

Connecticut General Assembly - Joint Committee on Public Health  
Legislative Office Building, Hartford, CT 06106  
March 2, 2016

**Re: HB 5451 - AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S  
RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE OFFICE OF HEALTH CARE ACCESS  
STATUTES**

Dear Members of the Joint Committee on Public Health:

My name is Supriyo Chatterjee and I reside in West Hartford Connecticut. For your consideration, I would like to submit my public comments in support of HB 5451. Under the revised Section 11 of HB 5451, mentions that a **'state-wide health care facilities and services plan shall include a state-wide health care facility utilization study'** that entails *"geographic areas and subpopulations that may be underserved or have reduced access to specific types of health care services"*. To this, I would like to suggest that such utilization study and plan include an assessment of how healthcare facilities and providers gather and utilize Race, Ethnicity and Language (R|E|L) data of its patients, as prescribed by Federal and State statutes (including the Patient Protection and Affordable Care Act).

It is well substantiated that collecting and utilizing data on patients' Race, Ethnicity and Language improves the quality of care and well integrated systems have helped reduced healthcare disparities. The American Medical Association in its 'Commission To End Healthcare Disparities' is examining best practices in collecting & processing R|E|L data from patients. Unfortunately, health disparities still persists in Connecticut. For example, the Connecticut State Medical Society has published a study showing disparities in hospital readmission rates. More recently, another study shows that despite efforts to mitigate the disparity - African-American women remain more likely to deliver preterm babies than White or Hispanic women. I believe that it is critical to maintain accurate and complete R|E|L data to monitor disparities in care so that remedies and interventions can be sought.

The All Payer Claims Database (APCD) endeavor in Connecticut can substantially benefit by the systemic and proper utilization of Race, Ethnicity and Language data but currently, it only reflects ~3% of the said R|E|L population. Another endeavor - the Connecticut Healthcare Innovation CT-SIM Project, has one of its primary objectives to attain health equity and lessen disparities. It plans to deploy community health workers, implement population health management and leverage 'cultural competency' of its providers and organizations to achieve its goals. This may be difficult to achieve without a standardized manner of addressing R|E|L data collection and tracking the outcomes during the various phases of value-based care.

There are other implications – Connecticut Department of Public Health's 'Cost of Disparities Analysis' states direct medical costs of ~ \$600M per year for African-Americans. Medicaid expenditure totals approx. \$6bn which is 14% of the state budget and covers 760,000 (20% population). Addressing health disparities can substantially contribute, for the better, to the fiscal bottom line of Connecticut.

**I urge you to include the very important measures of Race, Ethnicity & Language factors in the state-wide health care facility utilization study. This will help plan remedies that will ensure healthier people in our state.**

With thanks and sincerely,

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#### REFERENCES CITED

Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement - Institute of Medicine Report  
<http://www.ahrq.gov/research/findings/final-reports/iomracereport/index.html>

Why race, ethnicity and language data is crucial to quality care  
<http://www.ama-assn.org/ama/ama-wire/post/race-ethnicity-language-data-crucial-quality-care>

Reducing Health Care Disparities: Collection and Use of Race, Ethnicity and Language Data  
<http://www.hpoe.org/resources/hpoehtaha-guides/1431>

Can Collecting Data on Patients' Race, Ethnicity and Language Help Reduce Disparities in Care?  
<http://www.rwjf.org/en/library/research/2011/07/can-collecting-data-on-patients--race--ethnicity-and-language-he.html>

John Z. Ayanian, Richard Allen Williams - Principles for Eliminating Racial and Ethnic Disparities in Healthcare (2011)  
[http://link.springer.com/chapter/10.1007%2F978-1-59745-485-8\\_18](http://link.springer.com/chapter/10.1007%2F978-1-59745-485-8_18)

Racial, Ethnic Disparities Common in CT Hospital Readmissions  
<http://csms.org/2015/02/05/racial-ethnic-disparities-common-in-ct-hospital-readmissions/>

Despite Efforts, Black Women Deliver More Preterm Births  
<http://c-hit.org/2016/02/23/despite-efforts-black-women-deliver-more-preterm-births/>

Connecticut Department of Public Health – Health Disparities  
<http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388116%20%20%20>

Connecticut APCD Advisory Group Meeting, February 11, 2016  
[http://www.ct.gov/hix/lib/hix/Presentation\\_02112016.pdf](http://www.ct.gov/hix/lib/hix/Presentation_02112016.pdf)

A Précis of the Connecticut Medicaid Program - Connecticut Department of Social Services  
[http://www.healthreform.ct.gov/ohri/lib/ohri/work\\_groups/practice\\_transformation/2015-07-14/precis\\_dss\\_initiatives\\_exec\\_summary\\_07102015.pdf](http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/practice_transformation/2015-07-14/precis_dss_initiatives_exec_summary_07102015.pdf)

Connecticut Healthcare Innovation Central – State Innovation Model (SIM)  
<http://www.healthreform.ct.gov/ohri/site/default.asp>