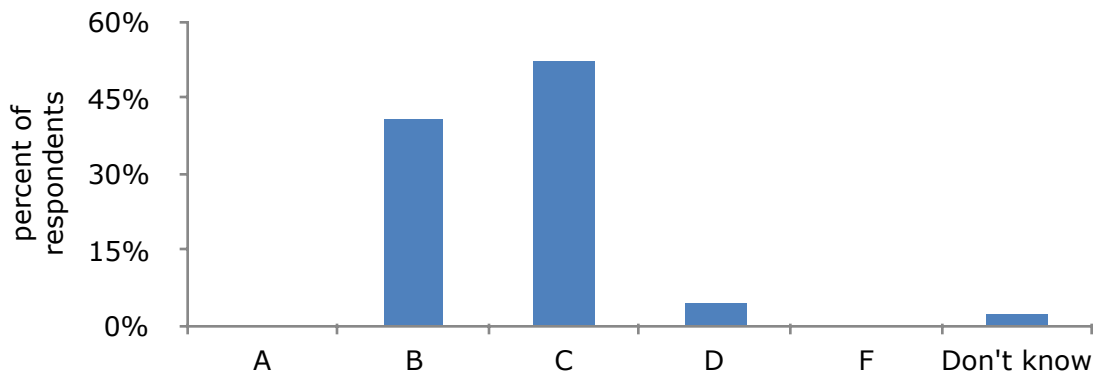


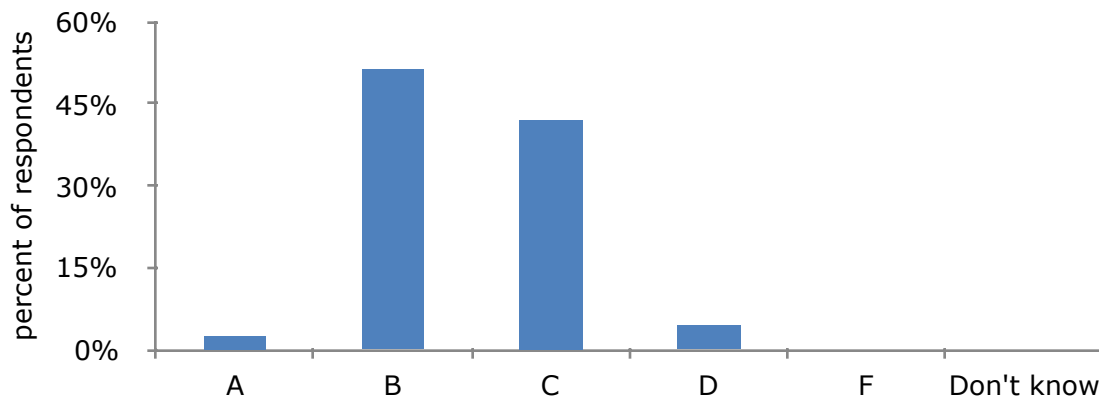
Connecticut gets a C+ this year on health reform

