

State of Connecticut
GENERAL ASSEMBLY



PUBLIC HEALTH COMMITTEE
LEGISLATIVE OFFICE BUILDING HARTFORD,
CT 06106-1591

NASH Working Group

Meeting Summary

Wednesday, November 20, 2024

12:30 PM on Zoom and YouTube Live

I. Convene Meeting

- The meeting was convened by Wajahat Mehal at 12:33 PM.
- Attendance: Dr. Wajahat Mehal, Dr. Bubu Banini, Dr. Denise Dawson, Dr. Elizabeth Richardson, Dr. Jorge Moreno, Dr. Andy Beltran, Elizabeth Conklin and Alesia Ricks-Harris.

II. Complete discussion of all the topics we were assigned.

- Wajahat Mehal read the last discussion topic concerning Treatment and asked the Working Group if they would like to discuss this topic or review the prior topics. He shared that he would like to begin by reviewing the topics they have already discussed.
- Bubu Banini asked if they could touch on that last topic today if they decided to review the prior topics.
- Wajahat Mehal stated that they will hopefully get to that topic today. He went through the seven recommendations that the Working Group has decided to

move forward with and asked the Working Group members to share if they believe anything needs to be changed.

- Elizabeth Conklin asked about the name change from NASH to MASH.
- Wajahat Mehal explained that the M stands for metabolic and that there was an international level change in name from NASH to MASH. He stated that for practical purposes they mean the same thing.
- Bubu Banini added that one of the reasons for the change was to emphasize the metabolic contributor of the disease. She believes that the recommendation is reasonable and would like to keep the aspirational goal of initiating prospective screening using fibro scan for liver fibrosis.
- Wajahat Mehal believes that proposing this type of study for every person in Connecticut is outrageous but believes that limiting it to high-risk areas is doable. He added that the Working Group can further define what high-risk area means. He asked the Working Group to further narrow the recommendation and not make it too broad. He believes that making the recommendations as concise as possible will increase the chance that they will see the light of day.
- Denise Dawson asked if they thought about geo-mapping the state to identify high-risk areas and what type of data, they will use to indicate the high-risk areas.
- Wajahat Mehal agrees that this is a process and stated that he doesn't know which state agency would do that. He believes that the recommendation will have to be more objective than inner-city Hartford or inner-city Bridgeport as this is a professional process.
- Elizabeth Conklin agrees with Denise Dawson about using data.
- Denise Dawson believes that finding the staff to do it will be easy. The hard part is identifying which data markers they will want to use to drive the illustration.
- Wajahat Mehal mentioned that the data markers he used included poor access to healthy foods, high Hispanic populations and added that they can use high BMI, prevalence of Diabetes Mellitus (DM) and Hypertension (HTN).
- Elizabeth Conklin believes that adding clear data markers will give a reason to why and where they are geo-mapping.
- Wajahat Mehal believes that they can make a recommendation for that process to be initiated. They can make a recommendation to use the known

drivers of the disease to conduct this process which they then will identify.

- Denise Dawson believes that is a good idea.
- Wajahat Mehal wrote down the recommendation of initiating a process for identify high risk areas. He added that they can think of another approach that isn't geographically focused but instead focuses on patient population. He believes that they can approach this on the risk characteristics and not lead with geography.
- Elizabeth Conklin agrees with that approach because they want to look Statewide with a health equity lens, and it will help with resource management as they could target resources to identified locations.
- Wajahat Mehal stated that if they add more risk factors to screen for in the target population the data will be more enriched with the disease. He would like the recommendation to be more simple and asked the Working Group for their opinion. He believes that the recommendation could be to screen with fibroscan all diabetics in Connecticut.
- Elizabeth Richardson suggested that they can do a combined approach with the electronic health records (EHR) to acquire that from their records instead of a fibroscan. She added that in high-risk populations that they can partner with other stakeholders in similar lines of work.
- Wajahat Mehal stated that they can write the more practical recommendations under the concept recommendations. He wrote down the practical recommendations of partnering with food pharmacies and Diabetic clinics.
- Elizabeth Richardson added that it can be a pilot or a place to start.
- Wajahat Mehal added high-risk EMR population and stated that practically completing this will be challenging as it will need resources. He wrote that for the first recommendation that they can practically recommend contacting the primary care provider for all high-risk individuals and that this can be done through the EMR automatically.
- Bubu Banini asked if this is an exercise to determine the prevalence or something that they think they can intervene on. She added that if they are trying to intervene then the data will be non-identifiable.
- Wajahat Mehal believes that improving care and outcomes is within the Working Group's mandate.
- Elizabeth Conklin asked regarding the number one recommendation if they are envisioning making this a best practice for health care systems or who

would do this.

