



November 30, 2013

Office of the Healthcare Advocate  
P.O. Box 1543  
Hartford, CT 06114  
Attention: Victoria Veltri, Healthcare Advocate

Dear Ms. Veltri:

Universal Health Care Foundation of Connecticut (UHCF) is pleased to offer our comments on the Connecticut State Innovation Model (SIM) Healthcare Innovation Plan 1.1 draft. UHCF is an independent non-profit foundation dedicated to achieving access to high quality, affordable health care and improved health for everyone in our state. We believe strongly that our health care system is in need of transformation in order to achieve these goals. We commend the SIM plan for identifying important routes toward transformation. We offer these comments in the spirit of improving the plan and the process.

In preparing our comments, the foundation sought input from a variety of people and partners we have worked with over the years. We held three working sessions where a total of 26 people shared their feedback about the SIM plan. The participants included individual consumers, and representatives of a variety of constituencies including, women's health, social workers, health providers, advocacy organizations, labor unions representing people with and without health coverage, human service organizations and the faith community. The comments in this document reflect our own analysis as well as ideas and concerns we heard from these sessions and from other key thought leaders in the state with whom we have discussed the SIM plan.

### **Summary of Comments**

The foundation's overarching concern is that the SIM Healthcare Innovation Plan must serve the needs of consumers. The planning process to-date has been very top-down. To ensure that transformation will serve consumers, they must be at the table in far greater numbers and a stronger effort must take place to engage the public more broadly in the SIM process.

- Real engagement of consumers in the SIM process is going to be critical to the success of this effort. If consumers end up viewing SIM as something being done “to” them rather than “with” them and “for” them, this incredibly important effort to improve health and health care will fail.
- To-date, consumers and consumer advocates have been virtually missing from the planning process. Going forward, the governance structure must include strong consumer and consumer advocate participation.
- A more sophisticated marketing effort will be necessary to engage the public and gain their support for SIM. To the extent that the Affordable Care Act (ACA) continues to receive negative press coverage, consumers can be expected to be extremely cautious regarding changes like those proposed in SIM. The typical consumer would not be able to understand the innovation plan as written. A more concerted, skillful effort to communicate what SIM is all about will be needed as we move forward.

While SIM is focused on delivery system transformation, it also has a major focus on changing payment in order to support that transformation. Yet this is the portion of the plan that is the most difficult to decipher and is also not well addressed by the proposed governance structure. Payment approaches that support consumer empowerment, community health and primary care transformation will require significant investment, beyond what federal grants can fund. Looking at where the big dollars in health care are being spent now, it is likely to be from the pockets of very powerful interests such as hospitals, pharmaceutical companies and insurance companies. This is a very real political challenge that must be better addressed in the SIM planning process.

- There is a glaring absence of a governance structure to address payment reform.
- Transparency around the payment reform planning effort will be crucial to gain both front-line provider and consumer support.
- More information about how price transparency will be achieved in a manner that is useful to consumers is needed, so that price comparison will be possible.
- Front line health care providers must be more involved in governance and planning. To-date they, too, have been virtually missing from the planning process, while large hospital systems and insurance companies have been at the table from the beginning.

Because the foundation believes strongly that the role of consumers must be elevated in the SIM planning process going forward, we begin our comments with a focus on the governance section of the plan. Then we will comment briefly on the plan's goals. The remaining comments in this document are organized according to the major sections in the SIM plan draft.

## **Governance**

As stated previously, the foundation’s overarching goal is that SIM must serve the needs of consumers. While we are all consumers of health care, it is important that consumers who do not have a professional role in the health care system be more involved in planning and decision-making. This will provide a counter-balance to the power of the vested interests that make a living off of the system every day, who have been well-represented in the SIM planning process. Of course those who work in the health care

system and have "skin in the game" must have a significant voice in SIM planning and implementation but this cannot be at the expense of the consumer voice and at the expense of consumer needs.

