

Comments on Health Care Cabinet Recommendations
Arlene Murphy – November 15, 2016

Thank you for the opportunity to offer comments on the recent Connecticut Health Care Cabinet's Recommendations. I am writing as an individual to support the Health Care Cabinet's efforts and to call for addressing the concerns that have been raised about these proposals.

Health care is not affordable. This is true in Connecticut and it is true across the country. Costs continue to increase and quality improvement often falls short; particularly in addressing racial and ethnic disparities in health outcomes.

Over the last year, Bailit Consulting studied health care cost containment models in other states and presented successful strategies used to improve both cost effectiveness and quality. Based on what was learned from other states, a number proposals were recommended by Health Care Cabinet.

Consumers need a health care system that is incentivized to provide quality care and to produce effective outcomes and high patient satisfaction. The current fee for service system "handcuffs providers" to reimbursement that is not accountable for outcomes and does not support highly effective approaches to improving health.

The Health Care Cabinet recommendations present opportunities that need to be pursued. Some of these recommendations also present risks to access and quality of care that absolutely need to be addressed before implementation. The worst risk of all is to do nothing and allow the current trajectory of unaccountable, cost growing, quality limiting healthcare to continue until it is no longer sustainable. Time is running out. Results of last week's election may have already changed what reform options are available to Connecticut.

Recommendation 1A: Provide more coordinated care through consumer care organizations

It is important that Connecticut move forward with the rest of the country toward value based payment models for accountable and consumer driven care organizations. However, concerns raised about downside risk, consumer protection and a "one size fits all approach" must be addressed. Implementation concerns by providers also need to be addressed to ensure that this approach is feasible and effective.

Recommendation 1B: Build on State Innovation Model (SIM) and Medicaid healthcare reform efforts

It is essential that Connecticut continue with the foundational work on reform efforts that have been carried out through the State Innovation Model (SIM) and current Medicaid delivery reforms. So much has been learned from Medicaid reform experiences and from the analysis and consumer/public input in the SIM Workgroup process. Continued implementation of practice transformation, quality measure alignment, health information technology and population health is needed so this progress can continue.

Recommendation 1C: Develop community health teams to address complex health care needs

Community health teams are a vital component to addressing the complex factors that impact on individual health care needs and health outcomes. These efforts need to be developed with an understanding of and in concert with current community care teams currently working throughout Connecticut to avoid duplication and maximize effectiveness.

Recommendation 2A: Adopt a statewide health cost growth target Moving toward implementation of a cost growth target and better aligned health care cost containment strategies across agency lines is needed to comprehensively approach healthcare cost containment. However, significant fact finding is needed to develop these targets and an implementation strategy must be put in place to ensure consumer protection. Lack of available resources is a major obstacle to pursuing this strategy which could establish:

- Office of Health Strategy to develop cost growth targets and oversee health care planning, coordination and accountability across agency lines.
- Leadership by Health Care Cabinet that includes participation by state agencies, providers, payers, health insurance plans with representation by consumers to ensure their meaningful participation in this process.
- Expanded role of the Attorney General to monitor health care cost trends and to provide much needed transparency to prices and costs impacting on consumers

Recommendation 5A: Support provider transformation efforts by applying for federal DSRIP Funds

Federal DSRIP funds have been used by other states to obtain much needed investment in provider transformation efforts. While states have utilized these funds to successfully implement much needed community health approaches, the risks to access and quality of care must also be addressed. If available, Connecticut should pursue DSRIP while working aggressively to protect consumers.

Recommendation 6A: Support policy makers with data

Enough cannot be said about the importance of efforts through SIM, the All Payer Claims Database and the Connecticut Health Information Exchange. This work is complex and difficult. But it must continue to provide the data that Connecticut needs to evaluate and improve the quality and cost of health care.

Recommendation 7A: Incorporate use of evidence into policy making

The proposal to establish a Health Technology Assessment Committee to incorporate comparative effectiveness evidence into coverage and policy making decisions at the state level raises questions and concerns about consumer protection. Issues of transparency, consumer protection and consistency with national standards would need to be addressed to ensure that consumers are not adversely affected, particularly those with complex or expensive to treat conditions.

Thank you again for all the work and thought that has gone into these recommendations. I appreciate the opportunity to comment and stand ready to work with you in your efforts to improve the quality and cost of health care in Connecticut.