

Governor Lamont, Lieutenant Governor Bysiewicz, Commissioners Gifford, Coleman-Mitchell, Mais, Delphin-Rittmon; Ms. Vicki Veltri, Ms. Jill Hummel, Messrs. Eric Galvin, Jason Madrak, David Cordani, Stephen Farrell, Adam Boehler

We are asking the State of Connecticut to increase its investment in primary care health care services. We write this letter to demonstrate the importance of the SIM Primary Care Modernization (PCM) Proposal, which is under consideration by your administration, commercial payers, Medicare, and the State Medicaid/ Husky program. Over the past several years, hundreds of Connecticut stakeholders and experts have identified the most pressing primary care needs of the state, consulted the evidence and worked collaboratively to develop a set of capabilities that will drive immediate improvements and long-term transformation. PCM proposes to align Connecticut around proven capabilities, and flexible payment model options that support patient-centered, convenient care delivered effectively and efficiently. It also addresses workforce issues that underlie sustainable, long-term transformation.

A recently published study by the Patient Centered Primary Care Collaborative (PCPCC) and the Robert Graham Center found that Connecticut consistently performed poorest when relating its investment in primary care to avoidable hospitalizations, recent hospitalizations, and emergency room utilization compared to the other 29 states in the study. Connecticut has one of the lowest percentages of healthcare dollar spend for primary care at just 3.5%. Furthermore, Medicare per capita costs for patients in Connecticut are the third highest in the country, driven largely by higher utilization of hospital, emergency department, and skilled nursing facility services. Healthcare spending among the commercially-insured is also higher than national average and is rising. An increased investment in primary care serves as one piece of a solution addressing these higher costs and lower value, uncoordinated and less patient-centered methods of care delivery.

We advocate for a shift in the primary care spend in our State from the current 3.5% to 10% or higher over the next five years. Many states have legislated changes that require greater attention and/or funding devoted to primary care services, including our neighbors in Rhode Island, Massachusetts, and New York. The modernization of the healthcare delivery system to one that promotes integrated, holistic, patient-centered primary care is one that has been shown countless times to maintain or improve quality, cost and satisfaction. PCM embraces ALL populations, including children, working-aged adults, disabled, elderly, economically disadvantaged, and otherwise vulnerable populations. The PCM goal of supporting and building Health Enhancement Communities recognizes the important influence of non-medical factors on population health and seeks to move beyond treating illness to address root causes, behavior and other social determinants of health.

Key components of PCM include the following:

- Up front financing of primary care to decouple the current payment system requiring face to face office-based encounters. This reflects enhanced care delivery capabilities, using technology to decrease barriers to care, and in many cases the patient preference to receive asynchronous and more convenient opportunities to receive acute, chronic and preventive care.
- Promotion of team-based care capabilities. Beyond a traditional primary care clinician, data prove that pharmacists, community health workers, behavioral health clinicians and health coaches all make positive impacts on patient satisfaction, engagement and outcomes. The flexibility to align healthcare dollars with these traditionally non-reimbursed services is critical for their inclusion in PCM.

- Recruitment and retention of newly trained primary care clinicians and allied health professionals, including community health workers. An aging primary care workforce combined with an aging population means fewer clinicians to see more patients. In Connecticut, a state where 30% of primary care clinicians are over the age of 60, these parallel changes will lead to a significant negative impact on primary care and the healthcare delivery system overall.

The PCM model opens the opportunity to couple enhanced services delivery and improved coordination of patient care with cost savings through reduced hospitalization and emergency department utilization. These savings and efficiencies of care delivery will permit enhanced compensation and workflow for healthcare workers and position Connecticut as a destination for a healthcare career.

Connecticut Medicaid, The Office of Early Childhood, The Department of Public Health and the Office of Health Strategy have all supported programs that align with Primary Care Transformation. Examples include:

- The Patient Centered Medical Home Plus Program
- The Early Home Visitor Program
- The Diabetes and Cardiovascular Disease improvement project
- The SIM project overall as well as the CCIP and PSI projects at present

Collectively, these programs and their agencies form a rapidly evolving, strong network of aligned vision that support PCM and a recognition that enhanced primary and preventive care services serve as the bedrock for a healthier Connecticut. A host of federal programs and policies also align with these initiatives, important for both financial cost-sharing and for Connecticut's continued participation as a leader in national healthcare transformation efforts since ACA expansion.

The signatories to this letter strongly endorse the long-term vision of Primary Care Modernization; to shift the focus of the primary care health care system to provide ongoing, coordinated, high value, patient-centered care and to involve the business, municipal, educational, social service, and public health sectors in creating community-wide solutions.

We hope that when your administration considers the Primary Care Modernization proposal, they see that we need to lead with primary care health delivery innovation, the promise of population health enhancement, and strengthen health equity across all demographic groups.

Sincerely,

SIGNATORIES

*Ross Winakor, MD*

Ross Winakor M.D.- President  
Connecticut Academy of Family Physicians

*Robert Dudley, MD*

Rob Dudley M.D. Med, FAAP  
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A handwritten signature in black ink, appearing to read 'Rebecca Andrews'.

Rebecca Andrews M.D. Governor  
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*Barney Spivack*

Barney Spivack M.D. Representative  
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A handwritten signature in blue ink, appearing to read 'Daniel Tobin'.

Daniel Tobin M.D.  
Society of General Internal Medicine (SGIM) Past-President NE Region,  
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