

# SustiNet Health Partnership

## Preventive Health Advisory Committee

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### Preventive Healthcare Advisory Committee Regular Meeting

June 7, 2010

### Meeting Minutes

Committee Attendees: *Michael Critelli, Co-chair; Nancy Heaton, Co-chair; Carlos Sanchez-Fuentes; Gina Carucci; Alicia Woodsby; Dorothy Shearer; Stephanie Paulmeno; Pat Baker; Robert Krzys; Nancy Yedlin; David Emmel; Steve Huleatt*

Office of the State Comptroller: *David Krause*

SustiNet Consultant: *Katharine London*

Absent: *Tanya Barrett; Yvette Bello; Thomas Buckley; Marian Evans; Ann Ferris; Alice Forrester; Dennis Gottfried; Sharon Langer; Steve Levinson; Tung Nguyen; Joe Pandolfo; Nancy Sheehan; Randy Trowbridge*

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Mike Critelli opened the meeting by welcoming members. Minutes from the 4/8/10 meeting were approved with no changes.

Nancy Heaton represented the Preventive Healthcare Advisory Committee at the SustiNet Board of Directors meeting held on June 1, 2010. She said that each Committee and Task Force gave an overview of its efforts. At the meeting, Nancy spoke of the dual role of this Committee, to inform about the preventive services of the SustiNet Health Plan and to look at the larger picture of community initiatives. Nancy used the template that she had put together using notes from past Committee meetings along with input she had received from committee members in giving her presentation.

Mike said that he will work with Nancy H. and Katharine London to draft this Committee's report to the Legislature. He said he will be using guiding principles to assist with this. He asked for assistance with mental health care recommendations. An unidentified speaker said that she felt any approved mental health assessment tool should be covered within the plan. Another unidentified speaker agreed, saying that within the mental health field, prevention is about early identification so that intervention can happen. Stephanie Paulmeno said that people often know what to do for physical first aid, but there is a lack of knowledge of what to do for a mental health crisis. There are international initiatives, but they aren't easily adaptable. Stephanie said that if the process could be simplified it would become more widely available and could be used effectively. Alicia Woodsby said that although many mental health disorders are not preventable, early identification and intervention can greatly reduce the severity and lifelong disability associated with such disorders. She said there

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are pilots in CT integrating primary care with mental health that this Committee should be looking at. Mike said that mental health issues would fall under the category of secondary prevention and are within the charge to this Committee, particularly early assessment. Stephanie mentioned veterans returning from service and their need for mental health treatment. She wondered if SustiNet could provide a prevention mechanism for servicemen before they leave for active duty. Stephanie also discussed various state agencies and the care they provide for mental health services. She said the care provided is not so much recovery-based care as it is custodial care. She said money would be better used helping people to regain skills that would allow them to live independently in their communities.

There was a brief discussion about dental care. Mike said this Committee will address dental health in its report. Nancy H. said the federal law requires any insurance offered in the exchange to cover children's preventive dental services. Mike pointed out that many children's preventive services do not show up in a health budget but have a great impact on children's development and school performance. He said it is necessary to look holistically at the consequences of a preventive health program. He said that children's developmental issues tend to fall on the localities, +the towns and the school boards rather than the state. Nancy Y. said there are studies showing that education level is probably the biggest factor in predicting health status. Stephanie emphasized the importance of discharge planning and care management in prevention. Mike said that this Committee could recommend incentives at the state level that supplement the federal law to reduce preventable readmissions. David Emmel pointed out that there are existing laws in CT that require screening of all children by pediatricians in school. The pediatricians are not compensated for this; perhaps this Committee could recommend compensating them.

Mike asked Gina Carucci if there was a specific set of tools that could be used for prevention in alternative medicine. Stephanie said that Bernadette Johnson at Greenwich Hospital had done some research in this area, but she wasn't aware of other efforts. Carlos Sanchez-Fuentes said that Joe Pandolfo made several recommendations in the workgroup report on the benefits of tai chi. Carlos said he would share the Joe's information with Committee members.

