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**Sent:** Thursday, October 8, 2020 12:10 PM  
**To:** Grotheer, Laurence <Laurence.Grotheer@ct.gov>  
**Subject:** CGBTT report comment

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Thank you very much for this opportunity to offer comment on the CGBTT report. Susan Israel, MD

Has Governor Lamont's Executive Order #5 changed the health care delivery sector of the economy into a kind of utility without legislative approval?

A "utility" where OHS and its appointed advisors will dictate to insurers/payers which services to offer and will dictate to providers which amounts to charge (without addressing their fixed expenses). Thus, creating a system where OHS will mandate the *amounts* and type of treatments which will even be available to the citizens of Connecticut?

How much is it costing for the out of state contractors, Bailit and Mathematica, to determine how Connecticut should lower costs?

Where are the data to show that the All Payer Claims Database (APCD) and the Medicare and Medicaid claims data are adequate to reorganize the health care delivery system – given that the claims data contain many inaccuracies, such as in the diagnoses codes alone?

Where are the data to show that Bailit, Mathematic and OHS can come up with the optimal treatment plan for a given individual patient by which the performance of the provider will be judged?

How exactly will the identity of patients be masked from Bailit, Mathematica and the other state groups studying patient data and records to determine cost control and quality measures?

If health care inequities are eliminated by giving more people health care services, has it been shown that health care spending *overall* will not need to increase? Because on the one hand with increased primary care, there may be less Emergency Department visits but on the other hand, there will be

more testing and treatment of diseases, albeit earlier in the disease process, but leading to more specialty care?