Yale
NewHaven
Health

Via OHS Electronic CON Portal

November 21, 2018

Ms. Micheala Mitchell
Hearing Officer
Health Systems Planning Unit
Office of Health Strategy
450 Capital Avenue
P.O. Box 340308
MS# 51OHS
Hartford, CT 06134-0308

Re: Certificate of Need Application: **Docket Number 18-32231-CON**
Yale New Haven Hospital
Termination of Primary Care Services
Response to Request for Prefiled Testimony and Issues

Dear Ms. Mitchell:

Attached please find the Yale New Haven Hospital ("Applicant" or "YNHH") response to the Request for Prefiled Testimony and Issues dated November 15, 2018. The response is provided in both Word and PDF format, and will be uploaded to the OHS CON portal.

Also enclosed is an appearance of Jennifer N. Willcox, Vice President, Legal Services for the Yale New Haven Health System and Rebecca A. Matthews at Wiggin and Dana, LLP for Yale New Haven Hospital.

Please do not hesitate to contact me at 203-688-5721 or Jeryl.Topalian@ynhh.org if you have questions or need additional information.

Sincerely,

Jeryl Topalian
Director, Strategy & Regulatory Planning

cc: Cynthia Sparer, Sr. VP Operations, YNHHS
Jennifer Willcox, VP Legal Services, YNHHS

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH STRATEGY

Certificate of Need Application
Docket No.: 18-32231-CON
Yale New Haven Hospital
Termination of Primary Care Services November 21, 2018

Prefile Testimony of Cynthia N. Sparer
Senior Vice President, Operations
Yale New Haven Hospital

I. Introduction

Good afternoon. My name is Cynthia Sparer. I am the Senior Vice President for Operations at Yale New Haven Hospital ("YNHH"). I have spent four decades in health care management, including roles as Senior Vice President and Chief Operating Officer of New York-Presbyterian Hospital and Executive Director of the Morgan Stanley Children's Hospital. In addition to my current position as Senior Vice President of Operations, I am also the Executive Director of the Yale New Haven Children's Hospital.

Thank you for providing us with the opportunity to submit testimony in support of YNHH's proposal to transition its outpatient primary care clinics to a new collaborative model of care. I will provide a project overview and discuss some of the benefits and mechanics of our proposed venture. My colleagues, Dr. Suzanne Lagarde and Michael Taylor, will then describe their respective organizations' substantial capacities and expectations for this collaboration. Finally, Dr. Stephen Huot will speak from the practitioner perspective and explain the benefits to integrating YNHH's world-renowned training mission within an innovative community-based clinical model.

II. Overview

YNHH currently provides primary care services to more than 25,000 patients in the greater New Haven region through its Primary Care Centers (the "YNHH PCCs"). The YNHH PCCs offer adult primary care services at YNHH's two New Haven campuses, the York Street Campus and the Saint Raphael Campus; pediatric primary care services at three sites, the York Street Campus, the Saint Raphael Campus, and in Hamden; and women's primary care services, at the Women's

Center at the York Street Campus. Collectively, the YNHH PCCs record over 80,000 patient visits per year. The YNHH PCCs predominantly serve patients who are Medicaid recipients or who are uninsured, with those two patient cohorts representing more than 90% of overall visit volume.

Over the past several years, YNHH has engaged in extensive strategic discussions with two local federally qualified health centers (the "Health Centers"), Cornell Scott–Hill Health Corporation ("CSHHC") and Fair Haven Community Health Clinic, Inc. ("FHCHC"). Collectively, YNHH, CSHHC and FHCHC provide primary care services to more than 95% of underserved adults and children in the Greater New Haven area. CSHHC is also the largest provider of behavioral health services in the region.

Both Health Centers are experts at providing innovative, comprehensive patient-centered care to underserved populations in a community setting, along with unique wraparound services to address social and behavioral needs. YNHH is a leading teaching institution that attracts highly-talented trainees who go on to become top clinicians. YNHH prides itself on providing cutting-edge training to foster core clinical competencies. By sitting down together, we have been able to strategize and develop a plan to combine the substantial and unique resources of our respective entities in order to improve the long-term health status of the underserved population of New Haven County.

Our discussions have led to the formation of the New Haven Primary Care Consortium ("NHPCC"), a formal collaboration between YNHH and the two Health Centers to improve the quality of primary care services, access to care, and the efficiency of how that care is delivered to our patients. Under the auspices of the NHPCC, we are now proposing to transition delivery of primary care services from the YNHH PCCs to three new, co-located primary care clinics at 150 Sargent Drive in New Haven. The new clinics—Adult Medicine, Women's Health and Pediatrics—will be operated under the respective licenses and management of the Health Centers. Adult and women's primary care will be provided under the license of and managed by CSHHC, and pediatric primary care will be provided under the license of and managed by FHCHC. The existing providers at the YNHH PCCs—including residents enrolled in YNHH residency programs, working alongside attending physicians from the Yale School of Medicine—will continue to provide care to patients at the new site, enhancing medical education in the region by introducing trainees to the Health Center primary care model. Continuity of care will be maintained with the current staff at the YNHH PCCs,

who will remain employees of YNHH and be leased to the Health Centers.

Services currently offered at the YNHH PCCs will continue to be available under one roof at 150 Sargent Drive: adult primary care, pediatric primary care, women's services, and health education. The only exception is certain abortion counseling or abortion services that cannot be transferred to the Health Centers because they are subject to the Hyde Amendment, a legislative provision that bars the use of federal funds to pay for abortion services with certain narrow exceptions. Those services will remain available to patients through YNHH's Family Planning Program or through referral to Planned Parenthood. Each clinic will also establish an embedded behavioral health service, which the YNHH PCCs do not currently offer. YNHH will maintain the ancillary services already available at 150 Sargent Drive, include imaging services and blood draw, and we propose adding a WIC clinic and other services and professional support staff. We will also maintain our Medical-Legal Partnership Program, which assists families receiving clinical care with social/legal problems that impact overall health, and relocate it to the 150 Sargent Drive location.

Although they will function autonomously, each care provider at 150 Sargent Drive will use the same electronic health record, facilitating integrated care and better longitudinal monitoring of a patient's health. This shared electronic database will also permit the sharing of aggregated data for population health research. The parties are also exploring a centralized call center or other ways to streamline scheduling. Through representation on the Steering Committee of the NHPCC, the parties will collaborate on strategic enhancements for all of these primary care clinical services and facilitate sharing of best practices to enhance care delivery for patients.

Both Health Centers involved in this project have a longstanding commitment to providing care to vulnerable population in our region. They have numerous independent clinical locations across the area, and they each will retain their individual license, staffing and governance structure. YNHH will continue to provide ancillary services to this underserved population, will continue to ensure the training of future primary care clinicians in collaboration with the Health Centers, and, through the NHPCC, will support the services of the Health Centers financially through annual Community Benefit Grants and through sharing of best practices. This innovative model of care will allow the three autonomous and independent safety net providers to collaborate to provide care in a way that could not be accomplished individually.

III. Benefits of the Collaboration

Transitioning primary care services to the Health Centers at a centralized location allows us to pool collective resources and expertise, share best practices, and collectively reduce the total cost of care through enhanced access, patient engagement, education, and resource optimization.

By bringing together the three entities that provide the bulk of primary care to underserved and vulnerable populations in the greater New Haven area, the NHPCC has given us the opportunity to assess how we can improve the health status of our community. It also allows us to focus on long-term outcomes and work to improve the health status of the underserved population of New Haven County by facilitating seamless care delivery, expanded training opportunities, and dramatically increased coordination among providers.

We believe this consortium will be a benefit not only to individual patients and providers, but to each of the three entities in the NHPCC.

While I defer to Mr. Taylor and Dr. Lagarde to speak for their respective organizations, here are just a few of the benefits YNHH envisions for the various stakeholders in this collaboration:

A. Benefits to Patients

At 150 Sargent Drive, patients will be able to access enhanced and better-coordinated care. Co-locating three clinics and related ancillary and professional services under one roof, as well as employing a common electronic health record, will streamline patient access to primary care services, avoid duplication, and allow providers to coordinate care across the continuum.

As Dr. Huot will explain, medical leadership from all three entities—and all three primary care practice areas (Medical, Pediatric and Women's)—spent years developing a model of care for the NHPCC that draws on best practices from the YNHH and Health Center contexts. Once patients from the YNHH PCCs are incorporated with the Health Centers, they will have access not only to YNHH clinicians, but to a full scope of medical, dental and behavioral health services. We expect that at least 30% of current YNHH PCC patients will benefit from the embedded behavioral health care at each of the three new clinics. Similarly, all patients will benefit from the efficiencies and the experience of the Health Centers in providing culturally competent wraparound services to address social needs, and in partnering with community providers to eliminate gaps in care.

