

# SustiNet Health Partnership Board of Directors

**Co-Chairs**  
Nancy Wyman  
State Comptroller

Kevin Lembo  
State Healthcare Advocate



Post Office Box 1543  
Hartford, CT 06144-1543  
[www.ct.gov/SustiNet](http://www.ct.gov/SustiNet)

**Phone:** 866.466.4446  
**Facsimile:** 860.297.3992  
**E-Mail:** [SustiNet@ct.gov](mailto:SustiNet@ct.gov)

---

## Board of Directors Regular Meeting September 8, 2010 Meeting Minutes

**Board Attendees:** *Nancy Wyman, Comptroller, Co-chair; Kevin Lembo, Healthcare Advocate, Co-chair; Ellen Andrews; Doreen Del Bianco; Bruce Gould; Paul Grady; Bonita Grubbs; Norma Gyle; Jeffrey Kramer; Estela Lopez; Sal Luciano; Marie Spivey; Rob Zavoski (designee for M. Starkowski-DSS); Cristine Vogel; and Paul Lombardo (designee for T. Sullivan – DOI)*

**Office of the Healthcare Advocate:** *Africka Hinds-Ayala*

**Office of the Comptroller:** *David Krause*

**SustiNet Advisors:** *Stan Dorn*

**SustiNet Consultants:** *Linda Green; Katharine London; Anya Rader Wallack*

**Absent:** *Michael Critelli; David Henderson; Alex Hutchinson; Jamie Mooney; Lucy Nolan; Rafael Perez-Escamilla; Andy Salner; Marlene Schwartz; Marie Smith; Todd Staub; Thomas Sullivan; Tory Westbrook; Jeannette DeJesus; Margaret Flinter; Nancy Heaton; and Joseph McDonagh*

---

Kevin Lembo opened the meeting by welcoming all attendees and asking Board members to introduce themselves. Minutes from the July 14, 2010 meeting were approved with no changes.

Anya Rader Wallack, Linda Green and Katharine London gave a presentation regarding SustiNet – Potential Covered Benefits, Preventive Care and Public Health Investments. To access the presentation, [click here](#).

Kevin commented that regarding a minimum benefit package, there are areas that carry many requirements in addition to other things that the Board needs to make decisions on. He asked Anya for suggestions on approaching this. Anya said that the law calls for a very broad benefit package, and the Board needs to include key services and cost estimates while also addressing anything that may be missing. Kevin also said the Board will need to determine what areas would be more appropriate as public health investments. Rob Zavoski pointed out that Medicaid is mandated to cover smoking cessation by 2014. Ellen Andrews said linking the public health message to the benefit package makes a lot of sense. Bruce Gould said that transportation and interpreter services are an essential part of patient care. Anya said this

---

### Board of Directors

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

# SustiNet Health Partnership

was a good example of how different populations will need different benefit packages. Bruce added that federal law requires the use of interpreters if a percentage of patients speak a certain language. In reality, this doesn't happen, so there is a question whether the law should be enforced or if this should be included as a SustiNet benefit. Sal Luciano spoke of the importance of addressing obesity, adding that the rate of obesity has skyrocketed in the past ten years and continues to increase. This should be included in SustiNet's benefit package as well as being addressed as a public health issue.

Ellen spoke about cost sharing limits, saying that enlightened insurers are moving toward thoughtful cost sharing. She gave the examples of nutrition counseling, smoking cessation, and blood pressure medication, saying that compliance goes up when cost sharing is reduced for these things. This would also be a valuable link to public health goals. Cristine Vogel said that until there is a price tag on services it is difficult to set priorities. The vision of SustiNet is to include everything that's been discussed, but it won't be possible without knowing the costs and determining what the premiums will be. Estela Lopez said all the principles are of critical importance. These principles should guide the Board in its decisions. She also added that the plan won't be able to include everything, but ideas discussed here could eventually lead to public policy changes. Sal said that patient-centered medical homes should reduce the number of emergency room visits, providing a good return on investments with measurable results.

Nancy Wyman said the cost analysis should be available in late November or December. Anya said Stan Dorn will provide additional cost estimates at the October Board meeting. She added that some things will be difficult to cost out because this design differs greatly from what's already in place. There will be a few estimates, one from actuaries who will provide a cost estimate for an assumed list of benefits, for an assumed level of management of those benefits. This will provide a price, but won't take into consideration everything being discussed here. Stan and Jon Gruber will provide the other estimates, making assumptions about the potential savings associated with delivery system reforms. Anya said both estimates will probably be conservative.

Paul Grady commented that SustiNet will consist of multiple benefit plans. Medicaid and the state employee plan are clearly defined, but the public option is yet to be determined. Regarding the principles, Paul said that personal accountability has to be an important driver for behavior change, and this needs to be considered while building the benefit plans. He said that most people don't know what their health risks are, and he believes that people would change their behavior if they were aware of their risks. He added that people should be held accountable for their controllable health risks. He also said that people participating in wellness programs such as weight control or disease management should have enhanced benefits. As an example, he said that some employers encourage their employees to get annual biometric screenings, so that they will have awareness of their cholesterol levels, their blood pressure, their body mass index, etc. The employer can then lower their contributions for healthcare if they control these factors. This has to be done with sensitivity, but it is a simple way to provide an incentive for healthy behaviors.

