



STATE OF CONNECTICUT  
LIEUTENANT GOVERNOR NANCY WYMAN

The SustiNet Health Care Cabinet

Thursday, October 13, 2011  
Meeting Minutes

**Cabinet Attendees:** *Nancy Wyman, Lieutenant Gov., Chair; Ellen Andrews; Patricia Baker, Vice Chair; Phil Boyle; Roderick Bremby; Jeannette DeJesus; Alexis Fedorjaczenko; Anne Foley; Bonita Grubbs; William Handelman; Steven Hanks; Sarah Kolb; Kevin Lembo; Jeffrey Lucht; Terrence Macy; Jewel Mullen; Frances Padilla; Pat Rehmer; Margaret Smith; Linda St. Peter; Robert Tessier; Alfreda Turner; Vicki Veltri; Joanne Walsh; Tory Westbrook; Peter Zelez*

**Absent:** *Fredericka Wolman*

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Lt. Gov. Nancy Wyman opened the meeting by welcoming all attendees and having Cabinet members introduce themselves.

Lt. Gov. Wyman asked for a motion to accept the minutes from the September 12, 2011 Cabinet meeting. A motion was made, it was seconded, and members voted to approve the minutes with no changes.

Pat Baker presented proposed operating principles for the SustiNet Health Care Cabinet. The draft of her proposal can be accessed by clicking [here](#). Ms. Baker asked Cabinet members to review the principles and bring comments and suggestions to the next meeting. Jewel Mullen said there are decades' worth of health services research that inform health care reform, and suggested this be noted in the principles as a source of information to be used by the Cabinet. Bonita Grubbs commented that health inequities and disparities should be included in the principles. Frances Padilla recommended the Cabinet discuss the principles and how they should guide the charge to the entire Cabinet. Vicki Veltri suggested the Cabinet consider holding longer meetings in order to conduct in-depth discussions. Lt. Gov. Wyman agreed, adding that meetings could be extended up to two hours when needed. Ms. Baker asked that comments on the principles be sent to her within five days.

Lt. Gov. Wyman introduced Bobbi Schmidt, a new staff member in the Office of Health Reform and Innovation. Bobbi will be providing legal support to the Office. Alexis Fedorjaczenko said information on this Cabinet and the various work groups will be posted on the website of the Office of Health Reform and Innovation [healthreform.ct.gov](http://healthreform.ct.gov). Ms. Fedorjaczenko also introduced the Office's new health reform blog, [HealthReformCT.org](http://HealthReformCT.org), which will be an additional source for information on health reform activities throughout CT.

Tia Cintron provided updates on the Health Insurance Exchange planning initiative. The planning grant report will be completed in November. Mercer will be at the November meeting to provide an overview of research findings. The main areas Mercer will report on are included in the planning grant information [available online](#). Ms. Cintron spoke of the Level I establishment grant (\$6.7M) that was received in August, which includes three project areas: administrative structure, business operations, and IT systems. As part of administrative structure, the Insurance Exchange is [currently recruiting](#) for a CEO to be on board in February or March 2012. Business operations and IT systems will provide the state with the mapping and functionalities that are needed to reach the next step, which is implementation. These two projects are included in one RFP to be posted October 17, 2011 with a deadline of November 16, 2011. The goal is to have this vendor on board by January 1, 2012. The Insurance Exchange is beginning research to define who their customers are and how to effectively reach and engage them. This work will be done from November through March, and will provide the foundation for the development of marketing and communications strategies. The Level II grant application will be completed during this time with the goal of submitting it in March 2012.

Roderick Bremby provided an update on Department of Social Services (DSS) activities. He described a [smoking cessation program](#) which will be available to Medicaid clients beginning January 1, 2012. DSS will work with Yale Medical School and the Hispanic Health Council. Commissioner Bremby also said DSS has selected a vendor for nonemergency medical transport services. This would replace the current system which uses multiple vendors, streamlining the administrative structure by using the same technology, scheduling and transportation and thus improving efficiency. Commissioner Bremby described the development of an [administrative services organization](#) to guide the Medicaid population from managed care to health reform. Community Health Network has been selected as CT's first ASO. Commissioner Bremby expressed the belief that this model provides better continuity of care than the current system.

Commissioner Pat Rehmer reported that the Department of Mental Health and Addiction Services (DMHAS) received a \$1.9M grant from the Food and Drug Administration for the prevention of tobacco sales to minors. DMHAS also received a grant from [the CT Screening, Brief Intervention and Referral to Treatment Program](#). This \$8.3M grant will allow DMHAS to partner with UConn and community providers statewide in a five year substance abuse intervention project. This was a very competitive grant that only nine states received.

Ms. Fedorjaczenko said that the Office of Health Reform and Innovation has been accepted into the National Academy of State Health Policy's learning collaborative. This is an opportunity for technical assistance regarding the inclusion of health equity goals throughout the implementation of health reform. A project summary is [available online](#).

Special Advisor Dejesús said these grant opportunities were detailed so that Cabinet members can be aware of efforts to keep CT at the forefront of implementing health reform. She described several conferences she had attended, emphasizing continuing efforts to position CT to emerge as a leader in taking advantage of national and federal opportunities.

## Work Group Reports

Commissioner Bremby reported on Health Technology. This group will make recommendations regarding a fully coordinated and integrated approach to the design and purchase of technology. The group plans to look at state agencies, the health insurance exchange, the information exchange and all available registries, including claims databases and diagnostics, to learn what's currently in place.

Ms. Baker reported on Delivery System Innovation. This group plans to identify two to four recommendations to the Cabinet that promote quality, efficiency and patient centeredness through service delivery integration and coordination of care that can be supported by payment reform.

There was discussion about the logistics of the various work groups. Special Advisor DeJesús commented that while each work group will focus on its specific charge, all the groups will work toward common goals. The website will contain draft descriptions and other information for each working group so that all groups can be aware of what others are doing.

Special Advisor DeJesús reported on the CT Initiative, which is strongly supported by the federal Department of Health and Human Services. This group will look at health reform innovations taking place across the country, and will build upon existing efforts in CT to coordinate care more effectively.

Frances Padilla reported on Business Plan Development. This group will develop a set of recommendations for insurance products to be offered. This will be submitted to the Governor by October 2012. The goals of the first meeting are to clarify the charge, identify a third co-chair, and identify data needs.

Special Advisor DeJesús reported on the Statewide Multi-payer Data Initiative, which was Legislatively-established. This group has received commitments from top leaders of five insurance companies to discuss how to develop an all-payer claims database for CT.

Lt. Gov. Wyman asked the Cabinet for suggestions for membership in the Legislatively-established Consumer Advisory Board.

Meeting was adjourned. **Next meeting will be held Thursday, November 10, 2011 at 9:00 am.**