- Consumers should be specifically appointed to the SHIP as well as to the advisory councils.
- The role of the Consumer Advisory Board should be elevated so that it has direct input into the SIM process. Right now the board only has an indirect role by advising the Health Care Cabinet. The Consumer Advisory Board should have a position equal to the position of the Cabinet, which largely represents health system stakeholders. The membership of the Consumer Advisory Board should also include consumer volunteers and not just professional advocates.
- There is no proposed council or structure to address payment reform. Without it, too much of this work will be carried out behind closed doors. This is a recipe for a lack of public trust in the outcome.
- With primary care being so central to the SIM plan, a significant presence of primary care providers will also be crucial to SIM's success. This includes primary care physicians who have less of a vested interest in the bottom line than many of those currently participating in the SIM process, as well as other members of the care team such as nurses, pharmacists, social workers, nutritionists and front-line caregivers.
- While the Equity and Access Council plays an important role in assuring the needs of the underserved are met and that low income people, ethnic and racial minorities or people with disabilities are not hurt by proposed SIM reforms, there is an additional need for monitoring and oversight that is not included in the organizational structure. Once implementation takes place through a model testing grant, there will be need for designated oversight structures such as:
  - A provider ombudsman role, as suggested by the National Physicians Alliance, to give providers a place to turn if quality metrics or evidence-based care protocols do not promote quality and health improvement or produce unintended results.
  - An expanded role for the Office of the Healthcare Advocate, where consumers can receive support to appeal provider decisions just as they receive support now to combat detrimental insurer decisions.
- The Program Management Office appears to exist in a vacuum, not tied to any governmental organizational structure and reporting only to the steering committee. This structure does not allow sufficiently for public accountability. The SIM plan should clearly identify where the management office will reside within state government. If the Office of Health Reform and Innovation still existed, this would be the logical home for SIM, accountable to the Governor through the Lt. Governor.
- Expert consulting support for SIM implementation will be needed. This includes research and facilitation support for each of the advisory committees and the SHIP itself. The Program Management Office is unlikely to have the depth or breadth necessary to provide this level of support. Examples include:
  - The Quality Metrics Advisory Council will require research support to identify metrics that are evidence-based.
  - Ongoing monitoring and reporting of the rapid change occurring in the health system. For the SIM project to be relevant, it must be up-to-date on what is happening.
- Connections between the various councils are lacking. As their work is very interrelated, a structure that breaks down silos or at least connects silos is needed. Possible ways to accomplish this include:

- Overlapping membership of some of the councils or by at least one member from the steering committee also participating on the council.
- Having a dedicated staff member from the Program Management Office assigned to each council and assuring that these staff communicate with each other regularly.
- Making sure that councils regularly report to the steering committee, with sufficient time allowed for discussion of those reports.
- There should be a more explicit connection between SIM and Access Health CT. Over time, for example, the insurance marketplace would be a logical venue for promoting Value Based Insurance Design, and Value Based Payment.
- There should be a more explicit connection to self-insured employers. Historically, it has been the large self-insured companies that have led the way in value-based approaches to the health care system. While it will be difficult to coordinate SIM efforts with these many separate entities, synergy will be crucial to ensure that ALL payers are using the same measures and reward approaches. As a start, representatives of the Connecticut Business Group on Health should participate in as many of the planning structures as possible. In addition, it will be important for SIM to base its planning on the successes already achieved by the state employee plan.

## **Goals**

The goals for health system performance improvement listed in the executive summary are laudable but they are not measurable. They should really be re-named as the plan's vision. Even the performance goals listed later in the document need refinement. An important task of the planning effort going forward should be to refine those performance goals, making sure to solicit opinions from consumers as well as knowledgeable stakeholders. Also, it is important to remember that SIM is just one way to meet the overarching triple aim vision.

## **Primary Drivers for Transformation**

The foundation supports the proposed framework of:

- Primary Care Practice Transformation
- Community Health Improvement
- Consumer Empowerment

The devil, of course, will be in the details of how these three key components will be implemented. Below are specific comments about these three foundational elements of the plan.

### Primary Care Practice Transformation

The focus on primary care practice transformation is laudable. However, SIM must be implemented in a way that attracts providers to primary care practice, including caring for the underserved, and doesn't have the opposite effect of scaring them away from primary care.

