

HealthFirst Connecticut Authority

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MEETING SUMMARY

Wednesday, October 17, 2007

11:00 AM in Room 1C of the LOB

The Following Members were present:

David Benfer, Margaret Flinter, Mickey Herbert, Sharon Langer, Sal Luciano, Tom Swan, Comptroller Nancy Wyman, Commissioner J. Robert Galvin, Kevin Lembo, Commissioner Thomas R. Sullivan.

Also present were: Fernando Betancourt, Senator Mary Ann Handley, Patricia Koprowski, David Parrella, Representative Peggy Sayers, Frank Sykes and Teresa Younger,

The following members were absent:

Lt. Governor Michael Fedele, Brian Grissler, Louis Lista, Lenny Winkler, Commissioner Michael Starkowski,

President Pro Tempore Donald Williams welcomed everyone and thanked the members of the Authority for accepting the challenge set forth for them. Senator Williams stated that access to preventative care will lead to early detection and treatment before health problems become chronic and life threatening illnesses.

Senator Williams asked the Authority to examine “how can we provide universal care for all Connecticut residents - how do we provide preventative care – what additional reform must be put forth in order to accomplish this goal- and, how do we pay for universal coverage”

House Speaker James Amann stated that the evaluation and assessment of the methods of increasing access, affordability and limiting the spiraling cost of health care is the goal set forth for the Authority.

Speaker Amann said focus should be on “how do we create broad coverage that is viable and sustainable and how do we pay for universal coverage”. He stated that Connecticut is in the

midst of a health care identity crisis and must define what it wants to be on health care.

House Majority Leader Christopher Donovan stated that Connecticut has moved forward and has made some great success but there is much more to be done.

Representative Donovan stated that the public wants a good health care plan that is affordable and that this is the challenge set forth for the Authority.

Margaret Flinter and Tom Swan welcomed everyone and asked members to introduce themselves to the group.

Tom Swan explained the role, process, and the charge of the Authority.

Role & Process

- Requires the Authority to use the Institute of Medicine “five policy recommendations” in terms of an un-insurance check list to develop a universal health care system for Connecticut.
- Public Act 07-185 requires the Authority to submit a report by 12-01-08.

Charge

- To evaluate alternatives for providing quality, affordable and sustainable health care for all residents of Connecticut- including a single payer system and employer sponsored insurance.
- Recommend ways to contain cost and improve health care quality, including information technology, disease management, and other methods to improve care for people with chronic disease.
- Develop ways to encourage and require providing health care coverage to certain groups for participation in insurance pools.
- Recommend ways to finance the insurance program and maximize federal funding as well as ways to pay the state share of the costs.

David Parrella stated that the rate of uninsured in Connecticut is relatively low compared to other states and that our emergency rooms and community health centers treat all patients regardless of their ability to pay. He also stated that the SAGA programs, although not ideal, should be build on in an effort to accomplish the goal set out for the Authority.

Fernando Betancourt suggested that a need assessment be conducted to determine the amount of funding needed to provide for staffing and other necessary resources to advance the very complex agenda of the Authority.

Margaret Flinter informed the group that funding was allocated in the Department of Public Health budget for research assistance, and that she is exploring some of the foundations that have traditionally being very interesting in the issue of expanding coverage for the uninsured and universal access.

Mickey Herbert stated that the uninsured population in Connecticut is a relatively manageable number and that 2/3rd of Connecticut residents are enrolled in employer sponsored insurance. He reported that earlier this spring the New York Times conducted a study and found that

89% of people with employer sponsored insurance are happy with their plan. Mickey suggested that a focus be placed on personal responsibility and that the issue of healthy lifestyle will make health care more affordable and free-up resources that would enable us to afford health care coverage for all residents in the state.

David Benfer stated that the population of uninsured is the size of the cities of Hartford, New Haven and Waterbury combined. He reported that last year hospitals lost money because a significant number of individuals accessed care through the emergency rooms and the hospitals did not receive adequate payment for the services provided. He encouraged the Authority to define principles to be embedded in the foundations of the final product.

