Veltri, Victoria

From: Larry Rifkin <lawrencerifkin@yahoo.com>
Sent: Sunday, November 13, 2016 7:09 PM
To: Veltri, Victoria
Subject: written public comment, Health Care Cabinet Recommendations

I am a primary care pediatrician in a practice that cares for over 3000 urban area Medicaid children. While the Cabinet's goals of improved health care at lower cost are laudable, in reality the plan to jump to the trendy unproven model will create its own significant set of state costs, administration, and bureaucracy --without improving actual health care outcomes or improving overall costs for the state in any significant, evidence-proven way.

I have a very busy pediatric Medicaid practice, prescribe the lowest-cost medicines I can, refer rarely, work closely with my Medicaid patients, was trained at Yale, and already work wonderfully with mental health workers, pharmacists, and specialists. Your plan will not improve this care, and will not lower overall costs. Connecticut Medicaid has good outcomes and per member costs are coming down, at least for children. The CCO plan will force me to see many fewer patients per day (collecting and submitting data, and administrative issues, take time). It may force me to leave my smaller existing personalized practice to join a large CCO. It will make Medicaid providers more hesitant to embrace higher risk patients, despite assurances of safeguards. It will add significant state costs for CCO formation, administration, personnel, monitoring, and data infrastructure collection. It will add considerably increased yearly costs for proposed community health teams.

Nothing in the proposed payment model will significantly improve the quality or the cost of the care I provide - it will just create less time to see patients. Nor will this help *overall* costs for the state or consumer.

I am a Medicaid pediatrician already providing cost effective care for the state. To force increased practice costs, increased financial risk, and stressful administrative and practice changes will encourage me to retire earlier than planned. It's not worth the stress. The best clinicians in the future will want to avoid Medicaid-heavy practices, especially in primary care. While well intentioned, your plan creates disincentives to continue being a quality Medicaid primary care provider and a disincentive to practice in lower socioeconomic Medicaid-heavy towns. Even worse, more and more evidence-based papers are being published that show the ACO performance type model has not actually been successful or generated savings for the government, and much more data will be available in near future. The ACO results so far have been disappointing. Given Connecticut's Medicaid already good pediatric health outcomes, the proposed plan is counterproductive to your actual goals.

Rather than such dramatic but unproved transformation, better cost savings can be achieved through focusing on the larger issue of Medicaid *adul*t costs (child costs and outcomes are already improving in the state), pharmacy formulary changes, creating alternatives to ER use on weekends, etc. Given the rapidly changing healthcare environment and political environment, and the uncertainty of actual costs and outcomes, the difficult but wise decision for our state's children and for our taxpayers at this point would be for you to revisit this entire issue in several years.

I strongly advise you to show discretion to hold off and revisit this in a few years, when more data is available about Connecticut's strong current Medicaid results and how little solid benefit these unproven consultant-driven trends in new healthcare models actually achieve in other states. This plan will end up hurting Connecticut Medicaid children and will not improve costs for Connecticut taxpayers.