- Wajahat Mehal responded that at the State level he doesn't believe it will be one health care system.
- Elizabeth Conklin asked if he wants to roll out a Statewide system.
- Wajahat Mehal wrote down a practical recommendation of individual health care systems being expected to screen EHRs.
- Elizabeth Conklin asked about the logistics of the recommendation.
- Wajahat Mehal agrees with Elizabeth Conklin question as he believes that she is saying that there isn't one State body that will interrogate the EHR of the citizens of Connecticut.
- Elizabeth Conklin responded affirmatively.
- Wajahat Mehal asked what language they should use.
- Jorge Moreno added that as primary care provider he always responds to the health maintenance tab in Epic. He wonders if they can have the State recommend that screening for Fatty Liver Disease be on the health maintenance tab similar to other tests. He believes if that is what they are missing then Electronic Medical Records (EMR) will incorporate what the Working Group is suggesting. He stated that at Yale, population health department of Epic is responsible for that and reiterated that the State could mandate health care systems to add this to their health maintenance protocols.
- Wajahat Mehal appreciated Jorge Moreno's perspective and added that they will have to think about population health for each of these health systems. He believes that they can simplify the recommendation from screening the EMR's to recommending doing a Fib-4 as Epic already has processes in place to assist. He stated that the advantage of using a Fib-4 is already in Epic and providers will be able to act on it quickly if they wished to.
- Jorge Moreno added that they have something similar is already in health maintenance and believes that the technology is already there as he is already getting flags for other conditions when they arise. He stated that he was working with Epic for population health regarding prostate screening where they recommended instead of prostate screening, they recommended counseling about prostate screening. He believes that the recommendation could be written in several ways where they can recommend screening to recommend counseling about the screening.

- Wajahat Mehal added that this is simpler than the prostate screening example as the data and process is already in Epic to generate results they are looking for. He believes the question is recommending providers how to act upon levels that are elevated. He asked about the prostate screening example and how is the primary care provider advised to act upon a prostate screen where there are elevated levels.
- Jorge Moreno responded that he would do recommend doing further testing.
- Wajahat Mehal commented that they can come up with the appropriate test and asked if that would be too heavy of a statement to make where if the Fib-4 is high then they should get a fibroscan.
- Jorge Moreno responded that the recommendation is if a patient wants to have a Prostate Screening Antigen test (PSA) then they will order a PSA and once they get the results then they will decide on referring. He sees it as if a Fib-4 is high then the patient should be referred to hepatology or getting an ultrasound of the Liver.
- Wajahat Mehal asked Jorge Moreno if that would be too aggressive of a recommendation.
- Jorge Moreno believes that it would not be too aggressive.
- Bubu Banini added that they should be thinking about the comfort or familiarity of the provider with the next steps and believes that is where education comes in. She hesitates to write recommendations that say to do this then do that and doesn't know if they should specify the screening modality. She stated that she is struggling with the balance of raising awareness versus what should be used to raise that awareness.
- Wajahat Mehal added that they can expand the entry criteria so that they can be more inclusive. He believes that the system will be able to calculate the Fib-4 test as most patients have the data markers that the test is screening for. He suggested the recommendation being that if the Fib-4 is elevated or if the patient has evidence of steatosis in imaging, then to either order a fibroscan or if a fibroscan is not available then make a referral to a Hepatologist.
- Jorge Moreno believes that making the recommendation for primary care providers to refer to Hepatologists will be easy for primary care providers to do.
- Wajahat Mehal stated that this is still a draft and that they have till the end of December. On a practical level he doesn't know how recommendation four will play out.

