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Comments on Draft 1.1 of Connecticut Healthcare Innovation Plan
Submitted by Jane McNichol, Executive Director
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The Legal Assistance Resource Center of Connecticut is the public education and policy advocacy branch of the major Legal Services programs in Connecticut. We represent the interests of very low income residents of the state. We are particularly concerned about the impact of the SIM proposals on people relying on Medicaid for health care coverage and about the SIM commitment to addressing health equity.

Primary Care Practice Transformation

The elements of primary care practice transformation as outlined in the plan have the potential to address many concerns about access barriers and disjointed delivery of health care and can be an important part of addressing health equity issues. The interaction between practice transformation, the adoption of an Advanced Medical Home model and changing payment models is crucial to the realization of the SIM goals. Concerns about the impact of the proposed payment model are discussed below.

Community Health Improvement

This part of the strategy is significantly less well-developed than the Primary Care Practice Transformation portion. But it is particularly significant for the achievement of the goal of eliminating health disparities for Connecticut residents.

The implementation timeline contains no activity in this area for the period from January through September, 2014. The result will likely be that this leg of the strategy continues to fall behind efforts toward Primary Care Practice Transformation.

There is no funding mechanism for the Community Health Improvement strategy although it is clear that funding beyond the current grant funding is needed. Some of the anticipated savings from implementation of the proposed payment reform model should be directed toward implementing the Community Health Improvement strategy.

The Plan identifies three community programs for focus during the initial implementation phase. It is not clear that elimination of health disparities was a major criterion in selection of these programs. Because of the importance of Community Health Improvement as a strategy for eliminating health disparities, the decision about what programs to prioritize should be based on research into which diseases are most likely to contribute to health disparities and what strategies are most effective in addressing these disparities. One of the articulated goals of the SIM is maintaining or decreasing "the prevalence of...diabetes, asthma, hypertension, obesity and

tobacco use” (p. 113). Community health strategies related to these areas should be considered as initial areas for work.

The Plan mentions that DSS will explore the option of implementing a nutrition rewards pilot program within SNAP to encourage nutritional purchasing. It is hard to comment on this general proposal but certain criteria should be applied to this idea. No changes that decrease the purchasing power of SNAP benefits should be adopted. Changes to the SNAP program should not be adopted without discussions with SNAP consumers and SNAP advocacy organizations. They can assess the feasibility of any proposals and the impact of any changes on the operation of the SNAP program and its ability to provide needed food assistance.

In general, as the Community Health Improvement strategy is developed, it will be important to seek input from advocacy organizations and people who would be affected by proposed changes outside the medical health community.

Value-Based Payment Strategy

The Value-Based Payment Strategy begins with the commitment that “providers who meet specific thresholds on quality, cost and equity metrics, or who improve their historical performance will be compensated for providing high-value care”. To meet this important commitment, we must identify measureable quality and equity metrics before we implement payment reform. In developing quality standards, we should look at successful systems used in other states and by national organizations. We must include effective mechanisms to continually monitor the impact of payment reforms to ensure that they incentivize equitable and effective care.

We must also guard against under-treatment as the mechanism for achieving cost savings. Measures of under-treatment must be developed and penalties for providers found to have under-treated should be defined and enforced.

Implementation of value-based payment strategies is of particular concern when dealing with the Medicaid program. Providers in the Medicaid program currently receive lower compensation than providers in the private pay system. Those receiving care through the Medicaid system often have more difficulty finding providers, particularly specialists. Medicaid providers should not face the possibility of lower payments. Efforts should be directed toward strengthening the Medicaid payment system and the Medicaid provider network, not threatening it.

Governance Structure

The proposed governance structure leaves some key questions unanswered, including:

- Who will appoint head of the Program Management Office? To whom will the head of the Program Management Office be responsible?

- Is there a difference between a task force (IT and Provider Transformation), an advisory council (Quality Metrics) and a council (Equity and Access)? If so, what are those differences? How will appointments to these bodies be made?
- How do these entities relate to the Program Management Office?
- Is the Lieutenant Governor, the Healthcare Innovation Steering Committee or some other person or entity the ultimate decision-maker in this process?
- How will appointments to the reconstituted Healthcare Innovation Steering Committee be made?
- The Consumer Advisory Board of the Healthcare Cabinet is fairly small and, according to the organizational chart provided, has no direct relation to the decision-making structure of the SIM. Will this Board be expanded and incorporated more fully into the SIM structure? Will its duties in relation to the SIM process be defined?

Thank you for your consideration of these comments as you finalize the SIM plan in December.