

HealthFirst Connecticut Authority

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Meeting Summary

Wednesday, February 20, 2008
9:00 AM in Room 1A of the LOB

The Following Members were present, Tom Swan, Margaret Flinter, Fernando Betancourt, Sal Luciano, Mickey Herbert, Commissioner Thomas Sullivan, Commissioner Robert Galvin, Lenny Winkler, Sharon Langer, and Theresa Younger.

Also Present were: Pam Koppowski representing Brian Grissler, Dave Krause representing Nancy Wyman, and Victoria Veltri representing Kevin Lembo.

The following members were absent: Commissioner Starkowski, Louis Lista and Michael Fedeale.

Margaret Flinter welcomed everyone to the meeting of the Health First Connecticut Authority and reviewed the charge to the Authority. She asked members of the Authority to review and comment on the minutes of the last meeting held on January 16th.

Sal Luciano made a motion to accept the minutes, and the motion was seconded by Lenny Winkler.

The January 16th meeting minutes were approved.

Tom Swan updated the Health First Authority with regard to a change in the membership of the Authority. The Speaker of the House of Representatives has appointed Mike Critelli from Pitney Bowes as his representative from large businesses. Mike Critelli will replace Louis Lista.

Tom Swan reported on recent Workgroup activity: Initial meetings of the Cost, Cost Containment, and Finance Workgroup, and Quality Access and Safety Workgroups have been held. At least 40 people attended each of those workgroups with a range of stakeholders and different opinions that will help inform the Authority in proposing healthcare reform.

The next meeting of the Cost, Cost Containment and Finance Workgroup will be held on March 4th, 2008.

Vicky Veltri reported that the Workgroup was attempting to find the best sources to develop the baseline for healthcare costs in Connecticut. Members have been delegated by the authority to review certain reports in an effort to come to an agreement on what will be used for baseline sources.

Margaret noted that the group is charged with and has taken on looking at the issues of access in primary care and specialty care, in behavioral health and oral health, at safety and quality across all settings, chronic disease management, elimination of health disparities, and electronic health record implementation and technology. A general category of innovation was added because we need innovation in anything that we do. The Workgroup discussed breaking into smaller groups of experts in specific areas. However, the Workgroup members were clear that they preferred to stay together as a group for a while, learn from each other, and operate as a single entity for now.

The issues the Workgroups will face are related to the content of what changes we need to see, who enacts those changes, what the cost would be, and who pays for it. We will need to know how to track the changes in our healthcare system to see if they have improved the quality and cost. We will also discuss the role of the public health system, government and society outside of what we think of as health insurance.

Tom Swan asked for a change to the minutes from the previous meeting. It has taken longer for Academy Health to work on an arrangement with a consultant, and the HealthFirst Authority is still in the process of getting clearance from the Office of State Ethics Commission with regard to how we can go about accepting an in kind contribution. Additionally, Academy Health is in the process of negotiating the final terms of the contracts for the two consultants, or “facilitators,” and then the Authorities will need to get approved and signed off on by the Ethics Commission as a gift to the state as in-kind services. Randall Bovbjerg from the Urban Institute, joined by Barbara Ormond, also of the Urban Institute, are expected to be the consultants to the HealthFirst Connecticut Authority. Tom reported that he and Margaret have had a couple of short discussions with them and Academy Health regarding the experiences from other states and what they can offer to the Authority.

The facilitators have asked that all the Authority members be available for 15-20 minute interviews sometime over the course of the next couple of weeks. They have begun to design a work plan for the Authorities.

Tom noted that we were not able to bring in resource people from other states for this meeting as hoped. We have been in discussion with people from New York, Colorado and Massachusetts, and will continue to work on getting the financial resources to bring in these experts.

Sal Luciano commented that several states have created commissions that came up with good non-partisan ideas that were agreed on by everyone. Those should be adopted as early as today. The five concepts Sal recommending were: 1) E-Records (having a data system to increase efficiency and improve the health care system); 2) focus on prevention and behavioral health, tobacco and substance abuse issues and others; 3) managing chronic care (the most expensive of any health care); 4) increase

access to health care for children (not only did all the states agree to this one, Oregon agreed that this was the best investment for the return); and 5) to simplify procedures and claims. Sal moved adoption of those five goals.

Mickey Herbert commented that he had no problem with the five issues, however, it was unclear what those proposals meant, what they translate into, and it might be pre-mature to pass the motion because the HealthFirst Authority has not done enough work yet.

Sharon Langer agreed with Mickey Herbert. There may be no Authority member that disagrees with those initiatives but it is premature to vote on the motion. It is unclear whether we are going to be able to meet our very tight schedule in light of the fact that we don't have a facilitator yet. This Authority should go to the Legislature and ask for more time.

Commissioner Thomas Sullivan asked if his position as an ex-officio member allowed him to vote on motions made by the Authority.

Tom Swan suggested that the Authority valued the opinion of all members, voting and non-voting and asked Commissioner Sullivan if he would like to comment on the motion.

Commissioner Thomas Sullivan suggested it was premature to vote on such a motion. Despite presentations from subject matter experts and speakers, we may not be ready without a Consultant to adopt anything in terms of a strategic plan.

