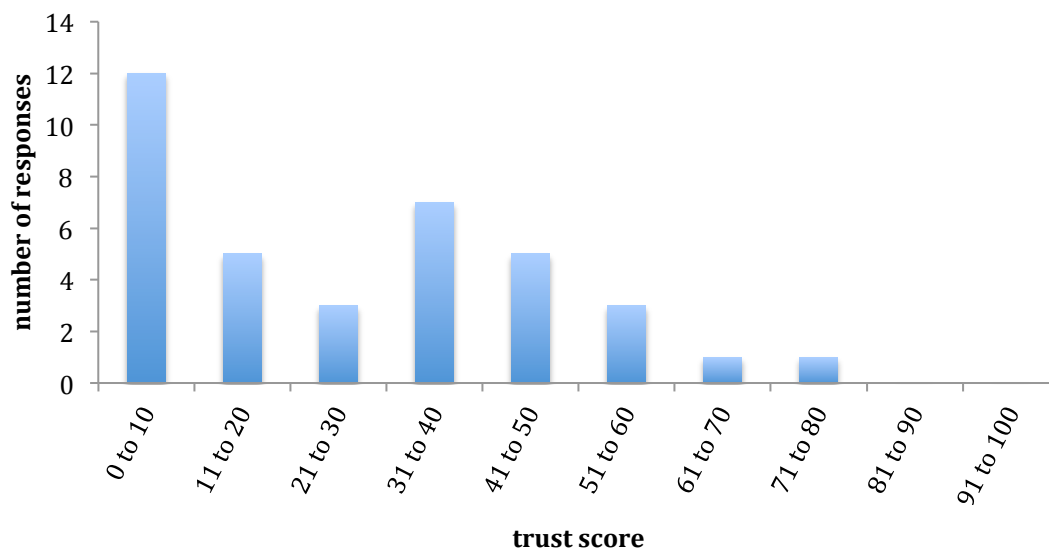


Mistrust in Connecticut health policymaking – Thoughtleaders, public weigh in on the problem and potential solutions

Connecticut health policymaking has trust issues. Many complain that nothing gets done, things don't work the way they do in other states, people aren't reliable, and reform is hopeless. They are right.

The evidence: In this year's surveyⁱ, Connecticut health thoughtleaders were asked a new question assessing the level of trust between stakeholders. The response was strong that trust levels are low, averaging only 26 out of 100 possible points, with zero to ten being the most common response. Low trust scores were found in every stakeholder group.

Perceptions of trust among CT health thoughtleaders



Last year, out-of-state consultants to CT's Health Care Cabinet were hired to help develop a plan to reform our state's health system. Key interviews with stakeholders about barriers to reform found "the top barrier was **lack of trust** among stakeholders" [bold in original].ⁱⁱ

Why trust matters: A recent systematic review of the role of trust in governingⁱⁱⁱ found that trust is key to success. "Governments cannot function effectively without the trust of citizens, nor can they successfully carry out public policies, notably more ambitious reform agendas." The literature is clear that "high trust is associated with cooperative behavior,

while low trust is associated with resistance, even to things that seem to be in the person's overall best interest."

The researchers found that "While trust is clearly a multifaceted concept – depending as much on subjective perception as on facts – its influence on the outcomes of public policy is significant and sufficiently tangible to make building trust an objective worth pursuing for public institutions."

Ideas to build trust: As part of the 2017 CT Health Thoughtleader Survey, respondents were asked for ideas to build trust in our state's health policymaking process. A public survey was also circulated and posted online soliciting ideas. In total, 173 ideas were offered. The full list of ideas, lightly edited for form, is attached as Appendix A.

Ideas fell into a few common themes – process/respect, more voices engaged, transparency and accountability, keeping promises, using data and best practices, avoiding political agendas/conflicted interests/ethics, better communications, and a large number of very specific ideas for health systems improvement. Themes with a few representative examples are highlighted below.

Trust has been a linchpin for many successfully developed and implemented state cost containment agendas. A common theme across all of the six states is a general sense of trust among key public and private stakeholders.

