



Community Health Center Association of Connecticut

Comments on Healthcare Cabinet Recommendations

November 15, 2016

By Deb Polun

Director, Government Affairs/Media Relations
Community Health Center Association of Connecticut

Thank you for the opportunity to provide comments on the recommendations of the Healthcare Cabinet.

As you may know, the Community Health Center Association of Connecticut (CHCACT) works with the state's federally-qualified health centers (FQHCs). CHCACT promotes, supports and collaborates with federally-qualified health centers and others to transform the health of Connecticut residents, with the vision to achieve the highest quality care and health equity for Connecticut's most vulnerable residents. Over 350,000 Connecticut residents receive primary medical, dental or behavioral health care from Connecticut FQHCs each year, and these individuals are disproportionately low-income, minority and in need of support services. The FQHC model promotes the delivery of both health care and "wrap-around services" that are needed to support individuals and families in their quest to get and stay healthy.

CHCACT appreciates the hard work and commitment of members of the Healthcare Cabinet, in partnership with Bailit Consulting, in researching health care delivery systems in other states and analyzing what might work here in Connecticut. This work has been ongoing for over a year; it is clear, however, that the landscape has changed dramatically in the past week. The upcoming changes in Congress and the Presidency likely will lead to broad scale changes in the health care system. This uncertainty hovers over the work of the Cabinet, as well as health care decisions being made by other governing and advisory bodies throughout Connecticut and the nation.

Specifically, before commenting on the recommendations, the following issues must be considered. How will changes on the federal level impact:

- The number of people with health insurance? How many people will be insured and by whom?
- The State Innovation Model (SIM)? Will funding continue for its components, including PCMH+?
- The Medicaid program, including the 200,000 Connecticut residents insured through Medicaid expansion (HUSKY D)? How will potential block grants impact income eligibility levels and the health care service package offered in our state?
- Will DSRIP still exist as an option?
- Will people be able to continue to purchase health insurance with premium subsidies?

Until there are answers to these and other questions, CHCACT hesitates to support or oppose any of the recommendations. Every proposal will need to be examined through a new lens if the Affordable Care Act is repealed and replaced.

However, overall, CHCACT recommends:

- Avoiding the creation of duplicative services. The Cabinet should take a full inventory of services already in existence to ensure maximization of their usage.
- Expanding existing Best Practices. Programs that are already working in communities across the state should be expanded in scope and/or geography.
- Not focusing on the creation of new state agencies or assigning additional roles to existing agencies. The state budget will not support those recommendations, so efforts are better spent elsewhere.

CHCACT has the following comments on specific recommendations:

- *Recommendation 1A: Provide more coordinated, effective and efficient care through CCOs:* The idea of Consumer Care Organizations (CCOs) is appealing; bringing a variety of providers together to serve consumers could help coordinate services, potentially reducing the impacts of social determinants of health and helping the consumer participate more in his/her health care. However, given the number of unknowns, CHCACT is concerned about downside risk at this point. The State of Connecticut is about to embark on the PCMH+ program, which includes a shared savings component; the experience of PCMH+ can and should be instructive in the formation of any future shared savings or downside risk models. Additionally, as with other recommendations, CHCACT believes national health care system changes may impact Connecticut's movement towards risk sharing.
- *Recommendation 1B: Build on the SIM agenda and current success in Medicaid:* CHCACT agrees fully with this section. CT has been a leader in using data analytics and innovations in improving access to care while controlling costs. Moreover, CHCACT recommends additional attention/resources be devoted to population health planning pieces of SIM, such as Health Enhancement Communities and Prevention Services Centers. FQHCs could have a large role in both of these, given their locations in the neediest areas of the state and expertise in delivering wrap-around services.
- *Recommendation 1C: Create community health teams to address complex health care needs:* CHCACT supports this recommendation. However, the Cabinet should clarify how these teams would intersect with/avoid duplicating:
 - work being done at FQHCs, which utilize a team approach
 - intensive care management, provided by CHN and Beacon Health
 - Community Care Teams ongoing across Connecticut.
- *Recommendation 2A: Adopt statewide health care cost growth target:* CHCACT has significant concerns about this idea, which encourages payers to achieve a growth target. For example, commercial insurers could achieve the growth target by:
 - Restricting access to care/narrowing their networks
 - Restricting access to the best treatments/denying care

- Lowering provider rates

Using a cost growth target for Medicaid would disincent providers from joining CCOs. Additionally, with the existing problems with and potential upheaval of the insurance market, this is not the time to add additional regulatory burdens on commercial insurers. Understanding that the revised recommendation includes no penalty for noncompliance, CHCACT recommends monitoring annual cost growth, without setting targets.

- *Recommendation 2B: Set targets for and adopt value-based payment models:* CHCACT is concerned about this recommendation, which adds a requirement that commercial insurers submit plans of correction to the Office of Health Strategy. It is not clear what the role of the CT Insurance Department is in ensuring compliance with this recommendation, nor what the consequences would be to insurers that fail to comply.
- *Recommendation 3B: Create an Office of Health Strategy:* As stated above, CHCACT believes the state does not have resources to fund this new agency. CHCACT would be concerned about moving staff out of other agencies to comprise the office, because those staff are needed in their current positions.
- *Recommendation 4: Support market competition by expanding the Attorney General's powers to monitor health care market trends:* Again, CHCACT believes there are not enough state resources to support this expanded role.
- *Recommendation 5A: Augment existing funds and programs to support provider transformation through applying for federal DSRIP funds:* CHCACT believes there is no harm in continuing to study this option, while the future of DSRIP funds is determined. However, finding the state matching funds will likely be a challenge.

On behalf of CT's FQHCs, CHCACT looks forward to continuing to provide feedback on ideas to promote a stronger, more coordinated health care system that values individuals and their families, improves health equity and leads to a healthier population for our state.

Thank you for the opportunity to provide feedback.