- Elizabeth Richardson added that there is a growing interest to leverage people interested and it could start out more as a grassroots project as fibroscan machines are expensive.
- Alesia Ricks-Harris introduced herself.
- Wajahat Mehal asked if this is her first meeting.
- Alesia Ricks-Harris answered that she was on previous meetings and asked if a patient doesn't have Diabetes or Hypertension as she was missed and went from having nothing to Cirrhosis three four and this recommendation would miss her again, so how would they reach the population of the other people who don't have those.
- Wajahat Mehal appreciates the question and believes that they are starting with nothing on the ground as they are screening nobody even groups they know are at high-risk. He agrees that this recommendation will miss many people but if they broaden the tests then they could have primary care providers referring twenty percent of their patients.
- Bubu Banini agrees that it is a good point as it might be interesting academic wise to see the general prevalence of the disease for the general population for Connecticut.
- Wajahat Mehal added that it is an academic question and there is nothing stopping them from including that in their recommendations. He believes that Alesia Ricks-Harris is more relevant to recommendation one than four as they are speaking about screening. He thinks that the challenge of adding BMI is that the BMI is not very high for persons with MASH which encompasses about twenty percent of the population, and he would be fine with adding a marker that is more limiting.
- Bubu Banini believes that there is an incremental rise in the prevalence of MASH as BMI goes up. She wonders if at some point a certain BMI represents half those individuals who have MASH.
- Wajahat Mehal responded that around a BMI of thirty-five will encompass half and that they could include a BMI above forty if the Working Group wishes.
- Alesia Ricks-Harris thinks that is a good point as BMI coupled with something else could trigger something to the medical providers to take a look at the Liver. She added that other patients she has spoken too have only gotten general knowledge and nothing specific.
- Wajahat Mehal thanked Alesia Ricks-Harris and stated that is the reason for the Working Group.

- Elizabeth Conklin thanked Alesia Ricks-Harris and asked about educating the general public about Liver health. She asked Alesia Ricks-Harris if she heard about Liver health before her diagnosis. She believes that awareness is important to catch people who don't interact regularly with the healthcare system.
- Alesia Ricks-Harris responded that she has heard about Fatty Liver but not any real specifics on what that really means. She believes that making bad choices in food not necessarily that they are impoverished and unable to get good quality food. She added that educating small children to establish good habits as adults have already established those bad habits if they wanted to educate through primary care providers.
- Wajahat Mehal thanked Alesia Ricks-Harris for sharing her experience and went over recommendation three. He believes that designating a Connecticut Liver Health Day is more inclusive than a Fatty Liver Day and they will be able to raise awareness for multiple diseases.
- Bubu Banini added that June 12th is international NASH day.
- Wajahat Mehal commented that they can do both but he had the impression that if they focused on one thing they would be able to garner more traction but he would be thrilled if there was a Connecticut Liver Health Day. He reiterated making the day more inclusive as they will be able to raise awareness to multiple diseases.
- Bubu Banini added that World Liver Day happens on April 19th and would like to synergize efforts with other organizations.
- Wajahat Mehal agrees that they can pick the same day and added that there is a sense of immediacy to making the day specific to Connecticut. He asked members to tweak the language and finalize what type of day they would like to recommend.
- Elizabeth Conklin added that they can call it Healthy Liver Day versus Liver Health.
- Wajahat Mehal agrees that they can do that and believes that including Connecticut makes it clear that it is State level. He went over recommendation two where they recommend broad outreach to teachers and students, he hesitates on adding pediatricians as they don't have a pediatrician on the Working Group.
- Bubu Banini believes that they can add them to the primary care providers.
- Wajahat Mehal added that the Fib-4 and BMI are not calibrated for children

but they can add pediatricians to primary care providers. He asked about making specific recommendations like radio ads, easy access to teaching materials and direct outreach programs.

- Elizabeth Conklin added that they can write resources instead of teaching materials.
- Wajahat Mehal was thinking the teaching materials as the resources and asked her opinion about other resources.
- Elizabeth Conklin added that they could include resources for teachers and students and asked Wajahat Mehal if for students what parameters he has or if he is keeping it general.
- Wajahat Mehal believes that the most impactful area that he can think of is smoking and alcohol consumption to a lesser degree and he thinks that is more appropriate to children in middle school.
- Bubu Banini added that habits are formed very early, and it is hard to change habits when someone grows older.
- Wajahat Mehal agreed with that point and added that they will have to work with educators of children to come up with what is appropriate. He asked if there are any State level resources that can be brought to this.
- Elizabeth Conklin responded that they currently do not have a grant or program for Liver but they do have grants for Diabetes and Hypertension.
- Wajahat Mehal asked if they could suggest that and asked how that would come into being.
- Elizabeth Conklin stated that they wouldn't establish a grant but would instead apply.
- Wajahat Mehal asked about the legislative language for the recommendation and asked if it is an earmark or allocating funds.
- Elizabeth Conklin stated that allocating funds is funds coming from the State budget.
- Wajahat Mehal asked where else would it come from if it wasn't from the State budget.
- Elizabeth Conklin responded that she works with CDC funds and that she has to apply to get the funds.

