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**Board of Directors Retreat Meeting**

April 14, 2010

**Retreat Meeting Minutes**

**Board Attendees (20):** *Kevin Lembo, Co-chair; Ellen Andrews; Jeannette DeJesus; Margaret Flinter; Bruce Gould; Paul Grady; Bonita Grubbs; Norma Gyle; Nancy Heaton; Jeffrey Kramer; Estela Lopez; Sal Luciano; Joseph McDonagh; Jamie Mooney; Lucy Nolan; Marie Smith; Marie Spivey; C. Todd Staub; Thomas Sullivan; Cristine Vogel*

**Office of the Healthcare Advocate (3):** *Vicki Veltri; Africka Hinds-Ayala; Marilyn Rice*

**Office of the State Comptroller (1):** *David Krause*

**Guests (10):** *Bennett Pudman (Facilitator); Pat Baker (Connecticut Health Foundation); Stan Dorn (Urban Institute); Laura Downs (Morrison Downs Associates); Alexis Fedorjaczenko (CT-DPH/OHCA); Jennifer Jainer (Holt Wexler Farnam); Katherine London (UMass Medical School); Kim Martone (CT-DPH/OHCA); Frances Padilla (Universal Healthcare Foundation); Barbara Parks Wolf (CT-OPM)*

**Absent (9):** *Nancy Wyman, Comptroller, co-chair; Mark Boxer; Michael Critelli; David Henderson; Rafael Perez-Escamilla; Andrew Salner; Marlene Schwartz; Michael Starkowski; Tory Westbrook*

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Kevin Lembo opened the meeting welcoming all attendees and asked board members and co-chairs to introduce themselves.

The objective and outcomes for those participating in the retreat were reviewed for clarification. Kevin restated the common understanding, vision, and policy design of SustiNet. Kevin said the 60-day required report will outline the impact of the federal healthcare reform law on SustiNet's implementation. Although the legislative session will end early May 2010, a draft report will be available sooner for review by the board members and committee co-chairs. Once the report is finalized and approved it will be shared statewide. The report will address various findings and how to integrate present state programs into the overall SustiNet design. Each of the three task forces (Obesity, Tobacco, and Healthcare Workforce) must submit a final report of findings and recommendations by July 1, 2010 to the SustiNet Health Partnership Board of Directors and the CT General Assembly.

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**Board of Directors**

Bruce Gould • Paul Grady • Bonita Grubbs • Norma Gyle • Jeffrey Kramer  
Estela Lopez • Sal Luciano • Joseph McDonagh • Jamie Mooney

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The discussion for the board members and co-chairs will focus on how the different committees and taskforces can work together for the greater good of SustiNet design and implementation. Connecticut is a large purchaser of health care insurance and can do a better job of providing coverage for the state. Under the federal health care reform law, there will be incentives to improve healthcare outcomes, quality, and cost-savings. Staff is comparing the federal healthcare reform law to the SustiNet public act and will facilitate the movement of the 60-day report.

Bennett Pudman introduced Stan Dorn of the Urban Institute who has been working on establishing healthcare reform in Connecticut. Stan prequalified his presentation with the fact that Connecticut continues to make strong efforts with Health Care Reform. Stan presented [SustiNet: Connecticut Health Reform in the Wake of Federal Action](#) to the group.

After the presentation, Margaret Flinter expressed concerns that SustiNet implementation has an enormous investment requirement financially and with the workforce in order to achieve goals. There were members of the board who had several questions regarding healthcare design restrictions, healthcare access, coordination of healthcare insurance/coverage, etc.

Cristine Vogel asked if SustiNet could be restricted to being state-funded; Stan replied that SustiNet must be a licensed product that is not state-funded, which means that state licensing laws must be reviewed and modified accordingly. The outcome of SustiNet will be determined by the legislation.

Cristine asked if the Medicaid population can be transferred into the SustiNet Plan or Exchange; Stan indicated that if SustiNet is licensed as a not-for-profit plan and is a certified product of the Health Insurance Exchange (HIE) then either the Medicaid recipients will automatically be shifted into the appropriate plan or they can choose a plan that is comparable to the one being offered. This is done with the advantage of the state receiving higher reimbursement rates and the disadvantage of paying higher premiums. SustiNet can offer different products under one plan, where each product addresses a specific population, such as a benefit package for state employees and a benefit package for Medicaid clients.

Jeffery Kramer inquired how to accomplish healthcare access issues for the various populations in Connecticut; Stan replied that the federal healthcare reform law assisted greatly with emphasizing the need to improve healthcare access design and that it is acceptable to utilize SustiNet as a high-value delivery system.

Joseph McDonagh stated that there needs to be the coordination of healthcare insurance availability from various entities/populations, such as state employees, retirees, prison system, Medicaid, etc., and to truly consider a public option.

Paul Grady observed that there are multiple aspects to SustiNet. One aspect is SustiNet as a Public Option. Another, important aspect, was as a body establishing standards and recommendations for how the state spends its money on health care.

