



CT Health Policy Project's 20th Anniversary: Wisdom from Connecticut's thoughtleaders

In celebration of the CT Health Policy Project's twentieth anniversary, we asked wise and prominent stakeholders with very different perspectives in Connecticut's health care system to reflect on the accomplishments and challenges of the last ten years and share their thoughts about our future.

What is your best advice to someone just starting out in Connecticut health policy?

- Never stop learning, both formally and informally. Learn about health and healthcare but also about other diverse areas – you may not see today how that learning will help in the future. Listen, really listen to everyone --- don't assume you know what others are thinking, their goals and motivation. You never know where the next solution will come from.
Ellen Andrews, CT Health Policy Project
- Do not be discouraged; change happens slowly in Connecticut.
Kathy Flaherty, CT Legal Rights Project
- Connecticut health policy a small community -- you'll touch most everyone else in the field if you stay here over your career. So always stick up for what you think is right, but stay disciplined and remain respectful and kind to everyone always. Some of those small seeds (you don't know which ones) will bear fruit in an unexpected way 20, 30, 40 years down the road.
Ted Doolittle, State Healthcare Advocate
- Identify a few areas of interest, track those committees and related bills, and master the process of how policy is developed. And find a mentor! Read everything, talk to everyone, and ...listen.
- Research history and relationships. This investment will pay dividends in accelerating your understanding of the ecosystem's direction and preferences.
- Having an understanding of our history, of what worked and particularly what did not, so we do not repeat but rather learn from our failures/trials and errors.
Matt Katz, CT State Medical Society EVP, CEO

- Connecticut is blessed with a talented and generous group of advocates working to advance access to quality health coverage and care. While often stretched thin, these people - in public, private, and in government entities - are an excellent resource for substantive and networking help. Get to know them and their work.

Judy Stein

- Talk to others who already know a lot about Connecticut health policy - whether you are new to health policy or new to Connecticut, you will be able to gain from others' expertise.
- Really understand the experiences of our children and families utilizing healthcare- in particular those living under chronic stress.

Alice Forrester

- Learn the history and track policies. Look at demonstrations, pilot programs and what innovative states are doing to increase access on all levels.

- Involve all perspectives. We are too much in our own echo chambers and discount the "other" perspective. Without bridging the gap, we won't find workable solutions that benefit everyone. This takes longer to achieve but is a surer path over time.

Jamie Stirling

- Open your mind. Constantly assess the long-term sustainability of alternatives. Be passionate and dedicated to solutions that provide access and coverage to all.

Kurt Barwis, President and CEO, Bristol Hospital

- If you want to succeed, be ready to clearly explain policy challenges to both experts and non-experts. Our single biggest problem is that the complexity of systems requires a long, uninterrupted focus.

Doug Hardy, CT News Junkie

- Messages about the need for change in health policy are often more effective when a clinical example of the problem and its consequences are included.

Joanne Ienacco, Associate Professor, Yale School of Nursing

- Do your homework and know your audience. Research policy process and understand that politics plays heavily into your messaging. Also, it's helpful to gauge the knowledge base of your audience (if they know nothing about what you do and what you're asking for, keep it high level and allow for questions). Don't ever assume they know your line of business. Be concise and clear about your asks--include them at both the beginning and the end of your meeting/testimony, etc.

Tracy Wodatch, President and CEO, CT Association for Healthcare at Home

- There's always interest at the state capitol and the legislature. You might want to meet with your local reps and senators. Non-profits in your area that work in healthcare are valuable resources, too.
- Keep your eyes on the prize regarding whatever goal you have in health policy, recognizing that compromises may have to be made. Make those compromises IF they still overall further the goal; if they do not do so, don't make those compromises however much pressure you may get from state officials, other advocates, etc. In the end, compromising just for the sake of compromising may impair your credibility in the future.
- That your own, personal experience of the healthcare system is just as important as the information provided by researchers.
Eva Bunnell, former CT Health Policy Project Board member

What tools are essential to your work? What resources/services/sources/etc. couldn't you do without?

