

Connecticut State Innovation Model (SIM) Project
Office of the Healthcare Advocate, Hartford CT
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My name is Supriyo B. Chatterjee and I reside in West Hartford Connecticut. I would like to submit my comments for your consideration. Recently, I submitted testimony to the 2016 Connecticut Legislative Bill HB 5451 - AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE OFFICE OF HEALTH CARE ACCESS STATUTES. In my testimony, I had suggested that the process of gathering and utilization of patients' Race, Ethnicity and Language (REL) data by provider organizations, be part of the state-wide healthcare facilities study that HB 5451 calls for. REL data collection is also mandated by Federal healthcare programs including the Patient Protection and Affordable Care Act (Section 4302).

REL data utilization in operations, analysis, and planning can provide insights into more efficient and effective care management. It is well substantiated that it can contribute to improving the quality of care and well integrated systems have helped reduce healthcare disparities. The American Medical Association in its 'Commission To End Healthcare Disparities' is examining best practices in REL data management.

One of the primary goals of the CT-SIM project is to help mitigate healthcare disparities – I would like to suggest to the CT SIM Committees to promote a more systematic and uniform process of capturing REL data across the SIM implementation using predefined guidelines and categorizations. CT-SIM plans to deploy community health workers, implement population health management and leverage 'cultural competency' of its participatory organizations to achieve its goals. But, this may be difficult to achieve without a standardized manner of addressing REL data and tracking the outcomes during the various phases of value-based care. A minimum standard REL data-set can traverse across the various participatory systems like within CCIP and PCMH, to assure uniformity and make interoperability across various entities more harmonious. It can also help show the effectiveness of the training and certification of Cultural Competency (CLAS) standards required of the SIM participatory organizations. It would be beneficial to encourage patients in their self-reporting of their REL status. This could be done with the cooperation of Community Health Workers and Provider staff that are closer to the patients.

Thank you,

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References used in above comments are shown below (next page)

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