



**Testimony of Dr. John M. Murphy**

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**Danbury, New Milford and Norwalk Hospitals**

**Submitted to the Governors Healthcare Cabinet**

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Western Connecticut Health Network (WCHN) appreciates the opportunity to provide written testimony relative to the Healthcare Cabinet Cost Containment Study.

AT WCHN, our goal is to improve the health of our communities, which means keeping residents out of our hospitals whenever possible. No easy feat to be sure but one that we are committed to with many efforts and programs already up and running. We understand the Healthcare Cabinet goals to be very similar to our own.

In reviewing the recommendations brought forward, we want to express some differing opinions in a few areas.

1. The Cabinet's recommendations are based on models found in other states around the U.S. where the healthcare landscape is very different. There are disparate populations, socioeconomic backgrounds and Medicaid funding levels. We should not assume these models can be uniformly applied to our situation in Connecticut.
2. Clarity from the outset will give us a clearer path to success. In recommendations for delivery and payment reforms, we would like to see a more specific definition for the attribution model. We would be happy to contribute to this effort as part of a workgroup including population health experts from hospitals across the State.
3. We note the recommendation regarding the formation of CCO's-and we suggest you consider an All-Payer Community Health Team. Similarly, our Norwalk Hospital and Danbury Hospital Community Care Team (CCT's) models have demonstrated measurable and impressive success with unprecedented collaboration across our region reducing unnecessary Emergency Department visits, improving health outcomes and reducing costs. The CCT model should be examined for collateral application, funded appropriately and implemented statewide.
4. While we appreciate the efforts suggested to better defining a healthcare target, there is an urgent need to address the deficient reimbursements to providers. We are opposed to the formation of a new state agency (Health Strategy) at a time where we are all looking to eliminate bureaucracy and streamline reporting structures. It seems to us that this solution merely adds another layer to an already complex structure.
5. Lastly, we ask that you consider increasing hospital and physician provider input on the Cabinet and workgroups being formed to fully gather creative input from those of us who deliver the care on a daily basis.

6. Thank you for your consideration of our position.

John M. Murphy, MD