

Mistrust in Connecticut health policymaking –
Thoughtleaders, public weigh in on the problem and potential solutions
April 2017
Appendix A – Survey responses

Get around a table and work through differences
Greater engagement of stakeholders
Clear dialogue as to the resources needed to support Medicaid and health
True transparency in agency decisionmaking
Open dialogue
More open dialogue and transparency, and meetings with stakeholder groups, including in the beginning of and throughout the process of projects and reforms
Broader definition of who stakeholders are - not just providers
Keep promises
Be transparent
Open conversation about the differences
More transparency in planning of reforms
I don't think its getting the media attention it deserves
More transparency though there is quite a bit already
Fire insurance commissioner
Open meetings of policy makers
Summits involving stakeholder groups on key policy issues
Consumers involved in processes
Set a table where differences aren't vilified but embraced - we can't make each other into adversaries
Do something about socioeconomic problems in Healthcare.
Including consumer advocates on committees
Allow the state agencies to freely share data
Collect more data - make a real APCD
Select one or a few cross-agency projects to improve coordination - but something major, like joint hospital rate negotiations.
Demand that quality improvement methodology turns to national standards instead of relying on in-state sources.
Get the Governor to ease up on the hospitals
More transparency
Administration needs to accept recommendations of advocates once in a while.
All impacted persons need to be at the table
Abandon move to impose downside risk on Medicaid and other providers
More consumer advocate representation at decision making tables
More consumer input
Eliminate financial incentives from policy makers' decisions

True Transparency

Work around federal changes

Actually include Consumers in the process

Remove from the policy making process any officials with clear conflicts of interest - i.e. Health Cabinet members with heavy investments and/or ties to the insurance industry.

In terms of government, stop breaking promises/keep commitments

Follow up on commitments

Open, bi-partisan, multi -group state holders discussions on fixing the tax system in CT

Better commitment to advocacy agreements

More input from consumers

Real input - not only listening to stakeholder groups, particularly people with lived experience and advocates, but also including that perspective, proposals etc. in projects

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

Be inclusive

Consideration of options given political changes

More dialogue and meetings between parties

Assure that legislative initiatives are evidence and data driven rather than just reflex responses from legislators based on the illness (n of one) experiences in family and friends

Create mechanisms for greater hospital accountability

Invitation to comment by members of public

More open dialogue

Evidence based decision-making

Listen to hear not just wait to talk

Design Healthcare insurance to match needs not politics

Improved communications between executive branch and advocates

Encourage state agencies to partner with entities in CT who have data and capacity

Use that data

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.

Greater pressure on both academic centers to play a greater effective role in promoting best practices in primary care

Let the healthcare marketplace function

More input from healthcare providers

Make appointments to the SIM Steering Committee be mostly by legislative

appointment, as is the case with other councils

Transparency regarding process (meeting schedules, minutes, etc.)

More transparency

Understandable Language Coming From The Policy Makers

Increase ethical standards

Actually include Stakeholders in the process

Do not incentivize regression in the system of care delivery with "downside risk" payment models.

Rate of change, cuts sudden, unpredictable environment - need for stability to help build trust

Better communication

Governor and Legislature have to work on "governing" not posturing for re-election!

Understanding of the consumer experience

Being able to work together on various projects, without having to agree on all areas of work/healthcare

Start small

Focus on the consumer first

Increased opportunities for consumer voice to be heard

Less vitriol in communication between advocacy community and state policy making infrastructure

Stop SIM process

Informal dialogues with consumers and advocates

Making sure input is provided before something is recommended

Set tables to find common ground with improved health outcomes as the goal versus preservation of turf

Stop blaming fraud, abuse and waste. EMR and quality issues are secondary to covering chronic conditions in the poor. Stop driving up cost with non-treatment ancillaries.

Public officials must keep promises made

Must look at aging healthcare workforce public & private to address major workforce shortages!

Convene a working group on the provider tax, with all relevant stakeholders, including carriers, labor, patient advocates and municipal leaders. We can't afford to leave matching money on the floor in DC, but we can't also pretend that non-profit hospitals shouldn't be contributing to General Fund revenues -- they are massive, multibillion-dollar systems whose non-profit status cripples municipal Grand Lists. The whole situation is a mess that the Administration and hospital industry have chosen to address through paid advertising and the media. It's kind of embarrassing. The Administration should figure out a threshold margin above which providers are going to pay unreimbursed provider taxes, but also find a formula to maximize the federal match. I have no love for the hospital industry, but the situation is completely

ridiculous.

Try to emulate more of what Massachusetts is doing in promoting improved primary care practice

Accept the fact that single payer ain't happening

Have several more consumer reps. appointed to the Health Care Cabinet

People without conflict of interest at the table

Less conflicts of interest i.e. Commissioner of Public Health

More Options for Public Input

Reduce mergers, etc.

Incorporate Stakeholder and Consumer comments into Solutions

Put much more effort into patient centered medical homes, without the negative incentives connected to "payment reform".

Need a state wide HIE

State agencies need to stop complaining and making excuses for themselves

More regional open forums with Executive Branch and Legislative leaders and the citizen- outside of Hartford

Continue looking at and addressing the social determinants of health, including housing, economic security, trauma, neighborhood/communities wellness (or lack thereof), justice system involvement, education etc.

