SustiNet Health Partnership

Preventive Health Advisory Committee

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Preventive Healthcare Advisory Committee Regular Meeting
March 16, 2010
Meeting Minutes

Committee Attendees: *Michael Critelli, Co-chair; Nancy Heaton, Co-chair; Carlos Sanchez-Fuentes; Bob Krzys; Nancy Yedlin; Sharon Langer; Gina Carucci; David Emmel; Tom Buckley; Alicia Woodsby; Norma Gyle; Steve Huleatt ; Dorothy Shearer; Yvette Bello; Stephanie Paulmeno; Elizabeth McMunn*

Office of the State Comptroller: *David Krause*

Absent: *Pat Baker; Tanya Barrett; Marian Evans; Ann Ferris; Alice Forrester; Jamesina Henderson; Tung Nguyen*

Mike Critelli opened the meeting by welcoming members. Minutes from the 2/10/10 meeting were approved with no changes.

Review of workgroup reports

Health Insurance Plan Design

Carlos Sanchez-Fuentes spoke on behalf of this workgroup. Carlos said that there are two additional members in this group, Steve Levinson and Dennis Gottfried. This group discussed and agreed upon objectives and searched for information that will help with writing their report. They looked at several plans including CT's Husky plan and data from CDC and the US Task Force on Prevention, and it is felt that now there is adequate material to draw a basic plan from. Sharon Langer said that there was some confusion about the group's objectives, whether the subgroup should be looking at prevention in terms of insurance plan design or outside of an insurance package. Vicki Veltri had told her that other groups are working on insurance plan design. Mike said that it was better to overlap with other groups than to leave areas uncovered. He also said that in setting up goals and workgroups, this Committee didn't focus on efforts that are already in place, but rather focused on specific areas of insurance that deal with prevention. Nancy Heaton said that this Committee should give recommendations for the prevention portion of the overall plan. Norma Gyle said that if healthcare reform passes in Washington, SustiNet will need to make recommendations within 60 days, integrating with the federal plan.

Mike talked about primary prevention, which is behavior either inside or outside an insurance plan that keeps a person from being ill. This behavior should be encouraged, and Mike suggested that the Committee work with the US Preventive Services Task Force prioritized list, figuring out which items are susceptible to having an insurance plan provision for them and which ones are going to be in a state or community health initiative. Carlos said that the amount of information available is overwhelming, but in spite of this, the workgroup has chosen what it feels are the most important issues. He said that the group expects to have a document to share at the next meeting. Mike also talked about secondary prevention, which provides early detection. He said that the challenge is to determine where medical opinion stands on secondary screening, and to determine which methods work, who should get them, and how they should be administered and paid for. An example of primary prevention is a flu shot, and an example of secondary prevention is a mammogram. Nancy Yedlin said she would like to join this group. Stephanie Paulmeno suggested that the plan include social issues such as violence and gun control in addition to screening for diseases. Dorothy Shearer said that dental health should be included in recommendations. Sharon said that all aspects of health should be included, addressing body, mind, behavior, dental and medical issues. David Emmel said that he could provide information about visual health. Steve Huleatt suggested looking at what's good for communities and not just addressing individual problems. Sharon said that the workgroup looked specifically at things that are excluded from typical insurance plans for ideas of what to address.

Mike said that prenatal care should be considered too. An unidentified speaker said that Medicaid has very good data on prenatal care. She said that a broader issue is that people have poor nutrition and health before they become pregnant, so there is a need for educating them to take better care of themselves. Stephanie said that CDC studies have shown that the level of education of mothers was a critical factor in the outcome of healthy babies, and said that perhaps some CDC suggestions could be incorporated into this Committee's plan. Nancy H. said that these issues should be addressed by the second workgroup, State and Community Health Plans. She asked that Committee members share information they have collected so that it can be used by the appropriate workgroup. Nancy Y. asked when the costs of preventive services would be worked out. Mike said that the Office of Policy Management will work on costs after concrete proposals have been submitted. Elizabeth McMunn said that she is a member of the CT Association of Optometrists, and that this group is participating in a program that provides free eye exams for any child under one year old. She is willing to share that data with this Committee.

