

**Primary
Care
Coalition of
Connecticut**

FTR

Testimony in Support of S.B. 1154, An Act Concerning the Reporting of Claims Information to the Comptroller and Additional Duties of the Comptroller

We are testifying to inform you about an important legal tool – convener status – that must be considered in ongoing discussions of health reform. To create an environment that permits the collaboration required for successful system reform, the State of Connecticut must take action to pave the way for state-led initiatives exploring alternative models. A key early step in preparing the setting is to consider the benefits of a convener in granting protection under existing anti-trust laws.

A convener brings people and organizations together to explore interests, to share knowledge, and to enable them to reach their objectives. Among the many states granting this status, most have used it to develop Patient-Centered Medical Home pilot initiatives. Convener status is a flexible tool that can be used for narrow purposes, such as establishing a pilot project, or for broader initiatives to improve quality and value in healthcare that would affect all providers and payers in the state.

The Patient-Centered Medical Home (PCMH) model creates a coordinated medical delivery system that emphasizes cost-savings and improved quality of care. A growing body of evidence has proven the merits of the PCMH in delivering effective, efficient, and equitable health care (www.pcpcc.net). Most of this evidence has resulted directly from multi-payer initiatives piloting implementation of the PCMH. In New England, five of six states – excepting Connecticut – have established multi-payer pilots, and multiple Northeast states including Maryland and Pennsylvania have provided early models for the current expansion of these programs.

There is a major concern among stakeholders pursuing collaborative multi-payer demonstration projects that their activities will trigger anti-trust laws designed to promote effective market competition. Existing state-led demonstration projects have found anti-trust protection under the State Action Immunity Doctrine. The State Action Doctrine requires collaborative initiatives to meet two tests to trigger protection: (1) clear articulation by the state of its intent to displace competition; and (2) active and ongoing state supervision of the process and results.

Clear articulation of intent has been achieved through two methods – legislative action or executive order. Most states have relied on the stronger method of legislative action, but others – such as Pennsylvania – have implemented successful projects under executive order. The entity responsible for ongoing and active supervision has been described as the “convener”, and its role must be explicitly stated and described under the principle of clear articulation.

State regulation and supervision has been described differently in various pilot initiatives. At times, state agencies have been granted “convener status”; in other cases, an executive branch office such as the governor’s office serves as the convener. A third option has been the use of state boards or commissions with private members; in these cases, direct oversight from state authority must be established and articulated. States are not limited by convener status in participating as a stakeholder in pilot projects.

American College of Physicians
Eric Mezzin, MD
Robert McLean, MD
Keith Von Egen, MD

Community Health Center, Inc.
Margaret Finler, APRN

Community Health Center Association of
Connecticut
Jennifer Granger, MPH

Connecticut Academy of Family
Physicians
Diana Herman, MD
Kathleen Vetro, MD

Connecticut Academy of Pediatricians
Jillian Wood
Barbara Zogas, MD

Connecticut Academy of Physician
Assistants
Michael Thompson
Justin Champagne, PA-C
Brian Mundy, PA-C

Connecticut Advanced Practice Nurse
Society
Penny McEvoy, APRN

Connecticut Area Health Education Center
Bruce Gould, MD

Connecticut Center for Primary Care
John Lynch, MPH

Connecticut Public Health Association
Joan Began, MPH

Healthwise Family Care Network
Renee Ivin

Middlesex Family Medicine Residency
Program
Keith Grigas, MD

National Physicians Alliance, Connecticut
Chapter
Stephen Smith, MD

ProHealth Physicians
Jack Reed
G. Todd Staub, MD

St. Francis HealthCare Partners
Rose Glanilo, RN, MSN
Malcolm Galen, MD

University of Connecticut/St. Francis
Family Medicine Residency Program
Robert Cushman, MD

Student Representative
Jennifer Mastrocoda, MSIV

Individual Members
Christopher Busser, MD

The Primary Care Coalition of Connecticut is a group of health care professionals from across Connecticut who have united to help build and promote a more effective system of primary health care for our state. We believe that primary care must play a central role in a redesigned health care system that meets the needs of the people of Connecticut. We come from diverse backgrounds, including physicians, nurse practitioners, physician assistants, public health workers, community health centers, government health programs, and private medical practices.

Today, health care reform challenges us at the state and national level. As we debate the outline and next steps in this reform effort, we believe that these central principles are critical to success:

- Everyone should have access to affordable, high quality health care.
- Primary care must play a central role in an effective and affordable health care system.
- Access to primary health care is essential in building a system that not only treats disease, but prevents illness and enhances our quality of life.
- Primary care can significantly reduce the cost of care through prevention, early detection, optimal intervention, and efficient coordination of care.
- Every person should have a primary care clinician to provide basic, coordinated care, as in the patient-centered medical home.

