

SustiNet Health Partnership

Health Disparities & Equity Advisory Committee

Co-Chairs
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Health Disparities and Equity Committee
Legislative Office Building – Room 1B – Hartford, Connecticut
June 7, 2010 at 1:00 p.m.
Regular Meeting Minutes

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

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

SustiNet Consultant: Katherine London

Absent: Grace Damio; Yvette Martas; and J. Nwando Olayiwola;

Marie Spivey opened the meeting by welcoming committee members, the SustiNet Consultant OHA staff, and the public.

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

The May 14, 2010 and May 20, 2010 meeting minutes were approved by all present, without any correction and/or changes.

Marie stated that the discussion shall revolve around the draft report templates presented in June 1, 2010 and the final report template. Marie and Rafael represented the Health Disparities and Equity Advisory Committee with regard to the presentation of recommendations and answered several questions posed by the larger group. Marie requested that the Board Liaisons provide their perspective on the June 1, 2010 meeting. Bonita Grubbs stated that the document is excellent but there are some areas that were not complete with thought around disparity; the HDEC should seek the answers to the questions that the committee sent to the other groups for the final report and that the important issues do not get lost in the process. Estela Lopez stated she was pleased to see the document and the thoughtfulness, depth, and substance that the HDEC brought forward to an integral part of the final framework. Leo Canty said that he is overwhelmed by the scope of the reports and complexity of the entire process and the common sense of the approach and direction of the health care insurance. Rafael Perez-Escamilla stated that there is still work to do because there were several committees and taskforces have thought about addressing disparity / equity, but did not present a strategic plan. Rafael continued to state that governance was

Members

Yolanda Caldera-Durant • Leo Canty • Grace Damio • Elizabeth Krause • Yvette Martas
Sharon Mierzwa • J. Nwando Olayiwola • Stephanie Paulmeno • Brad Plebani • Arvind Shaw

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clearly stated by every group but disparity/equity needs to be throughout the entire health plan, feedback should be completed by every group, and address concerns with an incentive system. Rafael commented that we can not have a system that treats all the people the same is not possible because of socioeconomic and cultural differences; the process needs to be pragmatic but still need to give attention to special populations.

Marie wanted to express thanks to committee members, Katharine London and Africka Hinds-Ayala for their work and encouraged everyone to continue to interact with the other seven groups and review the cost for not addressing disparity/equity within the SustiNet Health Plan. It is the HDEC responsibility to continue the constant reminder that without the disparity/equity concerns addressed upfront then it will cause problem and issues regardless of medicine and technology.

Katharine London reminded all who were present the difference between the advisory committees and task forces; the advisory committee designs the SustiNet Health Plan and the task forces are responsible for the details of that design to the extent of making recommendations that determine what is a lifetime versus what changes over time with a specific timeline for evaluation and updates, as well as where to expand and add detail.

Marie said that the questions posed by the Health Disparity and Equity Advisory Committee need to be reintroduced and answers need to be sought. Bonita said that the questions need to be turned into answers as to determine the course of action; if the questions were not answered, then the HDEC needs to answer them from the perspective of what should happen. Bonita continued that it is imperative to define equity and disparity to pull into the content of the final report. Rafael said some Board Members are beginning to think about premiums, costs, etc. and how to market the health plan to the public; it is clear that a cost analysis expert will be needed, especially with regard to disparity and equity as to determine the cost effectiveness of reducing the overall disparity/equity that exists among populations. Marie said yes we should look at the cost of addressing disparity/equity, but we should also determine the savings for addressing and resolving disparity and equity.

Elizabeth Krause state that she was dismayed at the advisory committees and taskforces did not respond to the questions submitted early-on and asked at the June 1, 2010 meeting. Elizabeth asked if there were any accountability mechanisms for the AC and TF for not addressing the questions; is there an opportunity to create liaisons for the four other advisory committees and three task forces to address the on-going issue of bringing equity to specialized populations and work alongside to assist with addressing disparity/equity topics. Marie stated the other groups are protective of their work; Marie does not want the help being offered to be taken offensively but recommended that each group is assigned a member from the HDEC to outreach and assist as needed. Marie want to refrain from making the other groups feel uncomfortable with the work that has been done so far, but to give them (committees/task forces) a greater understanding of what work needs to be done with regard to disparity and equity. Yolanda Caldera-Durant questioned if the committees / task forces are communicating with each other so that that progress could be made and move ahead with the work. Katharine said that the Board of Directors will take all the work (recommendations) and put it all together; they have begun identifying the gaps and what additional work needs to be done.

Rafael questioned if the SustiNet law (Public Act 2009-148) state if health disparity (reduction and/or elimination) is an overarching goal; this is where efforts needs to be concentrated. Brad Plebani said one strategy was to reach out to the chairs of the other committees and task forces and help with addressing equity issues within their own respective group. Stephanie Paulmeno stated that she is a member of the Healthcare Prevention Committee and said that equity issues were built into the recommendations but could not be shared because of the limited timeframe for the presentations. Marie said that they can not put out everything and the focus should be addressing the important points.

