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September 24, 2008

TESTIMONY

APPROPRIATIONS & HUMAN SERVICES COMMITTEES

Re: DSS proposal for Primary Care Case Management pilot

Ellen Andrews, Executive Director, CT Health Policy Project

This past year has been a time of great upheaval for the HUSKY program – for DSS and for providers, but most of all for families. Many developments in the program have been healthy and long overdue, but transitions are disruptive. The new managed care organizations' provider panels are skeletal and growing slowly.

In 2007, the General Assembly wisely passed a requirement that DSS implement a Primary Care Case Management (PCCM) pilot for HUSKY. Since that time the need for an alternative option to the managed care organizations for the state, for providers and, most importantly, for HUSKY families is even more acute.

To develop the PCCM pilot DSS convened a group of advocates, providers and agency staff to work out the details including provider and agency responsibilities, program structure, budget, and compensation levels. The concept paper you received from the department is the result of that collaboration. I urge you to approve it.

I want to thank DSS for including consumer advocates at every level of the program's design. We met with DSS staff on a regular basis, were informed of challenges and barriers as they arose, were consulted for solutions and our positions were respected in the final design. While we did not always agree and advocates did not always prevail in our recommendations, we were heard and accommodated when possible. Not only has the collaboration created a strong program proposal, it has deepened respect and trust between the agency and stakeholder groups that will extend long into the future. It has been a thoughtful and inclusive process that should serve as a model for future program planning.

All through the process of developing the proposal, the needs of consumers and providers were the highest priority. Every design decision was tested against the standard of empowering providers to do their job and strengthening the patient-provider relationship. Strengths of the program include resources to support primary care, creation of medical homes, risk assessments, care plans approved by patients, help for consumers in managing their own care, integration with disease management programs, strong accountability provisions designed to minimize administrative burdens on providers, and the creation of a Provider Advisory Group to develop program policies into the future. A broad set of providers can serve as Primary Care Providers or medical homes, maximizing access to care for HUSKY families.

We are very excited about the potential for PCCM and HUSKY families and want to thank both the General Assembly and DSS for making this possible.