We anticipate that the consolidated location, embedded behavioral health services and other enhancements and investments being made by YNHH in the 150 Sargent Drive site will make it a more attractive location for patients to seek and receive primary care services. The location is being designed to accommodate the new model as well as potential expansion at the cost of approximately $15 million and the NHPCC will work to ensure that capacity and access are managed in a manner that meets the community's need.

B. Benefits to the Health Centers

The Health Centers are best placed to speak to this, but I note that over the course of this project, both have expressed significant excitement about access to a new talent pool of young physicians, as well as the opportunity to influence the future of medicine (and the primary care workforce) by introducing YNHH trainees to their model of care for underserved populations.

C. Benefits to YNHH

YNHH has long recognized the need to re-evaluate our primary care model. By nature, the YNHH PCCs are not equipped to provide comprehensive services across the care continuum, nor—by virtue of being located in a large academic medical center—are they as "plugged in" to community resources and wraparound services as the Health Centers. As a result, patients too often end up in the Emergency Department for preventable reasons.

Meanwhile, as Dr. Huot will address in substantial detail, we at YNHH must figure out a way to provide our trainees with what they want: greater exposure to new care environments, particularly in primary care. Graduate medical education is moving away from the traditional model. Our trainees are rightly demanding real-world experiences that build core clinical competencies in a team-based context, and we must keep pace. Currently, only 10 percent of our traditional internal medicine residents and none of our primary care internal medicine residents are able to work in the Health Center setting; this proposal ensures that a majority of our traditional internal medicine residents and all of our primary care internal medicine residents have that opportunity.

D. Benefits to Population Health

The 150 Sargent Drive site will streamline and improve access to care for a large population of greater New Haven residents. Sharing our best practices and data through the NHPCC will allow us to continually evaluate trends, opportunities, and progress in improving care. Our collaboration has already allowed for additional grant funding of new projects around population health, and we anticipate opportunities for additional funding and research.

E. Cost Savings

Lastly, I want to address some of the cost savings we anticipate from this collaboration. By maximizing resource efficiencies, economies of scale, and productivity, NHPCC will unlock incremental economic value through multiple mechanisms. We anticipate substantial savings through reduction in Emergency Department visits and less duplication of services. (The adoption of a single instance of Epic, taken alone, is anticipated to generate significant cost savings through enhanced communication across providers.)

Of greatest interest here, a recent analysis performed by Dr. Zavoski and staff of the State of Connecticut Department of Social Services, Division of Health Services comparing payments for YNHH common primary care outpatient visits with those for the two Health Centers' encounter rates found that cost to the state per patient visit will be lowered by our proposed transition of care.

IV. Collaboration Process and Design of the Integrated Model of Care

Discussions between YNHH and the Health Centers began in March of 2015. Over the next two years, we began reviewing patient and financial data to understand the feasibility of a collaboration, as well as any efficiencies we might capture. In September of 2016, a Physician Task Force was convened to create an innovative model of care that combined best practices of our academic medical center with the community- and service-oriented care provided by the Health Centers. In November of 2017, the three entities signed a collaboration agreement, formally establishing the NHPCC as an unincorporated association governed by a Steering Committee on which each entity has equal representation. In May of 2018, YNHH entered into a Community Benefit Grant ("CBG") Agreement with each of CSHHC and FHCHC. The CBG Agreements include a Start-Up Grant to cover certain one-time and other expenses incurred in establishing and commencing operations at the Sargent Drive site, and then covers the first five fiscal years of

operation. This CON was submitted shortly thereafter.

Design and construction of the three new primary care clinics at 150 Sargent Drive will begin late this year and in spring 2019, CSHHC is scheduled to join YNHH and FHCHC on the same instance of our electronic health record, Epic. Assuming state approval—and eventually, federal approval from the Health Resources Services Administration ("HRSA") for the Health Centers—the anticipated opening of the 150 Sargent Drive location, along with the final transition of the YNHH PCCs to Health Center management, is expected take place in Fall 2019.

Needless to say, a collaboration on this scale has taken dedicated effort from all parties. In addition to the staff and medical leadership at YNHH, the CEOs of FHCHC and CSHHC, Sue Lagarde and Michael Taylor, along with their medical directors and respective executive staffs, have taken the lead role in defining and now implementing a shared vision that will fundamentally redefine the primary care safety net in our area and—we anticipate—create a ripple effect for population health in greater New Haven. The integrated model of care to be implemented at the 150 Sargent Drive site was painstakingly crafted by our 10-member Physician Task Force, and is now being developed by physician leadership committees from each practice area. Throughout, we have closely involved the leaders of YNHH's graduate medical education function, who are excited about the substantial improvements to their resident training programs that will be generated by the provision of care under the auspices of the Health Centers.

V. Mechanics of the Transition and Services to Be Provided

As described, the 150 Sargent Drive location will feature three co-located primary care clinics that will take over all primary functions from the YNHH PCCs: an Adult Primary Care clinic and a Women's Health clinic, operated by CSHHC; and a Pediatrics clinic, operated by FHCHC. In addition, we will have embedded behavioral health that is coordinated with primary care, as well as on-location WIC and other professional services. The imaging and diagnostic services already at the 150 Sargent location will also remain there, and we may explore additional co-located services.

Below, I outline some of the mechanics of the transition of primary care services to the Health Centers, as well as the patient care to be offered at the new location.

- Timing: The current schedule anticipates that the transition of primary care services will occur in Fall 2019. The transition period is expected to take no more than one month.

- Staffing: Through an employee leasing arrangement with each of the Health Centers, the same complement of YNHH residents, clinical faculty, and other YNHH employees who currently staff the YNHH PCCs will provide care—under the auspices of the Health Centers—at the new location. This will maintain continuity of care for patients. YNHH has committed to the leasing arrangement for as long as the NHPCC is in effect.

- Physical plant: The current building at 150 Sargent dates to the 1970s. YNHH is therefore funding capital costs to modernize the space, including updating and improving the infrastructure and HVAC systems in the building and adapting it for co-located services. After renovations, the location will offer approximately 50,000 square feet of usable space with more than 100 state-of-the-art exam rooms. It will also have a large conference center for training and group visits.

- Electronic health record: As part of NHPCC's mission to streamline care and pool resources, all three entities will share the same instance of Epic. FHCHC and YNHH are already using this instance of Epic, and CSHHC will transition early next year. A single electronic health record across our networks will pay significant dividends. It will dramatically increase efficiency, preventing duplicative procedures and ensuring every provider has comprehensive, accurate, up-to-date information on her patients. It will increase longitudinal care continuity and safety for patients. It will also assist providers by expanding visibility into a patient's medical history and facilitating increased communication across sub-specialties. Finally, it provides promising prospects for clinical research, including the ability to uniformly collect information on social determinants of health and to implement innovative pathways across locations.

- Hours: At a minimum, CSHHC and FHCHC have committed to maintaining the current YNHH PCC schedule of hours and days of operation (by clinic) at the time

of transition to 150 Sargent. It is anticipated that these hours will ultimately be extended.

- Access: 150 Sargent Drive is approximately 1.5 miles from the current York Street and St. Raphael campuses. It is located off I-91 and I-95 and is serviced by CT Transit buses. Free surface lot parking is available for 276 cars. In order to address transportation needs, YNHH has conducted a transportation survey of PCC patients. The results of the survey are being used to determine the scope and scale of YNHH initiatives around transportation to the 150 Sargent Drive site. Based on these results, YNHH is exploring additional transportation options, including the potential for shuttle services, advocacy for expanded bus routes, and/or potentially utilizing YNHH's system-wide Uber contract.

- Cost to patients: YNHH is reviewing any differences in the cost to patients who will be transitioned from YNHH to the Health Centers. Consistent with HRSA requirements, each Health Center charge what HRSA calls a "nominal" fee to uninsured patients whose household income is below 100% of the Federal Poverty Level ("FPL"), and provides for reduced cost services on a sliding scale for uninsured patients with household incomes between 100% and 200% FPL. Patients who have difficulty paying these fees may qualify for free care (through what is known as a "hardship waiver"), consistent with the policies of each Health Center.

  YNHH currently provides free care to patients who apply and have household incomes less than or equal to 250% of the FPL. To the extent that any of these patients transitioned to the Health Centers are not able to pay the fees of the Health Centers, and are not eligible for hardship waivers, YNHH is committed to working with the Health Centers to develop ways to mitigate any out of pocket costs that patients may incur as a result of this transition. It is projected that patients will benefit financially by avoiding duplicative visits, because more comprehensive care will be embedded into a single visit, at one location (e.g., patients will not be going to separate primary care and behavioral health visits), and from other features of the new location, including free parking.

VI. Conclusion

YNHH, FHCHC, and CSHHC have each invested considerable time, effort, and capital in thinking through a new way to provide primary care to those who need it most in our region. I am proud of the result, and excited for the considerable opportunities the NHPCC's collaboration at 150 Sargent Drive will bring.

