



Advocacy and Action
for Connecticut's
Mental Health

To: Connecticut Office of Health Strategy

Public Comment regarding Connecticut Office of Health Strategy's Draft *Roadmap for Strengthening and Sustaining Primary Care in Connecticut*

We are writing to you on behalf of Keep The Promise Coalition (KTP), a grassroots group of individuals with lived experience of mental health, addiction, and co-occurring conditions who advocate to improve Connecticut's systems of supports and services. As the elected leadership for KTP, we are familiar with the stories and needs of many of our over 100 coalition members, many of whom are Medicaid recipients.

We are writing today to voice our opposition to the plan proposed in OHS' *Roadmap for Strengthening and Sustaining Primary Care in Connecticut*. Despite this title, we do not believe that this plan sufficiently strengthens or sustains the current state of primary care in our state. Advocates have voiced a number of concerns with this roadmap, including that the Subgroup which drafted it disproportionately represents health providers, with vastly insufficient consumer representation.

Of particular concern to our members is the proposed *prospective payment model*. Capitated payment models such as this have been tried and failed elsewhere at improving access or quality of services, and have failed at reducing costs associated with primary care. In fact, because this model will be difficult to impose on private insurance plans, it would likely disproportionately negatively affect enrollees of Medicaid, which (unlike private plans) DSS can actually control (as was the case with PCMH+, despite commitments that that program would apply to all payers, not Medicaid alone). Because primary care providers would be compensated at a fixed rate per patient, rather than on a per-visit basis, this plan would effectively create a disincentive to see Medicaid patients regularly and in their place, providers would be incentivized to see patients enrolled in private insurance, for whom they will be compensated on a per-visit basis. This will harm Medicaid patients, who disproportionately have complex medical conditions, serious mental health conditions, and are disproportionately Black, Brown and low income. Many of these individuals comprise our coalition.

The effects of this will be a dramatic increase in worsening medical complications among Medicaid patients, which will go untreated for substantially longer periods of time, costing our health system and consumers significant payments later on, and severely diminishing the health of these patients. Primary care doctors are already less likely to believe patients with mental health conditions when they report physical health problems which are not related to their mental health condition. This proposal would make it even easier for primary care providers to dismiss these patients by seeing them less regularly.

In addition to the *prospective payment model*, we are also concerned about the following:

This Roadmap promotes a corporate, medical model to provide social and behavioral health services, while undermining person-centered community care models, which have proven more cost effective and more successful at treating behavioral health conditions.

The proposals within this roadmap to increase primary care spending will cost \$3.9 billion annually by 2025, while simultaneously limiting overall healthcare spending, will force cuts to essential health care services, including the Medicaid program.


The Office of Health Strategy must reconsider this plan in its entirety, promote evidence based person-centered community care models, and remove provisions pertaining to the proposed *prospective payment model*.

Thank you for your consideration,

Keep The Promise Coalition Coordinating Council



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