Rob Zavoski pointed out that the Charter Oak program can provide valuable lessons for the Board. He said that for \$307.00 per member per month there are things that have worked and other things that haven't. He said Charter Oak has an extremely ill population, with the average age being the mid fifties and the majority of enrollees having one or more chronic illnesses. There are annual benefit maxima which have proven to be difficult for many people. There is a \$7,500 annual maximum for medications, which is inadequate for some prescriptions. Marie Spivey pointed out that health disparities must be included in this conversation. She mentioned the importance of looking at trending in order to determine

# SustiNet Health Partnership

problem areas for various ethnic groups, saying that there is a need for more pertinent and accurate data. She also talked about language barriers, emphasizing the need for educating providers in order to provide services effectively to non-English speakers. Anya stated there is a need for cultural sensitivity while encouraging people to more actively manage their own health, recognizing that various racial, ethnic and socioeconomic groups have differing risk factors. She added that the use of incentives in public programs has proven to be effective, and could be used for providers and patients.

An unidentified speaker asked how SustiNet would be made appealing on the exchange and who would be the targeted SustiNet consumer. Anya replied that the targeted consumer would need to be determined by an actuary. She added that price is important, and the marketing effort will also be crucial. Ellen said she believes this will be a massive program that could serve as a model and induce other products into making changes. She mentioned the importance of building defaults into the system that make it easier for patients for stay healthy. Paul Lombardo said from an actuary's standpoint, the dynamics of the target group are diverse. With a group with such a wide breadth, in order to manage the risk it will be important to evaluate it. When developing the program it's important to keep in mind all the groups that are being targeted. The best risk profile will be the one that's easiest to manage, and doing that will mitigate the risk to the plan designs. It's important not to push a certain group into a certain plan, because that will create anti-selection with a morbidity spiral that will get worse and worse for the group that has chosen that benefit design.

Bruce said there is evidence that can be used to assist with choosing what works and what doesn't. He gave nutrition counseling as an example, saying that group visits seem to work better than individual sessions. He said that charging a co-pay that is returned upon completion of the sessions provides a good incentive for attendance. He also suggested looking carefully at the evidence to determine what should the state's responsibility should be versus what SustiNet can do. Many of the ideas discussed here should be public policy or at least offered widely. He supported the idea of using taxes to raise the prices of cigarettes, soda and unhealthy foods and perhaps subsidizing healthier things. Bruce added that the Hartford Public Health Department has been discussing offering non plan-specific education sessions for women's health, obesity, etc. to be open to everyone. It is felt that dealing with these issues should not be dependent on whether a plan will cover these benefits. Bruce spoke of encouraging self-management for certain health issues, suggesting efforts such as training folks in apartment buildings for the elderly to provide blood pressure checks, thus eliminating the need for transportation, which is often a problem. Some of these efforts are relatively low cost and could be done outside of SustiNet.

Estela spoke of Colorado, the state with the lowest obesity rate. It is very pedestrian and bicycle friendly, and physical exercise is incorporated into people's daily routines. In New York City, people using the subway every day have to use lots of stairs. Connecticut lacks sidewalks, bicycle friendly roads, and places to put bicycles. Estela added that there are simple environmental changes that would encourage people to be more physically active, adding that this is a public health issue, not a SustiNet issue. Rob said that public health reaches out to the health of more than one patient, whereas SustiNet begins with helping individuals while recognizing that this is not clear cut but is part of a spectrum. Giving someone a blood pressure cuff is something SustiNet could consider. Encouraging someone to climb stairs rather than taking the elevator is something SustiNet providers should recommend. Ensuring the stairs are safe is not SustiNet's purview. Rob added that it is important not to medicalize social problems. Ellen said the medical home committee had discussed the need for flexibility in building individualized care plans. They talked about the creation of a fund to be used for non-medical items, for example, for a mother of a child with

# SustiNet Health Partnership

asthma to buy a vacuum cleaner. SustiNet wouldn't buy vacuums for everyone, but in a case where the vacuum would lead to vast improvement in health, it could be considered. Other possible things that could be considered for purchase would be bicycles or Weight Watchers meetings.

Cristine provided updates for DPH and PPACA grant activity. She provided a list of funding opportunities for prevention and wellness grants that are either in submission or have been approved. She has submitted a grant application for the exchange, designating OPM as the lead agency and principal investigator for that grant. These funds would be used specifically for planning and not for implementation. CT needs more data, so a large portion of this funding will focus on an economic and actuarial analysis that will help to model data to predict the impact on premiums and on people's household incomes. Data is also needed for the state to make good policy decisions regarding what is allowed in the exchange. The exchange is a portal but is also an entity, so CT needs to decide what type of entity it will be. The advisory board the Governor had created has recommended a quasi-agency that would need the legislative body to be created. Cristine said that once it is approved, the funding will be available October 1<sup>st</sup>, and at that time she will begin the RFP process for contractors. Hopefully within six months there will be more data to work with that will be similar to the actuarial analysis and economic modeling from Stan and Jon. DPH has begun to receive funding for reform efforts. CT has been able to take advantage of opportunities pretty quickly. Kevin asked if the applications that have already been submitted or approved are available in a public forum. Cristine agreed to work with the various agencies to obtain documents and post them online. Kevin offered to post them on the SustiNet website.

Kevin said that interviews for a communications consultant have been completed. A candidate has been chosen and is currently in negotiations. Hopefully this will be resolved before the next Board meeting. Kevin informed Board members that Michael Mitchell has left the Office of the Healthcare Advocate for a position with Health and Human Services. He also asked for volunteers to assist with interactions with the consultants between meetings. This would primarily involve conference calls. Bonita Grubbs, Paul Grady, and Sal Luciano agreed to do volunteer.

Meeting was adjourned.

**The next meeting is scheduled for Wednesday, September 22, 2010  
at the State of Connecticut – Legislative Office Building – Room 1B  
from 9:00 am to 11:00 am.**