

**From:** [Gaye Hyre](#)  
**To:** [Hyde, Tina](#)  
**Subject:** Comment in Opposition to the OHS "Roadmap"  
**Date:** Friday, January 14, 2022 1:19:09 PM

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Dear Ms. Hyde,

My name is Gaye Hyre. I am a cancer patient and survivor with lasting side effects from the intense treatment I needed to undergo for my aggressive form of breast cancer.

I write to you and OHS today in opposition to the planned "Roadmap for Strengthening and Sustaining Primary Care". Please understand that I think primary care providers should be well rewarded for all they do, but that is not the real issue here. Capitation is the real and insidious issue here.

OHS is once again trying to turn what is in fact a sacred relationship, that of medical provider and patient, into a commercial transaction, insisting that patients be looked upon as consumers. We are not. Structuring income production to incentivize giving the least amount of service for the fixed payment, thereby increasing ROI, cannot help but undermine the first principle of Hippocrates - do no harm. Harm may be caused not only by commission, but by omission as well.

I am well educated about my medical situation, but I have at times found it impossible to access the care I need because my primary practice "no longer offers that service". I am then referred to a specialist. In reality, patients who are referred to specialists, frequently cannot be seen in a timely manner, if at all. No room for me on their rosters. We, patients, become hot potatoes, and end up in a no-man's land of medico-ethical minefields, for which we do indeed require a roadmap, but of a sort that apparently does not exist.

As a case in point, I have been trying to find a GYN who would take me as an individually insured ACA patient after I was discharged from my oncologist's practice. I have called an ever widening circle of practices in the New Haven area without luck. I know this problem effects several of my friends as well. I have also had difficulty finding specialists for my husband for various of his problems, and once I did find one, it was months before he could be seen. Then his appointment was postponed, twice. I asked if it was possible to see or speak to a covering provider, but never heard back. It was a full 5 months from his initial appointment until he was seen. They were not pleasant months for either of us.

We are lucky, in that our problems were not out of control diabetes, asthma, or a cardiac condition, to name a common few, which unfortunately tend to afflict Medicaid patients at a higher

ratio of the population. Delaying treatment for those issues forces patients to the ER for what should have been timely primary care, costing the State far more in dollars and medical resources. (And that is if these days one can even get into an ER, given the prevailing COVID situation.) This approach can only serve to exacerbate already increasing health disparities and lead to deterioration and eventually poorer final outcomes. Why? It is avoidable.

I would welcome the opportunity to speak with you about these issues in an effort to improve equitable access to medical services for all of Connecticut's patients, ie. all of us. Please feel free to get in touch with me if I can be of any service.

Thank you for your attention to my above comments.

Sincerely,

Gaye Hyre