Guiding Principles for Connecticut's SIM plan

Connecticut's executive branch policymakers, along with insurance company representatives and private consultants, are at work on a plan, called the State Innovation Model (SIM), to fundamentally transform our fragmented health care system – both how care is delivered by doctors, hospitals and other providers, and how it is paid for. SIM is meant to cover at least three million state residents – Medicare, Medicaid, employer benefits and private insurance – within five years. The SIM results from a federal grant to develop a plan to restructure our state's health system. The plan must cover 80% of CT residents – including Medicare, Medicaid and private coverage. The grant requires that the state engage **all** stakeholders. Providers, insurers and state agencies have been well represented on the SIM committees, but no independent consumers or advocates have been included.

The current SIM plan includes at least two troubling policies.

- Imposing financial risk on providers through direct financial incentives to reduce the costs of care on their own patients, but with no meaningful quality standards to qualify for those incentives, which could result in reduced access to care
- A new, Connecticut-specific certification for medical homes, lower than Patient-Centered Medical Home standards set by nationally recognized, widely accepted accrediting bodies

On August 22nd twenty four independent consumer advocates sent a letter to SIM leaders urging them to open the process and include all stakeholders in public meetings, to do no harm to consumers by building a robust quality monitoring system before any provider incentives to reduce costs are implemented, and to re-set the decision about the payment model in an inclusive, public, well-informed, consensus-based process, as has been successful in similar Connecticut planning processes.

On September 18th twenty independent consumer advocates met and agreed on a set of guiding principles for the SIM process.

- SIM must be based on meaningful consumer input incorporating both policy and real-world advocacy experience.
- SIM must be founded on broad, public stakeholder input, discussion, learning, and consensus. Nothing should be submitted to the federal SIM agency until that is accomplished.

- **Transparency is key.** This includes public meetings, with sufficient, broadly disseminated notice, opportunities for public comment and prior posting of materials.
- Any health care reform must prioritize quality controls, monitoring, and evaluation. Revisions based on that information must be based on data and best practices, immune from political, industry or other special interest influences.
- The SIM plan and grant proposal should emphasize and prioritize developing tools for providers to improve quality.
- The SIM plan must consider and protect the special circumstances of Medicaid consumers.
- Any rewards for cost savings must be founded in best practices and the experience of other states.
- At a minimum, SIM must **Do No Harm.** The SIM plan cannot create a risk that could negatively impact access or quality of care.
- SIM leaders must do nothing that doesn't support the triple aim of improving access to care, quality of care, and sustainable cost control.
- It is critical to expand independent consumer advocate input into the SIM process before decisions are final.
- There must be sufficient time to engage all stakeholders and reach consensus. We cannot leave important input to the last minute and then allow a claim that it is too late to make changes.
- It is critical to pilot and test any changes to the health system, and evaluate and revise the model accordingly, before large-scale implementation.
- It is critical to build on what is working in Connecticut, especially Medicaid person-centered medical homes and health neighborhoods.
- Incentives must reward addressing inappropriate undertreatment as well as overtreatment, duplication, and other excesses.
- The final SIM model should be subject to legislative review, approval or modification, and oversight, with public hearing opportunities for input and revision.

To date, the August 22nd letter from the independent advocates, reflecting some of these concerns, has not been responded to, and none of the requests in the letter, for resetting the process to include broad stakeholder input into decisions and to emphasize quality first, have been accepted.

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