



Nancy Wyman

LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes

August 8, 2017

Members in Attendance: Lt. Governor Nancy Wyman, Susan Adams, Ellen Andrews, Kurt Barwis, Miriam Delphin-Rittmon (DMHAS), Anne Foley (OPM), Bonita Grubbs, Margherita Giuliano, Frances Padilla, Dr. Raul Pino (DPH), Jordan Scheff (DDS), Robert Tessier, Dr. Ricka Wolman (DCF), Joshua Wojcik (OSC), Shan Jeffreys (AHCT)

Members via Phone: Roderick Bremby (DSS), Hussam Saada

Members Absent: Pat Baker, Theodore Doolittle (OHA), Dr. William Handelman, Gary Letts, John Oraziotti, Lawrence Santilli, Shelly Sweatt, Katharine Wade (CID)

Others present: Victoria Veltri (Lt. Governor's Office), Demian Fontanella (OHA), Kelly Sinko (OPM), Jenna Lupi (SIM) Alexandra Dowe (AHCT)

Agenda Item	Topic	Discussion	Action
1.	Call to order & Introductions	The Lieutenant Governor welcomed everyone to the meeting.	
2.	Public Comment	No public comment was made	
3.	Review & Approval of Minutes	The motion was made by Robert Tessier and seconded by Frances Padilla to approve the Minutes of the June 13, 2017 meeting.	Motion carried.
4.	Legislative Update	<p>Kelly Sinko from the Office of Policy and Management presented the 2017 Legislative update on the Governor’s Bills. (Relevant materials can be found at: http://portal.ct.gov/en/Office-of-the-Lt-Governor/Healthcare-Cabinet/Healthcare-Cabinet-Meetings/Health-Care-Cabinet-Regular-Meetings-2017).</p> <p>Victoria Veltri noted that Congress passed a bill on FDA issues regarding pharmaceutical fees and the right-to-try provision which allows terminally ill patients to try level 1 medications. She noted that there was considerable movement in this arena on a Federal level that may warrant discussion at a future meeting.</p> <p>Bonita Grubbs requested an update on bills that have passed, particularly in regard to dental hygienists and community health workers. Frances Padilla asked about the bill expanding the charge of the Cabinet and how it will impact their work going forward. Ms. Veltri noted the Cabinet’s Cost Containment Study included a recommendation to explore and monitor statewide spending. As a result, Senate Bill #444 was passed and signed by the Governor as a means to enable strategy discussions. The lack of resources impedes the ability to meet the goal; however, they can begin framing work with OHCA, SIM and the APCD before launching an aggressive campaign.</p>	

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5.	Access Health CT Update	<p>Shan Jeffreys reported that the rate reviews are in process and will be completed with the carriers before September 6th. There were 98,000 new enrollees to AHCT. Open enrollment is set to begin on November 1st, depending on what happens in Washington D.C. In January they anticipate new carriers with new plan designs. AHCT has already started an advisory committee for 2019, with meetings beginning in September. Ms. Padilla asked about the status of AHCT for 2018. Mr. Jeffreys said that AHCT is sharing information with the Lt. Governor's office and the Connecticut Insurance Department to discuss plans for next year. AHCT is also working with the carriers on CSRs to succeed. The advisory committee includes Katharine Wade, Paul Lombardo, Mary Ellen Breault and Jim Wadleigh and their aim is to ensure there are quality plans.</p>	
6.	Work Group Updates and Charter Discussion	<p>Pricing Work Group Chair Joshua Wojcik reviewed the work group charter. The group's charge is to develop for recommendation to the Healthcare Cabinet, a proposal to create an actionable plan to align payer contracting, pharmaceutical manufacturers, providers, pharmacies and PBMs. The group also discussed potential areas of focus, opportunities, and risks.</p> <p>Mr. Wojcik noted that a representative from the Institute for Clinical and Economic Review will present at their next meeting. The work group will explore pricing and value, as well as the potential to measure pharmaceutical health equity as there is currently limited race and ethnic data. Commissioner Raul Pino noted that health equity is a vital area to explore. He also said they should consider increasing medication adherence; improving medication synchronization; increasing the use of 90-day prescriptions; and eliminating copays for generics. Ms. Veltri agreed that the group's discussions could be broadened.</p>	

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		<p>Rev. Grubbs emphasized the importance of addressing health equity. Ellen Andrews said that in the Education Work Group, they had discussed explaining medications to consumers. She said they should work with the consumer perspective in mind. Ms. Veltri said they will strategize offline and bring back information to the group. She also suggested Tekisha Everette of Health Equity Solutions, as a potential resource.</p> <p>Legislative and Administrative Initiatives Review Work Group</p> <p>Jenna Lupi presented the work group charter. Their goal is to review legislation and policy from other states. In the interest of efficiency, they will look at some states rather than examining all 49 states.</p> <p>LG Wyman suggested the National Governors' Association as a potential resource. Margherita Giuliano noted that their questions may overlap with those of the Education Work Group. She asked whether they will examine what other states have done to integrate pharmacists into key roles to help patients make sure that they are receiving the appropriate medications. Ms. Lupi said she would bring that back to the group.</p> <p>Ms. Padilla noted that there was overlap with the discussions in the Transparency Group. The cost of drugs to state government programs is one key issue. The cost to consumers, purchasers, and insurers is another. Both are important considerations and reflect the complexity of the issue. Kurt Barwis said that costs to everyone were very important. He reiterated Commissioner Pino's earlier points on medication compliance. Ms. Veltri asked if they were examining how price translates into premium dollars as people lose sight of when premiums and deductibles increase and the way it affects people's pockets. Ms. Lupi offered to bring that back to the group. Ms.</p>	

