SustiNet Health Partnership

Preventive Health Advisory Committee

Co-Chairs
Michael Critelli

Board of Directors Liaison
Norma Gyle

Phone:
866.466.4446

Facsimile
860.297.3992

E-Mail
SustiNet@CT.Gov

Post Office Box 1543
Hartford, CT 06144-1543
www.ct.gov/SustiNet

Preventive Healthcare Advisory Committee Regular Meeting
February 10, 2010
Meeting Minutes

Committee Attendees: *Michael Critelli, Co-chair; Nancy Heaton, Co-chair; Carlos Sanchez-Fuentes; Pat Baker; David Emmel; Sharon Langer; Joe Pandolfo; Stephanie Paulmeno; Dorothy Shearer*

Office of the State Comptroller: *David Krause*

Absent: *Tanya Barrett; Yvette Bello; Marian Evans; Ann Ferris; Alice Forrester; Norma Gyle; Jamesina Henderson; Robert Krzys; Tung Nguyen; Alicia Woodsby; Nancy Yedlin*

Mike Critelli opened the meeting by welcoming members. Minutes from the 1/19/10 meeting were approved. He talked about forming groups to work on the various topics in the workplan. Mike suggested that there could be four workgroups, with the first workgroup looking at health plan design. He said it would be helpful to look at all the existing state plans in CT and other states, look at Medicare, and consider the work of Medtech and others who recommend prevention provisions for Medicare. There are also recommendations from Partnership for Prevention, the Community Guide, Rand Health, and international practices such as UK National Institute for Health and Clinical Excellence.

Mike suggested that the second workgroup examine state and community health programs that are not currently part of any health plans but might be incorporated into health plans. One of the recommendations was to combine this with marketing, outreach, education and training. Mike said that he discussed SustiNet with Dr. Jeannette Ickovics from Yale, who suggested that this workgroup look at the work of Oxford Health Alliance as a role model, as they are using New Haven as a pilot site for a community health initiative. Mike said that there could be a third workgroup to look at how to identify healthy behaviors that would benefit from plans and community programs. A possible fourth group could look at medical conditions and make specific recommendations.

Pat Baker said that regarding healthy behaviors, there needs to be a patient-provider effort, knowing how to best optimize health and ensuring that providers are promoting best practices around prevention, suggesting combining the third and fourth workgroups. Many Committee members agreed that those two groups could be combined, but there was much discussion about how to do this and still include all the various factors. Dorothy Shearer said that because of managed care, physicians have a limited amount of time to spend with patients, so she brought up the question of how to promote a patient-provider collaboration within a workable timeframe. Pat said that many providers are already doing this, having their staffs provide education to patients. Dorothy said that the future of this is an integrated team approach that uses the best workforce doing the most effective work for the least cost, so it becomes necessary to look at the provider as being the entire practice, including all staff members and being mindful of cultural and linguistic competencies. Stephanie Paulmeno said that ethnic minorities receive inconsistent care and that access to care is a major issue. There is a tremendous variance between providers treating minorities, and often the care is being received through clinics and health fairs, so there isn't a regular provider. Pat said that optimally each person would have a medical home that supports and values the patient-provider partnership. The medical home should have a skilled health professional providing the intervention at the least cost and in the most effective manner. Dorothy said that it is important to ensure compliance and standardization in implementing these strategies. Stephanie said that there should be incentives for physician reimbursement built into this Committee's plan. Mike said that there are many standard setting bodies that the Committee can draw from, and there are doctors and nurses serving on the Committee who can provide insight into reimbursement issues. Stephanie suggested that it would be helpful to link up with other groups, such as the Health Equity Commission.

Mike asked the Committee members if they felt that education, outreach and marketing should have its own separate workgroup. Sharon Langer said that marketing and outreach are two very different things when discussing public health insurance programs. Marketing is a tool to let people know what's available, whereas outreach can be used to alert people as to what's available and to assist them in choosing a plan. Pat said that these all of these things are important functions, but this Committee needs to focus on engagement. The system has to be engaged and so do all the participants. Nancy Heaton said that successful community health education programs utilize all of these functions in engaging the community to participate.

After much discussion, the Committee decided that there will be three workgroups, and that each of them will make recommendations for maximizing outreach on engagement. The assignments are:

1. **Health Insurance Plan Design**

   Carlos Fuentes-Sanchez
   Joe Pandolfo
   Sharon Langer

2. Optimal State and Community Health Programs

Stephanie Paulmeno
Nancy Heaton
Mike Critelli

3. Patient-Provider Partnership to optimize health and healthcare

David Emmel
Dorothy Shearer
Pat Baker

Mike suggested that each workgroup designate a leader and agree to meet or set up a conference call. He asked that each group plan on taking notes and bringing a summary of discussions to Committee meetings. He said that he would contact Committee members who are absent today to see if there will be any additions to the workgroups.

Mike said that he is willing to share information that he receives with all the groups, and he asked all Committee members to do the same. He suggested that each group begin by identifying resources for best practices and cataloging the findings. Pat said that the Health First Authority did a lot of work that would be good background for this Committee, and suggested that it be made available to all members. Mike said that he would send the link to all members.

Dorothy asked about liaisons between this Committee and other SustiNet Committees and Task Forces. The following people agreed to act as liaisons between other Committees:

Mike Critelli	Health Information Technology
Dorothy Shearer	Childhood and Adult Obesity
Dave Emmel	Tobacco and Smoking Cessation
Pat Baker	Patient Centered Medical Home
Stephanie Paulmeno	Health Disparities and Equity

David Krause said that a retreat is being planned that would allow co-chairs of all Committees and Task Forces an opportunity to interact and learn of each other's efforts so that nothing is being duplicated.

Stephanie asked if the workgroups could see each other's resumes so that they could learn their areas of expertise. David K. said that he would work on this. He also said that he would compile a list of contact information for all Committee members and then distribute it.

Nancy asked if mental health is going to be included in this Committee's work. Mike said that mental health should be included in all recommendations made by the Committee. He said that infectious diseases and immunizations should also be included. He said that if this Committee felt that there were areas that weren't examined thoroughly, there could be recommendations made for further study. Nancy also asked that if there are any documents that are CT specific that could be used by this Committee. Mike suggested the Health Equity Index, saying that it contained data about incidence, but contains limited information about cost data. Stephanie suggested that a document entitled Preventable Hospitalization contains valuable information, and she agreed to share it with others.

Meeting was adjourned.

Next meeting will be March 16, 2010 from 10:00 am – noon in the LOB Room 1D.