Start with data rather than start with desired outcome and then look only for data that supports that outcome

Communicate

Understanding of what other states are doing

Continue to fund Medicaid at current level

Need to strong arm EMR companies to improve both the user friendliness and utility of their very expensive systems that just don't work either to collect comprehensive data nor to be able to deliver coherent, timely, actionable population data

Create public option on exchange

Greater representation of advocates and consumers on policy boards

Fewer committees or task forces

Embrace a Continuous Quality Improvement approach to all the work so all systems are open and willing to look at performance and continue to improve versus seeing it as an attack

Education, education, education

Use of comparative data to illustrate outcomes of proposed policies

Face to face updates and discussions on how the federal funds are being managed in CT

Use the APCD and PA 15-146 reports from plans to do a pricing study similar to that released last week by the NY Foundation. Believe that this can be done w/o legislation

Question the movement toward lowering the level of primary care training and care

provision - far too any under experienced, mid level providers being used to provide primary care

Elimination of financial risk payment models

Explore alternatives to employer based system i.e. robust public health

Increase transparency

Focus on shorter term, impactful and attainable goals

Put much more into community health care - i.e.: systems of community health workers, based in the communities they serve at places such as schools, libraries, religious centers, etc., who are then connected to medical homes. These basic level providers should be available during extended hours (i.e.: evenings and weekends) as well as normal days, to take blood pressures, monitor blood sugar, help with education in basic health care, refer patients to the proper next level of care giver, hold classes in various health related issues such as asthma, diabetes, hypertension, cholesterol, healthy nutrition, when to seek medical attention, etc, etc, etc.

Specialty physician access

State agencies need to hold themselves to the same standards they expect of others

Look at what benefits regional/county strategies can achieve

Looking at (and gathering and using data across) different (all relevant) agencies and sectors that contribute to/impact health and health outcomes - creating more pathways to address complex and interrelated health issues

Invest in workforce, not just technology

Communicate

Assessment of consumer-based priorities/needs

Enhance 2-1-1 to include up to date comprehensive information on street based resources (walking groups, chronic disease self management, support groups, etc.) with the ability to verify (close the loop) that patients accessed the resource

Negotiate drug prices

Less meetings of the various task forces and more decisions

Strong data to support improvement

Fund chronic care delivery systems.

Better coordination among groups to improve lobbying efforts

Assess the workforce demand in specific areas and create realistic and timely ways to successfully educate workers

Skip step one, and pass a law capping hospital rates at 175% of Medicare

Re-invigorate primary care training of MD's

Provider and patient at center of health care decisions

Consider how to combine Medicare, Medicaid and private coverage into a single system

True partnerships

Address the +50% "churn" on the Exchange the last 2 years

Connect all health care practices to parallel mental and "behavioral" health providers,

through a system that includes training of school nurses for psych screening and referral, and on call psychologists and psychiatrists through medical homes. Great effort must be made to de-stigmatize this side of healthcare, by encouraging well care relationships connected with primary practices and medical homes - not waiting for problems and crises to arise that only set up adversarial and/or suspicious relationships.

Unified care coordination

Don't ask private stakeholders to do the work the DPH should be doing - if funded adequately, regarding SHIP, etc.

Communicate

Credentialing authority for the state of CT that will credential providers once and allow them to then be accepted at multiple hospitals, clinics, etc. allowing easier access to EMRs across the health care system and between corporate institutional firewalls for full access to patient information

Invest in prevention

Incentive participation for chronically ill patients

Engagement of legislative leadership

Joint project (well, minus one stakeholder): Let's all get together and take on the pharmaceutical industry. There is good model transparency legislation out there, SB 1010 from last year's CA session passed one chamber and is coming back even stronger. We should also figure out other ways to use the state and allied payers' bargaining power to control prices. Labor is pulling together a regional purchasing coalition in the Pacific NW.

Stop defining adequacy of primary care medicine as access only - quality in primary care across the board is deteriorating in CT

Limit electronic media as the primary communication solution

Set up a system of tiered availability of care at ERs and urgent care centers, to reduce costs of ER care and make care available when and as needed. What good is an urgent care walk-in center that isn't open late and on weekends? That only forces people into ERs where they may not belong. A step down care area at emergency departments would also help greatly with this.

Involve insurance agents in the processes

More honesty about what transparency really means - putting something regarding a hearing or a policy on a web site is no help if the citizenry has no idea it's there

Acknowledge situation hospitals are being placed in

Make sure to hear consumer's voices and providers

Expose political motives

Include grassroots representation, consumers, in the process

Open processes related to any planning for reform

Clear information in language lay people understand

Universal health coverage

Ease the process

Better follow through on keeping people informed

Educate and articulate the roles played by each party

Limit the number individual members of Health Systems' providers from serving on several health related Councils and Advisory Committees.

Cross system planning--state administration, legislators, private providers, advocates

Use of people vs. computers

Statewide healthcare court

Make most appointments to the HISC legislative appointments, as with other councils

Abandon proposals to impose downside risk on Medicaid and other providers, since advocates and most providers are clearly opposed

Make people more accountable for themselves

Identify shared goals

All decisions backed by reliable and documented data

Parity for all healthcare providers
