Good evening Senator Osten, Representative Walker, my name is William Horgan and I am the Eastern Regional Medical Director of Quality and Safety for Hartford HealthCare and in addition I work as an emergency department physician at both Windham and Backus hospital. Thank you for the opportunity to come before you this evening to discuss some of the governor’s budget proposals concerning our state’s Medicaid program.

In my experience the Medicaid patients I treat in the ED are coming in with illnesses that could have been treated a week earlier in a doctor’s office but by the time the patient arrives in the ED their illness has gone untreated for too long, requiring a much higher level of care and cost and not to mention, more pain for the patient. For example, I’m seeing more dental emergencies that ever before. The lack of access for routine dental care means that I end up with patients that have bad dental infections that are beyond filling an antibiotic prescription as they now require surgery.

Over the last two to three years I have witnessed a spike in the severity of illness among our Medicaid patients such as; uncontrolled hypertension leading to stroke or heart attack, diabetes out of control causing diabetic ketoacidosis, patients in need of dialysis from lack of primary care treatment of chronic medical conditions.

The opioid crisis, while cutting across all segments of our society, has an even harsher impact on poor people, causing more overdoses as they are using less refined and tainted heroin. Intravenous drug users have severe complicated infections such as spinal epidural abscesses that cause paralysis, and endocarditis requiring open heart surgery.

In today’s healthcare world the goal is to get patients out of the hospital as quickly as possible and that works well for patients if they have access to robust outpatient care. For Medicaid patients, that is practically non-existent.
These are patients with limited funds that most often lack adequate housing, food and transportation. For those with chronic conditions like diabetes, maintaining a healthy diabetic diet is expensive and most likely impossible for them, resulting in repeated trips to the ED.

Many of our Medicaid patients come into the ED with illnesses that could be taken care of in a less costly outpatient setting, but they lack access to primary care doctors in part due to the shortage of primary care providers in southeastern Connecticut.

The proposed budget contains a provision that would tie readmission rates to hospital payments. I’ve just explained to you the Medicaid patients that I see every day that have little control over their own lives and we as providers, have even less. There is no benchmark or metric to prove that a readmission within 30 days was because of inappropriate care. The federal government has realized that socioeconomic factors have the most to do with readmission rates and are backing away from penalizing providers by reducing payment. I am speaking to you tonight to ask that you oppose this provision as that would harm patients as well as hospitals. Thank you for consideration of our position.