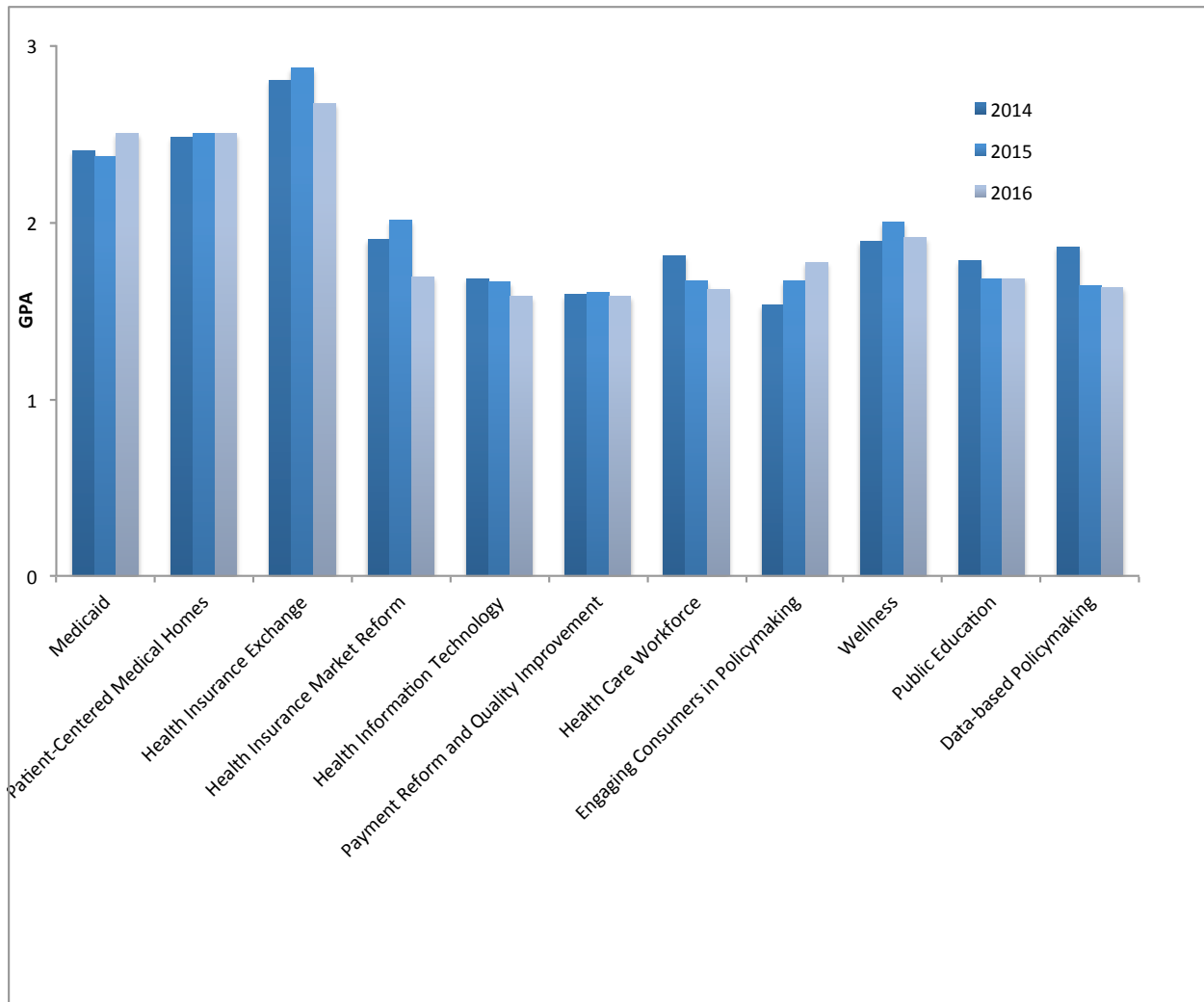
Connecticut health care thought leaders give our state a C+ grade (GPA 2.37) on health reform last month; down from a B-/C+ last year's survey. Connecticut's grade for effort also dropped from last year to a B-/C+ (GPA 2.50) in this survey. Connecticut continues to earn higher marks for Medicaid, patient-centered medical homes, and the health insurance exchange. As in past years, the lowest marks are for payment reform/quality improvement, health information technology, insurance market reform, and health care workforce. Suggestions to improve progress are to engage consumers (a perennial leader), learn from what works (also a familiar theme), opening the process to all voices/transparency in planning (also not new), and support Health Information Technology and data tools. There was more diversity and specificity in recommendations than in previous surveys; all responses are appended to this brief.

CT health reform grade



CT health reform grade for effort





Methodology Sixty-four thought leaders across Connecticut’s health fields and sectors were surveyed online between January 7 and 31, 2016. Forty-one (64%) responded. The invitation list was collected from membership of health-related state councils, board and committees, and leadership of health-related organizations. Respondents represented community organizations, foundations, providers, payers, consumer advocates, labor, business people, insurance brokers, and academics. To ensure independent responses, state officials responsible for reform were not surveyed.

Answers: What two or three suggestions do you have to improve Connecticut's progress?

- Fix the ACA/DSS IT system once and for all
- More funding for and attention on wellness/prevention
- Including more individuals receiving services in policy decisions etc. - increasing transparency and raising understanding in the 'affected' public
- Increase meaningful engagement with consumers
- Create safe space for debate and difference
- Open dialogue about available funding.
- Reduction of opiate based drugs for chronic pain
- Engage independent consumers and listen
- Speed up implementation of innovations.
- Be careful with trying to implement too many things at one time
- Better support for the health care community from governor
- Increase consumer engagement
- Engage front line providers and rethink competences for the community health worker
- Expand use of patient-centered medical homes in Medicaid
- Less demand that there is only one way or a singular best/right way and more encouragement of testing models
- Need to address underlying causes of consolidation-can't just fight it
- Closer correspondence between actual costs of providing care and reimbursement rates
- Enhanced consumer engagement
- Regulate hospital prices
- Get municipalities to join Partnership plan
- Create a health authority that oversees all health initiatives
- Restore Medicaid eligibility for adults
- Less focus on saving money
- Bring back Medicaid managed care
- Focus more on physician and provider workforce
- Mandate Active Purchasing

