

Date: August 25, 2016
To: CT Health Care Cabinet
From: Megan Burns and Marge Houy
Re: Feedback from Consumer Advisory Board

On August 9, Bailit was invited to present key elements of the Straw Proposal that particularly impact consumers to the Consumer Advisory Board. The Consumer Advisory Board was established to support the State Innovation Model (SIM) Steering Committee and advocates for consumers and provides strong public and consumer input in healthcare reform policies in Connecticut. The purpose of this memo is to share the feedback that we received for the Cabinet's deliberations.

Social Determinants of Health

The members of the CAB suggested that the final recommendations of the Cabinet clearly articulate how the social determinants of health (SDOH) will be addressed. They specifically suggested that data on SDOH be matched with clinical data in recognition of the effects that SDOH have on health care outcomes. One member made the recommendation that the CCOs should adopt the IOM's panel of social and behavioral domains and measures for capture by EHR systems.¹ Second, members of the CAB wanted the Cabinet recommendations to clearly require the CCOs to create better linkages between clinical and social service providers.

Health Equity

Members of the CAB wanted to ensure that health equity was addressed in the final recommendations of the Cabinet. Frustration was expressed with the numerous health equity offices within current state agencies and that there is a gap in coordinating services and funding across agencies to address health equity. A suggestion was made to have one single Office of Health Equity that is extracted from various state agencies and merged under one to help improve the effectiveness of health equity related programs and interventions.

Quality Measurement of the CCOs

Members of the CAB suggested that quality measurement of the Consumer Care Organizations must include behavioral health measures that are meaningful to the consumers, and not necessarily traditional HEDIS process measures. For example, there were suggestions expressed to include measures that identify whether individuals are living their own life and pursuing self-determination. In addition, one member noted that the use of medically-based quality measures may result in patients being denied access to nonmedical services that are important to the patient, like religious nonmedical care.

¹ For more information see: <http://www.nationalacademies.org/hmd/Reports/2014/EHRdomains2.aspx>

Evidence-Based Policy Decisions

Regarding the element of the Straw Proposal that recommended pursuing a strategy of evidence-based coverage of medical, behavioral health and dental services, the members of the CAB recommended that services not traditionally covered be reconsidered based on their evidence of effectiveness, specifically consumer-run peer support groups and recovery oriented services. Members of the CAB also voiced concern that not all “evidence” is created equal, especially when studies were only conducted on a small number of individuals, or within one culture or ethnic group. Last, members of the CAB expressed the desire that recommendations made by the state for Medicaid and state employees be applied to commercial plans.

State Agency Consolidation

Members of the CAB voiced frustration with the lack of coordination across agencies in the state today; however, some did note that state agency consolidation can be disruptive and that certain consumer voices may be lost under consolidation. One member of the CAB expressed strong preference for one agency that was responsible for health care reform oversight (like Vermont’s Green Mountain Care Board), but that did not result in agency consolidation. Another member expressed preference that behavioral health services not be incorporated into the Medicaid program so that the state will continue to devote significant funding to behavioral health services. Lastly, another member voiced concern that a centralized Office of Health Reform will create confusion, skepticism and most likely interrupt current health care programs and services.

Consumer Involvement

Members of the CAB were especially pleased with the requirement that CCO board must have a proportionate representation of consumers on its board, and in an advisory capacity.

Other Comments

Other comments that were not categorized above, include:

- Identifying strategies to factor the health care costs for “undocumented” individuals in the state.
- Consideration should be given to innovation and development of pilot programs.
- Incentives should be made available to implement telehealth services to enhance access to care
- Mobile health clinics should be supported to bring health care services to underserved and rural areas
- More emphasis should be placed on consumer responsibility and accountability for their health care and an understanding of the consequences of life style choices

- More emphasis should be placed on improving the Health Information Exchange and its need to collect data on SDOH and health equity.
- Any proposal should include resources to address unstable housing and homelessness.
- There was concern that the current model of coordinated care coordinated around the person, not with the person.
- There was concern that there would be significant resources needed for systems change and that while the change is happening, access to services needs to stay strong.
- There was concern that a cost growth cap might limit services to those who require expensive services.

For more detail on the proceedings of the meeting, see the attached minutes.