



UNIVERSAL HEALTH CARE
FOUNDATION OF CONNECTICUT

**Written Testimony from Universal Health Care Foundation of Connecticut
on CON Docket 18-32231: Yale-New Haven Hospital, Termination of Outpatient Primary
Care Services**

Universal Health Care Foundation of Connecticut appreciates the opportunity to comment on Certificate of Need Docket 18-32231, which concerns the closing of Yale-New Haven's Outpatient Primary Care Services, and the subsequent creation of the New Haven Primary Care Consortium, in partnership with Fair Haven Community Health Center and Cornell Scott Hill Health Center, two federally-qualified health centers (FQHCs) based in New Haven.

Universal Health Care Foundation of Connecticut's mission is to be a catalyst that engages residents and communities in shaping a democratic health system that provides universal access to quality, affordable health care and promotes health in Connecticut. In the past five years, we have often elevated concerns at Certificate of Need hearings around the impact of consolidation on everyday people, including costs to patients and the need to maintain local community input.

While not opposed to the proposed change per se, the Foundation does have 6 major concerns about the termination of primary care services at Yale-New Haven Hospital and the creation of the New Haven Primary Care Consortium with the above noted FQHCs. The Foundation recognizes the positive aspects of this change – high-quality, integrated care for low income people at a newly-renovated facility. However, too often we have seen that proposed changes to the health system do not live up to what is promised. Below we lay out our specific concerns and suggest conditions to mitigate potential challenges for patients and the community.

- 1. Transportation and the challenge of access:** Three primary care clinics at Yale-New Haven Hospital will be moved from their current locations at 20 York Street, New Haven, 1450 Chapel Street, New Haven, and 2080 Whitney Avenue, Hamden, into one unified location at 150 Sargent Drive.

As stated at the November 28, 2018 hearing, Yale-New Haven Hospital conducted a study and discovered that 66% of patients get to their appointments via a car, leaving 34% (about a third) of patients who will likely be challenged by the location of the new site at 150 Sargent Drive. The car-arriving patients will have plenty of parking, but care will be less accessible to patients who currently rely on public transportation or walking, especially for patients of the Chapel Street and Hamden clinics.

Another concern related to, but not exclusive to, transportation, is the lack of a pharmacy at 150 Sargent Drive.

Suggested condition: At the November 28, 2018 hearing, the applicants stated that they did not yet have a transportation plan in place for those patients without vehicles. We suggest that approval of the CON be conditioned on a robust, practical transportation plan for Yale Primary Care patients that includes a plan for the lack of pharmacy at 150 Sargent Drive, and that implementation of this plan is monitored for effectiveness in helping patients access the new site and be modified as needed with feedback from patients.

- 2. Costs to patients:** Patients of Yale Primary Care have access to free care if they qualify. This option is not available for patients of the FQHCs, which use a sliding scale fee schedule. At the November 28, 2018 hearing, leadership from both the Fair Haven Community Health Center and the Cornell Scott Hill Health Center explained that despite the assessment of a fee, patients are not denied care if they cannot pay; leadership also explained that a bill is sent once to a patient and written off as bad debt after six months of non-payment.

This information does not change the perception that former Yale Primary Care patients may have that they will not be able to access care due to cost, or that the FQHCs will take a loss on patients unable to pay.

Suggested condition: As it will cost the FQHCs to provide care to Yale Primary Care's patients who cannot afford even the small fee for care at the community health centers, we suggest that approval of the CON be conditioned on the applicants clearly planning for those patients who previously received care for free to continue to receive free care. That arrangement could include additional payments from Yale-New Haven Hospital to the FQHCs for services delivered at 150 Sargent Drive (the new primary care site). The condition should include how patients will be notified and actively informed not only in the change of location for their care, but the change of financial policy.

- 3. Title X:** We echo concerns expressed by Liz Gustafson of NARAL Pro-Choice Connecticut, Students of the Yale Law School's Reproductive Rights and Justice Project Clinic, and Amanda Skinner, President and CEO of Planned Parenthood of Southern New England in their submitted testimony, regarding the impending change to the federal regulations governing Title X family planning funds. In brief, these proposed regulations would put a "gag rule" on providers receiving Title X funds (which includes the federally qualified health centers involved in this transaction), banning them from referring a woman to access safe, legal abortion.

Yale-New Haven Hospital's response to this concern at the November 28, 2018 hearing was two-fold:

1. While primary care services will be terminated, family planning services, including abortion services, will remain in place at Yale-New Haven Hospital.

2. The final regulation has not been promulgated, so an appropriate response cannot be determined.

Still, it is likely that once the new regulations are finalized, the move to 150 Sargent Drive could have a negative impact on a woman's access to abortion services in New Haven. Where once a woman could access primary care, women's health, and family planning services in one location at Yale-New Haven Hospital, this transaction effectively creates a separation of these services and will require a referral.

Suggested condition: Once the final regulation on Title X funds is issued, we ask that the Office of Health Strategy's Health Systems Planning Unit require Yale-New Haven Hospital and the FQHCs to determine how they will mitigate the challenge of access to abortion services in the new arrangement created by the New Haven Primary Care Consortium.

4. **Consistent funding and investment:** Yale-New Haven Hospital has committed to community benefit grants to the FQHCs, in addition to the capital investment in 150 Sargent Drive. These funds will be critical to ensure the success and sustainability of the newly-conceived New Haven Primary Care Consortium.

Suggested condition: Approval of the CON should be conditioned on the long-term commitment of Yale-New Haven Hospital's community benefit grants to the FQHCs. Without those funds, it is unlikely the community health centers would be able to sustain the additional facilities, care, and patients they will serve in this arrangement.

5. **Outreach to the community:** At the November 28, 2018, the community expressed concerns that they did not know about the impending change. While Yale-New Haven Hospital has said that they are informing their patients of this change, it is not clear that patients are aware of the coming shift in location to receive primary care services. Some good faith outreach has been conducted, but the outreach done to date may not be sufficient to inform patients, the community, and future patients regarding the change.

Suggested condition: We suggest that the CON approval be conditioned on a more expansive patient and community outreach plan, and implementation of that plan, that goes beyond already conducted outreach avenues. Patient and community outreach should be culturally, linguistically, and ability appropriate, reach people where they are, and allow for more information to be requested.

6. **Generally, ongoing monitoring of this change is critical.** We have concerns that, while many commitments are offered by Yale-New Haven Hospital in the CON application and subsequent hearing on November 28, 2018, without vigilance these commitments may not fully materialize or benefit the patients and the community health centers as intended.

Suggested condition: As a condition of CON approval, we suggest that this change be independently monitored over time, at least five years, if not longer. We also suggest that a condition of this transaction include that patients will have various opportunities in place to speak up if their care is being negatively impacted by the change. These opportunities to speak up should ensure there are no barriers based on language, culture, and ability; opportunities should also include an anonymous report so that patients feel safe in reporting their concerns.

Thank you for the opportunity to submit testimony, and we appreciate your consideration of the above concerns and suggested conditions in this major change in how primary care is delivered in the New Haven community.

