

Veltri, Victoria

From: Gaye Hyre <gaye@hyre.net>
Sent: Tuesday, November 15, 2016 4:07 PM
To: Veltri, Victoria
Subject: Ballit proposal comment

To the Members of the Healthcare Cabinet and Lt. Governor Wyman:

I want to make this comment as a follow up to my spoken testimony at the previous Cabinet meeting in October, with regard to the "down side risk" proposal. I want to reiterate that there are PEOPLE at the end of all these measures, and they suffer when their care becomes "monetized" and "commoditized". It also places an enormous ethical burden on providers beyond the financial one, and will force many who take their responsibilities seriously to feel compelled to leave the system. Making it impossible for providers to accept patients, any patients, only leads to a sicker population in Connecticut. For me this is a stark reality.

The Cabinet must recognize that suffering people will end up as "frequent fliers" in the emergency rooms once again, costing far more than any short term savings on providers could ever produce. The fact needs to be faced that people who have been denied care for a long time have long term issues that take a long time to improve. We must look at PCMHs (no +) as a long term investment in the body politic. There is simply no other answer, and to ignore that is to destroy the social contract in very real and immediate ways.

Further, if downside risk is implemented, it gives tacit permission to other payers to take the downside risk model and run with it in their commercial business. This is a direct line to a dual system of concierge and everyone else, which will only lead to the previously mentioned ER tsunami, and further degradation of the system, including the possibility of failing hospitals.

Please consider very, very carefully before adding the burden of down side risk to your plans for Connecticut's patients.

Thank you,
Gaye Hyre