- Wajahat Mehal stated that he is familiar with that concept and asked if it is possible for the State to allocate funds for their recommendations.
- Bubu Banini believes that it will come down to putting out the recommendation without worry of the price tag and they will figure that out in the future.
- Wajahat Mehal added that all of their recommendations will need a little bit of funds.
- Bubu Banini added that she spoke with Allison Ivory who is the national director for the American Liver Foundation for Community Impact and stated that she was excited to see what was happening at the State level. She added that Allison Ivory spoke about education resources that the Working Group can use.
- Wajahat Mehal stated that all their recommendations will need some sort of home and asked Elizabeth Conklin if there is a state level home for these kinds of initiatives.
- Elizabeth Conklin responded that they are usually associated with a program and the Working Group can consider a recommendation of establishing a point of contact at the Department of Public Health (DPH) to assist in disseminating.
- Denise Dawson asked the Working Group if they heard about CARE which received a huge grant, and they focus on education as well as having connections within the community. She added that she can provide a point of contact and that it may be a good partnership.
- Wajahat Mehal asked Denise Dawson to expand on what CARE is.
- Denise Dawson responded that it is associated with the Southern Connecticut State University and Yale School of Public Health.
- Elizabeth Conklin asked if there is a nonprofit in Connecticut that might have more of those partnerships that is already established versus the state level.
- Wajahat Mehal added that he is thinking of the CARE program in the same way as the Liver Foundation as it is a group that has expertise in a particular area. He doesn't know how much the organizations would like to carry for everything they are speaking about and hopes that some of the recommendations have their own momentum. He believes that they will need to have some sort of continuation structure.
- Elizabeth Conklin responded that usually means a coalition, work group or some sort of momentum.

- Alesia Ricks-Harris stated that she worked for the CARE program during and after COVID. She added that she would be present at any event in the general area to raise awareness on COVID and Monkey Pox. She stated that they were educated prior to doing that and given new information about COVID and Monkey Pox. She believes that because COVID was new and the program is already established it shows that the program can handle something new.
- Wajahat Mehal believes that is perfect and that they will follow up.
- Denise Dawson believes that the CARE program really reaches the people.
- Wajahat Mehal stated that he is happy to reach out to the appropriate people and asked Denise Dawson if she can reach out.
- Denise Dawson stated that she would be happy to reach out and share the information with the group as well.
- Wajahat Mehal went over recommendation five, six and seven. For recommendation five he stated that they can identify the top five fructose delivery mechanisms. For recommendation six he stated that they can communicate with soft drink providers and asked about specific ways to communicate with soft drink providers. He stated that he can reach out to find out.
- Elizabeth Conklin added that for educating teachers or students that they can bring in someone from the State Level Board of Education.
- Wajahat Mehal responded that he is communicating with someone from the Department of Education (DOE) and that he will share the contact with the Group.
- Elizabeth Conklin believes that going through the State is necessary in getting teaching material to teachers across the state.
- Wajahat Mehal stated that he will contact Sen. Anwar. He went over recommendation seven and stated that they could develop material that they can use.
- Bubu Banini stated that the materials that they develop for recommendations above can be used for recommendation seven.
- Wajahat Mehal asked the Working Group if it would be ok to leave the final topic to the next meeting.
- The Working Group agreed.

- Wajahat Mehal asked the Working Group to share additional recommendations or changes. He added that he will share his changes and additions to the group and hopes that by the end of next meeting that they can finalize these.
- Bubu Banini added that she shared with the group a document regarding the social determinants of health.
- Wajahat Mehal reiterated that he will share a cleaned up document and asked members to share their changes or additions.

III. Prepare a draft near-complete list of recommendations.

IV. Agree to have a complete list by Dec 4th.

V. Agree to have a finalized list by Dec 18th, which can be submitted to the Public Health committee.

VI. Announcement of Time and Date of Next Meeting

- Wajahat Mehal announced that the next meeting will occur on December 4th at 12:30 PM.

VII. Adjournment

- The meeting adjourned at 1:39 PM