HealthFirst Connecticut Authority

Co-Chairs
Margaret Flinter
Tom Swan

Quality, Access and Safety Workgroup

Meeting Summary

January 31st, 2008

9:00 AM, Room 1D of the LOB

The following members were present: Tom Swan, Margaret Flinter, Kristen Zarfos, Dan Cave, Darren Anderson, Victor Villagra, Frank Gerratana, Brian Fillipo, Deborah Chernoff, Estela Lopez, Shanti Carter, Peter Bowers, Robert Patricelli, Kirsten Anderson, Greg Kotecki, Jane Nadel, Jean Rexford, Tanya Court, Wendy Furniss, Kathleen Brandt, Matt Pagano, Jennifer Jaff, Maureen Smith, Jone Lane, Bruce Gould, Davis Gammon, Jamey Bell, Shawn Grunwald, James Rawlings, Katrina Clark, Jennifer Jackson, Teresa Younger, Bob Scalettar, Rodney Sappington, Angelo Carrabba, Lisa Davis, Richard Antonelli, Robert Zavoski, Matt Fair, Sheldon Tubman

Margaret Flinter welcomed members and, thanked them for taking the time out of their schedules to attend the meeting. She stated that when health care reform recommendations are made to the General Assembly, it should be safe, of high quality, effective and improves the health of people in Connecticut. She asked those in attendance to introduce themselves. Margaret explained the role and charge of the HealthFirst Connecticut Authority:

Role & Process

- Requires the Authority to use the Institute of Medicine (IOM) "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.

Margaret Flinter stated that if substantive change could be made possible it would take the advice and cooperation of the clinical, business, advocacy, education, consumer and labor communities. She added that this was the reason for the establishment of the Quality Access and Safety Workgroup and the Cost, Cost Containment, and Finance Workgroup.

Tom Swan stated that the legislature created two distinct authorities, the HealthFirst Connecticut Authority and the State-Wide Primary Care Access Authority (PCAA), of which Tom Swan and Margaret Flinter are co-chairs. He added that the purpose of PCAA is to generate an inventory of what Connecticut has for primary care, and what the needs of Connecticut citizens would be in terms of primary care in a universal health care system. He stated that the purpose of the Cost, Cost Containment and Finance Workgroup is to investigate what we are spending on healthcare, where that money is coming from and how that money could be better spent on delivery of care. He added that the workgroups will establish and discuss issues and make recommendations to deal with the challenges and necessities of creating a universal health care system. Tom Swan stated that the workgroups will meet monthly and may establish subgroups and schedule ad hock meetings. He added that by June, we will be able to look at different models.

Margaret Flinter reminded members that the IOM principles require coverage to be universal, continuous, affordable to individuals and families, affordable and sustainable for the society, and enhance health and well being for society, and care should be efficient, effective, safe, timely, patient centered and equitable.

Margaret Flinter reminded members that there are major access problems, as well as racial and ethnic disparities with regard to access. She stated that the lack of preventative care continues to create problems and increase costs. Margaret Flinter stated that our understanding of medical error, hospital acquired infections, the use of electronic medical records to increase safety and quality, how to manage chronic diseases, and the role of obesity and health were not as well defined years ago.

Jennifer Jackson asked if we would be able to spend any time on the underinsured.

Tom Swan responded that we would.

Jennifer Jackson reported that the Medicaid and SAGA population access the emergency department at a rate of four to six times more than the uninsured and their utilization is dramatically higher than the underinsured.

Robert Patricelli stated that quality and access are local issues and the workgroup will be able to address solutions that are both affordable and attainable. He urged the workgroup to focus on a few specific quality and access issues that are deliverable such as a universal electronic infrastructure and how to get there.

Victor Villegra asked how much we know about the facets of healthcare delivery and stated that we must ask ourselves these questions before we can determine what we can actually accomplish.

Dan Cave discussed the supply and demand for care in Connecticut and asked whether there is any way to improve supply and reduce demand.

Angelo Carrabba explained that part of the solution to providing health care is to build up our health care provider base. He added that Connecticut should offer a program where young physicians have the ability to enter into private practice and "pay off," their debt by working at the clinic where they were trained.

Tom Swan stated that the State-Wide Primary Care Access Authority is planning to conduct an inventory of primary care providers in the state and a report will be made available in a few months.

Jim Rawlings expressed his intent to deliver an inclusive health care system that includes minorities.

Kathleen Brandt asked if it would be useful to investigate the programs that other states have used to solve health care problems.

Tom Swan agreed that the "Connecticut solution," would need to be informed by the progress other states have made.

Jennifer Jaff discussed chronic illnesses and the practice of teaching patients to manage their own illnesses and added that health care providers should be compensated for taking on a case-management role.

Angelo Carrabba discussed patient responsibility and ownership, He added that we should create a system that addresses cultural change and citizens are encouraged to consider the advantages of maintaining a healthy lifestyle.

Dave Gammon suggested models in behavioral health and psychiatry that could address the problems Angelo Carrabba raised.

Dan Cave agreed that cultural change would be necessary and added that we must begin to predict problems in the healthcare system such as an influx of diabetes due to increasing rates of childhood obesity.

Kristen Zarfos stated that one solution is education beginning with kindergartners.

Jean Rexford reported that other states do a better job providing data to consumers.

Jane Nadel suggested that subgroups could be useful to help narrow the focus of the workgroup as a whole.

Angelo Carrabba stated that patients are unable to understand what they have been told by doctors with regard to their particular illness. He added that if they don't understand what their medical condition is, they will not be able to fix it, and there are clearly barriers to improving their health.

Joan Lane urged the Workgroup to focus on the recommendations to the Legislature and added that the role of the Workgroup should be to help guide the Legislature towards legislation that could improve the quality of healthcare in Connecticut.

Jim Rawlings agreed with a previous comment that the success with regard to healthcare in other states should guide the discussion in Connecticut.

Darren Anderson suggested that we need to focus energy on quality, safety and access. He stated that the group should define the topics the workgroup wishes to focus on, including prevention of smoking and other unhealthy habits, supply of nurses and doctors, disease management, hospital safety, and electronic data.

Robert Zavoski suggested that the lack of patient education is a lack of time for physicians to educate them.

Frank Gerratana explained all of the advantages of electronic medical records (EMR) and suggested the workgroup look at including EMR in the proposal to the Legislature.

Bruce Gould explained a recommendation from the American College of Physicians with regard to reform of the American health care system and universal access. He stated that they came out with the proposal of a single payer system.

Rich Antonelli discussed the role of the workgroup, which should be incremental and transformative with regard to healthcare proposals.

Victor Vallagra discussed the importance of the care coordinator. He stated that primary care providers do not have the time or resources to produce the results we would like. He added that we must find a way to get payers and providers to collaborate and there must be a sharing of resources and information and financial reimbursement. He stated that a new agency or entity must be created to provide care coordination.

Angelo Carrabba stated the Connecticut Legislature has been unwilling or unable to fund the health care system to date. He added that the Legislature must devote more time and energy and must be more forward-thinking to solve the healthcare problems the state faces.

Tom Swan agreed that it was the workgroup job to direct the Legislature in a positive way, and thanked the members for their participation.

Margaret Flinter adjourned the meeting at 11:07 AM.