Thank you again for the opportunity to testify in support of YNHH's application to transfer its primary care services to CSHHC and FHCHC. I am available to answer any questions you may have.

The foregoing is my sworn testimony.

Cynthia Sparer
Senior Vice President, Operations
Yale New Haven Hospital

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
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Certificate of Need Application
Docket Number 18-32231-CON
Yale New Haven Hospital
Termination of Primary Care Services November 21, 2018

Prefile Testimony of Suzanne Lagarde, M.D., M.B.A.
Chief Executive Officer
Fair Haven Community Health Clinic, Inc.

I. Introduction

Good afternoon. I am Dr. Suzanne Lagarde, the Chief Executive Officer of Fair Haven Community Health Clinic, Inc. ("FHCHC"). My testimony is in support of Yale New Haven Hospital's proposal to transfer its primary care center operations to FHCHC and Cornell Scott-Hill Health Corporation ("CSHHC") and to establish the New Haven Primary Care Consortium ("NHPCC").

A number of individuals will be testifying today about the anticipated benefits of the proposal. I would like to (i) outline the reasons that FHCHC decided to participate in the NHPCC and the qualities it brings to the partnership; and (ii) specifically highlight the benefits of NHPCC's proposed model of care for individual patients and for the overall health of the population in the service area.

II. Participation of FHCHC in NHPCC

FHCHC has been providing comprehensive, community-based primary care since 1971. Our mission is to improve the health and social well-being of the communities we serve through equitable, high quality, patient-centered care that is culturally responsive. We currently provide care for nearly 19,000 patients in over 80,000 office visits at 14 locations.

FHCHC's decision to participate in the NHPCC and collaborate with CSHHC and Yale New Haven Hospital was, first and foremost, about mission. FHCHC is committed to the underserved in our community and we want to bring our high quality, compassionate care to as many residents of the greater New Haven community as possible. For over 40 years, collaboration with community partners has been the bedrock of our model of care; collaboration with the two other largest providers of care to the vulnerable populations within our community will enhance our ability to achieve our mission going forward. , We believe that bringing the three organizations together with a common electronic health record platform and with a shared commitment to collaborating in the provision of high quality care, provides an unparalleled opportunity to provide true population health management to the New Haven community.

Representatives from CSHHC and Yale New Haven Hospital have or will testify about their involvement in the NHPCC and what specific attributes they bring. FHCHC will be a strong collaborative partner for many reasons, among them:

- FHCHC has a long history of high quality, patient-centered care. In fact, FHCHC is one of only two federally-qualified health centers in the State of Connecticut that is dually certified as a Patient Centered Medical Home by both the National Committee for Quality Assurance and The Joint Commission ("TJC"). For over 15 years, we have been accredited by the TJC as an ambulatory care center. We are the recipients of numerous Quality Awards from the Health Resources and Services Administration ("HRSA"), a division of the Department of Health and Human Services (HHS). Most notably, for the past three consecutive years, HRSA has designated FHCHC a Health Quality Leader, a recognition bestowed on fewer than 30% of all federally quality health centers in the country. We want to bring our model of team-based, patient-centered, high quality care to more patients, and will bring our best practices to the NHPCC.

- FHCHC has a wide range of ancillary expertise, including integrated primary care and behavioral health at our current locations, addiction medicine services, dental services, care coordination, and other services. A variety of specialties are offered in house including allergy, pulmonology, cardiology, gastroenterology,

endocrinology, infectious disease and dermatology. Several of FHCHC's programs have gleaned national recognition. Specifically, our diabetes program is nationally recognized for its innovative ways of addressing the high prevalence of diabetes in our largely Hispanic community. Our colon cancer screening program was one of only three such programs in the nation recognized by the American Cancer Society for its linkages within the community.

- FHCHC is adept at making and maintaining community partnerships, and at responding to community health care needs creatively and in real-time. For example, , beginning in October 2017, FHCHC welcomed over 500 Puerto Rican evacuees who fled to the New Haven Area following the devastation of Hurricane Maria. In response to the multiple medical, emotional and social service needs of these patients, special clinics were created in which providers from multiple disciplines were available to address patients' needs. Over the past few years, as more and more refugees have called New Haven home, we partnered with Integrated Refugee & Immigrant Services ("IRIS") to assess new arrivals' health needs and integrate them into our service delivery. We've also joined forces with local businesses to address health disparities—including our food justice/wellness collaboration with Chabaso Bakery, which led to the creation of urban agriculture project New Haven Farms. We have also joined forces with a number of local non-profits, most recently Putting on Airs, creating an in-home evaluation program for patients with refractory asthma. We understand the value of sharing resources and expertise, and embrace additional collaborations in service of our patients.

- FHCHC has long embraced the opportunity to train providers of the future. Students from the Yale School of Nursing, Quinnipiac University School of Medicine and Yale University School of Medicine rotate through our programs on a regular basis. Additionally, FHCHC currently partners with Yale New Haven Hospital to train twelve (12) internal medicine residents annually and we are thrilled at the prospect of being more involved in the hospital's residency training program. These residents are "the best and the brightest" and they are the future of medicine. The opportunity to introduce these young physicians to our world of caring for the

underserved is exciting and we hope, through this collaboration, to expand the workforce pipeline of clinicians committed to caring for this population. If only a few residents decide to go into primary care every year, it will be a huge step forward for improving care in our community.

- Finally: We know our community well, including the multiple challenges they face in staying healthy. We are a part of the community we serve, and it is important to us to be a dependable resource for all our patients' health and wellness needs.

III. Benefits of Collaboration on Individual Patient Care and Population Health

A. Enhancement of Individual Patient Care

Implementation of the proposal will have immediate benefits for patients. Although Yale New Haven Hospital has long been dedicated to primary care services and has ably cared for the underserved in its community, by definition the federally-qualified health center model of primary care is more comprehensive. Specifically, the health center model extends beyond basic primary care to integrated dental care and behavioral health services, ensuring comprehensive primary care needs are met. Because health centers must, by regulation, provide all patients with the full scope of services that are approved by HRSA for a particular health center, patients seen at 150 Sargent Drive will have access to all services provided by the health centers, regardless of location. By bringing ancillary services provided by Yale New Haven Hospital (such as imaging and laboratory services) as well as by integrating current programs such as WIC and legal services into the provision of care at 150 Sargent Drive, the NHPCC will provide better coordinated care and will minimize the need for patients to travel to a separate location for these services.

Collaboration among the parties will also enhance access to specialty referrals and facilitate transitions to other levels of care, when needed. It will also permit the coordination of "wrap-around" services, such as care management and education, and management of social determinants of health. All of this will enhance the level and scope of the care for patients in the community.

Finally, the benefits of the use of a shared electronic health record ("EHR") cannot be overstated. At FHCHC, we know this first hand since we have had a shared EHR (Epic) with

YNHH for over 5 years. Sharing our EHR with YNHH allows us to know in real time when patients are admitted to the Emergency Department or to the hospital and when they are discharged and enables us to "see" all laboratory and imaging results in a single location. The addition of CSHHC to Epic will further enhance the benefits of a shared EHR, allowing us to maximize population health efforts and minimize duplication of services for virtually the entire underserved population of New Haven –over 70,000 patient in total. Additionally, access to a shared instance of Epic will eliminate the delays that often occur when information or test results must be transmitted from one provider to another. IAccess to comprehensive medical histories enhances care provided and ensures that more comprehensive interventions are implemented. This longitudinal visibility into a patient's care will lead to improved outcomes.

B. Enhancement of Population Health

The establishment of the NHPCC and a shared EHR will also assist in population health management. Data from the partners will be combined in Epic and can be aggregated and analyzed to develop innovative care protocols to improve the overall health of the population. In fact, the three parties in the NHPCC jointly applied for the Accountable Health Communities (AHC) model established by the Center for Medicare & Medicaid Innovation to address beneficiaries' health-related social needs, and were awarded a grant for Track 2 in April 2017. As part of this grant project, NHPCC is working with other organizations across the country to develop and implement screening tools to identify gaps between clinical care and community services in the current health care system and test whether systematically identifying and addressing the health-related social needs of patients will impact health care costs and reduce health care utilization.

The NHPCC Steering Committee will continue to evaluate opportunities for additional grant funding of new projects around population health and will, on its own, evaluate data for improvements to care. The partnership will use the principles of Healthy Connecticut 2020 and information from applicable community health needs assessments to guide its work, with the advantage of comprehensive data in its shared electronic health record to both identify needs and trends and track progress.

We believe we are on the forefront of innovation in primary care and can serve as an example and model for others. Although other hospitals have transitioned their primary care

clinics to local federally-qualified health centers in the past, the hospitals have not had significant continued involvement beyond grant funding. The NHPCC model of collaboration ensures that the partners, including the hospital partner, continue efforts to achieving better care by coordinating services across the care continuum. Interestingly, Yale New Haven Hospital had the opportunity to present at a meeting earlier this month of the Children's Hospital Association on the NHPCC. An informal poll of participants at the presentation showed that a high percentage of hospitals are considering collaboration arrangements with federally-qualified health centers to improve primary care in their communities. The NHPCC's innovative model can serve to inspire collaboration across the country.

