SustiNet Health Partnership

Health Disparities & Equity Advisory Committee

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Health Disparities and Equity Committee
AFT * Connecticut – 35 Marshall Road – Rocky Hill, Connecticut
May 14, 2010 at 7:30 a.m.
Regular Meeting Minutes

Committee Attendees: *Marie Spivey; Co-chair; Rafael Perez-Escamilla Co-chair; Leo Canty; Grace Damio; Bonita Grubbs; Elizabeth Krause; Estela Lopez (via phone); Sharon Mierzwa; Stephanie Paulmeno (via phone); Brad Plebani; and Arvind Shaw*

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

Absent: *Yolanda Caldera-Durant; Yvette Martas; and J. Nwando Olayiwola*

Guest(s): *Kristen N. Hatcher, Esq. (CT Legal Services); Katherine London (UMass Medical School)*

Marie Spivey opened the meeting by welcoming committee members and the Office of the Healthcare Advocate staff.

Marie requested that all present in person and via phone introduce themselves.

The April 19, 2010 meeting minutes were approved by all present, with one noted correction about Brad Plebani's statement regarding health insurance plan design fundamentally providing coverage for services and paying for the coverage of those services provided.

Marie introduced Katharine London, the hired consultant assigned to the Health Disparities and Equity Committee and the Preventive Healthcare Committee, who is charged with assisting the assigned committees with completing the Committee Template. Katherine informed members that the intent of the template and the group's efforts are to communicate with the other committees/taskforces, identify gaps, and provide a high level report with detailed information. Katherine brought examples to share with the group from Massachusetts and is willing to work on writing the commentary for the draft template. Katherine informed everyone that there will be weekly meetings with the OHA and OSC staff to ensure everything stays on track.

Marie reported that Rafael Perez-Escamilla, Bonita Grubbs, Estela Lopez, and she met to develop a list of questions for the other committees and taskforces. The questions were disseminated to the appropriate group for answers. Marie said that committees/taskforces responded stating that they have begun to work on answering the questions, with the Tobacco/Smoking Cessation and Childhood/Adult Obesity Taskforces being the only two groups to send back responses. Marie said the next focus for the group should be completing the template before the May 24, 2010 deadline.

Leo Canty stated that the various committees, and even the Board, share information with other committee members, whereas the HDEC members seems to be working in a silo; thus he suggests that every HDEC member receive the same level of communication in a friendly format. The committee chairs agreed to communicate in this fashion from this point forward.

Leo asked how the other committees are progressing, what their questions for the HDEC are, and how HDEC is integrating with them. Bonita responded that at this point two things are happening: 1. Katherine London, Consultant, is recommending a real-time substantive context to integrate all the groups; and 2. All committees and taskforces are scheduled to report back to the Board on June 1, 2010. Elizabeth Krause recommended that with the dates approaching it would be best to develop a weekly timeline of what needs to be done

with benchmarks. Brad Plebani suggested defining the committee's next steps and attach tentative dates to stay within the specified timeline.

Sharon Mierzwa asked what the process is that will take place after July 1, 2010 with regard to which body of the legislature reviews the report and determines the action that needs to be taken. Bonita responded that June 1 is the presentation to the entire Board of Directors and committee/taskforce co-chairs; June 8 is feedback from the Board of Directors (and possibly the committee/taskforce co-chairs); and by July 1 a full Taskforce Report goes to the Connecticut General Assembly (CGA). There are two committees of cognizance: Public Health and Insurance, because there are significant recommendations that will impact these committees the most. The Board of Directors and CGA will locate the fit for SustiNet with the Federal Healthcare Reform. After January 1, 2011, the full-final report is received by the CGA. Members will review the recommendations and potentially approve before the end of the 2011 legislative session. There are many discussions and completion of action items that will take place between 2010 and 2014. This comprehensive committee/taskforce report going to the CGA is different from the 2009 legislatively mandated 60-Day Report that is due to the CGA upon the passing of the Federal Healthcare Reform on March 23, 2010, which would be approximately May 28, 2010.

Katharine said that the Board of Directors and co-chairs want this to be a public input process. Bonita inquired how will Sustinet be "taken on the road" (marketed) once there is something to take on the road. The response was that the Universal Health Foundation will be the primary advocacy, community organizing, and outreach group; there will be opportunities for public input. Marie questioned if the full-final report be made public; Bonita responded that it has not been clarified but would ensure that the community organizing efforts will get the word out. Marie said it is critical to get public feedback statewide beginning in the fall 2010.

The HDEC began going through the questions sent out to the committees and taskforces. Please click **here** for HDEC questions and suggestions. Grace Damio asked if the other groups will integate HDEC recommendations into their work and establish the procedure that these groups should be taking to inform HDE of their progress. Marie replied that the groups are working on responding with feedback integrated into their respective list of recommendations. Arvind Shaw observed that there is a particular format being followed among the taskforces; he suggests for strengthening purposes of the format, once the objectives are measured, tracking improvement recorded, then when realized that a healthcare provider is not meeting the objectives, institute a corrective mechanisms; he suggested a payment-for-performance addressed as a separate item discussed upfront with the healthcare provider. Marie said the questions have gone out and the committee is awaiting feedback from the various groups, which at that time can make further recommendations based on the input provided. Rafael agreed with the commentary and feels that the HDEC should develop the standard for objectives/measures, as well as an office that keeps track of the performance of the healthcare workforce similar to that in Massachusetts. Katherine said that MA has been struggling with establishing a corrective action office for healthcare providers and the issue is still being addressed today.

