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Connecticut State Medical Society Testimony in Support of House Bill 5038 An Act Implementing the Recommendations of the Hospital Task Force and House Bill 5539 An Act Concerning the Establishment of the Connecticut Health Quality Partnership
Presented to the Public Health Committee
March 3, 2008

Senator Handley, Representative Sayers and Members of the Public Health Committee, my name is Matt Katz and I am the Executive Director of the Connecticut State Medical Society (CSMS). On behalf of our more than 7,000 members, thank you for the opportunity to present this testimony to you today in support of House Bill 5038 An Act Implementing the Recommendations of the Hospital Task Force and House Bill 5539 An Act Concerning the Establishment of the Connecticut Health Quality Partnership.

We commend this committee and the Hospital Task Force for the well thought and fairly comprehensive approaches contained in **House Bill 5038 An Act Implementing the Recommendations of the Hospital Task t**o address the present conditions of Connecticut's hospitals and the associated care provided in these facilities. We believe that the proposed legislation, including a comprehensive state health plan and a study of the utilization of health care services in Connecticut ,though just a first step, will go a long way to addressing some of the real problems facing Connecticut hospitals,.

CSMS was honored to be a part of the process that generated many of the recommendations included in this legislation. We support the various approaches aimed at developing a better understanding how health care is provided in Connecticut and how various state agencies can work together and with the providers of medical care to address any access issues that may exist.

In particular, CSMS appreciates the inclusion of Section 9 of the bill calling for a collaborative approach to identify and address the many issues of workforce facing Connecticut's healthcare industry. The inclusion of healthcare professionals and in particular the physicians are critical. However, the CSMS trusts that additional focus and consideration will be given to the fact that Connecticut is starting to see a change in its demographics, not just in its patient population, but in its physician population.

Unfortunately, Connecticut has one of the oldest physician populations in the nation, with a significant percentage, according to the American Medical Association, considering retirement in the next 3 to 5 years. This would not be so concerning, if it was not for the sobering fact that Connecticut ranks near the bottom in the number of practicing physicians under the age of 40.

It is not just the age and shear numbers of our physician population that is distressing, but the difficulties we face in maintaining and recruiting medical specialists in many urban as well as rural areas of Connecticut. In many specialties and in many locations, we have been informed that it is taking more than 5 years and in some cases close to 10 years to recruit new physicians who specialize in certain forms of care.

This shift in where and how physicians practice is starting to impact access to care in Connecticut, and not just in the office or community setting. Most physicians historically have taken call and consider it their responsibility. However, many highly skilled subspecialists currently cover multiple hospitals, taking call 3, 4 and even 5 days a week, and still see patients in their offices for a full daily schedule. In fact, close to 16% of the physicians we recently surveyed are actually on call every day and with some specialties, such as cardiology, ophthalmology, urology, as many as 40% indicated that they take call every day.

Many physicians are also not taking call or are unable to take call and one of the issues mentioned was the increase in cost of liability insurance. To give you two such examples, the average liability rate, according to the American Medical Association, for a practicing Obstetrician/Gynecologist in Connecticut when from $63,000 in 2001 to $170,000 in 2006, while general surgery rates, over the same period increased from $32,000 to $65,000 during the same period,. It is no wonder that physicians do not want to practice in Connecticut.

The Hospital Task Force included many recommendations about training, recruitment and retention in its final recommendations that CSMS believes makes sense for Connecticut. However, we can not wait until we have a crisis. We should and we must act now to prevent a crisis and to make certain that Connecticut has the appropriate number of physicians practicing, not just in one or two population centers or associated when a few medical specialties. If Connecticut is truly to make sure that access is maintained, if not improved, it must now start addressing the impending workforce shortage before our aging physicians decide to retire.

CSMS strongly recommends that this committee include those additional workforce recommendations in this bill. After all, you can have physicians practicing medicine and providing medical care in Connecticut without the walls of the hospital, but you can not have a hospital without physicians of the necessary medical specialty providing medical care, including on call services. We look forward to working with Committee members to address all of these critical issues as the session progresses.

We also come before you today in support of **House Bill 5539 An Act Concerning the Establishment of the Connecticut Health Quality Partnership**. CSMS believes strongly that health insurers operating in Connecticut, along with Connecticut's hospital, pharmacists, physician associations, as well as quality based organizations, need to be communicating and collaborating with respective state regulatory agencies in the collection and evaluation of data used for quality based purposes. The CSMS, as one of

the organization's presently engaged in a similar partnership operating in Connecticut, believes that the proposed Connecticut Quality Health Partnership should, as the proposed legislation outlines, collect administrative data from health insurers that will expand upon the data available to better understand and evaluate the medical care provided in Connecticut and the effectiveness of key health care programs administered by and through the various state regulatory agencies.

A state-wide approach to collection of data on quality initiatives will result in uniform systems to evaluate the quality of medical care provided in Connecticut and prevent systems that inappropriately classify physicians based on economic benchmarks.

However, the legislation before you today will fulfill a state need and increase the quality of Connecticut's public health. Therefore, appropriate funding should be contained in the legislation to achieve our goals rather than funding this initiative through what amounts to a dues program based on information and formulas to be developed after the passage of the proposed legislation. CSMS strongly believes that public funding should be available to develop and maintenance the Connecticut Quality Health Partnership. The collection of data will result in a public good- enhanced and increased quality patient medical care.

Thank you for the opportunity to testify before you today and we look forward to working with you on both of these critical pieces of legislation.