

Connecticut State Innovation Model (SIM) Project  
Healthcare Innovation Steering Committee & Workgroups  
Office of the Healthcare Advocate, Hartford CT

April 9th 2015

My name is Supriyo B. Chatterjee and I reside in West Hartford Connecticut. I would like to submit my comments for your consideration. I am presuming here that SIM's Conflict of Interest safeguards will have acceptance as the Code of Ethics pertaining to activities and procurements and in that, no organizations has or will benefit unduly, from state or federal pass-through funds or awards. So, we can now move forward to reward good results other than good intentions.

A significant part of the healthcare reform includes population health development. There are new IRS Rules that defines organizations and its functions, and also community health assessments. New population health programs provides opportunities to close health equity gaps and ameliorate disparities that have long stymied Connecticut's health. Currently, the State of Oregon with its coordinated care model is showing how social determinants of health can be addressed for improvement. Within the initial results, Oregon's organizations have shown exemplary performance and value in its delivery. Here, in the SIM decision-making funding process, I do hope you consider a bidding organization's history of performance and results - as shown in their IRS Form 990, Schedule-H, Impact statements, community benefit reports showing how it has engaged participation in its programs and also proven contributions in the healthcare ecology. Participating organizations need to be above par of the accepted Code of Ethics and portray accountability for its fiduciary obligations to elevate Connecticut's health.

I thank you for your time.

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