Estela Lopez expressed concern that the other committees/taskforces will submit their feedback to HDEC at the last minute thus hampering the progress of the work the committee has been charged to do. HDEC needs to state reasons as to why the HDEC is not making progress or moving forward with solid recommendations. Sharon wanted to know if the MA Health Plans had any consumer accountability built in or consumer advisory group implemented for ongoing oversight process. Katherine London said MA focuses on access to insurance with little attention to other areas; the meetings are public with a public representative sitting on the exchange council; the budget was recently cut.

Rafael brought the discussion back to Arvind's questions with regard to what has MA done to incorporate pay-for-performance. Katherine said the SustiNet is more encompassing compared to the MA Health Plan; SustiNet accounts for all parts of the healthcare delivery system to make it whole whereas the MA Health Plan has several disconnects. Katherine said committees and taskforces are at a level to set the foundation and define the basics in order to build a more comprehensive Healthcare Plan.

Arvind asked if there is a way to integrate into the SustiNet Health Plan an ownership piece at the Board-level where the politics is balanced with public need. Marie said there are questions within Stan Dorn's "Substantive Context" document making reference to the state administered entity as the SustiNet Board of Directors; the recommendations are made directly to the SustiNet Board of Directors to ensure implementation.

Rafael discussed how the HDEC was an afterthought within the context of developing Public Act 2009-148; therefore, it is truly the charge of this committee to clearly define Disparities and Equity in relation to Healthcare Delivery. Bonita said Estela and she were latecomers to the SustiNet Board of Directors but they can bring a much needed voice to the table at anytime and share their insight between the committee and the board. Arvind stated that everything must be looked at as a whole since many have casted the net to ensure disparity/equity is integrated. Rafael wants to ensure everything is in writing and made a part of the overall plan design.

Brad asked what the administrative entity will look like. The response was the administrative entity should incorporate specific components relative to all its parts and integrated Health Disparity and Equity where necessary and needed. Arvind said there should be indicators for minority health for each age group across each culture/ethnicity – a life cycle approach.

Sharon said that the elimination of health disparity and an increase in health equity is proven to be a cost-saving measure over time. There should be a creation of reports to the administrative entity for review of recommendations that have very tight language to truly reduce disparity.

Marie stated that there was no mention of long-term care within the scope of SustiNet; it is a very important feature and she will make mention of it to Ellen Andrews, Co-Chair of the Patient-Centered Medical Home Committee and the Healthcare Workforce Taskforce.

Elizabeth said the overall discussion thus far has very strong overtones of everything and the thoughts of the committee needs to be organized into 'buckets" so that the ideas or thoughts make more sense. Elizabeth believes it is important to define the administrative entity. Grace agreed and emphasized that this definition needs to occur in order to answer the questions provided in the template.

Kathrine said the development of the HIT database should include demographic recommendations and information. Elizabeth said that the outcomes/measures should be tracked by race, ethnicity, and language. Rafael asked what will the overall process look-like or become. Arvind said not to be specific and operationalize the healthcare quality, but bring the care to a higher level where disparity issues can be addressed along with the care given.

Brad said the process must be synthesized and become a component of the administrative focus of the HDEC and the concerns with data (collect as much as possible in real-time) and better data collection processes. Rafael asked what are the goals for reducing disparity and is there enough data to set the objectives and measures. Arvind suggested outcomes by life cycle.

Brad said that coverage criteria matters but must be informed to eliminate the health disparity; are there possible incentives for that elimination? Bonita said the committee should consider addressing the health disparity issue within the context of the healthcare coverage provided – a set of standardized, personalized test based on ethnic and family background.

Arvind said the tools to help reduce disparity are a good budget, data, implementation authority, performance incentives (payment), and patient satisfaction survey. There was discussion regarding pay-for performance vs. public embarrassment for healthcare providers. Katherine said the administrative entity should have a collective action plan. Brad Plebani said stated that CMS does a collective action plan with the Medicare Part D Plans that do not abide by the rules set forth by CMS; thus causing that plan to loose clients and federal funding. Sharon said she can understand Arvind's perspective and that there needs to be an internal control of the funding/money.

Arvind said the available resources are not mapped correctly and there is a need to reformat the landscape. Rafael will share with the committee his visual diagram/chart most recently developed.

Marie said the committee needs to look at prevention with children, nutrition, and dental care/oral health. Elizabeth added that prioritizing and incentivizing needs to be done.

Katherine said preventative care services plan need to be individualized and created by the provider; the personalized plan should then be submitted to SustiNet for payment.

There was no unfinished business to be addressed by the committee.

Meeting was adjourned.

The next meeting is scheduled for Thursday, May 20, 2010 at AFT-Connecticut beginning at 7:30am.