Optimal State and Community Health Programs

Stephanie reported that this workgroup has reviewed much data, and has chosen 20 priority areas to focus on. This group also looked at community initiatives and possible best practice models. The group also plans to discuss current plans, such as CT heart, stroke and cancer plans, each of which contains prevention strategies. Stephanie said that Dr. Keith Bradley at Yale New Haven Hospital has been using medical students to interview patients in waiting rooms, conducting screenings and linking people to needed services. Stephanie said that the project was so simple and yet so far reaching. She said that members of the workgroup felt that partnering with some of these projects would be productive. The group also identified locations where some of these initiatives could be carried out effectively. Additionally, Stephanie said that the group is checking on the availability of stimulus funds and developing ideas for social media marketing to get the prevention messages across. Alicia Woodsby's comments were (inaudible). An unidentified speaker said that posters and pamphlets aren't effective enough. Many people don't read or speak English well. She feels that billboards, television and theaters have proven to be effective ways of distributing information. She also said that this workgroup will need to look at the latest research to choose the most effective method. Stephanie said that she is also considering how to reach the young population by using Twitter, Facebook or similar means. An unidentified speaker said that she has pulled forth some innovative programs from the University of CT and

will share them with the workgroup. Tom Buckley said that there are a number of community based mental health organizations that are conducting programs that are culturally appropriate.

Patient-Provider Partnerships to Optimize Health and Healthcare

Mike Critelli reported on the group, saying that this group differs from the Health Insurance Plan group in that this group's focus is on clearing away obstacles that prevent providers from offering preventive services, and what services the Committee wants providers to offer. For example, reimbursement practices for prevention are not simple. Reimbursements are based on the number of minutes spent in counseling. Physicians are expected to complete timesheets and create complicated documentation on the counseling provided. As a result, many providers choose not to do this. This workgroup will look closely at how to improve this situation. Some physicians get reimbursed at two separate rates, one for prevention and one for treatment. Under many insurance plans, it is difficult for physicians to break this out for payment. Physician input will be important for this workgroup. The group will also look at what pharmacy benefit managers can do as far as counseling. Stephanie suggested that the expert committee (inaudible) has a screening device and that she would locate it to send to members of this workgroup. Gina Carucci said that the biggest problem is time constraints on providers that don't allow for preventive counseling. A screening device is needed that will provide physicians with the ability to manage the entire process. Elizabeth McMunn said that the electronic aspect of records and billing needs to be considered now that HIT is becoming more widespread. She mentioned Medicare's Physician Quality Reporting Initiative (PQRI), which involves pay for performance by use of an extra box that's checked off for preventive counseling. An unidentified speaker said that this is a complex, cumbersome and mysterious process, and that he knows many providers who have used this who have not been successfully reimbursed. He continued that the concept is good but that the model is not working well. In order to be effective, it must be quick and easy to use. Mike spoke of reminders that are sent by providers for screening appointments. Dentists and optometrists in particular are very good at sending reminders. Some send postcards and others send emails. Mike suggested that the workgroup consider how to make this process easier for physicians to do.

