

Priority Area A: Access to Health Care

- Primary Care
- Health/Mental Health Care

Goal

Ensure all CT residents have knowledge of, and equitable access to, affordable, comprehensive, appropriate, quality health care.

A1: Increase the number of traditional and alternative (community- and technology-based) places people can access health care by 2025.

Strategies

- A1.1. Expand affordable, quality broadband internet and cellphone access across the state, and seek public or subsidized broadband access program for geographic areas and lower income residents, so telehealth can be expanded. (See also B2.1, D3.3, D4.4, D5.2)
- A1.2. Ensure public access to internet capable devices/equipment, and training and Technical Assistance (TA) on how to use them for telehealth. (See also D3.4, D3.5)
- A1.3. Conduct data analysis to understand current capacity and determine magnitude of need.
- A1.4. Recommend policy enhancements for all providers, especially dental, to enable them to provide telehealth (e.g., Medicaid, Insurance payers).
- A1.5. Promote the use of mobile units for delivering care to people where they need it in coordination with medical/dental home (i.e., to reduce number of people dependent on location-specific bricks and mortar).
- A1.6. Broaden the definition of public health settings to include community-based settings, and ensure that care is still coordinated (e.g., school-based health centers, seniors accessing care in congregate settings) (See also Objective A5).
- A1.7. Collaborate with clinics and medical schools, dental schools, dental hygiene schools, and nursing programs to teach recommended policies that address systemic racism.
- A1.8. Conduct an educational campaign across CT to inform the consumer about standards for preventive healthcare and to increase utilization of preventative healthcare services (via billboards, social media, etc.). (See also A2.4, A2.5, A3.4)
- A1.9. Explore policies to authorize, incentivize, and reimburse for high value/high efficiency services.

A2: Increase adoption of accepted best practices and standards of care among clinical health care providers by 2025.

Strategies

- A2.1. Assess current and emerging technology for its value to patient care, in protecting patient privacy, and in empowering patient consent. (See also A3.1, D4.5)
- A2.2. Co-locate behavioral health, oral health, and primary care in comprehensive, integrated “health home” settings while ensuring that people have choice/options about their “health home”. (See also A3.2)
- A2.3. Identify models for how best practices can be introduced and adopted/implemented in different community cohorts in an effort to break down compartmentalized healthcare (see Project ECHO - (Extension for Community Healthcare Outcomes)). (See also A3.3)
- A2.4. Educate consumers and policy makers on quality benchmark scores for providers to improve care. (See also A1.8, A2.5, A3.4)
- A2.5. Educate general public about health literacy and preventive care standards focused on different demographics. (See also A1.8, A2.4, A3.4)
- A2.6. Adopt scorecard model for preventive clinical services state-wide (use the U.S. Preventive Services Task Force (USPSTF) recommendations from CDC as a guide). (See also A3.5)

A3: Increase adoption of accepted best practices and standards of care among community health preventive care providers by 2025.

Strategies

- A3.1 Assess current and emerging technology for its value in screening consumers to improve community-based care, including a standardized set of Social Drivers of Health data elements, and protections for patient privacy and empowering consumer consent. (See also A2.1, D4.5)
- A3.2. Coordinate community-based preventive services for behavioral health, oral health and primary care in a comprehensive, integrated fashion while ensuring that people have choice/options about their setting. (See also A2.2)
- A3.3. Identify models for how best practices can be introduced and adopted/implemented in different community cohorts in an effort to break down compartmentalized healthcare (see Project ECHO). (See also A2.3)
- A3.4. Educate general public about health literacy and community prevention initiatives focused on different demographics. (See also A1.8, A2.4, A2.5)
- A3.5. Adopt a scorecard model for community preventive services state-wide (use the Community Preventive Services Task Force (CPSTF) recommendations from CDC as a template). (See also A2.6)

A4: Develop a comprehensive, across-the-lifespan, statewide health education framework by 2025.

Strategies

- A4.1. Convene a group of cross sector partners (including community health providers, action agencies, schools and school-based health centers, other educators).
- A4.2. Conduct and coordinate an assessment with local and regional partners.
- A4.3. Identify information gaps in state-wide health education and develop recommendations on how to close the gaps across the lifespan.

A5: Increase the availability and diversity of primary care providers, community partners, and care management services by 2025, while respecting patients' rights to privacy and choice.

Strategies

- A5.1. Convene a group of cross-state, multi-sector partners to coordinate efforts.
- A5.2. Assess the availability and diversity of and coordination among primary care providers, community partners, and care management services.
- A5.3. Develop, execute, and evaluate a pilot plan for the enactment of system reforms based on assessment findings.

A6: Decrease the number of CT residents who are at risk of spending more than 10% of their net income on health care services and coverage by 2025.

Strategies

- A6.1. Establish baseline numbers (uninsured, under-insured, other, by individual income level) and benchmarks for improvement.
- A6.2. Recommend limits on cost sharing and total costs for consumers in health insurance plans, including reduced copays for medical/oral health visits or pharmacy.
- A6.3. Promote educating consumers about what their financial risks are when choosing between various insurance plans and options based on their individual ages/conditions (i.e., understand the ramifications if you end up in the hospital).
- A6.4. Explore options to expand Medicaid and subsidized insurance coverage to ineligible individuals that remain uninsured or underinsured (e.g., low income, parents of HUSKY recipients, immigrants).
- A6.5. Work with insurers to simplify plan designs to make them easier to understand.
- A6.6. Promote expansion of supports and incentives for small businesses to offer health insurance to their employees (e.g., tax breaks).