Regarding the Public Option, Paul advised that Federal reform calls for the provision of two plan options in every state, managed by the federal OPM. One of these plans will be a non-profit offering. These plans will use the purchasing power of the Federal government to provide competitive plan options in the states. Another board consideration is the health insurance reforms that are coming - one, the minimum medical loss ratio requirement, should limit insurance company "excess" profits.

Paul expressed his opinion that in light of the two OPM plans, and the minimum medical loss ratio, the board should discuss if the Public Option aspect of SustiNet still made sense. A primary reason for offering the Public Option was because of concerns about affordability and excessive insurer profit - two things that are addressed in Federal Reform. Or, if the board's time would be better spent looking at how

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the state spends its 7 billion health care dollars, and recommending changes that would lead to improved effectiveness.

(The consensus of the group was that a SustiNet Public Option was still needed. This is where Frances said that not offering a Public Option would be a major departure from the law.)

Paul observed that the state's \$7B dollars is spent by various silos of state government, and that there didn't seem to be much collaboration across the silos. SustiNet could be an organization that developed guidelines and principles that applied across the different "silos." Paul also suggested that the board could recommend a review of how state government is organized - in light of Federal Reform, and a desire to have a common approach to how the state purchases health care. Paul expressed the opinion that the law specifically asked for the SustiNet board to recommend the structure of the entity best suited to provide oversight and implementation of the SustiNet plan. Paul encouraged the board to consider this issue.

Paul stated the overarching Board responsibility is to purchase health insurance under a public option plan because health insurance companies are making excessive profits, which contribute to making healthcare unaffordable as it stands today. Stan confirmed that this is even more of a reason for Connecticut to think about joint purchasing of healthcare services, in which the state has already engaged in this practice, but needs to research the costs and the effectiveness. Paul declared that part of the plan needs to be state employees and DSS clientele becoming an overriding authority in combining these populations for healthcare insurance purchase. The general consensus was that better collaboration is needed. Sal Luciano informed the group that there is a current bill that allows state municipalities to join the pharmaceutical purchasing pool of the state employees, which has been a cost-effect move. There is more collaboration forthcoming.

Bennett encouraged the group to think about what specific measures or wording belong in the 60-day plan. Paul stated that if SustiNet wants to be a guiding influence to the Connecticut Department of Social Services and other state agencies then the board needs to look at being an authoritative arm. Bonita Grubbs wanted to make sure that the SustiNet planning body does not set their goals too low, but takes into account the various pieces in play and looks closely at how to do things right the first time. Marie Spivey cautioned the group that SustiNet should not be so complex that individuals can not understand it thus potentially making SustiNet underutilized. Marie said there are vulnerable populations that must receive special attention with regard to education, training and information dissemination, and therefore, an opportunity to develop a health care business case model that is designed to bring people up to a certain level of understanding, retain disparity outcome and measure within the planning process, and making SustiNet a consumer-centered plan. Todd Staub supported the sentiments by indicating that SustiNet could also be used to drive other health plans, which would drive change. Bruce Gould stated that the planning and design process will become more transparent because of the federal health care reform law.

Margaret iterated that there is no question that SustiNet will be "huge", but questioned if it is a good investment on the part of the state. The federal regulations focus largely on the Patient Medical Home. Jeff stated that a critical part of the charge is the education component, in which the American public does not have a great understanding of transparency, patient medical home, and other health care related terminology. Connecticut citizens need to be educated in order to be better consumers. Paul suggested a departure from the 2009 legislation or a defined path to see how we could realize the vision. Frances Padilla stated that we need to use the state's leverage in covered lives to improve the conditions and create a fundamental change in SustiNet design, which needs the flexibility to be able to depart from the original envisioned plan design when and where needed. She remarked that there needs to be a continuous evaluation of the original premise. Stan provided the question: How do we change SustiNet design in view of the federal law? With the question in mind, Stan stated that there will be

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recommendations for 2011 legislation; thus bringing about the question of how to move forward. There must be a careful exam of the federal law and its relation to SustiNet.

Pat Baker supplied several questions: (1) Is there anything in current SustiNet legislation that does not comply with the federal reform?; (2) Where are the differences?; and (3) What are the advantages? Pat stated that SustiNet can drive a broader vision that is consumer-centered. Bruce wanted to know if the Connecticut legislation has to tweak the bill or is it flexible enough to allow the SustiNet Health Partnership to proceed. Stan said the function of the 60-day report is for the SustiNet Board of Directors to provide pre-liminary recommendations of the SustiNet Program implementation to the General Assembly. At this point it is best to focus on securing funds for the implementation of SustiNet. Bruce requested the development of a short term task list. Pat asked if SustiNet is a qualified applicant for funding.

Kevin began the discussion on the support and coordination of work for the committees and taskforces by encouraging the group to come to an agreement on the work that needs to be done with regard to format, template use, and inclusion of essential elements. The laying of the foundation needs to be done first before moving onto the next phase. The group must also consider what consultant services are needed and understand that the needs will vary among the different committees and taskforces. Norma Gyle questioned to whom does the report go and how long does the report need to be. Kevin clarified that the committees and taskforces determine the length of their own report and to submit these written reports to the SustiNet Board, in which the Board will then submit a final report to the Connecticut General Assembly before January 1, 2011. This report is not to be confused with the 60-day report nor the reports that are due by the three taskforces on July 1, 2010.