Sal Luciano stated that a huge number of the insured do not know how good their insurance is until they attempt to access care and find out that it is not what they think it was. He reported that over the last 5 years health care cost increased by 87% nationwide and this is not sustainable.

Kevin Lembo reminded the group that its main focus should be extending access to individuals and that the financing should be the second question because the cost of health care may or may not be the same as the cost of insurance.

Tom Swan informed the group that there will be some internal discussion which will be communicated through email. He stated that votes will be taken on some issues and that the process for decision making will be inclusive and transparent.

Representative Peggy Sayers stated that the majority of people utilizing the emergency rooms for primary care are insured and that part of the problem is the shortage of health care providers, how we provide care and personal responsibility.

Fernando Betancourt stated that the profile of the persons accessing the services of the emergency rooms is different from the need, and they are not covered by insurance therefore they have not had the opportunity to have regular visits to the doctor for preventive care. He also said the present system is not culturally or language appropriate and that there is a need to make the system less bureaucratic and more understandable.

Tom Swan advised the group that the following will be discussed.

- Work groups will be created at the next meeting.
- The Authority will evaluate employer sponsored insurance programs in addition to the 5 principles of the Institute of Medicine
- Assessment of the health care work force
- Develop ideas to alter the 5 principles of the Institute of Medicine.

David Benfer suggested that availability and accessibility be added to the Institute of Medicine principles to address the health care delivery system.

Margaret Flinter reminder everyone of the existence of the State-Wide Primary Care Access Authority that is charged with conducting an inventory of the health care work force,

particularly, primary care providers and general specialists.

Fernando Betancourt suggested that communications between members be done by utilizing the use of the “black-board” since this would allow all members to be active participants.

Teresa Younger requested that the Connecticut Women’s Health Campaign guiding principles be included in the development of any health care strategy to ensure that women receive appropriate care.

Patricia Koprowski stated that Stamford Hospital is in the process of establishing a telemedicine pilot project to monitor the health of healthy seniors in their Stamford homes. She informed the meeting that most states are exploring telemedicine and that the federal government has established the Office of Telemedicine and Tele-health. She stated that this area should be explored in an effort to save money as it can keep people out of the emergency rooms.

Commissioner Galvin stated the Department of Public Health has a telemedicine model in pediatric psychiatry ready to be implemented at the Day Kimball Hospital. He also stated the Commissioner of Social Services informed him that payments would be made for services as long as they are within Department standards.

Frank Sykes stated that cultural competence is often over looked and that it should be included for discussion.

Nancy Wyman asked that relevant Statutes be reviewed to determine if amendments are needed to allow proposals to go forward to expand coverage to all Connecticut residents.

David Parrella suggested that emphasis be placed on primary care rather than long-term care and that focus should be on:

- Defining vehicle for delivery of coverage
- Determining methods for financing
- Defining coverage
- Developing a model for basic primary care package

David stated that there is a difference between expanding coverage to the 300,000-400,000 uninsured and developing a new universal coverage system for all residents and therefore suggested that a system be developed for people who do not have coverage.

Senator Mary Ann Handley stated that health care literacy should include the uninsured because in most instances they believe they have appropriate coverage only to discover that what they have is not what was presented to them.

David Parrella stated that funds might be needed to secure health consultation firms such as the Center for Health Care Strategies, Commonwealth Funds and David Packard Funds to assist in the production of the report.

Commissioner Galvin informed the Authority that after discussion with Legislative Leadership the Department of Public Health is in the process of transferring the funds from personnel services to operational expenses to allow the Authority the flexibility in its use. He also stated that Request for Proposal (RFP) may be needed and that it could take months for the selection process to be complete.

The next meeting is scheduled for Wednesday, November 14, 2007, at 11:00 am.

The meeting adjourned at 12:10 PM.