- Consolidation of practices and development of PCMH is well underway in Connecticut. Creating a whole new system of accreditation may not be necessary and could end up being unnecessarily

burdensome on already stressed primary care practices. An effort should be made, however to lessen administrative burdens of complying with multiple sets of criteria from different payers. If the new effort can replace these multiple approaches, it may be worth it. But if it simply becomes another add-on, we will be headed in the wrong direction.

- SIM places a huge burden on existing primary care providers to transform their practices. This is a significant undertaking. To-date, there has been insufficient support for transformation, particularly among smaller, unaffiliated practices. Learning collaboratives, help with the challenge of shifting practice culture, and ongoing consulting support will be needed to help providers actualize the standards, beyond mere technical adherence. While the document proposes setting up some structures, it is unclear how they will be funded. Payers should be willing to support such an effort, in order to reap the cost and quality results of improved primary care. To-date, Healthy CT has been the only payer to make such an investment - other payers should follow their lead.
- Provider aggregation is important to develop the size needed to have care management capability. But, to the extent primary care providers are consolidating by joining hospital systems, the result is increased expense due to hospital facility fees. If this consolidation occurs under the auspices of for-profit hospital chains - a very real possibility - this raises even greater concerns that consolidation may not be a viable vehicle for controlling the rate of growth in health care spending.
- Ultimately, transformation must be aligned with payment. Effective primary care is going to need MORE investment, not less. If the payment model isn't robust enough to support transformation, the Advanced Medical Home model will not be an effective transformation vehicle.

#### Community Health Improvement

- This portion of the plan contains fewer specifics than other sections of the SIM plan. In general, it will be important to make sure this part of the plan is aligned with planning efforts concurrently underway at the Department of Public Health (DPH) to develop the State Health Improvement Plan. The ongoing work of DPH's Community Health and Prevention Section, efforts to unify approaches to chronic disease, the Community Transformation Grant project and the work of local public health should all be reflected in the SIM plan. DPH should also be consulted when the specific chronic diseases to receive focus in the SIM plan are chosen, to insure SIM and DPH efforts are aligned and that there is no duplication.
- We like the idea of the Certified Community Entity, but worry about the creation of another bureaucracy. There are existing organizations, such as Connecticut Community Care, Inc. and several Area Agencies on Aging that are already functioning as care managers in the community. Why reinvent the wheel when we already have experienced entities conducting this work on a daily basis?
- Community health has always been underfunded. Some savings achieved through SIM should be earmarked to invest in and improve community health infrastructures. This support will ultimately yield downstream savings over time.

### Consumer Empowerment

Although it emerged relatively late in the SIM planning process, the inclusion of consumer empowerment is a crucial element cornerstone for the plan.

- One important way to promote consumer empowerment is for SIM to involve consumers much more directly in the SIM planning process, as has been already stated in our comments.
- The plan talks about getting ongoing feedback from consumers via care experience surveys, to gauge their satisfaction with transformation efforts. Other means should also be considered such as town hall meetings or other public forums.
- Choosing Wisely is a great vehicle to link consumers and providers together to work toward several of SIM's performance goals. Consideration should be given to including Choosing Wisely guidelines into the decision support tools of electronic health records systems in the state.
- We support the inclusion of Value Based Insurance Design (VBID) in the plan. There are great examples of this approach in our state, particularly in the state employee plan and the large employer self-insured market. As quickly as possible, these concepts should be incorporated into the plans offered by Access Health CT. We also support the suggestion that the Comptroller's office promote VBID more widely to the state's insurers and employers.
- Making the state employee plan available to more employers, beyond other municipalities, should still be pursued. A strong public insurance option is an important building block for transformation.

### **Enabling Initiatives**

Moving forward, these initiatives will require intensive focus and input from consumers, to ensure that they truly support transformation. During the input sessions the foundation conducted we encountered a lot of skepticism about whether Connecticut has the ability to implement these initiatives effectively. Moreover, deep concern was expressed that SIM, implemented badly, could result in many unintended consequences that would actually hurt not help consumers. A transparent process with ongoing input from knowledgeable stakeholders, including front line health care workers and providers, as well as from consumers and consumer advocates will be key if SIM is to succeed.

### Performance Transparency

Transparency on both quality and cost will be crucial to the success of SIM so that consumers and purchasers of health care can truly understand the value of what they are buying.

