

# SustiNet Health Partnership

## Healthcare Quality & Provider Advisory Committee

**Co-Chairs**  
Margaret Flinter  
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### **SustiNet Healthcare Quality and Provider Advisory Committee Regular Meeting** May 20, 2010 **Meeting Minutes**

Committee Attendees: *Margaret Flinter, Co-chair; Todd Staub, Co-chair; Paul Grady; Tina Brown-Stevenson; Kathy Grimaud; Nelson Shub; Leslie Connery; Rodney Hornbake; Mike Hudson; Jean Rexford; Claudia Gruss; Jeff Walter; Clarice Begemann; Jerry Hardison; Linda Ross; Sarah Long; Marcia Petrillo; Steve Karp; Rick Liva; Matt Pagano; Bob Scalletar; Teresa Dotson; Vicki Veltri; Bill Kohlhepp; Willard Kasoff*

Office of the Healthcare Advocate: *Marilyn Rice*

SustiNet Consultant: *Anya Rader Wallack*

Absent: *Tom McLarney; Kevin Galvin; Christine Shea Bianchi; Lisa Reynolds; Bryte Johnson; Joseph Treadwell; Richard Torres; Mark Thompson; Sara Parker McKernan; Mark Belsky; Arthur Tedesco; Bill Handelman; Francois de Brantes; Tom Meehan; Jane Deane Clark; Pieter Joost van Wattum; Alison Hong; Robert McLean; Gary Harding; Jody Rowell; Lynne Garner; Linda Spivak*

Margaret Flinter and Todd Staub, co-chairs of the Committee, welcomed all members and attendees.

Margaret asked for a motion for the board to approve the draft minutes from 4/15/10. Linda Ross sent some corrections. There were a couple of corrections to the attendance list. Minutes were approved as revised by the committee.

The first item on the agenda was Jean Rexford's follow-up on recommendations on patient safety from the last meeting. Jean suggested that based on feedback from the discussion on patient safety at the previous meeting, the committee should recommend that the SustiNet board establish a designated patient safety committee. The committee agreed that the overriding principles of the patient safety committee should be transparency, accountability, education of the healthcare consumer and reporting. Overarching goal is to create a culture of patient safety.

Todd said that at the last meeting, there needs to be some central resource in SustiNet to be responsible for quality, safety and other issues that are SustiNet-wide and that the board cannot

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do. Todd remarked on the need for a blame-free disclosure system, while Jean remarked that the future designated committee needs to focus also on overuse of services. Transitions of care including from hospitals to community providers also need focus; e.g. ensuring continuity of care with prescriptions.

Paul Grady reported on the SustiNet board's activity. He summarized the previous board meeting and the draft 60-day (post federal reform passage) report that the board must issue to the legislature. Paul stated that there were no urgent priorities that needed to be addressed by the SustiNet board—the federal legislation and SustiNet fit together well. There needed to be further study on how SustiNet could be a plan in the exchange and how our safety net programs will fit in to SustiNet. Recommendations included taking advantage of some federal money. The board agreed with the recommendation of looking into obtaining federal funds. The final 60-day report is to be drafted and issued by May 30<sup>th</sup>. The next board meeting is June 1<sup>st</sup> at which the committees and task forces will present their recommendations.

Paul noted a report by the Institute of HealthCare Improvement on reducing costs through the appropriate use of specialty services. (Margaret announced that the report should be posted on the website:

<http://www.ihc.org/IHI/Results/WhitePapers/ReducingCostsAppropriateUseSpecialtyServicesWhitePaper.htm>

Paul introduced Nelson Shub, who made a presentation on clinical standards of care. Nelson said that we have to follow the money in medicine. Standards protect the patient and the doctor and reduce costs to the system. Nelson stated that tests are repeated unnecessarily at great cost, and that healthcare quality cannot be measured without codified standards. He proposes starting by eliminating unnecessary tests because that is the area in which there is the greatest waste of money. He recommends that all hospitals use the same clinical standards for the state.

Nelson recommends a six-month action plan to start ASAP: 1) Ask legislature to stand behind the issue, then meet with governor, etc. to empower the establishment of a group to develop the criteria; 2) standards would change periodically; 3) meet with cost-drivers to gain their ownership of the process. Standards should be disease-driven, not location- or income-driven. Nelson recommended that standards be codified, and a measurement tool needs to be developed to rate quality and adherence to standards.

Todd commented that it would not be appropriate for the legislature to touch standards in medicine. The legislative process is not an evidence-driven process; it's policy driven. There are many standards out there already.

Rodney Hornbake said that there are now standards through national quality forums, professional society, specialty-specific guidelines. The real problem is how to leverage standards to the best advantage.

Nelson reiterated that there should be one standard for each disease.

Margaret stated that the IHI report had some good suggestions about adopting standards. Jean said this is where reporting on conflicts of interest can make a difference.

Todd introduced Anya Rader Wallack to discuss coordination of the template to present to the board. Anya discussed the timeline and the modeling of SustiNet. She stated that her role is to coordinate work among the committees and task forces and provide any other assistance that the board needs. She gave a brief bio of her experience and the experience of the other consultants, Katharine London and Linda Green.

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Anya went over the template. Part I – Legislative questions such as quality, safety and reimbursement; Part II - other topics discussed; Part III - Would decisions be different depending on what action the board would take; Part IV – Intersecting questions, gets to things like what might be necessary for other committees to be looking at in order for this committee’s work to be able to be completed.

Anya stated the expectation is to get the template completed by next week for distribution to the board later that week and in time for the June 1<sup>st</sup> board presentations. The board will then provide feedback shortly after June 1<sup>st</sup> to allow enough time for the committee to issue its final report to the board by July 1<sup>st</sup>.

The committee’s timeline remains:

Due Date	Task
5/24/10	Outline of report
6/1/10	Task Force and Committee presentations to Board of Directors
6/8/10	Board feedback to Task Forces and Committees
7/1/10	Final report

Rodney suggested that going forward after July 1, there should be new and formal committees established, with associated stipends.

Claudia Gruss raised a question about how the committees’ recommendations will play into an RFP for SustiNet, especially if they are bid on by insurers. Paul suggested that the recommendations of the committees/boards will go into an RFP. He suggested that there needs to be collaboration between hospitals, providers, insurers and the purchasers.

Todd said SustiNet could drive the creation of a blueprint on how to provide effective care for all of the state’s residents, beyond SustiNet.

Mike Hudson agreed that there needs to be alignment. There is general acceptance among the payers that there is value in having a consistently aligned payment system. He cited Maine as an example of a state where payments are consistently aligned.

Claudia said that there must be more participation by the insurers at the table. Many of the companies, other than Aetna, have not come forward.

Margaret asked Paul to find out from the board what the SustiNet business plan is in terms of paying for quality, safety, etc. going forward.

Todd summarized the committee’s tasks vis-à-vis the template and the remaining deadlines of the committee.

Meeting was adjourned. **Next meeting is June 17, 2010 from 8:00 – 9:30 am.**