

Ways to save money and improve quality in CT's health care system Particularly for state-run programs

Consumers (and their advocates) are often accused of wanting everything in health care and being unreasonable about spending. However consumers realize that inefficiencies waste our money and impact our health.

To help policymakers develop realistic options to improve efficiency and quality in CT' s health care system, the CT Health Policy Project went to the experts. We collected ideas from our Consumer Health Action Network members, supplemented with ideas from seasoned health care advocates.

An on-line survey was conducted during the month of November to rate the options on a scale from 1 to 10. No idea averaged less than a score of 5. The most popular option was to foster the ability of small businesses to pool health care buying. The least favorite was pay-for-performance for HMOs. Some respondents also gave their own ideas for improvement. Here are the results.

	1	10
1. Foster ability of small businesses to pool health care buying		
2. Expand affordable opportunities to buy into the state employee health plan		
2.(tie) Improve administrative efficiency, particularly in HUSKY and Medicaid		
3. Require all licensed health care providers to accept some Medicaid and uninsured patients		
4. Scholarships for health professional students in exchange for commitments to provide care to the underserved		
5. Join the power of the two largest purchasing pools in CT, HUSKY and state employees, to create market pressure for reforms		
6. Well-designed and evaluated disease management programs		
7. Create an independent, enlightened, state-of-the-art research unit, with public reporting to both the executive and legislative branches, to monitor CT' s health care system and propose/evaluate options for improvement		
8. Expand and evaluate public health improvement activities - i.e. healthy eating, exercise		
9. Open HUSKY to adults without children		
10. Offer free/sliding fee smoking cessation treatment to all CT residents		
11. Expand and coordinate consumer information systems and outreach - including quality and cost of service information		

	1	10
12. Institute independent, credible, non-voluntary community benefits reporting for HMOs and hospitals		
13. Price controls on health care services, drugs and other costs		
14. Electronic medical records		
15. Regular consumer surveys, with public release of the results, ensuring that the state acts on the results		
16. Decide that the state will pay no more for drugs than the VA does		
17. Pay-for-performance for providers - bonuses and penalties to hospitals, doctors, clinics and others based on best practices' quality of care		
18. Secret shopper surveys, employing actual consumers trained in research methods, by independent, credible evaluators reporting publicly		
19. Create a consumer Anti-Fraud Corps - replicate successful programs that train and support consumers in reporting fraud		
20. Pay-for-performance for HMOs - bonuses and penalties to HMOs based on their performance		

Ideas offered by respondents:

- Work toward single payer for basic care coverage like Canada
- UConn med school trains volunteers as patient actors. This could help with the secret surveys. So much of this depends on having good health data to enforce quality measures.
- Universalize, Universalize, Universalize
- Universal healthcare available to all
- UHC [universal health care]
- Development of programs is just the beginning. Communication and access to the programs is essential. Thank you very much for the opportunity to complete this survey. [you' revery welcome]
- Universal health care
- Align HUSKY eligibility for parents and kids. Eliminate barriers to enrollment.
- Replace Medicaid HMOs with PCCM [primary care case management]

Bottom Line:

There is no lack of ideas to improve quality and save money in Connecticut's health care programs.

Notes: 59 web visitors responded to the survey. All but two respondents live and work in CT. Visitors identified their role in the health care system as advocates (42%), consumers (31%), health care providers (22%), government (19%), researchers (8%), employers (5%), and other (17%). Respondents could choose more than one category.