IV. Conclusion

In conclusion, I believe that the NHPCC has an unparalleled opportunity to create a model that could be emulated by academic centers and community health centers throughout the country. It is an opportunity to truly innovate in a collaborative fashion, with the ultimate outcome being world class care for New Haven's vulnerable populations with an enhanced training program for a top academic center and greater access through a more robust pipeline of primary care providers.

Thank you again for the opportunity to testify in support of Yale New Haven Hospital's application to transfer its primary care services to CSHHC and FHCHC. I am available to answer any questions you may have.

[Signature page follows.]

The foregoing is my sworn testimony.

Suzanne Lagarde, M.D., M.B.A.
Chief Executive Officer
Fair Haven Community Health Clinic, Inc.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH STRATEGY

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Prefile Testimony of Michael R. Taylor
Chief Executive Officer
Cornell Scott-Hill Health Corporation

I. Introduction

Good afternoon. My name is Michael Taylor and I am the Chief Executive Officer of Cornell Scott-Hill Health Corporation ("CSHHC"). Thank you for providing me the opportunity to submit testimony in support of Yale New Haven Hospital's proposal to transfer its primary care center operations to CSHHC and Fair Haven Community Health Clinic, Inc. ("FHCHC") and to establish, with CSHHC and FHCHC, an innovative collaboration to enhance care for area residents.

Cynthia Sparer provided an overview of the proposed transaction and the benefits that the New Haven Primary Care Consortium ("NHPCC") hopes to achieve. Dr. Lagarde expanded on the benefits of the shared electronic health record (Epic) and the ways that we expect it will assist the NHPCC's three partners to evaluate ways to improve patient care by enabling enhanced care coordination and thus better management of population health. I'll provide additional information on the integrated care model that will be implemented at 150 Sargent Drive, and also to outline the financial benefits of the proposed collaboration. Before doing so, I'll provide some background on CSHHC highlighting the attributes that it will bring to the proposed collaboration.

II. Background on CSHHC and its Participation in the NHPCC

CSHHC has a long history with Yale New Haven Hospital and Yale University. In 1968, our namesake, Mr. Cornell Scott, joined with other members of the New Haven community and community institutions, including Yale School of Medicine, to form what was then called the "Hill Health Center," the first federally-qualified community health center in Connecticut. Today, CSHHC provides integrated primary medical, dental and behavioral health services at twenty (20) care sites throughout greater New Haven County, serving over 36,000 patients each year.

As one of three founding members of the NHPCC, CSHHC will continue Mr. Scott's legacy to ensure that all of our community's underserved residents have access to coordinated primary care, with enhanced capabilities to coordinate access to specialists and more acute levels of care. Of particular note, CSHHC brings the following attributes to the collaboration:

- CSHHC has provided primary care services (i.e., internal medicine, pediatrics, obstetrics and gynecology, dental and behavioral) to greater New Haven residents for more than 50 years;
- CSHHC operates an extended hours Convenient Care Clinic to accommodate walk-ins as an alternative to hospital emergency department use;
- CSHHC offers a broad array of specialty services (e.g., neurology, cardiology, nephrology, rheumatology, dermatology, urology, infectious diseases, ophthalmology, orthopedics, ENT, pharmacy, homeless health, podiatry) in addition to core primary care services;
- CSHHC offers specialized health care programs for seniors, the homeless, public housing residents and people with infectious and chronic diseases (e.g., HIV/AIDS, hepatitis, asthma, diabetes);
- CSHHC has provided behavioral health services for more than 30 years and is now one of Connecticut's more significant and comprehensive providers of outpatient mental health, and inpatient and outpatient substance use treatment services; and
- CSHHC is accredited by The Joint Commission and certified as a Primary Care Medical Home.

III. Care Model and Embedded Behavioral Health

As federally-qualified health centers, CSHHC and FHCHC provide a full range of medical, dental and behavioral health services to their patients, and will ensure access to their full scope of services to patients seen at the proposed 150 Sargent Drive location. The inclusion of "embedded" behavioral health care in the health center model (something not currently available in Yale New Haven Hospital's primary care centers) ensures a holistic approach to patient care that includes substance use treatment, as well as individual, group and family therapy, psychiatric evaluations and medication-assisted therapies.

As the primary teaching hospital for Yale University's Schools of Medicine and Nursing, Yale New Haven Hospital provides important training for future clinical leaders. Training that includes primary care, behavioral health care, and other services across the care continuum is crucial to the hospital's mission and to continued availability of trained clinicians to care for the community.

Through collaboration, NHPCC will harness best practices from each of the existing models to implement an innovative, patient-centered integrated medical and behavioral health care model for each service (pediatric primary care, adult primary care, and women's services) to help create an optimal patient care experience. Dr. Stephen Huot will provide more detailed information on the clinical model and the benefits to medical education in his testimony. In terms of behavioral health care, CSHHC is the largest provider of behavioral health services in the region and, as such, has significant experience with the benefits of having behavioral health providers "embedded" into the primary care service. As an example, Dr. Ece Tek (who is here today and available to answer any questions the Office of Health Strategy may have) serves as CSHHC's Chief of Behavioral Health. She is a board-certified addiction and geriatric psychiatrist who brings to the NHPCC collaboration an understanding of the complex medical conditions that impact psychiatric disabilities and, conversely, how mental health issues significantly impact physical health. Her work and that of CSHHC's entire behavioral health team, together with the work of clinicians at FHCHC and Yale New Haven Hospital, will assist in ensuring integrated care that improves outcomes for all patients, but particularly for the high-acuity complex patient population.

While the specifics of this "embedded" behavioral health care model will be slightly different across the adult medicine, pediatrics and women's clinics, some common characteristics include:

- Each clinic (adult medicine, pediatrics, women's) will have behavioral health providers dedicated to that clinic;

- The cadre of behavioral health providers in each clinic will include individuals with different training (e.g., psychologists, LCSWs, substance abuse counselors) to ensure that a wide range of behavioral health issues can be managed within the clinic;

- While the ratios may evolve over time, there will be a minimum of 1 behavioral health provider in clinic for every 3 primary care providers; and

- There will be dedicated space within each exam room pod for the behavioral health provider, which allows these individuals to easily accommodate both warm handoffs and scheduled visits.

Because the model provides for patients to be cared for in the same location using the same electronic health record, their medical and behavioral health treatments will be immediately accessible to the care team – ensuring far greater levels of continuity and integration than in the past. For patients with chronic medical and mental health issues, this level of transparency and collaboration will also help with medication management and treatment continuity.

In addition to enhancing care, the integrated model has the added benefit of preventing some of the fragmentation and duplication that typically occurs as patients receive care from multiple, disconnected entities. Although each the three NHPCC partners will remain independent, they will work together to coordinate care. By establishing best practice models and sharing information, we expect fewer diagnostic tests will need to be duplicated and patients will be treated with a more holistic approach to their overall health. What's more, the fact that services will be provided in a single site will allow for "warm hand-offs," reducing non-compliance and no-shows. Aggregated data and experiences can also be evaluated for continued enhancements to the model with the overall goal of improving population health on a more macro scale.

IV. Financial Benefits of Collaboration

Through collaboration, the NHPCC expects to achieve various financial benefits while reducing the overall cost of care to patients and payors through coordinate access to services and improved care. Three aspects of these financial benefits are outlined below.

A. Ability to Generate Additional Resources

By coordinating care and sharing data, the partners in the NHPCC will be able to participate in research and innovative initiatives for improving care. Some of these research projects and initiatives may provide access to grant funding, such as the NHPCC's current participation in the Accountable Health Communities (AHC) initiative supported by the Center for Medicare & Medicaid Innovation.

B. Ability to Realize Existing Resources

Through the collaboration of care in a single site, the NHPCC partners also expect to achieve certain economies of scale that will ensure that care provided is more cost effective. Thus, the collaboration partners will explore options for shared purchasing, vendor contracting, and risk contracting with third party payors. As a collective, the NHPCC expects to be able to realize benefits of sharing existing resources, which will have downstream benefits for patients and payors.

C. Grant Support

As Cynthia mentioned in her testimony, Yale New Haven Hospital is not terminating its involvement in primary care services; instead, it is transferring its current primary care operations to CSHHC and FHCHC, but will remain involved in various ways, including providing the clinician workforce at 150 Sargent Drive by leasing YNHH staff and trainees, financial support for the operations of CSHHC and FHCHC at 150 Sargent Drive, and participation in collaborative care efforts through the NHPCC Steering Committee.

