

SustiNet Health Partnership

Preventive Health Advisory Committee

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Preventive Healthcare Advisory Committee Regular Meeting

April 8, 2010

Meeting Minutes

Committee Attendees: *Michael Critelli, Co-chair; Nancy Heaton, Co-chair; Carlos Sanchez-Fuentes; Nancy Yedlin; Gina Carucci; Tom Buckley; Alicia Woodsby; Steve Huleatt ; Dorothy Shearer; Stephanie Paulmeno; Elizabeth McMunn; Joe Pandolfo; Tanya Barrett; Steve Levinson*

Office of the State Comptroller: *David Krause*

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

Mike Critelli opened the meeting by welcoming members. Minutes from the 3/16/10 meeting were approved with no changes. Mike spoke briefly of the impact the recently passed federal healthcare reform bill will have on Sustinet. He said that the Sustinet Board of Directors is required to give a report to the General Assembly on the impact within 60 days of the bill's passage.

Carlos Sanchez-Fuentes shared the draft of his workgroup's report. The group had sought out measures that would have the most effect on the population. A fair amount of the material found might be useful to other workgroups. Carlos said that the draft was evolving and welcomed input from Committee members. He said that the workgroup consulted health plans from other states, US Preventive Services Task Force findings, and Husky guidelines, as well as drawing from professional criteria, and these documents are attached as appendices of the report. The group chose Oregon's plan as a guide, as Oregon's plan has proven to be effective, working with a limited budget with a desire to maximize benefits. Nancy Yedlin said that the most controversial parts of the Oregon plan were prioritizing benefits and what gets covered. She said that the structure of the plan was very well organized and provided a good template. Carlos said that the workgroup made a list of what it felt were the most sensible benefits, but with the realization that there was much information and inadequate time to go through it. Nancy Y. said that smoking and obesity are issues that are critical and should be part of prevention efforts, noting the need to collaborate with Sustinet smoking and obesity task forces. The workgroup recognized that there were many differences in the collected information. She said the workgroup is hoping there are additional members of the Committee who would be willing to help with cross referencing.

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Steve Levinson said that looking from an insurance perspective, prevention over the long term is cost effective, but in the short term, additional services are needed. He gave smoking as an

example, saying that a focal point of cost control would be preventing the costs that go with smoking. He wondered if this group or any other has looked at the potential to fund the prevention and/or the treatment of smoking out of additional health directed taxes that would be phased in over time to reduce smoking and also pay for some of the healthcare budget. Carlos said that this workgroup concentrated more on benefits, but could put together an appendix to identify related issues. Carlos emphasized again that the size of the project and the timeframe limits what can be done. Nancy Heaton said that in a conversation among Mike, Stan Dorn and herself, Stan indicated that recommendations for related issues are necessary. She said that the appendices are a great idea, and that there will be increased staffing available as SustiNet moves forward.

Dorothy Shearer said that this template would work well for other Committees and expressed appreciation for it. Gina Carucci asked if prevention measures in the report include education, saying that initially prevention will be dollar intensive, with results taking some time to see. She gave lower back pain as an example, noting that education can prevent back injuries and thus save medical costs. Carlos said education wasn't emphasized in the workgroup plan, but any discussion of education would need to address funding for such programs. Steve praised the work done by the insurance plan design group. He said that this Committee needs to be aware that guidelines are only meant to be starting points, and that each patient's individual needs must be kept in mind. Physicians need to be given a platform to work from, not a box. Stephanie Paulmeno said that genetic counseling offers a way to search for a genetic predisposition to diseases, and perhaps could provide an interesting perspective in prevention and cost savings.

Carlos said that mental health wasn't included in the workgroup's recommendations, but it is addressed in Oregon's plan and could be added to the report. Nancy Y. said that the Oregon plan began with a list of leading causes of death for each age category. She said that perhaps another category should be added, "Leading causes of disability," and this could include mental health. Alicia Woodsby said that in light of the discussion around high cost health conditions, considering that suicide is the third leading cause of death for youth and young adults and that there is a high incidence of serious mental illness in CT (100,000 people), mental health should be a fundamental part of prevention and early intervention. She also asked if there is a particular process or timeline for how the report will move forward and asked how Committee members should provide feedback. Carlos said that feedback could be overwhelming, and asked that any suggestions be very specific. Alicia Woodsby said that the Substance Abuse and Mental Health Services Administration (SAMHSA) has determined that mental health and substance use disorders should be regarded as chronic diseases, and as such should be considered to be preventable, treatable and often co-occurring with other diseases. Carlos agreed, and asked Alicia to send her concerns to the workgroup, including reasoning, so that coverage can be justified. Nancy Y. said that if SAMHSA has a set of guidelines they can be incorporated into the report in an appendix. Alicia agreed to send them.

