



NASW

National Association of Social Workers / Connecticut Chapter

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Comments on OHS “Roadmap for Strengthening and Sustaining Primary Care”

On behalf of the National Association of Social Workers, CT Chapter representing over 2,300 members we submit the following comments in opposition to the proposed “Roadmap for Strengthening and Sustaining Primary Care”.

NASW/CT endorses the comments submitted by the CT Health Policy Project and we have signed onto prior letters of opposition from health care advocates in regards to similar proposals to the current proposed plan.

NASW/CT has a long history of opposing capitation of care in its various names and forms. We are concerned with a system that sets payment per patient regardless of the amount of care that patient may need in a given period covered by the capitation rate. Such a system encourages some providers to underserve patients, especially those with complicated care needs that would cost the provider more than the capitation fee will reimburse. We do not see how one can develop an effective system to assure that underservice does not occur.

The Roadmap increases the reimbursement for primary care while at the same time seeking to reduce healthcare costs by \$3.9 billion annually. It greatly concerns us that the funds to increase primary care will draw away from payment to certain other specialty practices. Mental health is of particular concern to us as the need for mental health care has dramatically increased due to the pandemic and will continue post pandemic. Based on much smaller crisis we know that the mental health needs of CT residents will be significantly higher for many years to come. Mental health reimbursements rate are already too low and the Roadmap’s insistence on increasing payments to primary care will only add pressure to maintain insufficient mental health reimbursement rates.

We are particularly concerned with the impact of the Roadmap on the Medicaid population. Managed care Medicaid was tried in the past and failed to contain costs, led to a lack of transparency and did not well serve Medicaid recipients. Its failure led to returning to a state run system that has proven cost effective, offers transparency, allows for public input and revisions and offers access to primary care. The current PCMH (no +) under Medicaid has been successful and we are concerned that the Roadmap will harm this model. Given that OHS has limited ability to impact on private sector health

insurance we reasonably fear that the model will be primarily experimented on the one population the State does have control over, that being Medicaid.

The Roadmap looks to water down the primary care accreditation process for patient-centered medical homes that is based on national standards utilized in many other states. Maintaining high standards of accreditation is to the benefit of patients.

The entire process to the proposed Roadmap lacked in sufficient input from the full range of providers groups represented in CT's health care system. This has led to a plan that does not serve non-primary care providers needs.

We urge OHS to slow down the process, reject the current Roadmap plan and work toward potential improvements in health care delivery that have far greater input and support from a full range of consumers, advocates and provider groups.

Thank you for consideration of these comments.

Sincerely,

Stephen Wanczyk-Karp

Stephen Wanczyk-Karp, LMSW
Executive Director