



CONNECTICUT STATE MEDICAL SOCIETY

COMMENTS

OFFICE OF HEALTH STRATEGY: ROADMAP FOR STRENGTHENING AND SUSTAINING PRIMARY CARE

January 14, 2022

On behalf of the physicians and physicians-in-training of the Connecticut State Medical Society (“CSMS”), thank you for the opportunity to present comments on the Office of Health Strategy (“OHS”) Roadmap for Strengthening and Sustaining Primary Care (the “Roadmap”).

CSMS supports the investment in our state’s primary care infrastructure. Primary care is the bedrock of our healthcare delivery system, and it is no secret that Connecticut’s bedrock is crumbling. For a multitude of reasons there are not enough primary care physicians in Connecticut and our state is unable to retain and attract primary care physicians. The goal of improving the state’s investment in primary care is laudable and timely.

The Roadmap outlines an ambitious plan to increase funding for primary care physicians. CSMS does have some comments and suggestions that we hope you consider when issuing the final version of the Roadmap.

At the outset, we are concerned that the Roadmap does not account for the Medicaid population in our state. Statistically, about one-third of patients in Connecticut utilize Medicaid, hence this Roadmap does not address deficiencies in primary care access for one-third of our patient population. The Roadmap similarly fails to discuss the role of the Federally Qualified Health Centers (FQHCs) in the primary care plan. The Roadmap cites issues of health equity, incorporating social determinants of health into primary care and providing culturally competent care, yet these issues are historically most prevalent in our underserved patients and in our Medicaid and FQHC populations. It appears deficient in planning to address critical components of our healthcare delivery system yet leave out any mention of our most underserved and vulnerable patients.

The Roadmap relies on Connecticut’s health insurers to implement this program. Health insurers in Connecticut are notorious for enacting roadblocks to patient care. From onerous prior authorization requirements that routinely delay and deny patient access to care to systematic and automatic down-coding of claims that divert physicians from spending time caring for their patients to the invention of the harmful high deductible health plan, health insurers have done little to instill confidence that they will support enhanced primary care modalities without burdensome and detrimental processes attached. For example, the Roadmap on page 11 cites risk-adjusted payment models and notes that “[i]nsurers may implement the risk adjustment tool of their choice.” The Roadmap does not appear to have any oversight mechanisms as to what risk adjustment methodologies the insurers elect to implement. As noted above, when insurers are left unchecked, we see programs implemented that regularly impede patient access to critical and timely medical care. Physicians will have little confidence

in a plan where the ultimate oversight comes from the insurance companies who have little to no vested interest in patient health, but whose interests are driven solely by finance. We would encourage the Roadmap to include some regulatory oversight on all such actions of insurers to ensure that patient care is not compromised by insurers looking to cut corners and save money at the expense of our patient's wellbeing.

The eleven core function expectations of the primary care practice team are outlined on pages 7 and 8 of the Roadmap. While CSMS commends OHS for recognizing the many facets that comprise primary healthcare, we are concerned that several, if not most, of these expectations are unachievable for our solo and small practice physicians. Expectation number 5 seems to imply that practices must employ or contract with a behavioral health professional. It does not seem feasible that a solo or small practice would have the resources to undertake this requirement. In addition, given our state's shortage of mental health professionals, as well as wholly inadequate numbers of in-network mental health professionals, we are concerned that this requirement will close the door on many primary care practices looking to participate as OHS recognized practices. While we appreciate OHS' assertion that alternative approaches are permitted on an exception basis for very small practices, we would recommend that the Roadmap formally define what a "very small practice" is and provide more context as to how small practices can logistically and fiscally achieve the eleven core function expectations.

CSMS is concerned with some of the assertions made in the report regarding the use of specialty referrals by primary care physicians. The Roadmap fails to recognize that the medical liability practice climate in Connecticut necessitates referrals from primary care to specialty care. Connecticut has some of the highest medical malpractice judgments in the country and this has inevitably led to a rise in defensive medicine being practiced in Connecticut. If we as a state want to truly look at the reasons for increased referrals to specialty care, it necessitates a wholesale review of our state's medical liability climate. Primary care physicians do not make referrals to specialty physicians because of a "lack of training" (Roadmap, page 18); such referrals may be driven by the fear of the liability repercussions in not making the referral.

At its core, the Roadmap fails to address the underlying *reasons* that Connecticut has a shortage of primary care physicians in our state. Connecticut is currently ranked 47th in the country (out of 52 locations, including the District of Columbia and Puerto Rico) in retaining the physicians we train. In other words, the majority of physicians that we train in Connecticut through our outstanding residency programs, leave Connecticut for other more desirable practice locations. Connecticut has a high cost of living, high malpractice rates, an unwelcoming medical malpractice liability climate and very few avenues for medical debt forgiveness or repayment. Taken together, these factors, along with others, create a wholly unwelcoming environment for our young physicians and it is no wonder that Connecticut is unable to attract and retain physicians into our primary care workforce. While understandably not the basis or focus of this Roadmap, if Connecticut truly wants to enhance our primary care physician workforce, we must work together as a state – from the legislative body to the agencies to the executive branch – to enhance Connecticut's ability to retain and attract our country's young physicians.

Thank you again for the opportunity to present these comments. We would welcome being part of the conversations moving forward as we collectively work towards the goal of supporting our state's primary care infrastructure, and the betterment of patient care in Connecticut.