

IN SUPPORT Testimony For 2021 Bill SB 1 - An Act Equalizing Comprehensive Access To Mental, Behavioral and Physical Health Care In Response To The Pandemic.

**Supriyo B. Chatterjee MSc MBA MA (Econ)¹
March 17, 2021**

Dear Members of the Public Health Committee of the Connecticut General Assembly -

I am in the healthcare policy and information technology (HIT) sectors for economic development in Connecticut. I work with small startup businesses, major corporations, hospitals, non-profits, and academic institutions (UConn & Yale Universities). I was in the Practice Transformation Task Force (PTTF) group of the State Innovation Model (SIM) program and currently serve in the Consumer Advisory Council of the Office of Health Strategy. Since 2015, I am a Connecticut Health Foundation Healthcare Leadership Fellow. The views expressed in this testimonial are my own.

The scope of 2021 Bill SB-1 is vast with 35 Sections and I will limit my views to two critically important areas: Health Information (REL Data Sec. 17) and School-Based Health Centers (SBHC Sec. 33).

The COVID-19 pandemic has taken an unequal toll on Connecticut's residents and has unearthed serious issues of health equity² and disparities³, and a call to action⁴ to address the anomalies. These are pervasive in all aspects of mental, behavioral, and physical care.

It has also unearthed weaknesses in the state's health information infrastructure⁵. But the state's School-Based Health Centers (SBHC) has proven itself to be more resilient⁶. It is important that both facets be addressed with resources and strengthening its structure and functioning.

¹ West Hartford CT e: sb.chatterjee@gmail.com

² Towards Health Equity in Connecticut - The Role of Social Inequality and the Impact of COVID-19 | CT Data Haven June 2020 <https://ctdatahaven.org/reports/towards-health-equity-connecticut>

³ Health Equity in COVID-19 Response | UConn Health Disparities Institute April 2020 <https://health.uconn.edu/health-disparities/health-equity-covid19/>

⁴ The COVID-19 Pandemic: a Call to Action to Identify and Address Racial and Ethnic Disparities - J Racial Ethnic Health Disparities, April 2020 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7166096/>

⁵ As pandemic wears on, Connecticut prepares to launch its long-awaited health information exchange | CT Mirror Oct 15, 2020 <https://ctmirror.org/2020/10/15/as-coronavirus-lingers-ct-prepares-to-launch-its-long-awaited-health-information-exchange/>

⁶ School-based health centers remain vital resource during pandemic | CT Mirror 1/30/2021 <https://ctmirror.org/2021/01/30/school-based-health-centers-remain-vital-resource-during-pandemic/>

Race, Ethnicity and Language Data (REL data Sec. 17 of SB-1)

The collection of race, ethnicity, and language (REL) data is a critical component of evaluating health outcomes and ensuring health equity. By consistently collecting and publishing health data broken down by race and ethnicity, we can evaluate who, how, and where disparities occur. The Connecticut All-Payer Claims Database (APCD) project can benefit from a wider use of Race, Ethnicity and Language (REL) data but currently, it only reflects ~3% of the said REL population. This is critical in gauging the treatment of COVID-19 patients – from a recent article on Health Disparities⁷:

“The importance of the racial and ethnic breakdown of those affected cannot be overemphasized and may also impact philanthropic initiatives reaching communities. The concern is that while there is an existing threat of an infectious disease that has the potential to infect and devastate many, the particularly vulnerable will experience a greater proportion of disease burden and social upheaval that includes increased mortality, limited health care access, economic collapse with loss of wages and housing, and an overall lack of resources and equity to sustain in a dynamic crisis.”

While the matter of data completeness (including REL data codification) and data quality are critical – the data management and procedural use of REL data are equally important. The new ‘State Health Information Exchange (Connie)’ plans to orchestrate disparate sources of data from numerous organizations⁸. This orchestration is no easy task as it calls for exceptional ‘data sharing’ and the eradication of ‘data silos’⁹.

This data needs to be complete¹⁰ – **complete with complete REL data elements** - as it is needed to study health disparities in clinical outcomes¹¹ and are used in stratification analysis. This is shown under the ‘Analyzing Primary Care Spending Data’ section of the OHS report¹² – *“The future analyses included stratifying by provider/ACO, **race/ethnicity**, gender, multiple comorbidities, modality (e.g., telehealth, in-person visits) and payment model (e.g., fee-for-service or alternative payment model).”*

⁷ The COVID-19 Pandemic: a Call to Action to Identify and Address Racial and Ethnic Disparities - J Racial Ethnic Health Disparities, April 2020 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7166096/>

⁸ As pandemic wears on, Connecticut prepares to launch its long-awaited health information exchange - CT Mirror 10/15/2020 <https://ctmirror.org/2020/10/15/as-coronavirus-lingers-ct-prepares-to-launch-its-long-awaited-health-informationexchange>

⁹ What Managers Need to Know About Data Exchanges - MIT SMR 6/9/2020 <https://sloanreview.mit.edu/article/what-managers-need-to-know-about-data-exchanges/>