In terms of the financial model, the NHPCC partners believe that we can enhance care and reduce overall costs through collaboration. Recognizing that some efficiencies may take time to implement and some benefits may require time to come to fruition, Yale New Haven Hospital has agreed to provide financial support to both CSHHC and FHCHC in the form of annual community

benefit grants. Each community benefit grant has been structured to comply with federal regulatory requirements, including the requirements of the federal Health Resources and Services Administration (within the U.S. Department of Health and Human Services) ("HRSA"), and the safe harbors to the federal Anti-Kickback Statute.

More specifically, each community benefit grant includes:

- funding for initial startup costs for establishing operations at 150 Sargent Drive, such as initial information technology support and transition staffing; and
- (ii) annual payments to subsidize the reasonable costs of operating the clinics at 150 Sargent Drive – as well the costs of providing to patients at the site the full scope of services that each health center provides – to the extent the revenue from patient care proves insufficient to cover these costs.

Each year, each health center and Yale New Haven Hospital will agree on a prospective budget on which the grant will be calculated. Each grant will be subject to a rolling two-year cap, which has been established in a manner that is expected to ensure that anticipated losses to each health center are covered, while also providing that additional savings will be available to permit Yale New Haven Hospital to cover the cost of planned investments at the 150 Sargent Drive site. If funds are required in excess of the cap, Yale New Haven Hospital may provide the excess funds, or the affected health center will have the option of operating within the cap or terminating its involvement in the NHPCC on not less than one year's notice, during which time the health center and Yale New Haven Hospital must agree on an annual budget that will cover the health center's uncompensated losses during the transition period.

The structure of the community benefit grants will be reviewed by HRSA, to ensure that the health centers are sufficiently funded to provide care within their scopes of service, and mechanisms are in place to resolve disputes around budgeting and funding to ensure continued access to care for patients.

V. Conclusion

The NHPCC's establishment provides an exciting opportunity to establish an innovative model of care for a currently underserved population. Services that are currently provided in the community will not be terminated, but will be enhanced through collaboration among the three largest providers of primary care in the greater New Haven region.

Thank you again for the opportunity to testify in support of Yale New Haven Hospital's application to transfer its primary care services to CSHHC and FHCHC. I am available to answer any questions you may have.

[Signature page follows.]

The foregoing is my sworn testimony.

Michael R. Taylor
Chief Executive Officer
Cornell Scott-Hill Health Corporation

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH STRATEGY

Certificate of Need Application
Docket No.: 18-32231-CON
Yale New Haven Hospital
Termination of Primary Care Services November 21, 2018

Prefile Testimony of Stephen Huot, M.D., Ph.D.
Associate Dean for Graduate Medical Education, Yale School of Medicine
Director of Graduate Medical Education, Yale New Haven Hospital

I. Introduction

Good afternoon. My name is Dr. Steve Huot. I am the Director of Graduate Medical Education at Yale New Haven Hospital ("YNNH") and the Associate Dean for Graduate Medical Education at Yale School of Medicine. Thank you for providing us with the opportunity to submit testimony in support of YNNH's proposal to transition its outpatient clinics to a new model under the auspices of the New Haven Primary Care Consortium.

My colleagues, Dr. Lagarde and Mr. Taylor, have outlined their respective organizations' substantial capacities and the joint vision for clinical care within the proposed New Haven Primary Care Consortium. I would like to provide some additional detail on behalf of the Chairs of the Departments of Medicine, Pediatrics and Obstetrics/Gynecology with respect to the perspective of the YNHH providers who will continue to provide care under their roof—and in particular, how we intend to integrate YNHH's core training mission with the innovative Health Center clinical model.

A bit of personal background: As Associate Dean and Director of Graduate Medical Education since 2016, I am charged with overseeing Yale's more than 100 training programs for residents and fellows at both YNNH and the Yale School of Medicine. I am also a provider in YNHH's current Adult Primary Care Center, where I oversee a hypertension referral clinic, precept residents, and provide direct patient care. I was previously Program Director of our Primary Care Internal Medicine Residency for 24 years, and of our Combined Medicine-Pediatrics Residency Program for 10 years. I am an internist and nephrologist by training, and I completed both my

internal medicine residency and my nephrology fellowship at YNHH. I also conduct research into best practices in graduate medical education.

II. Overview

As Ms. Sparer mentioned, the YNHH Primary Care Centers ("PCCs") are currently training sites for various Yale School of Medicine and YNHH medical education programs. Residents from the internal medicine, OB/GYN, and pediatrics programs are assigned to specific sites for their outpatient training. They are supervised by Yale School of Medicine faculty. There are 200 residents currently working in the YNHH PCCs along with 65 faculty. We also are rotation sites for Yale medical students, nurse practitioner students and pharmacy residents.

The Health Centers will continue the medical education/training model utilized at the YNHH PCCs by having the 150 Sargent Drive clinics serve as new clinical training sites for these trainees and faculty. Under the direction of the two Health Centers, patient care will continue to be provided by YNHH residents and other trainees, supervised by teaching faculty from the Yale School of Medicine. Importantly, because care at the 150 Sargent Drive clinics will still be provided by the same complement of YNHH residents and faculty, our proposal continues to give our patients access to the same choice of primary care providers in the greater New Haven area as we have today —i.e., they may see their current YNHH PCC providers, now providing care at the Health Centers at 150 Sargent Drive, or they may receive care at any of the Health Centers' other sites.

YNHH staff will be leased to each Health Center through employee lease agreements and residency training and professional services agreements. For as long as the NHPCC Collaboration Agreement is in effect, YNHH is committed to leasing the staff working in the PCCs to CSHHC and FHCHC. All current cohorts of residents who provide care at the YNHH PCCs will provide care at the new site. Nursing staff and other PCC employees will also move to the new site. To address transportation, the new location will have ample free parking, is on a bus line, and other options (including shuttles and other services) are being evaluated to ensure access.

The Health Centers are committed to offering hours of operation at 150 Sargent Drive that are consistent with the current operating hours of the YNHH PCCs. Leased staff will therefore be available to ensure continuity across all operating hours. At the same time, the proposal will allow patients currently receiving care in the YNHH PCCs—and the trainees caring for them—to have

access to services and care models that are not currently provided by YNHH, such as embedded behavioral health. It will also prevent some of the redundancies that typically occur as patients receive care from multiple entities, by creating shared best practices and adopting an integrated medical record.

YNHH's teaching function is a main driver of our institution—it is "who we are" as a hospital and academic medical center. We take pride in attracting a diverse range of the best and the brightest in medicine to our graduate medical education programs, and in providing leading clinical training opportunities for the next generation of physicians. But medical education and patient care delivery is changing. To continue paving the way in training, research, and care, we must move away from the traditional hospital-based clinic model of primary care and emphasize competency-based, team-focused, real-world training in a complex, ever-changing healthcare system. This is one of the greatest opportunities we will realize with the NHPCC: It gives our trainees critical exposure to the Health Centers' unique capabilities, community partnerships, and best-in-class, wraparound, efficient models of care that focuses on populations in a community. Through the NHPCC, the Health Centers will have increased access to teaching resources and to our talented pool of young physicians. Meanwhile, our trainees will have a front-row seat and direct investment in the team-based, patient-centric innovations in promoting health equity.

III. Benefits of Proposed Collaboration for Training

Integration of YNHH's graduate medical education function within the Health Center model provides complementary benefits to each side. Numerous studies have shown that Health Centers provide high quality primary care to the underserved more efficiently than traditional primary care practices. Meanwhile, academic medical centers are at the forefront of teaching and research, but they are not naturally outfitted to provide training in an environment tailored to primary care, with an operating model reflective of real-world outpatient practice. There are limited wraparound or embedded services which we know adds to physician burnout as these responsibilities shift to the trainees who are not empowered to address their patients' broader social needs. Our own research and that of others has demonstrated that these limitations may be one reason that nationally, only a small fraction of internal medicine residents currently pursue careers in primary care.

Collaborative models such as the NHPCC are essential to addressing these shortcomings—and the resultant, critical shortage in primary care physicians—by exposing trainees to more diverse,

"real world" outpatient settings, including addressing a diverse set of medical and social needs within the comprehensive Health Center context. Currently, a small subset of YNHH internal medicine residents are already afforded the opportunity to rotate through FHCHC's main clinical site. The NHPCC will extend this valuable training perspective to all our medicine, primary care, OB/GYN, and pediatrics trainees. Training will be provided in a real-world, primary care-focused setting using innovative care delivery models and with guidance from practitioners well-versed in working with underserved populations. Meanwhile, the Health Centers will have access to an exceptional pipeline of junior physicians and other health care professionals, all of whom will have been exposed to the Health Center model.

Of course, this is all in addition to the benefits to our current PCC patients, which Dr. Lagarde and Mr. Taylor have addressed. But immediate patient benefits aside, it is our hope that this partnership, and the improved training environment for residents, encourages careers in primary care and helps increase the proportion of residents enrolled in primary care training programs who pursue a career in primary care, particularly for vulnerable populations.