Stan Dorn reported on his interviews with the committees and taskforces co-chairs with a presentation entitled: [SustiNet Committees and Task Forces: Interviews and Suggestions](#). Stan stated that he spoke with at least one co-chair from each committee and taskforce and outlined in his presentation the general consensus of administrative support, logistical assistance, and progress of each group.

Bennett said the group must distinguish in the statutes the difference between the committees and taskforces. The taskforces have a slightly different legislative charge and report regulations, although a component of their reporting functions similarly to the committee reports. The committees report only to the board. Stan said there are two different reporting formats: committees report to the board, taskforces report to the board and general assembly. Todd said the details need to be worked out at a later stage. The groups need to speak to the charges and the degree of specificity.

Stan said there are multiple purposes for the reporting: first, to communicate with the CT legislature; two, to identify the other topics not mentioned that need to be addressed; and three, to outline the current thought and leave a record of what needs to be planned. Bennett said each committee/taskforce has identified their work and recognized a need for closer collaboration amongst each other. Marie said the Health Disparity/Equity Committee (HDEC) has met with Healthcare Preventative Committee and Obesity Taskforce; the invitation to meet with the HDEC is still open to the other groups for input and feedback.

Jamie Mooney stated that although the discussion is helpful, it is necessary for the SustiNet Board of Directors to provide a vision statement and/or a flowchart outlining a specific plan with main objectives and key critical paths so that the committees/taskforce can visualize how and where they fit in. This can be accomplished in two phases: phase one consists of the gathering critical mass, and phase two identifies a specific date to have an established medical home model. Stan imparted that there are two important Health Information Technology (HIT) linkages with the Healthcare Quality/Provider Advisory Committee and the HIT committee who can give the basic charge and how each group fits in. Stan said it needs to be distinguished between what is due in 60 days and what is due later. Estela Lopez would like an oral presentation from each committee and taskforce. Todd supported the suggestion stating that it would clarify the work of each group and recognize the work that has been vetted and should be used in any of the reports. Bennett stated that there are key decisions coming from the Board that will speak to

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specific areas. Marie Spivey said that work plans need to be revisited due to the federal and state changes. Pat indicated that there needs to be a balance of the recommendation process to bring about a greater richness and name what is missing to bring about the "crispness" of the charge. Everyone is coming with the knowledge and expertise, but now is the time to focus. Stan said the group should prepare a description of the charges based on the 2009 legislation, specifically focusing on the key questions to be answered and understanding that the questions and/or answers may change after input is received.

Stan that the process and timeframe for producing a final report should be worked backwards from July 1, 2010 with set dates, as follows:

- **April 21:** Template / Report Form goes out to Committees / Taskforces
- **May 24:** Initial Work Outline from Committees / Taskforces to Kevin Lembo for dissemination
- **June 1:** Committees / Taskforces give oral presentation to Board of Directors (allows for feedback)
- **June 8:** Committees / Taskforces receives feedback from Board of Directors (allows for discussion)
- **July 1:** Final Report to SustiNet Board of Directors
  - Committees Interim Final Report goes to the Board of Directors
  - Taskforces Final Report goes to the CT Legislature.

The process and timeframe are included in the second Stan Dorn presentation: [SustiNet Committees and Task Forces: Interviews and Suggestions](#). Kevin clarified for the group that this process will give the Board from July 1 to December 31, 2010 to refine the final legislative report due January 1, 2011. The Board will communicate with the committees until the end of the year to allow for any additional feedback. Kevin stated that the Taskforces' reports go to the CT legislature on July 1, because it is a legislative mandate included in Public Act 09-148; the committee reports are to the Board for "consistency" purposes only and not a legislative mandate. Frances suggested there be a public input process once the Board has a basic framework. Lucy agreed with the process, but said that the June 1 oral presentations can not be fit into one day. Todd suggested that the Board divide the presentations into a two-day process. Kevin said he hopes to have people in place by May 1, to provide assistance with the entire process and have a template available for use within the next two weeks. Nancy Heaton requested that a consultant place everything together and make one cohesive presentation to the committees and taskforces. Stan recommended the use of Webinars as another possible way for each committee to present to the Board.

Kevin announced that the legislature will have an informational forum on Monday, April 19, 2010 addressing SustiNet. Stan Dorn and SustiNet staff has been working to compare the federal and state healthcare reform legislation and they impact each other. Vicki Veltri will send out information on how the federal healthcare reform law will impact SustiNet. The legislative session will end May 5, 2010. Kevin informed the group that when the consultant(s) are in place a comprehensive list will out indentifying who work together. Kevin requested that the group block off another three-hour time period on May 12, 2010 from 9:00am to 12:00pm, with location to be announced.

The retreat meeting was adjourned.

**Next meeting will be on May 12, 2010 at 9:00a.m. to 12:00p.m.**