

From: Ross, Linda <connecticut@compub.org>
Sent: Tuesday, November 26, 2013 5:41 PM
To: SIM, OHA
Cc: Lynne Ide; Ken Bemis
Subject: Comments re Spiritual Care For Universal Health Care Foundation SIM Response
Attachments: CommentsreSpiritualCareForUniversalHealthCareFoundationSIMResponse (1).docx

Friends,

Increasing evidence is validating the connection between spirituality and health. And insurance companies are exploring how to effectively make spiritual resources available in the health delivery model.

Attached are comments and suggested policy language to be included within Connecticut's State Innovation Model that "...acknowledges that alternative non-medical requirements, standards and criteria may be utilized in regard to certification, qualification, eligibility or utilization review of spiritual care benefits in health plans inside or outside of the exchange..."

Sincerely,

Linda Ross

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Comments re Spiritual Care For Universal Health Care Foundation SIM Response

Increasing evidence is validating the connection between spirituality and health. And insurance companies are exploring how to effectively make spiritual resources available in the health delivery model. For these reasons, it is important that Connecticut's State Innovation Model allow for spiritual resources in its health delivery model and not have barriers that would obstruct the public's access to spiritual forms of care or the ability of insurance carriers to include spiritual care resources within their health plans.

While there may not be an intent to restrict the public or insurance companies in this fashion, some of the innovations that the State is seeking might unnecessarily become barriers. For example, the commitment of the SIM to the concept of Advanced Medical Homes to address the whole person is an important recognition that health is deeper than just medical care. However, the model is still largely governed by medical providers, and by its very nature, is likely to have a medical bias that negatively impacts the patient's ability to access spiritual resources. Similarly, spiritual care isn't likely to be amenable to algorithmic evidence-based care standards, and might not get the attention or priority desired by the patient.

For these reasons, Connecticut's State's Innovation Model should expressly acknowledge the role that spiritual care can play towards achieving the state's goals, and allow flexibility in the way that patients access this nonmedical form of care. The following policy language should be included within Connecticut's State Innovation Model:

“Connecticut recognizes the role that spiritual forms of care may play in its State Innovation Model, and acknowledges that alternative non-medical requirements, standards and criteria may be utilized in regard to certification, qualification, eligibility or utilization review of spiritual care benefits in health plans inside or outside of the exchange where medical or evidence based requirements, standards or criteria are inconsistent with the spiritual care benefits offered.”

Acknowledgment of this important policy not only will help Connecticut achieve its goals of better health for all, better healthcare quality and consumer experience, and a decrease in the rate of growth of healthcare costs, but assist in promoting the three main strategies for improving the health system through primary care practice transformation, community health improvement, and consumer empowerment.