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		<p>Giuliano thought it was not an appropriate question for the Legislative Work Group but that it will likely be covered in one of the other groups.</p> <p>Anne Foley spoke with regard to three different work groups, noting that she was unsure if they were working from a common framework with what they are trying to address. She asked what percentage of the overall healthcare costs in the system were attributed to pharmaceuticals, as well as what are the current cost trends and who was responsible for the costs. Ms. Veltri said that national data of prescription drug expenditures shows that they are increasing at a higher rate than other health expenditures. More people have coverage but prices are increasing. She said that the Department of Social Services was a valuable resource to look at the rate of increase in Connecticut. Mr. Jeffreys said that AHCT designs and examines drug tiers on the exchange. Ms. Veltri said that the bottom line comes down to costs. Consumer costs are what drives the out of pocket and premiums consumers pay. This needs to be examined as they work going forward.</p> <p>Price Transparency Work Group</p> <p>Frances Padilla presented on behalf of the group (which was previously called the Prescription Drug Cost Determination and Cost Containment Work Group). The group’s focus is to develop recommendations on ways to lower prescription drug costs for Connecticut consumers and health care purchasers (self-insured employers, insurers, government purchasers).</p> <p>Commissioner Miriam Delphin-Rittmon suggested they analyze health equity and disparities. Commissioner Pino noted that data shows the clients with the lowest cost to their medications have the least</p>	

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		<p>adherence when groups are compared. He added that he thinks that the data will show that patients with private insurance demonstrate higher medication usage and adherence than the Medicaid population. The issue goes beyond payment and includes access, transportation and other factors. He said he planned to explore the data available.</p> <p>Kurt Barwis shared his experience with his high deductible plan and trying to fill a cost-prohibitive drug. This required checking prices at different pharmacies with an online coupon. At one pharmacy, the pharmacist filled the prescription at the online price and they learned it was below the pharmacy's price. The pharmacist honored the lower price. He added that it might not be complex but the state may need to require pharmacists to disclose costs to the consumer.</p> <p>Ms. Veltri noted that the APCD currently contains data from the end of 2016 that will be helpful to examine. She said they can discuss what information can be gleaned from this data with Commissioner Roderick Bremby.</p> <p>Mr. Tessier noted that specialty drugs are the biggest single cost and this is a missing critical piece. He said they should look at what strategies CT could employ in this area. Ms. Giuliano said thinks the issue is more complex than just the pharmacy sharing cost information. Mr. Wojcik said that his group will look into issues with specialty drugs. Ms. Giuliano noted that DSS and pharmacies define specialty drugs differently, and they will need to determine a standard definition.</p> <p>Ms. Padilla asked whether the group should look into what other states are doing with regard to specialty drugs. Ms. Veltri said that</p>	

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		<p>some issues are outside of state control. For example, federal law may prohibit counter detailing. Ms. Foley agreed and noted that the group could still identify that and bring them to the table. Ms. Andrews said there have been discussions on Capitol Hill regarding re-importation as a means to save the state money. Commissioner Pino said they need to understand how prices are structured as they are paying for the pharmaceutical industries to manufacture, advertise, and politically lobby.</p> <p>Education Workgroup</p> <p>Susan Adams presented on behalf of the group. She asked if this group should design standards for use by the health system and consumers regarding effective use of medication and devices.</p> <p>Ms. Veltri said it would be beneficial to explore the coupon issue because there is misunderstanding and confusion regarding how consumers use them and how coupons impact pricing. Ms. Giuliano suggested the Transparency Workgroup study the issue.</p> <p>Mr. Barwis asked about the linkage between community health workers and the charge of each group. Ms. Veltri said there is a CHW Advisory Committee that is working with the SIM PMO. Ms. Lupi noted that the committee recently released a report with specific recommendations for the use of CHWs. The SIM PMO is seeking public comment on the report.</p> <p>Commissioner Jordan Scheff stated the end users and services are not taking advantage of available technology. Patients can set electronic alerts reminding them to take their medications. Commissioner Scheff suggested this could fall under the purview of the Education</p>	

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		<p>Workgroup. Ms. Veltri said that perhaps it could fit under the Legislative Initiatives Workgroup.</p> <p>Commissioner Pino said DPH will be supportive of continuity of care and an increase in the role of the pharmacist with the delivery of care. Providers are currently providing patients with card to charge their phones so that they will receive reminders from CHWs.</p> <p>Ms. Veltri said that once work groups agree on the data needed to support the Cabinet's work, that she can request that data be made available to all of the work groups. The October 31st deadline may be extended to ensure recommendations are complete..</p>	
7.	Next Meeting	The Cabinet's next regularly scheduled meeting will take place Tuesday, September 12 th at the LOB Room 1D.	
8.	Adjourn	The motion was made by Ms. Foley and seconded by Mr. Tessier to adjourn the meeting.	Motion carried.

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