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OP-EDS

Catherine John and Sheldon Toubman: Primary Care Roadmap won't help Connecticut health care consumers

By Catherine John and Sheldon Toubman
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Sometimes what a lot of folks think is true just isn't. But because no one raises a question, they set the agenda based on a monumentally false assumption. And so it is with the latest reform proposal from the Connecticut Office of Health Strategy

called the [Primary Care Roadmap](#). It proposes to make radical changes to the delivery of primary health care, including a shift of up to \$3.9 billion per year of Connecticut health care dollars, with no meaningful public input.

Safe to say, you probably are first hearing about it from this op-ed. It is a dangerous proposal which, if not stopped, will severely limit Connecticut residents' access to health care, drive more independent primary care practices to be acquired by large corporate entities, and worsen both health disparities and the ongoing mental health crisis.

We represent a broad group of advocates for Connecticut health consumers who are concerned about this proposal, which is supported by large primary care providers that stand to gain financially and would redirect money to them and away from critical areas of health care such as behavioral health. It would also radically alter primary care payment using a failed model that incentivizes the denial of even primary care.

The goals of the Roadmap, which OHS seeks to have endorsed by the legislature in [House Bill 5042](#), are to: (1) shift emphasis from specialty care to primary care; (2) increase primary care physician incomes; and (3) address primary care provider burnout.

To achieve these goals, the Roadmap proposes to change the way primary care physicians are paid away from long-standing “fee-for-service,” where they are paid as they provide care to patients, to “capitation” (also called “prepayment” in the Roadmap), where they are paid a fixed amount per patient per month, regardless of whether they provide care to that patient.

However, while there is room for improvement, it is not clear that primary care is the priority issue for Connecticut residents. The legislative public process is focused on behavioral health, which is unquestionably a problem. In the CT

Medicaid program, while specialists are paid inadequately, primary care providers are paid about what Medicare pays for the same services. Nevertheless, the Roadmap would shift billions of dollars from specialists and other health care toward Connecticut primary care providers, while pushing primary care toward a capitated payment system, making access worse for all care. Here's why:

First, capitation has not worked to lower costs, improve access or enhance quality in Medicare despite years and considerable investments in the model. Capitation incentivizes providers to take on more patients, as they are paid to have more patients; not to actually see them but instead to send them out to specialists.

Proponents make vague assurances of “quality metrics” that would magically detect resulting underservice. But no system has ever been developed, let alone implemented, that would detect the thousands of ways in which capitated providers may consciously or unconsciously restrict access to care because they have a direct financial incentive to do so — including not even telling patients about possible treatments that are more effective, but substantially more expensive. Yet, HB 5042 would authorize OHS to direct this radical payment scheme (as a kind of “alternative payment” model) on patients who will have no choice if their provider signs up.

Second, patients already have a hard time getting appointments with some specialists, particularly under the Medicaid program where specialist providers are inadequately compensated. Diverting patients from primary care and toward specialists will therefore make it harder for them to see a provider — with the inevitable result of more expensive emergency visits and medical complications and costs. Patients with chronic medical conditions, people with disabilities, seniors, and Black and brown patients, who already suffer underservice, will be the first to be denied care, exacerbating health disparities that the legislature has recently committed to addressing.

Third, to accept the financial risk of capitated payments, more primary care providers will also have to leave independent practices and join large health

systems. It is already a crisis in Connecticut that large corporate providers are gobbling up small practices, taking away patient choice and driving up costs.

Fourth, OHS also proposes to reduce health care spending growth in Connecticut while simultaneously raising pay for primary care providers by \$3.9 billion per year. This will necessarily force cuts in other health care expenditures, likely including specialists and behavioral health services.

The legislature is wisely focusing on the behavioral health crisis, which has been exacerbated by the pandemic, and is resulting in children ending up in hospitals for lack of community services, and long stays in hospital emergency departments. The legislature has recognized that a key cause of this problem is lack of behavioral health providers due to inadequate reimbursement for these providers — not a lack of primary care providers.

Small state agencies sometimes produce so-called “innovations” they can then claim credit for, and take charge of, to grow their bureaucracies. But someone has to ask what the point of spending taxpayer money on this tried and failed “innovation” is — if it makes access to health care worse. The Roadmap hypes an exaggerated problem, to be addressed by a radical solution that does not work. Sometimes, we just have to say out loud that the emperor has no clothes.

Catherine John is lead organizer for Black and Brown United In Action, a New Haven-based organization focused on social justice and equity. Sheldon Toubman is the litigation attorney with [Disability Rights Connecticut](#), which provides legal advocacy and rights protection to a wide range of people with disabilities.



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