Our current health care system is expensive, fragmented, and lacks universal access, while producing inconsistent outcomes. Much work will be needed from all stakeholders to move to a better system that includes everyone. To support this process of change, The Primary Care Coalition of Connecticut serves as an advocate to the public, as a resource to policy makers in the legislature and payer community, as a clearing house for ideas, and as a focal point for activity to improve our existing primary care base. The members of the Coalition are committed to this purpose and seek others to join us in our effort and to collaborate to improve the health of the people of our state.

Connecticut was challenged by this legal barrier in June 2010 when the Comptroller's Office applied to participate in the Center for Medicaid and Medicare Services (CMS) solicitation for a multi-payer advanced primary care practice PCMH demonstration. In that instance, a Department of Justice letter specific to the CMS demonstration was used to allow engagement of multiple carriers.

As described above, establishing a state-supported collaboration between providers, payers, employers, and the state would permit Connecticut to pursue healthcare system redesign already accomplished in other states. Direct benefits include (1) enhanced access to public and private grant opportunities; (2) health care cost savings; and (3) a positive impact for Connecticut's businesses.

The CMS PCMH demonstration experience is a prime example of missed opportunities to attract funding and resources for innovative initiatives. Results from existing pilots have proven both cost savings and improved health care quality for patients. Given the difficult economic climate facing our businesses and the budget gap confronting our state government, success in controlling health costs will be essential in restoring our economic competitiveness and fiscal health.

The SustiNet bill (H.B. 6305) does contain language establishing a convener authority in Connecticut. However, creating this authority in stand-alone legislation rather than tying it to the future of a specific initiative would allow for broader use of this legal tool in the state. As such, we support Section 2 in *An Act Concerning the Reporting of Claims Information to the Comptroller and Additional Duties of the Comptroller* (S.B. 1154), which grants convener status to the Office of the State Comptroller.

The Primary Care Coalition of Connecticut strongly encourages the State of Connecticut to take a lead role on health system reform by pursuing opportunities for stakeholder collaboration with proven outcomes. A first step would be to join the majority of states providing anti-trust protection under the State Action Immunity Doctrine, and to adopt the role of convener for all future initiatives, independent of SustiNet. A critical point will be to decide on the breadth of scope of the areas to address within the purview of convener status. By taking on a broader use of this tool, the state has the opportunity to lead meaningful change in health care to improve quality and value. In so doing, Connecticut would benefit its citizens as patients, providers, and employers.

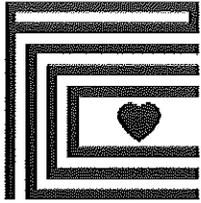
C. Todd Staub MD FACP



Chair, Primary Care Coalition of Connecticut
Chairman, ProHealth Physicians
Vice-Chair, Connecticut Center for Primary Care

For further information please contact:

Karen Pasquale
Program Administrator
(860) 284-5280
kpasquale@prohealthmd.com.



Primary Care Coalition of Connecticut

Community Health Center Association of Connecticut
Community Health Center, Inc.
Connecticut Academy of Family Physicians
Connecticut Academy of Physician Assistants
Connecticut Advanced Practice Registered Nurse Society
Connecticut Area Health Education Center
Connecticut Center for Primary Care
Connecticut Chapter of the American Academy of Pediatrics
Connecticut Chapter of the American College of Physicians
Connecticut Public Health Association
HealthWise Medical Associates
Middlesex Department of Family Practice
ProHealth Physicians
St. Francis HealthCare Partners
University of Connecticut / St. Francis Family Medicine Residency Program
VA Connecticut Healthcare System

Resource List

Convener Status

Burke T, Cartwright-Smith L, Pereira E, Rosenbaum S. Health System Reform and Antitrust Law: The Antitrust Aspects of Health Information Sharing by Public and Private Health Insurers. Aligning Forces for Quality, The Robert Wood Johnson Foundation. July 2009.

<http://www.rwjf.org/files/research/legbarriersantitrustanalysis.pdf>

Myers E, Snyder R, Steffen B. Navigating Antitrust Concerns in Multi-Payer Initiatives. State Quality Improvement Institute, AcademyHealth. September 2010.

<http://www.academyhealth.org/files/publications/AntitrustMultipayer.pdf>

A Practical Guide to Consensus: The Role of Convener. Policy Consensus Initiative. 1999.

http://www.policyconsensus.org/tools/practicalguide/docs/role_convener.pdf

Other Multi-Stakeholder State and National Initiatives

Maine Quality Health Forum and Dirigo Health Reform

<http://mainequalityforum.com/mqlp06.html>

<http://mainequalityforum.com/>

The Maine Quality Forum (MQF) was established by the Governor and the legislature in September 2003 and charged with: collecting research, promoting best practices, collecting and publishing comparative quality data, promoting electronic technology, promoting healthy lifestyles and reporting to consumers and the Legislature.

All-Payer Claims Database Council

<http://www.apcdouncil.org/>