January 21, 2019

Victoria Veltri
Executive Director
Office of Health Strategy
State of Connecticut
Via email

Dear Ms. Veltri:

I am writing regarding YNHH Certificate of Need Application, Docket #32231 to the Office of Health Strategy. Yale New-Haven Hospital (YNHH) has applied to close three primary care clinics that serve tens of thousands of low-income New Haven area residents, to transfer their care to a distant facility, and transfer payment for their care to the Fairhaven and Cornell Scott Hill Health Centers (CHCs) but leasing YNHH staff. I also understand that you have received more information since the public hearing about the applicants' evolving plans.

Unfortunately, none of the applicants' answers to your agency's questions are complete or sufficient to approve this application and ensure no harm comes to low-income residents of the New Haven area. Critical areas that remain uncertain include financial burden on uninsured patients, transportation to the distant site, access to pharmacy, and access to information and services for family planning.

Concerns we related at that the public hearing[1] about the quality of care at CHCs have only grown. The most recent state reports, published after the public hearing, found that in 2017, ER visits for Fairhaven and Cornell Scott-Hill Health Medicaid patients were 27% and 83% higher, respectively, than for a matched comparison group of Connecticut Medicaid patients[2]. Concerns by clinical staff have also grown regarding conflicting answers to their questions about plans to increase the number of patients providers see each day. This could impact the quality of both patient care and provider training.

The applicants' answers to questions about significantly higher costs for uninsured patients with the nominal shift to CHC payment. Charges of at least $20 to $25 per visit, and in many cases far higher, would be extremely burdensome to low-income patients, particularly those with chronic conditions that need active management to avoid serious, and costly, complications. The applicant's vague description of a hardship fund would be unlikely to fill the

[1] Testimony to OHS of CT Health Policy Project, November 28, 2018
[2] PCMH + Year 1 Results, Mercer for DSS, December 12, 2018

need, especially as it only applies to current patient families. Eventually it would end. The applicants also offered in their answers that the fund may not comply with federal law. If so, there would be no relief for any patients. It is hard to imagine that these costs will not be a significant barrier to care and pose a serious threat to the health of thousands of New Haven area residents well into the future.

Concerns about transportation to the distant, new site have not been addressed by the applicants' answers. No contracts have been finalized for the ride-sharing programs, and every answer further narrows qualifications for those services. A lawsuit has been filed by legal advocates against the state regarding inadequate access to transportation for Medicaid members. Community members believe it is likely that transportation barriers will lead to more patients seeking care at already overcrowded current CHC clinic sites, adding to the long wait times. It is helpful that clinic staff will manage transportation services for patients who qualify, but it is my understanding that call wait times and dropped call rates are already very high at the clinics. Moving a significant source of primary care out of three neighborhoods to a distant site creates a new and serious barrier to care. It would be ill-advised to approve this application while so many pieces of the applicants' transportation plans are at risk.

Plans for on-site pharmacy were abandoned since the application was filed. Currently patients have easy access to medications either on-site or only a block away. As acknowledged in the applicants' second set of answers, there are no pharmacies near the distant new clinic site. Requiring yet another ride to access critical medications, such as Narcan, antibiotics, for mental health, pain management or cardiac conditions, could be tragic and costly.

There has been no answer to concerns about increased costs to the state, and the applicants' stated intention, to "Shifting active management to [the CHCs] allows for increased reimbursement through the FQHC enhanced Medicaid rate structure."[3] Unfortunately this is not the first, and likely not the last shifting of payment source for hospital primary care in Connecticut. Advocates remain deeply concerned about the increased costs to a very tight budget, with no discernable benefit to patient care, and resulting cuts to the current Medicaid program.

There are also concerns that the grant from YNHH to the CHCs to cover the costs of care is capped. Uncertainties in Medicaid funding at the federal and state levels add to concerns that revenues may not match costs. If that cap is reached, CHCs will be responsible for the extra costs. Losses could result in reductions in services to all CHC patients, not just those served in the new facility.

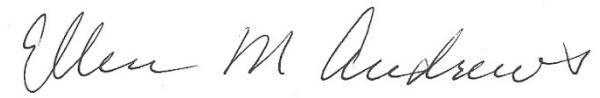
There remain no plans to evaluate the impact of this plan, if approved. Harms to patients and overall community access to care for New Haven's underserved will not be documented, and therefore are unlikely to be addressed. In addition, the impact on the state budget, training of

[3] YNHH Certificate of Need Application, Docket #32231

future primary care providers and the local economy are also concerns that deserve monitoring.

Without better quality, access and financial protections for both patients and the state, OHS should not approve this application. Thank you for your consideration. If you have any questions about our concerns, please contact me.

Sincerely,



Ellen Andrews, PhD
Board Chair
CT Health Policy Project