Stephanie said that her workgroup noted the high number of people incarcerated in CT. She said that when people return to the community, they have many issues such as jobs, places to live and seeking healthcare providers. This is very much a health equity issue, showing the need for a recommendation for the enhancement of healthcare within the criminal justice system. Mike said he thought this should be noted as a guiding principle, the fact that people re-entering society from the correctional system need a health assessment. He said this was probably true of many life transitions such as entering school, veterans returning from active duty, psychiatric discharges, etc. SustiNet could include a recommendation that a health screening should accompany any major life transition. An unidentified speaker mentioned the need for a workplace or community-based prevention program. Mike spoke of a company called US Preventive Medicine that puts together individual prevention plans for large groups such as state employees, saying CT could explore this.

Pat Baker asked what was expected from the Committee for the next few weeks. Mike mentioned that under the Freedom of Information Act, any information that is sent out to the entire Committee must also be made available to the public. However, Mike said that he felt that it would be acceptable for the Committee to create an outline and work sequentially with the workgroups to obtain feedback without posting a public document until it's finalized. He said areas that need work include clinical care delivery, how to create clinical outreach for state and local employees, community initiatives, and life transitions. He reminded all members of the July 1 deadline. Alicia Woodsby said that for mental health she would recommend a very specific, bulleted list of recommendations. Stephanie said that it occurred to her that there are fire departments in every community and there are EMTs working for fire departments. She wondered if it would be possible to engage EMTs in providing simple health screenings during their down time. Mike said he felt this

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was encompassed by a principle mentioned earlier about looking at a broader range of providers. Mike asked the Committee if anyone knew of any programs where this occurs. Nancy H. said this is being done in her community. She mentioned the possibility of prevention outreach in the workplace, saying that if it were tied to a plan perhaps it could be effective. Mike said it was difficult to get employers who buy traditional insurance to do anything that they get no economic benefit from. He said that last year for the first time, the state allowed wellness incentives in small business group insurance. He added that there are state laws prohibiting clinical care professionals who work for a business to provide care to employees in another business. Mike suggested creating satellite care operations affiliated with local hospitals where there are geographic concentrations. He pointed out that DOT now requires truck drivers to have annual physicals. There is a pilot program in Knoxville, TN that provides physicals and drug tests for truckers at truck stops. Stephanie said that many communities have parish nurses providing medical care at places of worship; perhaps this concept could be expanded. Mike added that the Cleveland Clinic is using a place of worship as a central point for delivery of wellness programs; this would be worth exploring. Mike said that the federal government is divided in its opinion of workplace health. The president among others supports workplace wellness programs, whereas the Department of Labor opposes them. Mike recommended using a third-party provider, such as an Employee Assistance Program.

Carlos turned the discussion to the logistics of report writing. His subgroup has forwarded their findings to Katharine with the understanding that she will compile them into a report. He said the understanding is that if she needs assistance, they will provide it. He asked if there was anything else needed from the workgroup, saying he wanted to be sure no deadlines were missed. Mike told Carlos that the workgroups have basically completed their tasks.

Mike briefly reviewed the earlier discussion about community health initiatives, saying he noted four distinct areas that should be pursued: schools, workplaces, places of worship and life transition outreach. He said the next task is to create a structure for presenting this in the report. Dorothy Shearer recommended creating a menu of available programs. Stephanie spoke of the importance of motivating people to make healthy changes. She said while it's difficult to motivate people to make changes for themselves, often people are motivated to change their children's behaviors. Mike said this should be included as one of the principles, perhaps addressing new parenthood as a life transition. Stephanie said that local health departments, Community Health Centers and hospitals provide a venue for addressing new parents.

Nancy H. brought the discussion back to the final report process. Within a week, people who have agreed to work on the reviewing process will receive pertinent parts of the report via e-mail. Mike emphasized the need to respond to this quickly in order to comply with the July 1 deadline. Nancy asked that everyone reply to the e-mail, whether making comments for the report or not, so she knows everyone received it. Mike thanked Committee members for their participation and said it had been a privilege to work with everyone.

Meeting was adjourned.

**Next meeting will be on June 25, 2010 at the LOB, room to be determined.**