

## **Health Care Cabinet**

### **Health Care Cost Strategies**

**November 15, 2016**

My name is Patricia Checko. I am the Co-Chairman of the SIM Consumer Advisory Board. You have previously received positive feedback from the CAB on the proposed cost containment proposal. I am here to add my independent support to the Health Care Cost Savings Strategies adopted by the Health Care Cabinet at their November meeting.

We need to continue to transform the health care delivery and payment system with coordinated care utilizing a Consumer Care Organization model, developing out of the current SIM AMH model building on the SIM agenda and success in the Medicaid program, and provides a strong clinical and community integration component. It is time to have true parity between physical and behavioral health. Also, many studies have proven the role of coordinated care and the community health worker in producing better health outcomes.

While we need to proceed with caution, we must continue to pursue cost containment and develop a cost growth methodology for Connecticut. We should not abandon the adoption of value-based models for primary care, and need to expand it to specialty care and to commercial coverage as well.

I am concerned about the vagueness and purpose of the Office of Health Strategy, the proposed alternative to a Health Policy Council. The proposal only discusses cost-containment, and spells out no authority for this body. Without any authority, it clearly has little or no accountability or voice, and is yet another, powerless advisory body. While I am aware that the state agencies are opposed to an entity that would somehow challenge their autonomy, I have seen little collaboration, coordination or cooperation from our various health—related agencies, even when they are sharing the common goal of creating a transformed health and healthcare system with the benefit of a \$43 million grant. I believe we need to have something

in place that would promote and guide such collaboration and go beyond just the cost issues to address the health catastrophe that our country is facing.

We must urge our legislators to increase the powers of the Attorney General, and to have the ability to collect the necessary data to determine health market trends. And we must continue to seek funds to augment programs and progress for provider transformation. One of these is applying for federal DSRIP funds. Although there are many who cringe whenever an 1115 waiver is mentioned, there are few better ways available to advance our cause for better health care at the present time. Other states have used them well, cautiously, and mitigated risk to specifically address those social determinants of health that we all claim to care so much about.

No one will argue that Connecticut is data poor. That is not to say that there isn't a myriad of data at various levels of government, CHA and hospitals, insurance companies and numerous public and private agencies. But we have yet to figure out how to corral it, share it, consolidate or use it in any meaningful way that can give us either a clear understanding of the health and well-being of our whole population or, for that matter, what it even costs the state of Connecticut to provide it!. This is an old story. I've been around state government for over 50 years and we have made little progress til now. A HITO Office has been created and there is a HIT Advisory Committee charged with the development of a state Health Information Exchange and how to address the data needs for health care transformation. We need to bite the bullet and follow through this time, with the necessary funding, technology, standardization and yes, mandates, to make it happen.

I know the election has left us all nervous and apprehensive about the future of the ACA and health and health care transformation. But the problems are too great and the consequences too dire to give up and resume the same old, same old. The ACA, the SIM grant and the people have given us a window of opportunity to fix the wrongs of a system that for over 75 years has cost more than any in the world, but with health that is the worst among the developed countries. I urge you to be strong and adopt the actions that we need to make Connecticut a place where all our residents can be healthier, while creating a model that costs less, provides better quality for all and has true health equity.