Connecticut State Innovation Model (SIM) Project

Healthcare Innovation Steering Committee & Workgroups

Office of the Healthcare Advocate, Hartford CT

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My name is Supriyo B. Chatterjee and I reside in West Hartford Connecticut. I would like to submit my comments for your consideration. The Connecticut State Health Innovation Plan (SHIP) has stated the will to eliminate health disparities. To address that goal, the Plan seeks to apply the 'Culturally and Linguistically Appropriate Services (CLAS)' Standards in the State Innovation Model (SIM) programs such as Advanced Medical Home (AMH). The expectation being that in applying CLAS Standards, it would increase the healthcare provider's 'Cultural Competency' and thereby and hopefully, mitigate disparities.

Applying CLAS in SIM Programs are to be significantly addressed by the CT Multicultural Health Partnership (CMHP) organization. CMHP recently completed a major phase in a public-funded project with goals of increasing adoption and awareness of CLAS. Results of it, I am certain, we are all eager to examine.

When applied, 'Cultural Competency', be it with the use of CLAS or other frameworks such as NQF or NCQA can have far reaching effects - Equity and Access (Health equity), Health Information Technology (Race/Ethnic/Language data & Meaningful Use), Practice Transformation Task Force (AMH), Quality Performance (Disparities metrics). Cultural competency is a process and not an endpoint. All this raises the need for increased performance within the projects albeit AMH is the primary application of CLAS. The success of SIM projects or conversely, the risk elements are dependent upon CMHP's active participation and contributions to the four SIM Working Groups and/or the several Design Groups within it. Unfortunately, CMHP's participation has been minimal – the only known response is the Public Comment made to the CT State Health Innovation Plan in November 2013. While CMHP's participation is not mandatory, it does raise the issue of addressing risk of SIM's project goals of eliminating disparities. Moreover, one would think that diligence of CMHP leadership in SIM Projects would also be its fiduciary duty to its 350 members.

Thank you.

References used in above comments are shown below (next page).

REFERENCES - Supplement to Public Comments

Connecticut Department of Public Health - CLAS Standards Assessment Report Oct 2014
http://www.ct.gov/dph/lib/dph/hems/health_equity/dph_baseline_narrative_final_20141126.pdf

Connecticut State Health Innovation Model Program Management Office Response to Public Comments
http://www.healthreform.ct.gov/ohri/lib/ohri/sim/draft_1-1_comments/response_to_public_comments_re_ship_vs_1_1_final.pdf

Connecticut Multicultural Health Partnership Public Comment to Draft 1.1 of the State Healthcare Innovation Plan Nov 2013 http://www.healthreform.ct.gov/ohri/cwp/view.asp?a=2741&q=335252

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CT SIM Healthcare Innovation Steering Committee Meeting May 14th (under Public Comment)
http://www.healthreform.ct.gov/ohri/lib/ohri/sim/steering_committee/2015-05-14/comment_chatterjee_clas_05142015.pdf

CT SIM - Practice Transformation Task Force Meeting April 28th (under Public Comment)
http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/practice_transformation/2015-04-28/publiccomment_pttf_chatterjee_04282015.pdf

CT SIM - Equity and Access Council Meeting April 23rd (under Public Comment)
http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/equity_access/2015_04_23/ctsim-apr23.pdf

Multicultural Health Care Distinction – NCQA Program
http://www.ncqa.org/Programs/OtherPrograms/MulticulturalHealthCareDistinction.aspx

National Quality Forum NQF - Healthcare Disparities and Cultural Competency Consensus Standards
http://www.qualityforum.org/projects/Healthcare_Disparities_and_Cultural_Competency.aspx

Beach et al: Cultural Competency: A Systematic Review of Health Care Provider Educational Interventions. Med Care. 2005 April; 43(4): 356–373.

NCQA 2010. National Scan of CLAS and Disparities Reduction Activities
http://www.ncqa.org/HEDISQualityMeasurement/Research/HealthCareDisparities.aspx

Chin et al. A roadmap and best practices for organizations to reduce racial and ethnic disparities in health care. J Gen Intern Med. 2012 Aug;27(8):992-1000.