IV. Integrated Model of Care

On a day-to-day level, the integrated model of care proposed to be implemented at the Health Center clinics at 150 Sargent Drive will facilitate improved training by streamlining care. All care will shift to a single location, with children, women, and adults all in same building, making it easier for providers to transition care and for residents to appreciate the continuum from pediatrics to adult care. We will have embedded behavioral health that is coordinated with primary care, as well as on-location WIC services and other professionals such as dieticians, pharmacists, social workers and certified child life specialists. Per the Health Center norm, we will take better advantage of medical assistants to give providers more time with patients and ensure timely follow-up.

We have also thought strategically about how to blend best practices from the training and service worlds through every step of a patient encounter in order to design this new model of care. This has been a collaborative process, with medical leadership from both YNHH and the Health Centers at the table from the outset. Initial discussions regarding the model of began in 2015. As the vision for the NHPCC began to take shape, in August 2016, a Physician Task Force comprising ten physicians from the three NHPCC entities was charged with creating an operating model that blends best practices from the medical education and community health care models. I sat on this Task

Force alongside the medical directors of each Health Center and the Yale medical leadership from all three services (medicine, pediatrics, and women's health).

Our Task Force has developed 26 guiding principles regarding training and clinical care. These discussions required a dedicated effort, as we needed to account for teaching needs and trainee capabilities (e.g., younger residents require more time with patients) within the framework of Health Center throughput expectations and scheduling. We relied on each other's expertise. The result is an innovative, integrated care model that builds on the productivity and efficiencies achieved by the Health Centers while providing valuable teaching experiences for trainees. This model is designed to reduce fragmentation and duplication and address gaps in care to create a seamless delivery system for patients. At the same time, it maintains the educational rigor YNHH is known for and enhances clinical opportunities for our trainees.

Key tenets of the model include:

- Coordinated scheduling protocols, with defined processes and cross-trained staff attuned to maintaining continuity of care for residents and faculty;
- patient visit scheduling template standardization with throughput expectations for providers, yet flexibility within each program to account for specialty, patient complexity, resident sophistication, etc.;
- an on-site "access to care" team responsible for pre-registration/financial counseling, so that trainees will spend less time on non-clinical activities and patients are clear on their responsibilities;
- standardized practice orientation information and instructions provided to each new patient prior to the first visit;
- a committee structure at the NHPCC level that enhances relationships between clinics and support functions; and
- implementation of a common electronic health record, which improves efficiency and coordination of care.

With respect to this last point, FHCHC is already on the same instance of the Epic platform, and CSHHC is transitioning from its current electronic medical record system to that same instance of Epic. Once the transition is complete and Epic is installed at the 150 Sargent Drive location, all of the NHPCC partners will be able to fully access patient records in Epic. This ability to manage patients longitudinally across care platforms is expected to have a significant positive impact in terms of promoting care continuity, enhancing patient outcomes, and reducing duplication of care. Our residents will have better visibility into the patient record—something which is particularly notable given that approximately 25% of our YNHH PCC patients already visit a FHCHC or CSHHC location. They will not have to duplicate diagnostics (and in fact, can send their patient to the on-site diagnostics facilities). They will also have clear access to data for research and implementation of new protocols and care pathways.

V. Conclusion

Locating Health Center clinics and YNHH services in adjacent suites at the same site will improve convenience of care for families and allow for seamless transition of patients between services. It also provides the scale to support investment in a variety of health promotion, health behavior, and disease prevention programs, all geared at improving population health. These are benefits for patients, but these are also benefits for our teaching faculty and trainees. Collaborating with our two partner entities and creating this consortium allows us to offer a training experience that aligns with the future of health care delivery. It provides an outpatient setting in which our residents will be supported, and can learn to be comfortable, in treating a multitude of diverse patients with acute and chronic disease and co-morbidity complexities. It will also provide them access to the front lines of real-world, innovative care delivery for underserved populations. I fully expect that NHPCC will becomes a national model of academic medical center-community health center collaboration for primary care delivery and education.

Thank you again for the opportunity to testify in support of this collaboration. I am available to answer any questions.

[Signature page follows.]

The foregoing is my sworn testimony.

Stephen Huot, M.D.
Associate Dean for Graduate Medical Education,
Yale School of Medicine
Director of Graduate Medical Education,
Yale New Haven Hospital

September 5, 2018

Yale New Haven Hospital Termination of Primary Care Services, and Transfer of Operations to Cornell-Scott Hill Health Corporation and Fair Haven Community Health Clinic, Inc. at a new location at 150 Sargent Drive, New Haven, CT.

The Applicant should be prepared to present and discuss supporting evidence on the following issues:

- **The proposal's cost implications to the state as a result of increased primary care going to the FQHCs;**

Response:

According the 2016 State-wide Facilities and Services Plan: "While Connecticut has an overall favorable health and socioeconomic profile compared to most states, the proportions of healthy residents are not equally distributed across population groups or geographic regions within the state. Barriers to the opportunities to live a healthy life tend to concentrate disproportionately among certain populations, such as racial and ethnic minorities, low-income populations, those with lower educational attainment, those living with disabilities or older adults. The influences of socioeconomic factors on health patterns and outcomes are often intertwined and demonstrably result in health disparities. Healthcare system planning to meet future demand for healthcare and to achieve health equity must address any unmet healthcare needs of these vulnerable populations."

The Greater New Haven area has been designated by the Health Resources and Services Administration of the Department of Health and Human Services ("HRSA") as a health professional shortage area and an area with unmet health care needs, including primary care. As was stated in the CON application, the mission of the New Haven Primary Care Consortium ("NHPCC") is to combine the resources of Yale New Haven Hospital ("YNHH"), Cornell Scott-Hill Health Corporation ("CSHHC") and Fair Haven Community Health Clinic, Inc. ("FHCHC") for the purpose of enhancing access to primary care services and improving the long-term health status of the underserved population of New Haven County. The three entities already collectively provide the vast majority of primary care services provided to underserved patients in the Greater New Haven area today regardless of race, gender, ethnicity or socioeconomic status. Through the NHPCC, the three parties hope to do even more to promote health equity – pooling resources and expertise, sharing best practices, recruiting and retaining exceptional providers dedicated to the mission, and collectively reducing the total cost of care through enhanced access, patient engagement, education, and resource optimization. All of this will support future investments in a variety of health promotion, health behavior, and disease prevention programs which in turn positively impact health equity. YNHH has committed to funding any operating deficits of each FQHC through an on-going community benefit grant.

On August 10, YNHH received an analysis performed by Dr. Zavoski and staff of the State of Connecticut Department of Social Services, Division of Health Services that shows the payments for YNHH common primary care outpatient visits as compared to the two FQHCs' encounter rates. The analysis shows that the total cost of care is lower if the services are provided by the FQHCs rather than YNHH. The assumptions and analysis are shown below:

From: McEvoy, Kate [mailto:Kate.McEvoy@ct.gov]
Sent: Friday, August 10, 2018 11:30 AM
To: Hogan, Ann
Cc: Zavoski, Robert W.
Subject: RE: FQHC reimbursement [not-secure]

Attached is an analysis that Dr. Zavoski and staff performed, with the breakdown and averages for payments for Yale for common primary care outpatient visits as compared to the two FQHC's encounter rates. These are for the well visit - established patient codes and E and M visits.
In the attached:

- the well visit code averages do not include the OBS rate type and do not include > 65 years
- hospital payment is assuming that status indicator remains a J2 and pays via APC
- when looking at procedure code 99213 – please use the professional payment facility rate types (FTM, FTP).

Please keep in mind depending on the other services and status indicators on the hospital claim, the status indicator for G0463 (hospital OP clinic) can change and the clinic code can package into other services.

Status Indicator J2 definition: Hospital part B services may be paid through a comprehensive APC. (1) Comprehensive APC payment based on OPPS comprehensive-specific payment criteria. Payment for all part B services on the claim is packaged into a single payment for specific combinations of services, except for services with a SI = F, G, H, L and U; ambulance services, diagnostic screening mammography; all preventive services; and certain Part B inpatient services. (2) Packaged APC payment if billed on the same claim as HCPCs assigned a SI=J1. (3) In other circumstances, payment is made through a separate APC payment or packaged into payment of other services.
The bottom line is this:

- Yale, with the PCMH add on is paid $162.54 for a typical visit and without the PCMH add on $154.89.
- Fair Haven and Cornell Scott's encounters are $145.92 and $141.46, respectively.
- Conservatively, the state is ahead by $10/visit if Yale transfers their clinics. Since Yale can charge extra for x rays and other incidentals, whereas the FQHC rate is all inclusive, the difference could be considerably more.