Margaret Flinter pointed out that with the exception of universal coverage for kids, all the other areas mentioned by Sal were anticipated by the legislature. Those concepts are being considered in the Quality Access and Safety Workgroup.

Sal Luciano responded that he would not ask for a vote, since it appeared that wasn't the desire of the Authority.

Theresa Younger asked if there was any expectation for when the facilitator would be hired. A facilitator is necessary to make sure the process runs smoothly. She also asked if there was any decision handed down from the Office of State Ethics or the Office of Policy Management (OPM) with regard to the contracts for timing, and if that was taken into consideration for the proposed timeline that was put forth.

Tom Swan reported that it is taken into consideration for the proposed timeline. Academy Health believes that they will have an agreement in the next week with researchers that they are proposing for facilitation. The legislative staff that we have spoken with believes that we will get an affirmative decision from the Office of State Ethics very soon. Part of the goal of today's meeting was to begin to identify some of the components of the different models and reforms we want to move forward on. Tom Swan asked if Commissioner Galvin knew if the money that was appropriated has been transferred from the Department of Public Health to Legislative Management.

Commissioner Robert Galvin answered that he was unsure but he did not think it had been transferred.

A contract has been sent to the Department of Public Health and it has to be accepted. It should not take a long time for approval.

Tom Swan encouraged discussion of what the macro types of models the Authority might want to consider and begin to work on the specific aspects of those plans. The next three meetings will be used to discuss the specific plans. That will include what some of the legal barriers, financial challenges, and political risks are. Legislative leaders have said that they will try to help make sure we have access to the Office Of Fiscal Analysis (OFA) to help look at the cost of any potential proposal. By September we hope to have a cost benefit analysis of the plans and by September and October we can have meetings with stakeholders and hold Public Hearings where Connecticut citizens can come forward to express what they think of our proposals and let us know what is workable and what is not. Both Academy Health and Randy Bovbjerg felt was an ambitious but a doable timeline. Margaret Flinter will facilitate a discussion on some of the parameters that must be addressed as we begin looking forward to the charge of the HealthFirst Authority.

Theresa Younger commented that the timeline is aggressive, but could be doable. She asked if there is a point at which the Authority is going to benchmark and say we need more time on this rather than rushing to get it done. She asked if there had been any discussion about extending the timeline by which a recommendation to the General Assembly was required.

Tom Swan responded that he had no opposition to having that discussion if it was necessary. He expressed his belief that some members of the Authority will propose that we look at building off our existing employer based system and look for strategies to deal with particular constituencies. Others believe that we should be looking at an all payer system and that is actually included within the charge. Others are looking for something somewhere in between the two of those which includes pooling, public program expansions, potentially some market reforms and insurance and some additional strategies.

Mickey Herbert asked that the Authority continue to have these meetings and presentations and he asked that the Authority not lay out a specific plan at the current point in time. He expected that a facilitator or would put a template before the Authority listing their policy proposals. We may need more than one template, but as a committee we are better able to react to something presented to us with specificity. He added that facilitators would be necessary if the Authority intends to meet their charge by the deadline.

Tom Swan agreed that facilitators would be necessary. Tom swan asked for further discussion of the IOM Principals as well as sustainability and fair financing.

Lenny Winkler explained that a Health Care Plan that helps increase fiscal efficiency needs to include tort reform.

Sal Luciano suggested that the Authority needed to agree on simple goals that have been universally agreed to in other states.

Tom Swan informed the Authority that he had structured three broad strategies for potential reform that we may want to look at.

Victoria Veltri suggested that looking at models may be pre-mature because without the available data and without facilitators, it is hard to predict what kind of model will even work. We still need more information.

Tom Swan reiterated the charge of the HealthFirst Authority to make a recommendation on Universal Healthcare to the Legislature. Within that charge there are items that have already been discussed that are explicitly mentioned. E-records, prevention, behavioral health, and the chronic care are some of those items. Streamlining, cost savings and claims are an area where some Authority members think we can save money, however, our goal is the larger charge.

Mickey Herbert suggested that the Authority should be careful when choosing the language used because it can prejudge a position. We are going to end up with a policy proposal that is somewhere in-between the two extremes. We are not going to be satisfied with employer sponsored system as it exists and by hopefully we are not going to throw out everything that we have done for decades and try to turn this whole system over to the government. So clearly, I think that we are going to end up somewhere in between, but if we don't start out with some template and let us add and subtract from it that we are not going to accomplish anything.

Sharon Langer suggested that the previous comments spoke to the need for the facilitator. It is also important to define the terms that the Authority will be using.

Fernando Betancourt expressed frustration that the discussion is getting to far ahead of the major points.

Margaret Flinter suggested that at the first meeting that the consultants are able to attend, the Authority may want to discuss the expansion of HUSKY, or enrolling the uninsured and the efforts it would take.

Mickey Herbert responded that the uninsured are an extremely diverse group and the strategies to get everybody insured are going to differ depending upon which segment of the uninsured you are talking about.

Tom Swan responded that insurance for the uninsured is something that came up in the Quality, Access and Safety and Cost, Cost Containment, and Finance Workgroup. That is something we will need to define.

The Meeting adjourned at 11:00 AM.