- With regard to quality transparency, the establishment of quality metrics will be crucial. This power seems to be vested in the Quality Metrics Advisory Council, with some oversight by the Equity and Access Council.
  - The composition of the Quality Metrics Advisory Council panel will be extremely important. There is a need for expertise as well as a strong consumer voice.
  - The setting of metrics must be based on evidence that they truly reflect quality. This will require strong staff and research support.
  - Quality metrics can have the unintended effect of discouraging providers to care for high risk, sick people, so it will be important for the SIM plan to take into account the

potential for adverse selection. For example, it could lead to fewer providers participating in the Medicaid program.

- In contrast to how it addresses quality transparency, the SIM plan does not specifically address price/cost transparency. The final draft should be much more explicit about cost/price transparency and the need for both price and quality information for consumers, referring providers and payers to make informed decisions.
  - How will prices become public, given the current secrecy surrounding insurers' contracts with providers? What sort of system will be set up to ensure that consumers have access to pricing information to allow them to compare procedures among different providers?
  - There is no corresponding governance entity to work on this issue. The closest the plan comes to talking about price is in the Shaping Program Design and Point of Care Transparency sections, but these sections are not focused enough on price.
- A well-functioning APCD will be an important building block for SIM. But the source of data on cost and quality must also receive more attention. Information based on faulty data can do more harm than good. Claims data has historically been unreliable. However, the ability to get more accurate clinical data from electronic health records seems to be years off. Progress on establishing a Health Information Exchange must be a high priority of the SIM project.

#### Value-based Payment

There is no question that our health care system needs to move away from fee for service medicine in order to promote high value care. The challenge is to develop a better payment system, one that will reward good care and not reward under-treatment.

- As mentioned earlier, there is no governance vehicle that focuses on development of payment policies.
- Any "profits" or "savings" from this new approach should be reinvested in the system to the extent possible. Advanced primary care will require we pay more for primary care, not less and it will require investments in community health, not just primary care medical practice. Primary care transformation must lead to less upstream spending AND to the development of community-based and practice-based structures that enhance the patient experience AND the primary care provider experience.

#### Health Information Technology

The SIM plan makes an attempt to move Connecticut's health analytic capability forward, despite the fact that we lack a Health Information Exchange (HIE), envisioning the possible development of an HIE in future years. Yet the lack of HIE capability is a huge stumbling block and perhaps an area that should receive more attention as SIM planning moves forward.

- Addressing consumer fears about privacy of medical data will be an ongoing challenge as HIT capability is enhanced.

#### Health Workforce Development

It goes without saying that a well-trained workforce will be vital for successful SIM implementation.

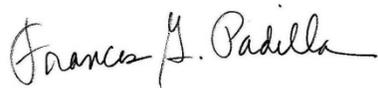
- More emphasis should be put on the participation in planning and implementation of nurses, physician assistants, pharmacists, social workers and other allied health professionals. Their participation has been lacking in planning to-date and this should be remedied going forward.

- Universal Health Care Foundation of Connecticut was an original funder of UConn's Urban Service Track. We are gratified to see an expanded version, the Connecticut Service Track, in the SIM plan.
- We applaud the inclusion of Community Health Workers in the plan. This initiative should be moved forward as soon as possible. It will be important to not put too many credentialing and training barriers in the way. This will slow adoption of the role and perhaps keep it from meeting its full potential.

## **Conclusion**

Connecticut has a long history of working on health reform. Recent efforts include the Health First Authority, the Primary Care Access Authority, the Sustinet Board and committees and task forces, the development of the state employee Health Enhancement Program and the changes underway to put patient-centered care at the heart of the Medicaid program. Connecticut is a leader nationally in implementing the Affordable Care Act through our insurance marketplace, Access Health CT. The SIM Healthcare Innovation Plan is following in the footsteps of these accomplishments. By keeping the needs of consumers front and center we can design a plan that will build a high quality, affordable, sustainable health care system and improve the health of the people of our state.

Sincerely,

A handwritten signature in black ink that reads "Frances G. Padilla". The signature is written in a cursive style with a prominent initial "F" and "P".

Frances G. Padilla  
President, Universal Health Care Foundation of Connecticut