Bailit report to Connecticut Health Care Cabinet

Process/Respect – Thirty-three responses addressed the need to improve the process of health policymaking and ensure people are heard.

- More open dialogue
- True partnerships
- Set a table where differences aren't vilified but embraced - we can't make each other into adversaries
- Make input and consultation real - not just an opportunity to vent in public commentary without any real possibility of affecting policy that has been pre-determined
- Open the process, even if you don't like what you hear
- Focus on shorter term, impactful and attainable goals
- Set tables to find common ground with improved health outcomes as the goal versus preservation of turf
- More options for public input

More voices engaged- Thirty responses addressed the need to be more inclusive, listen to people, and not exclude important voices. Half of those responses focused on the need to engage consumers and advocates. While related to process, it is broken out here due to the strength of the responses.

- All impacted persons need to be at the table
- Understand the consumer experience
- Administration needs to accept recommendations of advocates once in a while

- Real input – not only listening to stakeholder groups, particularly people with lived experience and advocates, but also including that perspective, proposals, etc. in projects
- Have the administration consult with stakeholders, especially consumers, BEFORE releasing the health care portions of the budget, and gather input. At a minimum, we should know what’s coming. At a maximum, they might actually hear something to help with what is going to be a complete nightmare.

Data/best practices—For smarter policymaking, eighteen responses urged decision makers to let data drive policy and to seek out and use best practices.

- Start with data rather than start with desired outcomes and then look only for data that supports that outcome
- All decisions backed by reliable and documented data
- Allow the state agencies to freely share data
- Encourage state agencies to partner with entities in CT who have data and capacity
- Use that data

Communications- Sixteen responses urged improvements in communications.

- Improved communications between the executive branch and advocates
- Clear information in language lay people understand
- Better follow through on keeping people informed
- Less vitriol in communication between advocacy community and state policy making infrastructure
- Education, education, education

Transparency and accountability- Fourteen responses called on policymakers to open the process and accept accountability.

- True transparency in agency decision-making
- Open meetings of policymakers
- State agencies need to stop complaining and making excuses for themselves
- State agencies need to hold themselves to the same standards they expect of others
- More honesty about what transparency really means – putting something about a hearing or a policy on a web site is no help if the citizenry has no idea it’s there

Ethics/Politics/Conflicted Interests- Ten respondents highlighted integrity – an essential foundation of trust according to the literature. Interestingly, there were diverse opinions on which interests are dominating but consensus that conflicted interests are driving policy.

- Eliminate financial incentives from policy makers’ decisions
- Design healthcare insurance to match needs not politics
- Increase ethical standards
- Governor and Legislature have to work on “governing” not posturing for re-election
- Expose political motives

Keeping promises – Five respondents highlighted honoring commitments - another key to trust from the literature.

- In terms of government, stop breaking promises/keep commitments

- Follow up on commitments
- Keep promises
- Better commitment to advocacy agreements
- Public officials must keep promises made

Specific proposals- Thoughtleaders provided forty-six specific examples of ideas to improve trust in Connecticut health policymaking. Some reflect specific experience or complaints, but many are relatively easy wins that could engage a broad cross section of issue areas and demonstrate that trust can be restored. Others are included in Appendix B.

Bottom line: Mistrust as a serious barrier to improving Connecticut’s health care system. Fortunately, there are many ideas to solve the problem, but it will require a shift in culture, openness to new perspectives, and discipline.

ⁱ Connecticut hangs on to C+ this year for health reform, Mistrust is serious and pervasive, CT Health Policy Project, February 2017,

http://www.cthealthpolicy.org/reform/201701_thought_leaders_survey.pdf

ⁱⁱ Study of Cost Containment Models and Recommendations for Connecticut: Review of Washington and Stakeholder Feedback, Bailit Health presentation to the Health Care Cabinet, May 10, 2016, p. 73;

ⁱⁱⁱ Trust and Public Policy; How Better Governance can Help Rebuild Public Trust, OECD, March 27, 2017.