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To: [Hyde, Tina](#)
Subject: Primary Care Roadmap
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Ms. Tina Hyde,

To: Connecticut Office of Health Strategy

I am a Connecticut resident and member of Keep The Promise Coalition, a grassroots group of self-advocates with lived experience of mental health, addiction, and co-occurring conditions. I am writing to you in opposition of the draft Roadmap for Strengthening and Sustaining Primary Care in Connecticut, including provisions to implement a capitated payment model. The process to develop this roadmap was driven in large part by primary care physician groups, and lacks sufficient consumer input.

Primary care capitation would pose a significant risk to Medicaid recipients. Under a capitated payment model, primary care providers would be paid a fixed monthly rate per patient, regardless of the number of times a patient is seen– or if they are seen at all. This payment system will be difficult to impose on private insurance plans, and therefore will likely only affect Medicaid recipients. Effectively, this plan would create a disincentive to see Medicaid patients regularly; instead, it will incentivize providers to see other patients with private insurance plans, which pay them on a per-visit basis.

Primary care capitation will negatively affect Medicaid patients, who may be more likely to have complex medical needs including mental health, addiction, and co-occurring disabilities, and are disproportionately Black, Brown, and low income. People with mental health conditions and people of color are already less likely to have their needs taken seriously when they visit their primary care physicians. Primary care capitation would make it even more difficult for them to be seen, and make it even easier for providers to dismiss them.

Furthermore, this Roadmap promotes a corporate, medical model to provide social and behavioral health services, while undermining person-centered community care models, which have proven more cost effective and more successful at treating behavioral health conditions.

The decision within this Roadmap to increase primary care spending, while limiting overall healthcare spending will force cuts to essential health care services, particularly for the Medicaid program.

OHS must re-evaluate this roadmap, remove primary care capitation from the roadmap language, and involve more consumer voices in future decision making.

Thank you for reviewing these comments.

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