

January 12, 2022

Attn: Tina Hyde, Office of Health Strategy

Independence Northwest's Comments Objecting to the Primary Care Roadmap

My name is Eileen M. Healy and I am the Executive Director of Independence Northwest (IN), the independent living center serving the northwest corner of Connecticut. We are a non-residential, disability advocacy and resource center, offering services and supports to people with all types of disabilities and of all ages. The vast majority of the people we work with are on Medicaid and have multiple medical needs. Most Medicaid enrollees have enormous difficulty finding a Medicaid primary care provider, let alone a specialist willing to take Medicaid. For persons with disabilities, the small pool of available Medicaid providers shrinks further when there is a lack of accessible transportation to travel to a willing provider.

Independence Northwest objects to the entire Primary Care Roadmap because of its harmful impact on people with disabilities, elders and people in the Black, Brown, Asian and Indigenous communities.

- The Roadmap states it will apply to all payers, but the state can only control Medicaid; therefore, Medicaid enrollees will most likely be the Roadmap's experiment group. The experiment will be conducted on patients with the least resources and the least ability to choose other medical providers who do not participate in the experiment.
- The process to develop the Roadmap was driven by primary care physician groups interested in maximizing their own revenue, and they did not seek or accept the offer of input from independent consumers including people with disabilities. (Please see October 22, 2021 coalition letter to OHS).
- The Roadmap pushes medical practices into primary care capitation, a failed payment model, with serious risks of under-service to people with disabilities and could worsen CT's overall health disparities. Risk-adjusting per member per month payments will not solve the problem, and will incentivize providers to take sicker patients to get the higher payment but then send member out to specialists, for whom getting appointments is already a problem. Proposed quality measures are too weak to detect, let alone prevent, the broad under-service incentivized by capitation.
- The Roadmap promotes a corporate, medical model to provide health services, including behavioral health services. This approach undermines current initiatives in Connecticut that are improving primary care access and quality, particularly the patient-centered medical homes and person-centered community care models.

“Nothing About Us, Without Us” is a well-known and important phrase in the disability community. The Primary Care Roadmap has been developed without the input of Medicaid enrollees - people with disabilities – the very people that will be most negatively impacted by its implementation. Independence Northwest endorses the comments presented in a letter to OHS (dated 10/22/2021) from a large coalition of consumer advocates and people with disabilities.

We do support OHS to create true reforms that protect Medicaid enrollees from reductions in medical care and services and avoids any further move to put financial risk onto providers.

Thank you for considering our feedback.

Submitted By:



Eileen M. Healy