

CT Health Care Reform Advisory Board

Health Care System Reform Subcommittee

Summary of April 29, 2010 Meeting

Members Present: James Cox-Chapman, MD, ProHealth Physicians (Co-Chair); Christopher Dadlez, Saint Francis Hospital and Medical Center (Co-Chair); Bob Dakers, Office of Policy and Management (OPM).

Others Present: Alexis Fedorjaczenko, DPH; Joe Mendyka, DPH; and Barbara Parks Wolf, Office of Policy and Management (OPM).

The meeting began at 11:00 am.

The group gathered to review the recommendations developed at the previous meeting on Tort Reform and Efficiencies and to present data on the drivers of health care costs.

James Cox-Chapman offered that if there is interest, he can provide more detailed recommendations with regard to tort reform or for scope of practice for physician assistants or medical assistants.

Cost Drivers

Bob Dakers presented data from McKinsey and Company (see 3 page hand out):

1. U.S. health care spending compared to other developed countries: The U.S. spends nearly \$650 billion more than expected, with outpatient care accounting for over two-thirds in 2006 (McKinsey).
2. Principal issues acting in concert to produce higher health care costs: Demand-related, supply related, intermediation-related and the role of social norms (McKinsey).
3. Data from the Massachusetts Attorney General showing that price increases, not increases in utilization, caused most of the increases in health care costs during the past few years in Massachusetts.

Christopher Dadlez noted that about 80 to 90 percent of health care dollars spent by Medicare are on the last two years of life.

James Cox-Chapman provided an overview of data from the Dartmouth Atlas (see hand out: *“What’s Next for Health Care? Understanding Accountable Care Organizations,”* October 23, 2009). One major finding was that higher spending regions have slightly higher mortality, worse access to primary care, and lower patient and physician satisfaction.

Joe Mendiya offered to provide information on grant programs offered under federal health care reform. In total there are more than 110 grants. It was suggested that the Advisory Board could be most effective in offering a broad vision that will inform the type and combination of programs that could be pursued to improve care in Connecticut. Several priority areas were suggested: primary care access, primary care workforce, coordinated care models, partnerships for community-based care.

Subcommittee Recommendations

Alexis Fedorjaczenko explained that the goal is for the subcommittees to present their recommendations at the next Advisory Board meeting on May 20th.

The group agreed to organize the report according to the following outline:

DRIVERS OF HEALTH CARE COSTS

Provide an overview of health care cost drivers. Note that there is no one solution to reigning in health care costs and that influencing health care costs will require efforts on multiple fronts.

In each of the five areas of recommendation below, provide background information.

Efficiencies

- *See April 22 meeting summary for draft recommendations*

Tort Reform

- *See April 22 meeting summary for draft recommendations*

Payment Reform

- *Move toward a payment system that rewards value over volume, encourage formation of accountable care organizations and medical homes*
- *Consumers should have a greater stake in health care costs*

Workforce Infrastructure

- *Address expanding primary care, scope of practice, and other workforce issues*

Benefit Design

- *Address utilization, wellness, prevention, personal responsibility, and modifying patient behavior*

Next Steps

The group agreed to submit draft recommendations to Alexis Fedorjaczenko who will draft a subcommittee report. The draft report will be sent to subcommittee members for review and comment.

The meeting was adjourned at 12:30 PM.