Elizabeth McMunn said that she is working on the vision aspect of the plan design workgroup. She said that there is so much additional information that should be included that she didn't see how this Committee could get it all done. Steve said that it should be done incrementally. Regarding mental health, he said that the task isn't just to identify a set of criteria with measures to stimulate good behavior, but a patient-provider partnership is needed. This needs

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to be examined for economic sustainability and effectiveness. Messages need to be reinforced, and a carrot and stick approach must be included in guidelines. Mike said that US Preventive Services Task Force recommendations are incomplete. He said that one of the problems with Congressional Budget Office scoring is that it only looked at the four corners of savings in the health legislation itself. It didn't look at savings on childhood development among other areas. It also neglected to look at dynamic aspects such as behavioral responses to recommendations. There are many flaws, and Mike said that this Committee isn't bound by flawed methodology. Mike gave an example of how Committee members could propose something, by saying: 1. This expert body has recommended these kinds of

screenings; 2. Here's why it was recommended; 3. This is the logic and the cost savings; 4. Here is where the savings can be identified; 5. Then resources could be identified. Mike suggested using this approach when submitting information to Carlos for inclusion in the workplan. Nancy H. said that the format in the Oregon plan is very clear and easy to follow, but this Committee needs to be sure that all data included in final plan is from CT. Carlos said that the Oregon plan occurs in the appendix and is not part of the CT plan. Tanya Barrett said that it's important to include support that physicians would need in order to do all recommended assessments. Families need to be educated but will also need support in following physician recommendations. Nancy Y. agreed with Tanya and said that there are sections in the report that identify support systems, including what should be considered for reimbursement within the plan as well as identifying other types of resources. There are sections of this report that can be used by other workgroups in this Committee. An unidentified speaker said that if something is not considered to be a benefit of the plan then it is unlikely that physicians will support it.

Mike said that when the state reached a settlement with tobacco companies a few years ago there was an expectation that all or part of the funds would be used for smoking cessation programs. Mike said he didn't think any of the funds have been used for smoking cessation, but rather have gone into the general fund each year. He suggested that the Committee make recommendations to give greater protection and direction for the use of these funds for targeted health purposes. Stephanie said that last year CT had no funds for smoking cessation. She said that Ingrid Gillespie of Lower Fairfield County Action Council has been instrumental in many smoking cessation initiatives and could provide valuable insight. Nancy H. said that the Universal Healthcare Foundation's website contains valuable information about smoking cessation and obesity.

Joe Pandolfo spoke of federal healthcare reform and its impact on preventive services. He said that basic health plans such as SustiNet will be required to use US Preventive Services Task Force recommendations as a minimum standard. Nancy Y. said that she and Carlos reviewed the US Task Force recommendations when creating their workgroup report. Joe said that it is important to create an infrastructure within SustiNet that monitors ongoing recommendations that arise from federal agencies and also keeps track of new funds and resources as they become available. Mike said that there are two separate provisions in federal legislation, one that will coordinate federal activity that will be administered through the National Prevention and Public Health Promotion Council, and one for a Prevention and Public Health Fund that will have monies appropriated and granted to states and communities for public health programs. Joe said that there is a third provision for a grants program that will be developed for community based health centers, school based health centers, etc. Nancy H. said that some of this funding is available immediately.

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An unidentified speaker suggested setting up online comment mailboxes, perhaps directed to each subgroup, to make comments accessible and easy to sort and share. Dorothy said that the Committee will come up with great guidelines after research has been done. She asked if there will be parameters about what would and would not be covered. She also asked how this Committee could incentivize more physicians to participate in the plan. Nancy H. said that this Committee needs to do the best it can and come up with its best suggestions, then prioritize or make a statement as to what is felt to be necessary. This Committee's report will be presented to the SustiNet Board of Directors, who will be taking reports from all Committees, putting them together, and tweaking them and presenting them to the Legislature. Nancy H. said the things the Committee feels most passionate about and things tied to cost saving will probably survive the process. Mike said that if a set of recommendations can be seamlessly incorporated into day to day practice and can enable practices to do their work better and hopefully get paid more, then practices will commit. If there is burden added to practices and they don't get paid there will be less participation. Mike said that the challenge is to make SustiNet a better way of practicing than what's currently in place. Nancy H. said that part of the long term strategy is that SustiNet will encompass a huge pool of participants, which would incentivize providers to draw from it.

Steve Huleatt commented that any internet postings of reports should be labeled "draft" and done carefully and appropriately. Alicia said that regarding optimal state and community health programs, she will contact DSS and Behavioral Health Partnership regarding their current programs. Nancy H. said that she's seeking a meeting place for this workgroup and said it would be great to invite representatives from those organizations to attend the meeting. Carlos said that for the next Committee meeting his workgroup hopes to present findings on sections that weren't completed this month and include more supporting documentation. He also plans to tighten up the wording of benefits, and welcomed any clinical help. He requested that any comments be sent to Nancy Y. or him.

Meeting was adjourned.

Next meeting will be May 5, 2010.