

August 22, 2013

The Honorable Nancy Wyman
State Capitol
Hartford, Connecticut
LtGovernor.Wyman@ct.gov

Dear Lieutenant Governor Wyman:

We are writing to follow up on advocates' concerns about development of the (state Innovation Model) SIM project, as submitted to the Health Care Cabinet on July 22nd, and to offer our early support for an alternative to the current draft SIM payment reform plan that we believe addresses many of those concerns.

As independent advocates for Connecticut consumers, we are fully committed to the vision of redesigning Connecticut's fragmented health care system to promote quality and keep coverage affordable for everyone, following the maxim of "do no harm." No one is more committed to fixing, or more affected, by the limitations of our current fragmented system than consumers. And we are encouraged that the SIM process means to address the needs of at least eighty percent of Connecticut consumers in an integrated way, promoting fair access to health care for all, regardless of program or payer source.

The good news is that Connecticut can learn a great deal from other states and new research in implementing common sense innovations that benefit all. Much is being learned about driving unnecessary overtreatment from the system and improving quality of care and patient safety, while controlling costs. The growing field of comparative effectiveness research offers important benefits to both quality and cost control. Consumers and providers in Connecticut are eager to engage constructively with policymakers in these innovations. We can build on the successful non-risk patient-centered medical home care delivery reforms that are only beginning to take hold in our state. We also can learn from other states' experiences and make rapid progress without risking harm. As independent consumer advocates, we are fully committed to finding a constructive solution that protects consumers, improves quality, keeps coverage affordable, and makes the best use of precious public resources.

We support many of the SIM recommendations; in fact, many mirror earlier work we were involved in or led. However, some of the recommendations and the process to reach them are troubling.

We are concerned about the lack of independent consumer advocate input into SIM planning to date and hope that this is remedied in future planning groups. We are also troubled by the lack of public accountability and transparency in the process to date. As independent advocates, we represent the people who call us every day struggling to access health care in an increasingly expensive and challenging

environment. We have no other interests. We also have experience in policymaking, updated research resources, and skills that will be needed to reach the optimal solution for Connecticut. Engaging knowledgeable, independent consumer advocates in meaningful numbers throughout the process will be critical to gaining the public support needed for reform on the very large SIM scale.

Unfortunately, Connecticut is not a leading state in quality measurement or improvement. We have a great deal of work to do in monitoring and delivering quality care to every state resident. Data sources are not available or linked, measures are not commonly agreed upon or reported to the public, and they are not generally used as a tool to improve care. Connecticut needs to build a publicly transparent Quality Council or similar body with broad stakeholder representation, as in other states, to serve a coordinating and advocacy function. We are pleased to see the latest SIM version includes a reference to such a body, but ask that the groups be structured with independent governance, full transparency, and independent consumer advocates as members.

We are also concerned about the dangers inherent in shifting financial risk to providers in a total cost of care model. Like the rest of the country, Connecticut has a very poor history with imposition of risk, particularly in the HUSKY program. From an independent consumer perspective, placing risk on providers is more troubling. We also are very concerned that providers do not have the tools needed to improve quality care, reduce overtreatment, incorporate comparative effectiveness research, and coordinate care with consumers and other providers, linkages to community and public health resources to help consumers improve and maintain their own health.

We are troubled that Connecticut does not have a functional quality monitoring system. Connecticut has no ability to identify when savings are generated by withholding appropriate care as opposed to the intended reductions in unnecessary care and duplication of services.

At the very least, the SIM must make a clear, unequivocal commitment that:

- Reforms are phased to first build an effective quality monitoring system to identify quality performance and any under-treatment. The quality measurement system must be more than a simple list of measures, but also include available data sources, consensus definitions, and priorities.
- Individual providers must receive their current quality scores and any discrepancies must be worked through.
- During this first phase, it is critical to have parallel, open, public discussions among all stakeholders, including independent consumer advocates, considering all possible options, about how a fair, transparent payment system could be constructed that rewards quality care, controls costs and protects consumers.

- Only after the quality system is in place, agreed to in a full consensus among all stakeholders, can the second phase be implemented attaching any payment incentives, as developed based on the broad consensus process set forth above, to those quality measures.
- To ensure savings are not generated by sacrificing quality of care, no incentive dollars should be paid to providers that do not meet meaningful not minimal quality standards. This is more than denials of care, but total quality of care. We note that, in a provider risk model, consumers may not ever know about more expensive, but more effective, care options. Those cases would not show up on a denial of care measure.

We are excited about the opportunity the SIM process holds to improve Connecticut's health system. We look forward to working constructively with policymakers to make that vision a reality.

Respectfully,

Alta Lash
Caring Families Coalition
United Connecticut Action for Neighborhoods

Judy Stein
Center for Medicare Advocacy

Karyl Lee Hall
Connecticut Legal Rights Project

Joy Liebeskind
CT Medical Home Initiative at FAVOR

Kelly A. Phenix

Jane McNichol
Legal Assistance Resource Center of CT

Jean Rexford
Connecticut Center for Patient Safety

Ellen Andrews
CT Health Policy Project

Jamey Bell
Greater Hartford Legal Aid

Kevin Galvin

Small Business for a Healthy CT

Jan VanTassel and Abby Anderson
Keep the Promise Coalition

Sheldon Toubman
New Haven Legal Assistance Association

Jonathan Reiner
Connecticut Coalition on Aging

Kate Mattias
NAMI -- Connecticut

Tom Swan
Connecticut Citizens Action Group

Kristen Noelle Hatcher and Kevin Brophy
Connecticut Legal Services

Eileen M. Healy
Independence Northwest, Inc.

Daria Smith
Connecticut State Independent Living Council

Luis B. Perez
Mental Health Association of CT

Linda Wallace
Epilepsy Foundation of CT

Martha Stone
Center for Children's Advocacy

Kathi Liberman
Conn. Association of Residential Services Coordinators in Housing

cc: SIM SHIP Steering Committee