

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

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Appendix B – Small, feasible health policy initiatives to build trust – and improve
Connecticut’s health care system

- Align with other payers and states on the best treatment protocols and guidelines for high cost drugs. Use evidence-based guidelines regarding when it’s best to use lower cost, more effective medications. Be careful to [ensure guidelines are independent of conflicts of interest](#).
- Use emerging best evidence to improve medication adherence. Drugs that aren’t taken can’t be effective and waste money.
- Use value-based benchmarks for coordinated drug purchasing especially for new drugs – i.e. ICER
- Implement potentially preventable readmission, healthcare-associated infection penalties across state coverage, encourage multi-payer adoption
- Workforce analysis, strategic plan – multi-stakeholder group to guide, with strong, informed, non-political, non-conflicted stewardship of the process
- Shared independent evaluation network – with strong, informed, non-political, non-conflicted stewardship of the process, a set of qualified evaluation resources, to ensure competition among evaluators based on experience and skills that match each project’s individual needs, not pre-determined to benefit usual suspects to fill budget holes or for state contractual ease
- Consumer education about over and underservice, asking questions – independent, with strong, informed, non-political, non-conflicted leadership of the process
- Multi-payer high-cost, high need member innovations to coordinate care, improve access and quality while controlling costs
- Multi-stakeholder, open public ACO regulation task force -- with strong, informed, non-political, non-conflicted leadership of the process
- Crowd source state data – e.g. state employee plan, Medicaid -- de-identified, no where close to potentially identifiable
- Health care two-way communications function – outside state government but linked -- don’t fund it, either the state or foundations – with strong, informed, non-political, non-conflicted stewardship of the process
- Ongoing stakeholder workgroup on building trust – explore the topic and potential solutions -- with strong, informed, non-political, non-conflicted stewardship of the process
- Anti-biotic stewardship initiatives – track prescribing, provider incentives, consumer education campaign – materials with every script from pharmacist