Gina said that education plays a big part in dental care. Schools have always had dentists speaking on oral hygiene, so taking care of teeth has become part of our culture. Joe Pandolfo said that SustiNet may be able to use regular program communications originating from physicians for the covered population. Stephanie recommended the CT HIT Plan as a valuable document. Nancy H. said that the medical home model will provide a community resource, and may be an opportunity to pull all these suggestions together. An unidentified speaker said that her office is technology based. When they began to use electronic reminders, they were surprised to find that the Medicare population benefited the most from the reminders, as well as improved their medication adherence. Medicaid patients were not as compliant with the electronic reminders. Mike said that the SustiNet population deals with three distinct populations: The first group, state and municipal employees, is a relatively stable population. The second group consists of working people who don't have health coverage through their employers and the unemployed; this group is also relatively stable. The third group is comprised of those on safety net plans and this is the least stable group, showing the need for stronger physician-patient relationships for preventive purposes. Sharon said that some Community Health Centers (CHCs) have good strategies for communicating with patients, including reminders of appointments. Mike said that CHC has had success in reducing no-shows. Stephanie added that school based health care centers are a valuable resource and have proven to lower costs. She also mentioned that Stamford Hospital uses the Planetree model, which has an emphasis on patient centered care. She recently became aware of it, and found it to be impressive. She feels that it would be a step forward in primary care and prevention. Mike said that there are three hospitals in CT are using the Planetree model.

David E. said that it's hard for physicians to know how to counsel people. There is a fine line between helping them and beating them up, on issues such as quitting smoking and losing weight. Mike said that Mayo Clinic uses a motivational interviewing approach. Under this program, people become certified counselors, looking at patient's problems and making suggestions for solving them. It is a nonjudgmental and interactive process. Tom said that at UConn Pharmacy School, there is a course on motivational and behavioral change to improve medication noncompliance. UConn has put this into practice with pharmacists visiting CHCs to provide medication therapy management for chronic care patients, showing good benefits and resulting in cost savings. Mike discussed the Asheville Project, which began as an experiment in Asheville, NC and has since spread to 10 other cities. In this project, the pharmacist's role was to provide medication therapy management to patients in order to improve medication adherence. Mike said that this model could spread to primary care and screenings. Mike suggested that Tom and Pat look at this model and see how to scale it to CT's population. Nancy Y. said that the Donaghue Foundation will be holding a conference on 4/21 that is free and open to the public entitled "Why Is Getting Healthy So Hard and What We Can Do About It." It will feature a behavioral economist and a health anthropologist, and Nancy invited all Committee members. People can register online at www.donaghue.org .

Gina said that there is a potential for saving billions of dollars in healthcare by preventing the need for medication and providing more education on good nutrition. Stephanie said that most healthcare dollars are spent on people in the last years of their lives. Nursing home costs are skyrocketing, spending lots of money on unnecessary tests, treatments and care that wouldn't be provided if people were living in the community. Stephanie said that there are concerns about abuse and neglect, but she feels that regulations have gone overboard and this should be addressed by this Committee. Mike said that isn't part of the charter to the Committee, but could be presented to the SustiNet Board of Directors. Mike suggested that perhaps there are tools regarding prevention that could be used by clinicians who treat seniors. Stephanie said that people enter nursing homes taking multiple medications, so pharmacy reviews are conducted, and many of the medications are then eliminated. Long term home care has many of the same issues as nursing homes. Mike said that this Committee needs to stay focused on primary and secondary prevention, whereas tertiary prevention would overlap with other Committees.

Norma Gyle invited the entire Committee to attend Board of Directors' meetings to get an overall picture of SustiNet. She spoke of faith-based organizations and their prevention efforts. There is an Association of Parish Nurses, and Mike agreed to contact them. Yvette commented on (inaudible), an organization that looks at the elderly population and the prevention of pay for sex for people over 50 and substance abuse. Elders are being exposed to sexual disorders in residential facilities. Providers aren't asking questions or focusing on healthy sexual behaviors. Stephanie said that there has been an increase in sexually transmitted diseases in the senior population, and it is felt that this correlates with the widespread use of Viagra. The Greenwich Health Department started a program called Sexy Senior to ensure safe sexual practices. It was so popular that they created another program, Sexy Senior Part II.

Mike and Nancy H. thanked all members for attending today's meeting and for all their efforts. Meeting was adjourned.

Next meeting will be April 8, 2010 from 10 am – noon.