Jenn’s presentation. Dr. Manohar stated: “we need this kind of data to plan for the future, so it's very important that we stay in touch as CONNIE is rolled out.” • Jenn Searles stated that one of the great things about the technology vendor is that they are that technology vendor for other states. 	
8.	New Business/Announcements.	Terry Nowakowski
	<ul style="list-style-type: none"> • Terry Nowakowski acknowledged that this sections will be abbreviated, not requiring the allotted minutes because several it is summer, this is a time for vacations and everybody's trying to take advantage of the good weather. • Terry Nowakowski stated this has been just a wonderful year for us, despite the pandemic related challenges. There have been increased interest in joining the CAC, so we're very 	



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	<p>grateful and very encouraged. She mentioned that our job is to really make sure those all voices are heard.</p> <ul style="list-style-type: none"> • Terry thanks all attendees, including presenters for attending. She also expressed gratitude to all members that contributed to the new members' selection process and looked forward to their attendance at the orientation on July 14, 2021 • The next CAC meeting will be held on September 14, 2021 	
9.	Adjournment	5:00pm
	<ul style="list-style-type: none"> • Terry Nowakowski moved to adjourn the meeting. Velandy Manohar seconded. Motion carried. The meeting adjourned at 5:00 pm and will reconvene on September 14, 2021. 	