- A pencil and a big eraser, Excel, and my iPhone. More hours in the day would be nice, but I have no idea where to find that.
Ellen Andrews, CT Health Policy Project
- Fact sheets, issue briefs and talking points from advocates who dive deep into the weeds of policy issues. Connections to the communities of people who utilize state funded services; news sources like CT Mirror, CT News Junkie, C-HIT along with legacy media; Twitter.
Kathy Flaherty, CT Legal Rights Project
- Health Affairs magazine. Impossible to read it all, but you should review each issue and read the ones you have time for. The [Health Affairs blog](#) is a daily must-scan. For staying abreast of the ACA issues, [Charles Gaba](#), [David Anderson](#) and if you still have more time, [Andrew Sprung](#).
Ted Doolittle, State Healthcare Advocate
- Many! In Connecticut, the CT Health Foundation, Universal Healthcare Foundation, and so many of the advocacy groups and their reports, data, analyses. Also the Commonwealth Fund, CMMI, and many foundations such as Kaiser Family Foundation.
- Reliable data and people to interpret the relationships across disparate information channels.
- The relationships forged and friendships made are critical resources and it is through the collective or group think process that more is achieved than through a vacuum.
Matt Katz, CT State Medical Society EVP, CEO

- Regulations, policy manuals, Medicare Handbook. Quality health care media.
Judy Stein
- News sites, like CT News Junkie, CT Mirror, CT Capitol Report, etc. Always stay on top of the news!
- Making sure I can keep track of all Medicaid policy changes
Alice Forrester
- Oversight, Public Meetings, Transparency, Accountability
- The opportunity to meet and exchange ideas with others - especially with those who do not share my perspective.
Jamie Stirling
- First and foremost, sharing data, successes, and collaboratives that are focused on addressing opportunities to improve outcomes - quality, safety, access and value/cost of care.
Kurt Barwis, President and CEO, Bristol Hospital
- Mostly not applicable but I would think patience is the key to working in this space.
Doug Hardy, CT News Junkie
- Parity in mental health services, while improved in recent years, remains a need.
Joanne Iennaco, Associate Professor, Yale School of Nursing
- Our lobbyists and subject matter experts with the history of health policy changes over time.
Tracy Wodatch, President and CEO, CT Association for Healthcare at Home
- I get on a lot of list-serves to stay up-to-date with information and I spend as much time as I can with providers, advocates, etc.
- Knowledgeable and committed colleagues, national back-up centers, email alerts.
- First hand encounters with consumers. The best information comes from them. How can you shape policy without that?
Eva Bunnell, former CT Health Policy Project Board member

What's the greatest change in how health policy is made in Connecticut?

- There are more lobbyists and more data but little analytics, and the politics is far worse

Ellen Andrews, CT Health Policy Project

- Policy makers seem to be realizing that they ought to get input from those most likely to be directly impacted by their decisions earlier in their process - if they don't bring *all* stakeholders to the table and get their input from the beginning, they run into opposition.

Kathy Flaherty, CT Legal Rights Project

- Looking back 20 years, one big change is the emergence, albeit maddeningly slowly, of some centralized non profit-driven institutions with statewide healthcare or healthcare policy/regulatory responsibilities. We need more of this -- like the Drug Review Board proposed last year and the statewide healthcare cost tracking commission proposed this year, neither of which passed into law -- to catch up with the centralized cost control capabilities of every single one of our economic competitors overseas, all of whom have entities and authorities in place to monitor and control price and cost, regardless of the other widely varying characteristics of their systems (such as countries with and without insurance companies). But if we look back 20 years, we can see some progress in development of central entities that can be built on in the future.

Ted Doolittle, State Healthcare Advocate

- I'm not sure it's changed... we only seem to have windows of big bold ideas for short periods of time.
- Large system leadership is not at the traditional policy table. Health policy is being determined largely by fiscal or budgetary policy, not health outcomes or improved quality of life measures.
- There is too much reliance on the legislative and regulatory process and not enough recognition that the private sector needs to be engaged and involved in the evolution and direction of health policy.

Matt Katz, CT State Medical Society EVP, CEO

- Ever-increasing pressure to save money as well as decreased federal and state support for public programs. At the same time, many quality officials and advocates are ready to share information and work in concert.

Judy Stein

- I think the ASOs have been a good effort to not block payment for Medicaid

Alice Forrester

- Legislators wanting the best for their Medicaid constituents and driving that through legislation and advocacy. Expanding provider access.

- Short term thinking that is sometimes driven by the election cycle. On a national level, The ACA was under attack by Republicans as soon as the ink was dry. Instead of passing the bill with 60 Democratic votes and then seeing it undermined since 2010, if we had lost 20 votes on the left and twenty votes on the right, we may have been moving more steadily toward a comprehensive solution instead of being for or against the law. Take the long view.

