



Child Health and Development Institute of Connecticut, Inc.

March 16, 2009

**TESTIMONY IN SUPPORT OF Committee Bill No. 678: AN ACT  
CONCERNING HEALTH CARE COST CONTAINMENT**

Submitted to: The Committee on Public Health

By: Lisa Honigfeld, Ph.D. – Vice President for Health Initiatives, Child Health and Development Institute of Connecticut (CHDI) and the Children's Fund of Connecticut

Senator Harris, Representative Ritter, and other members of the Public Health Committee, as Vice President for Health Initiatives of the Children's Fund of Connecticut and its subsidiary, the Child Health and Development Institute of Connecticut (CHDI), I am writing to you about Committee Bill #678, *AN ACT CONCERNING HEALTH CARE COST CONTAINMENT*.

Our mission is to promote primary and preventive health care for underserved children in Connecticut. Our Board Members include key state leaders in health care and members of the academic and business community who are committed to improving health outcomes for children in Connecticut. We work to develop and promote comprehensive, effective community-based health and mental health care systems through identifying, supporting, and disseminating evidence-based programs to address health needs of children. A key focus of our work is to ensure that all children in CT benefit from a **medical home** – a regular source of preventive care and treatment services that is comprehensive, family centered, culturally competent and linked to resources in the community.

The proposed legislation calls for redirecting health care services through a medical home. When children have a medical home, they experience: fewer unmet health care needs; lower emergency department utilization; fewer hospitalizations; and generally have better health outcomes at a lower cost.<sup>1</sup>

Two aspects of the medical home model are especially critical to ensuring improved health outcomes while containing costs. **Care coordination** and **written care plans developed in collaboration with families** have been shown to improve care for children.<sup>2</sup>

- Studies show that **care coordination** increases the value of **medical home**. When a care coordinator is available in a practice, parents miss fewer days of work and children need fewer office visits and laboratory and x-ray services.
- When children with asthma have **written care plans**, they are half as likely as children without care plans to be hospitalized and have an emergency department visit for asthma.<sup>3</sup>

**Care coordination and family-driven written care plans are both called for in Committee Bill 678.** As an aside, both are required elements of DSS's Primary Care Case Management (PCCM) pilot program. Connecticut can join such states as Minnesota, North Carolina and Illinois in improving health care services and containing costs by supporting **medical home** implementation in primary care for all patients. Primary care services are an excellent starting point for reforming health care services for several reasons:

- Primary care is the **first contact** for prevention, monitoring as well as acute care problems
- Primary care services ideally are **longitudinal** and encourage development of a patient-provider relationship, which is facilitated by availability of medical information over time.
- Primary care providers are capable of delivering a **range of services** from preventive care to diagnosis and treatment for many chronic and acute illnesses.
- Primary care providers are **linked to the larger system of health and community-based services**, including subspecialty care, laboratories, hospitals, and other services that families need, such as WIC and Birth to Three.

CHDI has just released a report highlighting the role of health as a contributor to a child's school readiness and ultimate success in life as well as recommendations for building a comprehensive health system for Connecticut's children. When families do not make use of primary care services for their children, not only do they not receive preventive services but they also miss important opportunities for early identification of health and developmental problems.

The Children's Fund and CHDI has and will continue to devote our resources to work collaboratively with state agencies, commercial insurers and managed care providers to support promotion of primary care for children in Connecticut. Through such a public private partnership, we hope to continue to do our part, providing helpful information, evaluation, and support, and hope that you will do yours, to assure a strong primary care system for Connecticut's children that will ensure optimal outcomes and contain costs.

Thank you. Please call on us if further information would be helpful.

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<sup>1</sup> Honigfeld L, Fifield J & Peele M. **Medical Home: Model of Continuous Coordinated Care for Connecticut's Children.** Child Health and Development Institute of Connecticut. June 2006

<sup>2</sup> Honigfeld L. Care coordination in the pediatric setting: Linking children and families to services. Child Health and Development Institute of Connecticut. February 2007

<sup>3</sup> Loptak GS, Burns CM, Davidson PW, McAnarney ER. **Effects of providing comprehensive ambulatory services to children with chronic conditions.** *Arch Pediatr AdolescMed.* 1998;152:1003-1008