Professional Payment* - NEW PATIENT			
99381	Init pm e/m new pat infant	DEF	60.75
99381	Init pm e/m new pat infant	PED	93.6
99382	Init pm e/m new pat 1-4 yrs	DEF	65.26
99382	Init pm e/m new pat 1-4 yrs	PED	93.6
99383	Prev visit new age 5-11	DEF	63.87
99383	Prev visit new age 5-11	PED	93.6
99384	Prev visit new age 12-17	DEF	69.25
99384	Prev visit new age 12-17	OBS	173.51
99384	Prev visit new age 12-17	PED	93.6
99385	Prev visit new age 18-39	DEF	69.25
99385	Prev visit new age 18-39	OBS	173.51
99385	Prev visit new age 18-39	PED	93.6
99386	Prev visit new age 40-64	DEF	81.21
99386	Prev visit new age 40-64	OBS	202.26
99387	Init pm e/m new pat 65+ yrs	DEF	88.01
			average = $79.78
			w/24% PCMH add on $98.92

*includes highlighted codes only

Professional Payment* - ESTABLISHED PATIENT			
99391	Per pm reeval est pat infant	DEF	45.86
99391	Per pm reeval est pat infant	PED	93.6
99392	Prev visit est age 1-4	DEF	51.25
99392	Prev visit est age 1-4	PED	93.6
99393	Prev visit est age 5-11	DEF	50.55
99393	Prev visit est age 5-11	PED	93.6
99394	Prev visit est age 12-17	DEF	55.75
99394	Prev visit est age 12-17	OBS	141.77
99394	Prev visit est age 12-17	PED	93.6
99395	Prev visit est age 18-39	DEF	56.45
99395	Prev visit est age 18-39	OBS	143.04
99395	Prev visit est age 18-39	PED	93.6
99396	Prev visit est age 40-64	DEF	62.3
99396	Prev visit est age 40-64	OBS	157.41
99397	Per pm reeval est pat 65+ yr	DEF	68.64
			average = $71.83
			w/24% PCMH add on $89.06

*includes highlighted codes only

Hospital Payment

Hospital will bill G0463 - OP Hospital Clinic

Yale's Conversion Factor ($85.07) * Relative Weight of HCPC G0463 (1.4458) = **$122.99**

Hospital Payment $122.99 + average of ESTABLISHED patient codes w/PCMH add on ($89.06) = **$212.05**

Hospital Payment $122.99 + average of ESTABLISHED patient codes with NO PCMH add on (71.83) = **$194.82**

Professional Fees for 99213 - all settings - excluding OBS rate type			
99213	Office/outpatient visit est	FTM	25.74
99213	Office/outpatient visit est	FTO	64.9
99213	Office/outpatient visit est	FTP	38.05
99213	Office/outpatient visit est	MPH	42.93
99213	Office/outpatient visit est	OBS	94.53
99213	Office/outpatient visit est	PED	55.41
			average = $45.40

*includes highlighted codes only

Professional payment facility setting (excluding OBS rate type)			
99213	Office/outpatient visit est	FTM	$25.74
99213	Office/outpatient visit est	FTP	$38.05
			average = $31.90
			$39.55 w/24% PCMH

Professional Fees in office setting (excluding OBS rate type)			
99213	Office/outpatient visit est	MPH	$42.93
99213	Office/outpatient visit est	PED	$55.41
			average = $49.17
			$60.97 w/PCMH 24%

Hospital Payment

Hospital will bill G0463 - OP Hospital Clinic

Yale's Conversion Factor ($85.07) * Relative Weight of HCPC G0463 (1.4458) = **$122.99**

Hospital Payment $122.99 + average of 99213 FACILITY w/PCMH add on ($39.55) = **$162.54**

Hospital Payment $122.99 + average of ESTABLISHED patient codes with NO PCMH add on (31.90) = **$154.89**

FQHC medical encounter rates

Fairhaven: $145.92

Hill Health: $141.46

In addition, through more coordinated and comprehensive care, we expect to be able to reduce visits to the YNHH Emergency Department and inpatient stays and to avoid duplication of services, all of which will reduce the state's overall costs of care. Many studies, including one published in the American Journal of Public Health in October, 2016, showed that patients who received the majority of their care at FQHCs saved an average of $2,371 in total spending compared to non-health center patients, and also reported lower spending on specialty care, lower inpatient costs, and 25% fewer admissions. Through the NHPCC, YNHH is committed to continuing to expand access to primary care through this innovative and cost-effective model.

- **The FQHCs' ability to accommodate future capacity increases;**

Response:

We expect the FQHCs to care for more than 80,000 annual visits at the 150 Sargent location, consistent with the patient volume currently being treated by YNHH staff and providers at the

existing PCCs. Using FY2017 as a baseline, primary care services are projected to grow with the population for the New Haven area. Using annual population growth rates for the FY15-FY30 timeframe calculated using data from the Connecticut State Data Center (https://ctsdc.uconn.edu/2015-to-2040-population-projections-town-level/), we have applied rounded annual growth rates of 0.6% for Adult Medicine, 0.2% for Pediatrics, and 0.5% for Women's Services as shown in the table below.

PROJECTED GROWTH IN VISIT VOLUMES BY SERVICE at 150 SARGENT DRIVE

Clinic	Annl Grwth Rate	FY2017	FY2019	FY2020	FY2021
Adult Medicine	0.60%	32,057	32,443	32,638	32,834
Pediatrics	0.20%	35,228	35,369	35,440	35,511
Women's Center	0.50%	14,790	14,938	15,013	15,088
Total PCC Visits		82,075	82,750	83,091	83,433

With these projections in mind, the 150 Sargent Drive location has been designed to accommodate growth to up to 100,000 visits annually and the NHPCC Steering Committee will regularly monitor growth and consider adjustments, including hours of operation, to ensure access.

It is important to note that the projections assume that all of the current patients receiving care at the York Street, Saint Raphael and Chapel Pediatrics locations decide to follow their primary care providers to the 150 Sargent Drive site. While it is our intent to ensure that the transition of these patients to the new location is as streamlined and convenient as possible, there is the possibility that some patients will chose to seek care elsewhere, which could lower our future projections. On the other hand, the consolidated location, embedded behavioral health services and other enhancements associated with the 150 Sargent Drive site should make it a more attractive location for patients to seek and receive primary care services, which could in turn increase total visit volumes beyond our projections above. In either case, the NHPCC will ensure that capacity and access are managed in a manner that meets community need.

It is our expectation that, at a minimum, 150 Sargent will have at least as many staff as the PCCs have historically employed – approximately 50 full-time equivalents (FTEs) – with the likelihood that total staff numbers at 150 Sargent will continue to increase gradually as volumes increase and new services (e.g., embedded behavioral health) are added. In addition, YNHH has engaged Yale School of Medicine (YSM) to continue to provide professional services in support of the primary care services to be provided by CSHHC and FHCHC, and will continue the medical education/training model utilized at the YNHH PCCs by having the 150 Sargent site serve as a clinical training rotation site for its Residents.

The hours of operation at 150 Sargent Drive will, at a minimum, meet the current YNHH PCC hours of operation, including evening hours. Leased staff will be available to ensure continuity across all operating hours.

- **Accessibility and quality of care concerns from members of the public regarding the termination/transfer of services to the FQHCs; and**

Response:

YNHH, CSHHC and FHCHC are the three largest providers of primary care in the greater New Haven region. CSHHC is the largest provider of behavioral health services in the region, and YNHH is the largest provider of specialty care and inpatient services. The proposed consortium between the three entities will dramatically improve the ability of all three parties to coordinate care, improve access, leverage best practices and develop new services.

The two FQHCs combined serve more than 50,000 patients through their existing clinics. Their quality metrics (below), pulled from HRSA's UDS Mapper site and compared to FQHCs across the entire state, are impressive – with both centers routinely demonstrating quality scores that are above the median. Both FHCHC and CSHHC participate in PCMH+, a pilot being carried out by DSS regarding a value based payment methodology. Hence, YNHH is confident that the level of quality will be sustained.

