COMMENTS SUBMITTED BY JANET VANTASSEL, ESQ.
TO HEALTH CARE CABINET
November 15, 2016

I am writing to thank the Health Care Cabinet for the work it is has done analyzing the complex issues related to health care costs in Connecticut, and comment on the recommendations approved at its November 1st meeting.

First, I want to provide you with an overview of my background and perspective. I spent my 40 year career working as a public interest advocate for low income families and individuals, with an emphasis on protecting their right to health care, housing, economic security and access to full community integration regardless of age or disability. I worked in Connecticut's Medicaid Division developing community services and waivers for six years, and the remainder as a legal services attorney, directing programs that influenced public policy on a range of issues related to health care related issues, including housing and other social determinants of health. Throughout my career, I served on numerous state councils and policy setting boards, and currently serve on the Steering Committee for State Health Innovation (SIM).

Second, I want to specifically mention that, during my career I have personally witnessed the transformative changes that can be accomplished through person-driven, community based services that promote the independence of individuals throughout the life span, regardless of age or disability. This includes elders who have been encouraged and supported in living at home to persons with mental health issues who have been respected in pursuing their individual goals and ambitions. Most often

the key to success has been in listening to what the person wants and allowing providers to have the flexible funding that they need to support them, particularly stable housing and individualized services. These approaches have demonstrated that they improve outcomes and satisfaction, and are cost-effective. Any cost containment proposals must be built on these principles, and have the technology and infrastructure essential to monitor them.

My specific comments on the recommendations follow. However, I am limited by the understandable but challenging lack of detail, and skeptical that providers can be held accountable for outcomes that do not incorporate the influence of social determinants that are beyond their control. The fact that a provider may identify issues, such as unstable housing and poor nutrition, does not mean they can be resolved solely through a provider referral or accurately factored into an outcome measure. The system must be driven by documentable improved outcomes not lower costs, and must not incentivize targeting or underservice regardless of the payor.

1. **DELIVERY SYSTEM AND PAYMENT SYSTEM**
   Consumer Care Organizations
   The alignment of state purchasing strategies and expansion of reimbursable modalities make sense, particularly the use of up front payments to support practice transformation and diversification of the care team. However, the implementation of downside risk for Medicaid beneficiaries is premature at best. Connecticut should build on SIM and PCMH+, and delay any action on downside risk until the SIM payment and delivery reform has been completed and evaluated.

Build on SIM and Medicaid Success
As noted above, I support these measures and believe that they are an important first step in any further implementation of care coordination and payment reform.

Community Health Teams for Complex Needs
This approach is another that makes sense, but it is critical that these activities be integrated into existing community systems and services.

2. **DIRECTLY REDUCE COST GROWTH**
   The creation of a cost growth target runs the risk of becoming the driving force of so-called "reform". I recognize that it is not a cap, and requires flexibility. However, it must be recognized once again that, unlike many other states, Connecticut lacks the data to establish a reasonable target, even if there are no penalties attached to it initially.

3. **COORDINATE AND ALIGN STATE STRATEGIES**
   There is no question that the state needs to promote a more coordinated and consistent approach to health care services across state agencies. I do not support the creation of an umbrella agency that would involve restructuring state government. Nonetheless, it is critical that the Office of Health Strategy have the specific direction and authority to promote interagency collaboration on health policies and practices. Other interagency collaborations, such as Housing and Homelessness, and Criminal Justice,

have generated very positive results. There is no reason why health care cannot yield similar benefits if there is sufficient mandate and oversight.

4. **EXPANSION OF ATTORNEY GENERAL'S ROLE**
   I fully support this proposal provided that it is adequately funded to support the mandate.

5. **FUND PROVIDER TRANSFORMATION THRU DSRIP**
   Given the state's fiscal crisis, it is appealing to apply for a federal waiver to fund provider transformation. Such a waiver, however, must demonstrate cost neutrality to the federal government. The condition that the state would ensure no reduction in services, scope of program or eligibility, however, must be more than an assurance. Specific rigid restrictions on the state's ability to make such changes must be enacted before a waiver should be considered.

6. **SUPPORT POLICY MAKERS WITH DATA**
   This is an essential part of any meaningful reform.

7. **INCORPORATE EVIDENCE INTO POLICYMAKING**
   While this sounds like a "no-brainer", it is important that there be a broad understanding of the type of research to be conducted and incorporated. Some studies are limited in scope and therefore can present a biased perspective that restricts its validity.

8. **NEED TO ADDRESS THE COST OF PHARMACEUTICALS**
   This is the "elephant in the room" which contributes to the cost of care and prevents many patients from accessing essential treatments. The cabinet must not

delay acting upon the consultant's recommendations to control these costs.

I appreciate the opportunity to comment on these recommendations, and urge the cabinet to proceed with measures that will promote affordability; access to care, including medications, and health equity, while protecting the progress that the state has already made to coordinate care and control costs, particularly for Medicaid beneficiaries.