Jamie Stirling

- Expansion of coverage, improved access, focus on utilizing objective data to improve decision making in defining our path forward.
Kurt Barwis, President and CEO, Bristol Hospital
- Probably the biggest step forward the state has made is the establishment of the health insurance exchange that requires insurers to abide by specific standards in the plans they sell.
Doug Hardy, CT News Junkie
- My clients have benefited from the changes in Medicaid coverage with the ACA, they are less likely to lose their health coverage and able to get the care and services they need to stay healthy.
Joanne Iennaco, Associate Professor, Yale School of Nursing
- I'm not sure about change, but the evolution and layers of how policy is determined seem to get more layered and time-consuming than in the past.
Tracy Wodatch, President and CEO, CT Association for Healthcare at Home
- Over the last few years, state officials with a particular agenda, which is not necessarily in furtherance of access to quality health care, have through a variety of means exercised power over some advocates so as to present the illusion of advocate support for their agenda, using their names in service of pushing that agenda. This has been particularly the case with the efforts of the SIM initiative to push financial risk onto health care providers as extensively as possible, claiming this will both improve care and save money. This strategy has been damaging not only to the furtherance of quality health care goals but also to the advocacy community generally, by causing division where there really is none.
- Change is still too slow. However, the best thing that's happened, is there are great advocacy groups, like the CT Health Policy Project that actually listen closely to consumers.

Eva Bunnell, former CT Health Policy Project Board member

From Patricia Baker, President and CEO, CT Health Foundation

Thank you for including the Connecticut Health Foundation (CT Health) in your reflections. Both the Connecticut Health Foundation and the Connecticut Health Policy Project are celebrating twenty-year anniversaries and have taken this journey in health care system reform together.

The Connecticut Health Foundation believes that everyone regardless of race, ethnicity, socioeconomic status should have the opportunity to achieve their optimal health. While the mission of the foundation has never wavered, we have become more focused in our work advancing health equity particularly for people of color given the racial and ethnic health disparities facing Connecticut.

My reflection ten years ago started with: “As the debate on how to transform the health system takes place, the opportunity to integrate care not just medical but oral and mental health, promote evidence-based health care, and create a more effective, efficient, and accountable system is at hand. The question is what are we going to do with it?”

So where are we ten years later?

- Access has improved due to the Affordable Care Act (ACA) with Connecticut seeing the uninsured rate cut in half.
- The recognition that the health care system needs to move to one that pays for outcomes or value versus episodes of care is clear to all, but the how is the challenge still to be achieved.
- Costs are still rising, and affordability of health care is of grave concern for all.

While the challenges in the future are daunting, we must pause to recognize the success of the past decade:

- In 2009, Connecticut saw significant improvement in access to oral health care for children covered by Medicaid and the promise of greater success. In 2013 the oral health utilization of children covered by Medicaid equaled that of children covered by the state employees’ health plan, so we can achieve equity.
- Children’s mental health has seen tremendous progress and has a far way to go to achieve the outcomes all want for the children of Connecticut including equity in access and utilization. This time ten years ago, the foundation was haunted by the reality that children of color often did not receive mental health services until they entered the juvenile justice system. This disparity still exists, but we are encouraged by the progress made by Connecticut. A comprehensive children’s behavioral plan is in place and central to this plan is health equity recognizing the necessity for community-based culturally competent services.
- In terms of the disparity in racial and ethnic health outcomes, again the past 10 years has brought progress and an urgency for greater improvement. We have moved from a state with some of the greatest racial and ethnic health disparities in the country to ranking 22nd in the country. We can’t lose the urgency as Black residents are still dying at twice the rate as the majority population and are more than four times as likely to be

hospitalized for diabetes. Hispanic residents are more than twice as likely as whites to be hospitalized for diabetes. Babies born to black women in Connecticut are nearly three times as likely to die as babies born to white women, while among Hispanic mothers, babies are twice as likely to die.

The good news is if we work collectively and collaboratively; we can make progress on some of the toughest issues. Yet, the challenges facing us are significant.

The next decade must be about solutions. This requires a true partnership between the health system and public health. This integration is the next frontier which is why the work of the Connecticut Health Policy Project and many others is so important. The stories of those most affected must be told. The data and evidence must inform, and change must come.