Cornell Scott Hill Health Center

	2014	2015	2016
Total Patients			
Total Patients	36,077	36,204	34,563
Age (% of total patients)			
Children (< 18 years old)	23.3%	22.3%	21.5%
Adult (18 - 64)	70.7%	71.3%	71.8%
Older Adults (age 65 and over)	6.0%	6.4%	6.7%
Patients By Race & Ethnicity (% known)			
Non-Hispanic White[1]	30.8%	29.4%	28.5%
Racial and/or Ethnic Minority	72.1%	72.2%	72.6%
Hispanic/Latino Ethnicity	36.0%	36.2%	36.7%
Black/African American [1]	38.3%	37.4%	37.2%
Asian [1]	2.9%	2.5%	2.1%
American Indian/Alaska Native [1]	0.2%	0.2%	0.2%
Native Hawaiian / Other Pacific Islander [1]	0.6%	0.3%	0.2%
More than one race [1]	1.0%	0.8%	0.9%
Language (% known)			
Best Served in another language	19.2%	22.2%	23.0%

Fair Haven Health Center

	2014	2015	2016
Total Patients			
Total Patients	15,007	16,305	17,251
Age (% of total patients)			
Children (< 18 years old)	40.5%	38.5%	38.0%
Adult (18 - 64)	53.6%	55.6%	56.4%
Older Adults (age 65 and over)	5.8%	5.9%	5.6%
Patients By Race & Ethnicity (% known)			
Non-Hispanic White[1]	25.8%	24.9%	26.2%
Racial and/or Ethnic Minority	91.2%	91.3%	91.5%
Hispanic/Latino Ethnicity	72.1%	71.7%	72.9%
Black/African American [1]	48.7%	48.1%	47.2%
Asian [1]	1.3%	1.7%	1.9%
American Indian/Alaska Native [1]	0.2%	0.3%	0.4%
Native Hawaiian / Other Pacific Islander [1]	0.7%	0.6%	0.5%
More than one race [1]	7.4%	7.5%	7.2%
Language (% known)			
Best Served in another language	61.0%	60.0%	59.0%

Cornell Scott Hill Health Center

	2014	2015	2016	Adjusted Quartile Ranking [7] 2015	2016
Quality of Care Measures					
Perinatal Health					
Access to Prenatal Care (First Prenatal Visit in 1st Trimester)	79.5%	79.6%	77.9%	2	2
Low Birth Weight	6.7%	8.8%	7.4%	3	2
Preventive Health Screening & Services					
Cervical Cancer Screening	64.3%	34.3%	30.0%	4	4
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	81.4%	78.6%	72.9%	2	2
Body Mass Index (BMI) Screening and Follow-Up	30.0%	61.4%	97.5%	3	1
Adults Screened for Tobacco Use and Receiving Cessation Intervention	70.0%	88.7%	88.1%	2	2
Colorectal Cancer Screening	75.7%	40.0%	41.4%	3	3
Childhood Immunization Status [8]	87.1%	87.1%	61.4%	2	1
Screening for Clinical Depression and Follow-Up Plan	45.7%	91.4%	85.0%	1	1
Dental Sealants for Children between 6-9 Years	-	38.6%	54.7%	3	2
Chronic Disease Management					
Use of Appropriate Medications for Asthma	91.4%	98.6%	87.0%	1	3
Coronary Artery Disease (CAD): Lipid Therapy	81.4%	98.6%	92.9%	1	1
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	75.7%	87.1%	88.6%	2	2
Controlling High Blood Pressure (Hypertensive Patients with Blood Pressure < 140/90)	74.3%	67.1%	84.5%	2	1
Diabetes: Hemoglobin A1c Poor Control [8](Diabetic Patients with HbA1c > 9%) or No Test During Year	12.9%	30.0%	33.1%	3	3
HIV Linkage to Care	100.0%	100.0%	100.0%	-	-

Fair Haven Health Center

	2014	2015	2016	Adjusted Quartile Ranking [7] 2015	2016
Quality of Care Measures					
Perinatal Health					
Access to Prenatal Care (First Prenatal Visit in 1st Trimester)	72.2%	82.6%	85.0%	1	1
Low Birth Weight	11.0%	6.5%	9.1%	2	3
Preventive Health Screening & Services					
Cervical Cancer Screening	75.2%	78.3%	70.1%	1	1
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	62.9%	71.4%	88.6%	2	1
Body Mass Index (BMI) Screening and Follow-Up	67.1%	70.0%	77.1%	2	2
Adults Screened for Tobacco Use and Receiving Cessation Intervention	83.2%	92.2%	87.8%	2	2
Colorectal Cancer Screening	43.7%	44.1%	50.1%	2	1
Childhood Immunization Status [8]	92.4%	93.9%	74.8%	1	1
Screening for Clinical Depression and Follow-Up Plan	32.9%	60.6%	42.4%	2	3
Dental Sealants for Children between 6-9 Years	-	26.9%	31.1%	3	4
Chronic Disease Management					
Use of Appropriate Medications for Asthma	97.4%	96.2%	95.4%	2	2
Coronary Artery Disease (CAD): Lipid Therapy	80.7%	83.0%	73.3%	2	3
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	93.7%	93.5%	92.5%	1	1
Controlling High Blood Pressure (Hypertensive Patients with Blood Pressure < 140/90)	73.1%	70.4%	67.7%	1	1
Diabetes: Hemoglobin A1c Poor Control [8](Diabetic Patients with HbA1c > 9%) or No Test During Year	24.5%	27.7%	27.8%	2	2
HIV Linkage to Care	-	100.0%	100.0%	-	-

YNHH currently provides primary care services through the YNHH PCCs at three locations (York Street campus, Saint Raphael campus, and Hamden). Pursuant to this proposal all of these primary care services will be consolidated to three clinics operated by two FQHCs at a single location on 150 Sargent Drive. This location is less than 1.5 miles away from the current York Street and Saint Raphael sites, , has convenient free parking, and is on a bus line.

YNHH conducted a survey of over 2,500 patients regarding transportation concerns, with a sample size that was statistically significant at each current PCC site, in multiple languages.
The results of the survey showed that 66% of respondents utilize a car to get to their appointments, while 15% use public transportation, and 10% walk. Other transportation modes included medical taxi (~5%), taxi/Uber/Lyft (~3%), and other (1%). The ~33% of patients that did not use a car are distributed across over 23 neighborhoods, with the largest concentration in the Hill, Fair Haven and Dixwell neighborhoods. Nearly 30% of all respondents noted they had missed an appointment due to transportation costs, with the responses fairly evenly split among the cost of bus fare, gasoline, and parking cost.

As noted previously, the 150 Sargent Drive site will offer free parking for patients, removing that access barrier. The NHPCC has formed a Transportation subcommittee to continue to monitor and address transportation issues, explore additional options such as Uber, and advocate with the Department of Transportation as needed for improved or additional bus routes.

Just as importantly, transitioning care of all the patients currently receiving care at the disparate YNHH PCC sites to a single site now creates the scale that makes it easier to support the provision

of niche and specialty services that were not feasible before. The NHPCC has already committed to providing embedded behavioral health services at the new site – services which are not currently offered at any of the existing YNHH PCCs. YNHH radiology services and blood draw are currently offered at the 150 Sargent Drive location, which would streamline care for the patient population instead of having to send them to another location for these services. There are also opportunities to provide new specialty access services on-site. In addition, care will be better coordinated since clinical information on all patients would be accessible through an integrated electronic health record – which will also help enhance access.

- **The continued availability of YNHH obstetrical and family planning services and the Women, Infant, and Children's Clinic program to the same patient population following implementation of the proposal.**

Under the auspices of CSHHC, the new Women's Center at 150 Sargent Drive will continue to provide comprehensive services for women across the lifespan, inclusive of prenatal services, preventative women's health services as well as specialty GYN and family planning services, as consistent with HRSA guidelines. In the event there is a need for any additional services not provided through CSHHC or FHCHC (for patients less than 18 years of age), referrals will be made to the appropriate YNHH/YM provider or to other providers such as Planned Parenthood.

YNHH, FHCHC and CSHHC currently collaborate to serve as a primary care safety net for the Greater New Haven region. As existing providers in the Greater New Haven area, the three entities already have established referral relationships with each other, and other providers, for services not provided at their locations.

Because the FQHCs are prohibited by law from providing certain abortion services, YNHH will maintain access to these services through its Family Planning Program. Referrals to YNHH and to other providers, including Planned Parenthood, will be coordinated to ensure continued access to these services.

The Women, Infant and Children's Clinic (WIC) program is currently administered by YNHH under a grant from the state. YNHH currently provides WIC services at PCC locations, and will relocate the WIC program to the 150 Sargent Drive location, for the convenience of patients receiving other services at that site.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH STRATEGY

Certificate of Need Application
Docket Number 18-32231-CON
Yale New Haven Hospital
Termination of Primary Care Services

November 21, 2018

NOTICE OF APPEARANCE

In accordance with Section 19a-9-28 of the Regulations of Connecticut State Agencies, please enter the appearance of Jennifer Willcox in the above-captioned proceeding on behalf of Yale New Haven Hospital, Inc. (the "Hospital"). Jennifer Willcox will appear and represent the Hospital at the public hearing on this matter, scheduled for November 28, 2018.

Respectfully submitted,

YALE NEW HAVEN HOSPITAL, INC.

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
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Docket Number 18-32231-CON
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Termination of Primary Care Services

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In accordance with Section 19a-9-28 of the Regulations of Connecticut State Agencies, please enter the appearance of Jennifer Wilcox in the above-captioned proceeding on behalf of Yale New Haven Hospital, Inc. (the "Hospital"). Rebecca Matthews will appear and represent the Hospital at the public hearing on this matter, scheduled for November 28, 2018.

Respectfully submitted,

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