¹⁰ Assessing race and ethnicity data quality across cancer registries and EMRs in two hospitals - J Am Med Inform Assoc, May 2016 <https://pubmed.ncbi.nlm.nih.gov/26661718/>

¹¹ Ethnicity and clinical outcomes in COVID-19: A systematic review and meta-analysis | The Lancet 11/12/2020 [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30374-6/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30374-6/fulltext)

¹² Preliminary Recommendations of the Healthcare Cost Growth Benchmark Technical Team Report - CT OHS Sept 2020 <https://portal.ct.gov/OHS/Pages/Cost-Growth-Benchmark-Technical-Team/Request-for-Comment>

However, the process of such algorithmic stratification is not clear as the impact of missing data elements can introduce ‘biases’. The recent discovery of bias in a decision-making algorithm¹³ has garnered interest in the medical press¹⁴, including the State of New York regulatory body¹⁵. A more recent study found the need for corrections of algorithmic bias across clinical fields – from cardiology to urology¹⁶. Stratification algorithms need complete data elements with transparency, accountability, and ‘explainability’ to mitigate clinical, ethical, and legal issues.

School-Based Health Centers (SBHC Sec. 33 of SB-1)

School-Based Health Centers (SBHC) in Connecticut are of paramount importance as a healthcare delivery option. This is more pronounced for children who have limited access to care. In June 2019, Dr. Velandy Manohar (psychiatrist) & I submitted a testimonial to CT Commission on Educational Technology about School-Based Health Centers¹⁷. This was also submitted to the State Office of Health Strategy initiative on 'Health Enhanced Community':

The benefits in deploying and using SBHCs are well known. With the availability of additional resources, e.g. Community Health Workers (CHWs) and enhanced SBHCs, healthcare delivery can improve outcomes and health equity.

To integrate SBHCs in to the ongoing healthcare reform efforts, the following needs to be addressed:

- *Formal inclusion of SBHCs into the Medicaid program*
- *Improvise SBHC’s data systems and infrastructure*
- *Billing and coding of Medicaid services at SBHC*

SBHC is a vital resource: an excerpt from Laurie Collins of the Connecticut Association of School Based Health Centers recent statement¹⁸ - “During COVID, all the school-based health centers have continued to offer medical and behavioral health care through a mix of on-site and telehealth visits”.

¹³ Dissecting racial bias in an algorithm used to manage the health of populations – SCIENCE - Oct 25, 2019
<https://science.sciencemag.org/content/366/6464/447>

¹⁴ Discovery of racial bias in health care AI wins STAT Madness ‘Editors’ Pick’ - STAT News 4/6/2020
<https://www.statnews.com/2020/04/06/stat-madness-editors-pick-racial-bias-in-health-care-ai/>

¹⁵ Algorithmic Bias In Health Care: A Path Forward - Health Affairs 11/1/2019
<https://www.healthaffairs.org/doi/10.1377/hblog20191031.373615/full/>

¹⁶ Hidden in Plain Sight — Reconsidering the Use of Race Correction in Clinical Algorithms - NEJM 8/27/2020
<https://www.nejm.org/doi/full/10.1056/NEJMms2004740>

¹⁷ Public Testimony - SB Chatterjee: Education Technology and School-Based Health Centers [PDF file]
<https://portal.ct.gov/DAS/CTEdTech/Commission-for-Educational-Technology/Meetings/June-3-2019>

¹⁸ School-based health centers remain vital resource during pandemic | CT Mirror 1/30/2021
<https://ctmirror.org/2021/01/30/school-based-health-centers-remain-vital-resource-during-pandemic/>

SBHC can address the vulnerable population with disproportionate reach, low-income students, and those living in rural areas ¹⁹. While majority of SBHCs do provide vaccinations (e.g., flu shots), it can also function as a platform for testing, vaccinations, and PPE distribution and delivery²⁰.

The Covid-19 pandemic has made it clear that public health and healthcare delivery systems need to have bridges – one such bridge is the School Based Health Center (SBHC)²¹.

I hope the above explanation provides you with insights to consider passing the proposed bill 2021 SB 1 which will ensure healthier people in our state.

I thank you for this opportunity to testify in support of 2021 Bill SB 1 - An Act Equalizing Comprehensive Access To Mental, Behavioral and Physical Health Care In Response To The Pandemic.

Thank you,

Supriyo B. Chatterjee MSc MBA MA (Econ)

E: sb.chatterjee@gmail.com

March 17, 2021

¹⁹ School-based health centers can deliver care to vulnerable populations during the COVID-19 pandemic
<https://www.childtrends.org/blog/school-based-health-centers-can-deliver-care-to-vulnerable-populations-during-the-covid-19-pandemic>

²⁰ Expanding Community-Based Immunization To Meet Today's Vaccine Challenges | Health Affairs Aug 24, 2020
<https://www.healthaffairs.org/doi/10.1377/hblog20200820.465392/full/>

²¹ The Imperative for Integrating Public Health and Health Care Delivery Systems | NEJM Catalyst April 2021
<https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0580>