

March 10, 2014

Re: Deficiencies in Planned Composition of SIM Advisory Committees

Dear Members of the SIM Steering Committee:

We write, as a diverse group of independent consumer advocates, about concerns in the design of the advisory committees for the State Innovation Model (SIM) which was not brought to your attention at your last (February 18th) steering committee meeting. We urge you to correct this problem before the committee membership is finalized and the SIM effort has lost the last opportunity to engage consumers and advocates in the process. As consumers are both the ultimate payers and consumers of Connecticut's health care system, they, and their advocates, are in the best position to understand its flaws and engineer solutions that will work. Planning significant reforms without substantial consumer input invites failure. Connecticut has suffered too many past reforms that have failed for similar reasons.

In January, Dr. Mark Schaefer, the new head of the SIM office, invited a broad set of independent consumer advocates to a meeting to discuss consumer involvement in SIM planning. As he explained the purpose of the meeting: "My primary hope for our meeting on Monday is to discuss how best to ensure that we have meaningful consumer participation in SIM related planning and implementation."

Given the opportunity consumers and advocates eagerly engaged in constructive problem solving with Dr. Schaefer at the meeting. There were a lot of hopes and concerns expressed, including, but not limited to, that: (1) to be productive, the subject matter of the advisory committees will need to dive deep into sophisticated health policy options such that consumers without health policy backgrounds (versus consumer advocates) may have great difficulty participating effectively, (2) participation in creative ways outside of the advisory committees was important, (3) inclusion of consumer input must go beyond listening, to inclusion in final policies, (4) it appeared that the administration-appointed SIM Steering Committee would ultimately be choosing all members to the committees, and (5) there seemed to be excessive deference to payers and providers in establishing membership on the committees.

Toward the end of the meeting, a very strong recommendation was made by the consumers and advocates that each of the SIM committees should have at least 50% consumer/advocate members. This recommendation was based on the practice of other policymaking bodies in Connecticut that have enjoyed extraordinary success and recognizes the central role of consumers and their advocates. As discussed at your SIM steering committee meeting, consumers and advocates are too often at a disadvantage in policy settings with sophisticated industry and state agency representatives. A majority of consumer members allows for a fair and open discussion among equals and leads to making better policy.

At the end of the meeting called by Dr. Schaefer, he promised to take this strong consensus recommendation "back" to the decision-makers. Unfortunately our recommendation was apparently never put before you and other members of the SIM steering committee when you approved the SIM staff draft plan for only 25% consumer/advocate representation on committees. In fact, following the presentation, members may have believed that this was what consumers and advocates asked for.

In addition, the approved plan places a heavy emphasis on narrow qualifications for consumer workgroup members, who have specifically “experienced health conditions” with a list of conditions specified, instead of broad consumer advocates, despite the highly technical nature of the issues facing the committees and the fact that every major insurer in the state (five) will be represented on all but one advisory committee. By contrast, the recommendations emphasize subject matter expertise qualifications for all stakeholders except consumers.

We are very concerned that, absent half of the individuals being consumers or consumer advocates, with the many highly skilled insurance industry representatives dominating the meetings, the interests of industries and the state will simply overwhelm the interests of the consumers who SIM intends to serve.

Accordingly we write to urge, first, that the composition for each advisory committee be revised now to include 50% consumers or consumer advocates.

Secondly, we urge that these individuals include an adequate number of trained, independent consumer advocates to ensure consumers’ interests, as the most important SIM stakeholders, are the highest priority in deliberations and recommendations. The highly technical subject matter and the large number of skilled insurance company representatives serving that industry will put individuals who are not trained as advocates at a serious disadvantage, and render their voices essentially inaudible. As correctly noted in your SIM Workgroup Composition document, at pages 1-2, “[t]he workgroups will undertake considerable technical material review (e.g., medical home standards, quality metric sets); they will need to exercise judgment about scope, pacing, and feasibility; and they will need to solve problems.”

Thirdly, we agree with the view that, for those who are genuine consumers without technical policy expertise, coaching is needed. But it is extremely important that the coaching be provided by individuals who are completely independent of SIM and its implementation. Several of us have expertise in this area and would be happy to assist in this regard.

In addition, we are very concerned that, at the February 18th meeting, there was discussion that a condition of membership on a committee is to agree **in advance** to whatever recommendations ultimately were issued by the committees or the Steering Committee. Such a requirement is, to our knowledge, unprecedented and for good reason: the quality of recommendations by a committee whose members have already committed to supporting the result no matter what will be severely comprised. It does not promote the robust debate that is critical to effective policymaking. There is ample evidence in the literature that the best decisions are made by engaging all perspectives in the development process. We are pleased to see that, in the final language, it appears that this requirement has been removed, but we wish to make clear that any such requirement—**written or unwritten**—is entirely inappropriate as an eligibility requirement. An affirmative statement by the SIM steering committee that there is no such pre-condition to membership and that committee members should follow their conscience and the best interests of consumers in their deliberations would help erase any misunderstanding.

Finally, we repeat earlier concerns about transparency and our strong recommendation expressed at the January meeting with Dr. Schaefer. No small group of individuals, no matter their qualifications, will develop the best policies and plans without meaningful engagement with the larger world of stakeholders. These recommendations are intended to be transformational and disruptive to improve the health care system that millions of state residents rely on for our lives. Unlike the last set of SIM workgroups, we urge all new committees to meet in public, usual venues during regular business hours, with robust public notice and opportunities for public comment at the end of meetings. We urge that all proposals and presentations be shared with the public as soon as they are with committee members, to allow consumer and other members to access the wisdom of all stakeholders.

Time is of the essence, as you have just authorized the solicitation of nominees for the committees. It is extremely important to get the Equity and Access Committee up and running so that robust-measures of under-service and poor performance, which will result in exclusion from shared savings, will be in place *before* any financial incentives to save money through shared savings or other means are implemented. But it is even more important to get membership right than to do it quickly, to ensure that meaningful independent consumer input is available in all committees.

We urge you to reconsider your committee structure proposal before membership is finalized and to adopt a more transparent process for future policymaking. We continue to share SIM's goals of improving access to quality health care and to control costs for all Connecticut. We remain eager to assist you in furthering those goals.

Sincerely yours,

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cc: Members, Consumer Advisory Board