

Comments in Opposition to Office of Health Strategy's "Roadmap for Strengthening and Sustaining Primary Care"

To: Tina Hyde (tina.hyde@ct.gov), Office of Health Strategy

January 13, 2022

Dear Ms. Hyde,

Thank you for the opportunity to supply feedback to the Office of Health Strategy concerning the agency's "Roadmap for Strengthening and Sustaining Primary Care" initiative. I'm Win Evarts, the Executive Director of The Arc of Connecticut, Inc., the state's oldest and largest advocacy organization committed to protecting the rights of individuals with intellectual and/or developmental disabilities ("IDD") and promoting opportunities for their inclusion in the full life of their community. The vast majority of the individuals that we advocate for receive Medicaid Home and Community-Based Services and/or Medicaid State Plan services to support their lives in Connecticut's communities. I'm also the father of a 31-year-old man with IDD and an intractable seizure condition.

Connecticut's IDD population already experiences barriers in accessing both primary care and specialty care, especially those individuals living in rural areas and underserved communities. We view the proposal being promoted by OHS as misguided and potentially damaging to a system that the people we represent already have a difficult time successfully navigating.

To reiterate from the consumer advocate coalition's October 22, 2021 letter, which we joined, we have three broad concerns— (1) that the model is deeply flawed and, despite enormous effort, has not worked in other states, (2) that Connecticut particularly may not need to, and is not positioned to, be successful in capitating primary care, and (3) that the process used by your office and consultants, similar to OHS's top-down processes under SIM, was designed to arrive at this pre-determined outcome.

Connecticut residents have better access to primary care than most Americans and our state already spends more on primary care services than most states. For Connecticut Medicaid enrollees in particular, primary care, while not perfect, is a major success since we jettisoned the problematic capitated payment model under managed care organizations and increased Medicaid primary care reimbursement to be comparable to Medicare primary care rates. We are concerned that primary care capitation, as outlined in the Roadmap, could jeopardize their access to primary care as well as create challenges in accessing **other** needed care, specifically specialist services like behaviorists, nutritionists, epileptologists and other healthcare practitioners that provide services to people with disabilities to enable them to lead full lives.

Given that the proposed plan, in addition to capitating payment to primary care providers, purports to save money while raising primary care reimbursements, logically those savings will have to come from lower expenditures elsewhere. This may come from lowering reimbursements to specialists, who, unlike primary care providers, are already substantially underpaid relative to Medicare rates. This would be damaging to the community we represent. Further, the proposed alteration to primary care payments so as to remove payments based on care provided creates incentives to onboard but not actually serve patients, a particular threat to patients with disabilities, like those we represent, who already have difficulties accessing care. Finally, the Roadmap ignores and undermines current initiatives that are improving primary care access and quality, particularly the PCMH managed fee-for-service

Medicaid program, and would harm those models, for example, by potentially watering down the national accreditation standard for patient-centered medical homes to participate under PCMH, to generate savings while sacrificing quality.

As a result of the concerns outlined above, The Arc of Connecticut is opposed to the entire “Roadmap” because we believe that the bulk of the savings will come at the expense of people we represent. Most of them have no other option to access healthcare other than the state’s healthcare program, Medicaid, which, based on the experience with failed SIM initiatives, is the only program that the state can effectively control. This will result in people with disabilities being underserved by primary care **and** having less access to needed specialists.

The Arc of Connecticut would be willing to work with OHS on reforms that would help the disability community with its access issues to both primary and specialist care under Medicaid, as long as those reforms are not structured like the proposed Roadmap or the problematic already-adopted PCMH+ “shared savings” model.

Thank you very much for the opportunity to be heard.

Win Evarts, Executive Director

The Arc of Connecticut, Inc.

wevarts@thearcct.org