



**The Connecticut Healthcare Cabinet - Testimony by Arvind Shaw, Nov 15<sup>th</sup> 2016,  
Generations Family Health Center**

Good Morning,

My name is Arvind Shaw; I am the CEO of Generations Family Health Center a rural Federally Qualified Health center in the State of Ct. serving the Northeast part of the state, with 22, 545 unduplicated patients annually, with 108,000 visits in 2015. The State did not have a cohesive plan or policy to guide it so please let me begin by thanking you for the focus by the members of the cabinet and the consultants that have made these recommendations now.

**Delivery system and payment system transformation**

What is the strategy for funding Charity care? The uninsured care pool needs to be funded so that this care is predictable.

**Directly reduce cost growth**

“When is my appointment?”- this is the question that most patients need answered in the rural part of the state. There is an acute shortage of Physicians and this is a fundamental workforce development issue. As long as supply is restricted costs cannot be contained by regulation as demand for services increase as our population ages.

**Coordinate and align state strategies**

I would be remiss in not pointing out that yet another round of \$50 million in cuts are underway in behavioral health services. Do we really need a policy for protecting patient health equity, mental and dental parity?

The MEDICAID program does not cover telehealth. What about the regulatory mechanism for licensing Telehealth? Without proper licensing these services cannot be provided as it cannot be underwritten by malpractice insurers.

**Support provider transformation**

Most of the high risk patients have greater psychosocial needs and after Sandy Hook this was going to be a priority, yet we find huge patient wait times increasing to receive psychiatric care. What is strategy for a psychiatric care workforce?

**Support policy makers with data**

More than 50% of visits are made to wellness and alternative medicine providers. The bottleneck of providers can be reduced by allowing Pharmacists and Homeopaths to be licensed as independent practitioners. Memberships to the Gym, YMCA, Massage therapy are all shown to be beneficial for improving health outcomes. What is the strategy for funding wellness and measuring the effectiveness of these providers?

**Incorporate use of evidence into state policy making**

You are answering some big questions with these recommendations, but did you do needs assessment first? How does your proposal address the Opiate crisis? How does it address hospital consolidations?

Thank you for inviting my comments.

