

Statements given at the UConn Health Board of Directors Meeting on 3/4/2019



Kevin Claffey, Santhanam Lakshminarayanan, and Audrey Chapman after speaking with BOD yesterday.

Santhanam Lakshminarayanan, M.D.

Associate Professor of Medicine, Department of Medicine, Division of Rheumatology, UConn Health
Chief, Division of Rheumatology
Director, Rheumatology Fellowship Program, UConn School of Medicine
UConn Musculoskeletal Institute

Thank you for giving me the opportunity to speak to you. I am Dr. Lakshminarayanan current chief of the division of rheumatology at UConn health. I have been associated with UConn in some way since 1993 when I started my residency here. I completed my fellowship in rheumatology here in 1998. I was in practice in Norwich from 99-2002 and joined the health center faculty afterwards. Have been a beneficiary of graduate medical education here and I am teaching both the undergraduate's and graduates. I take care of patients with various rheumatological conditions who come to us from all over the state and beyond.

UConn Health is unique in the state of Connecticut in that it is the one place where highly complex subspecialty care is provided to everyone regardless of their insurance. While other health systems claim that they take care of their share of the Medicaid population what it truly means is that when the patients come to the emergency room they are taken care of and when needing hospitalization they are taken care of as is legally required. Upon discharge from either the emergency room or from their hospitalization the patients in general do not get the subspecialty care that they need in an outpatient setting as there is no legal requirement for any practitioner to accept Medicaid patients in their outpatient practice. This is oftentimes the most vulnerable of populations with significant comorbid conditions. They often have some level of distrust in the healthcare system and can be poorly compliant. This in

turn leads to more frequent emergency room visits and hospitalizations with an overall increase in healthcare expenditure throughout the system. The service that UConn Health provides in subspecialty medical care to the entire citizenry of the state of Connecticut is invaluable. It is truly a safety net and a stellar one at that.

UConn Health is essential to public health, providing high-quality care for Connecticut citizens. Our hospital is rated very highly in patient care and overall quality by independent organizations such as Consumer Reports and the Leapfrog Group. UConn Health's Epilepsy Monitoring Unit, statewide sickle cell program and statewide asthma prevention initiative are unmatched in Connecticut. We have one of the largest scleroderma programs in the Northeast that enrolls patients in international clinical trials. No one else is doing these things. We do them and do them well as fulfillment of our obligation to the people of Connecticut in return for their investment.

While we grapple with the real pressures of today's economy we should not lose sight of UConn Health's great contribution to the state, its unique position in medical service. We at UConn Health believe in embracing health care as a universal right, ensuring unfettered access while recognizing that providing health care for each and every individual is a moral obligation. UConn Health's role in taking care of the underinsured and the Medicaid population of the state means less reimbursement that in turn is reflected in the fiscal state of UConn Health. We see that role we play as a safety net as defining our very mission.

Last year the state legislature mandated that UConn Health look for a private partner for the so-called Private Public partnership. The reasoning was that we were not financially viable. As all of you are aware higher education and health care are the two services in the state that are required to pay their fringe benefits from their revenues. Over time what has happened is that they have been required to pay the so-called fringe benefit differential as well. This fringe benefit differential goes towards paying for the unfunded pension benefits. That is a long winded way of saying that we are paying for the indiscretions and follies of decisions made by past governors, state administrations, legislator's and legislature's. It is being recognized that absent this burden UConn Health is doing just fine and is no less efficient than any other healthcare system. Furthermore any private entity looking partner with us is certainly not going to absorb the fringe benefit differential. All of this makes the reasoning behind seeking a private partner that much more opaque.

The fundamental difference between the public entity such as UConn Health and any private entity whether for profit or not is that our responsibility is to the public but as the private entity has a primary responsibility to its shareholders. Any short term or indeed shortsighted fix for the financial difficulties burdening UConn Health without a comprehensive understanding of their genesis would jeopardize the very existence of the state's only a public hospital system. It would put at risk the safety net that has been there to ensure the health and well-being of the citizens of Connecticut.

Audrey R. Chapman, Ph.D.

Healey Professor of Medical Ethics and Humanities,
Department of Community Medicine and Health Care, UConn School of Medicine

Good morning. My name is Dr. Audrey Chapman. I am the Healey Professor of Medical Ethics and Humanities in the Department of Community Medicine and Health Care. I appreciate this opportunity to address the Board of Directors on the important subject of the likely consequences of establishing a public/private partnership.

As an ethicist, I am concerned with ethical and professional formation of medical and public health students. Currently medical students take several required courses in which there are units that cover ethical and professional norms, and there are graduate courses medical and public health students can take as electives on medical ethics and public health ethics. The new medical school curriculum also promotes team learning, collaboration, and collegiality. Many of the applicants to the UConn School of Medicine that I have interviewed for the Admissions office mention this curriculum and the collegial environment as one of the key reasons they would like to attend medical school here.

However, what research about the inculcation of values in medical students has shown is that what has been termed as the hidden curriculum or the informal curriculum often plays an even more important role in shaping students' values and identity formation than the formal curriculum. The hidden curriculum has been defined as the attitudes and values conveyed, most often in an implicit and tacit fashion, sometimes unintentionally, via the educational practices, culture, and ethos of an institution. Researchers believe that students tend to internalize and perpetuate the patterns of behavior that surround them. It has been suggested that what medical education means, above all, is embracing the importance of context such as observing the practices of doctors and how they treat patients and what happens during ward rounds at the bedside. Within this context, it is helpful to think of medical school students and trainees as hypersensitive observers of the environments they encounter. As such the hidden curriculum and the ethical, moral, and value-based teachings it conveys to doctors-in-training influences their future interactions with patients, peers, and colleagues.

Faculty members concerned with the impact of UConn Health establishing a public-private partnership have been assured that it would not affect the Medical School or the Public Health Programs. However, by changing the culture and ethos of the entire institution from the current orientation of a non-profit public institution serving all the people of this state to an institution focused on the bottom line and with making a profit would have a significant impact on the students. It would contradict efforts to promote an ethical and public service orientation in our medical students. The importance of a dedication to service and to a commitment to collegial and collaborative relationships would also be contradicted by such an institutional environment. I therefore ask that you take this into account in making your decision about the future of UConn Health.

Thank you for your time.