Marie asked how the Liaisons were selected to join the Board of Directors. Estela responded the members were selected because they realized that it was necessary; the liaisons are there to educate and work with

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the SustiNet Board of Directors. The efforts should be concentrated toward the SustiNet Board of Directors. Marie said the presentation's HDEC'S presentations initial response was good and in agreement that the issues of disparity/equity are the talk amongst all committees / task forces.

Arvind Shaw stated that he is stuck with the systemic issues that have created health disparity/equity problem; the disparity issues did not occur overnight, but brought along by a reimbursement system predicated by revenue maximization of profit. We can help ourselves by focusing on the systems that can actually help target a few outliers (ER over utilization, re-hospitalizations, etc.); put a system in place that could actually work outside the revenue maximizations system and improve access to primary care, then we will see a system that is not predicated on revenue maximization, but a system that is predicated on moving some of the numbers down to a range that is normal. Sharon Mierzwa agreed and added that she support Rafael with getting verbiage within the body of the document giving a clear expectation of health disparity and equity.

Sharon asked about the longevity of the committee and bringing the spirit of the HDEC forward to a broader constituency for an increased awareness among the general population. Stephanie responded that the Commission on Health Equity has identified several community agencies to conduct public forums and looking for further collaborations. Marie said there is overlapping with the Office of the Healthcare Advocate and fund availability to reward providers for doing the right thing. Bonita said it is unclear as to when committees will end, but will be called upon to help finalize the January 1, 2011 report. Bonita explained the legislative process to the group and what the charge is and what is expected. Rafael asked what is needed at this point from the HDEC?; Bonita replied there are some missing pieces and to give a delineation of the missing pieces; something should be translated for the Board to provide a more comprehensive report that treats all equitably and not the same. Estela said the committees and task forces need to fill in those pieces to make it more comprehensive. Marie reiterated several of the questions posed to the committees and task forces and said that it should still be used as a format to ensure that everything is addressed in the plan.

Katharine stated that she will place the overarching goal within the key and measurable objectives. Rafael said that no one should loose sight that the SustiNet Health Plan is a universal healthcare plan. Leo said that the timing is important and that the SustiNet Board will meet to react and provide suggestion. Katharine said the Board will work on filling in the gaps and keep the committees and taskforces assembled for consultation and assist with filling in on specific topic areas. Leo said that Bonita and Estela will be the voice for the HDEC along with the HDEC co-chairs. Stephanie suggested taking Arvind's questions and the four areas identified to the SustiNet Board of Directors for them to address: *primary care, emergency room over utilization, preventable / avoidable hospitalizations, and hospital re-admission rates*. This is a more focused approached and allows for specific answers. Estela said that this is a good start and that there needs to be more thinking.

Arvind asked what are the leading indicators; there is an intersection between the cost accelerators in health care and disparities, which is natural. If addressed properly there is cost reduction and disparity/equity shrinkage where you do not see readmission rates high or chronic disease better addressed and treated. Arvind said for any system of improvement then you need to define the disparity/equity issue need to be prioritized and addressed for a significant period of time outside the current reimbursement system. Rafael agreed with the statement.

Katharine said there are data and studies that address how to reduce disparity. Rafael said the health insurance plan needs to be designed around reducing disparities.

Elizabeth said this is the opportunity to look at the missing pieces and determine what the HDEC need to do to get recommendations into the final report. Estela questioned how the HDEC would go about "strengthening" the work of the other committees and taskforces. Marie said that each member of the committee outreach and ask how "we" can help "you"; several HDEC members volunteered to follow-up

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with several other advisory committees and task forces by June 8, 2010, or as time permits to respond, as follows:

- Yolanda Caldera-Durant – Health Information Technology Advisory Committee
- Elizabeth Krause – Patient Centered Medical Home Advisory Committee
- Stephanie Paulmeno – Healthcare Prevention Advisory Committee
- Brad Plebani – Healthcare Quality and Provider Advisory Committee
- Marie Spivey – Healthcare Workforce Taskforce

[NOTE: The Childhood and Adult Obesity Taskforce and the Tobacco and Smoking Cessation Taskforce are exempt because they responded to the questions submitted early-on and have maintained an open line of communication with the HDEC to address disparity and equity within their respective areas of expertise.]

The volunteers agreed to assist their assigned group with answering the questions submitted, review materials within the comprehensive template, getting reaction to what the HDEC presented on June 1, 2010, and initiating open communication that will benefit every group. Katharine stated that each group should be given the benefit of the doubt and state there was more detail than that was presented; also state that this is just a follow-up to the questions posed and/or a reaction to the questions if a response was already given.

Katharine mentioned the final report template that will be used to take the recommendations presented on June 1, 2010 and create one comprehensive report to submit to the Connecticut General Assembly. Katharine requested that each committee member send forth any information that they may have on hand and why they think that information is considered useful; this will help develop the final report. Stephanie and Rafael stated that they will forward information from the American Cancer Society and the American academy of Pediatrics, respectively.

Bonita offered to help organize a celebration of the work done.

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

Meeting was adjourned.

The next meeting is scheduled for Friday, July 9, 2010 at the Legislative Office Building – Room TBA at 1:00pm.