- MUCH more EASILY available, better trained help to the public in navigating the system, with access to personal health care coordinators
 - Don't let "perfect" get in the way of "good"
 - More connection-making among various health reform initiatives
 - Premiums and co-pays more affordable in HIX
 - Health Insurance Literacy
 - Greater public participation/true participation& transparency
 - We need a major effort to achieve state-wide interoperability
 - Focus on measurable quality outcomes including consumer experience
 - Set public health goals instead of goals for insurance coverage
 - Do better at listening to, really listening to, consumers and community providers.
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- Have SIM/ DSS aligned moving forward, instead of turf issues hindering progress
 - More sophisticated use of data and mapping
 - Stressing more and building on current successful models and/or processes around health care reforms (or maintaining well-run established efforts/programs)
 - Slow down SIM implementation
 - Foster experiments and innovation
 - Unified Leadership of efforts
 - Ready access of hospital performance on readmissions and infections, etc.
 - Use data for thoughtful policymaking
 - Implement opt out HIE [Health Information Exchange]
 - Look at current IT efforts and enhance them
 - Reduce costs while increasing quality of care
 - Fund small pilots in key areas and replicate best practices
 - Slow or avoid entirely the imposition of shared savings on providers as a means to control costs
 - Unbiased/independent analysis of reforms underway and reports on what is and isn't working and lessons learned.
 - Need to lower health care costs

- Look for long term solutions, not short term fixes
 - Collaboratives from broader health care sectors to address quality
 - Prevent further consolidation of provider systems
 - Find resources to implement SB 811 transparency and IT exchange provisions
 - Create a scorecard or similar schematic showing all health improvements initiatives (public and private) and where they stand on reaching their stated goals
 - Create mechanism to regulate hospital prices
 - Stop underfunding CT hospitals
 - More focus on health information technology
 - True consumer oversight of the Health Insurance Exchange
 - Increased access to more community health workers
 - Increase education / Health Literacy at all levels
 - More focus on insurance market reform
 - Oral health more integrated into all aspects of health care
 - Increase Consumer Engagement
 - Assess and regulate mergers & acquisitions among organizations
 - Medicaid fees need to be restored
 - Tie hospital rates to outcomes of care, similar to Medicare, and stop the side show of talking about hospital executive salaries
 - Link state reimbursements (state health plan and Medicaid) and provider bonuses to state public health goals. If we approach our goals as a state, the state will have savings that could be shared between the taxpayers and the medical providers.
 - Stand up to the hospital industry, demand more engagement with other community providers.
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- Fix the state budget to support paying actual costs for providers and support true reform by funds. Budget cuts are eroding all the gains made over the past few years.
 - Better coordination on Health IT and information exchange
 - Being more conscious of and putting more effort into connecting/aligning different health reform (including payment reform) efforts to ensure that we are not duplicating or working counter between different areas

- Be willing to import new ideas and efforts
- Prime directives of access, quality and competitive pricing. RFPs for services and drugs.
- Stop Yale from absorbing service providers and jacking up rates
- Be very careful about conflicted interests -- if we do what we've always done with the same always people, don't be surprised when we get the same result
- Implement eConsults statewide
- Reward good medical/health care performance
- Invest in data gathering, analysis and projections for human capital needs to implement findings
- Expand the successful, cost-effective state-run Medicaid program to higher income groups.
- Use tobacco money fund for prevention/cessation
- Enhanced data sharing
- Focus on people with chronic health conditions
- Simplifying the language and messaging around the initiatives already underway - too much jargon, too much complexity for the public certainly to understand
- Speed up all claims data base
- Attorney General must go after large hospital mergers/acquisitions
- Update state data collection and aggregation systems
- Actively engage communities new to the insurance market as to what is being purchased and how it should be best used
- Better incorporation of mental health care as a concurrent base level medical need, and oral and dental care as primary medical requirements
- More consumer education on health insurance literacy
- Follow data on the benefits to the state and its residents for Medicaid expansion
- Increase Community Outreach
- True consumer engagement
- Focus in Medicaid on improving outcomes and the wrong utilization of healthcare for the highest cost, highest need clients
- Much greater transparency for hospital pricing first, quality second

- " You get what you pay for!" Engage in realistic rate setting strategies with community providers