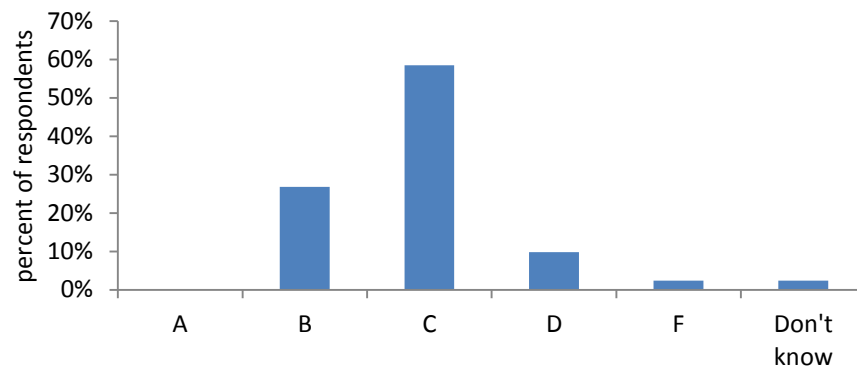


Connecticut gets a C on health reform

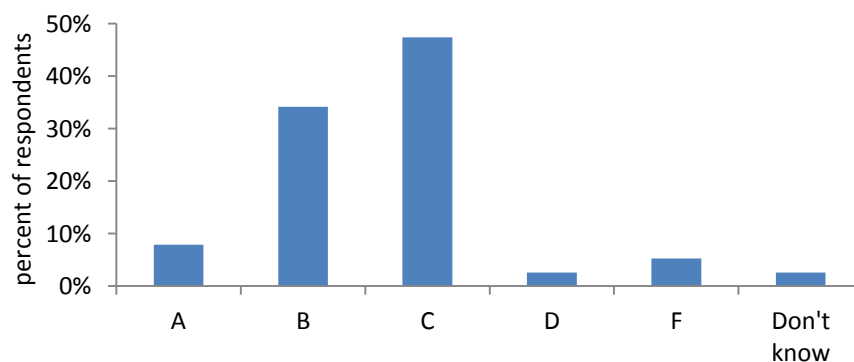
Connecticut health care thought leaders give our state a C on health reform, in a new survey. The state received no A's. Connecticut received a slightly better grade, C+, for effort. Connecticut's Medicaid efforts are a bright spot, earning a B. The worst grade was for Engaging Consumers in Policymaking, averaging a D rating. A significant number of responders answered Don't Know on one or more issue areas, echoing calls for better communication and coordination in health policymaking. Asked for suggestions to improve Connecticut's progress toward reform, several themes emerged including

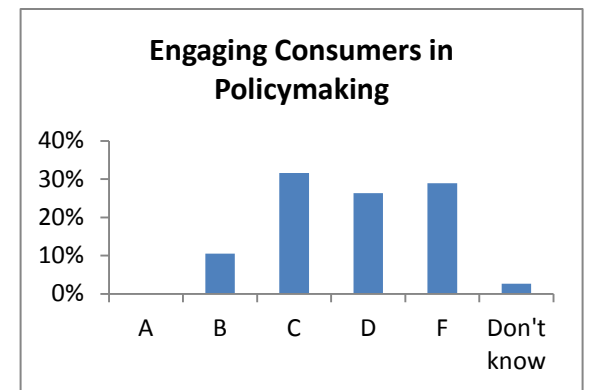
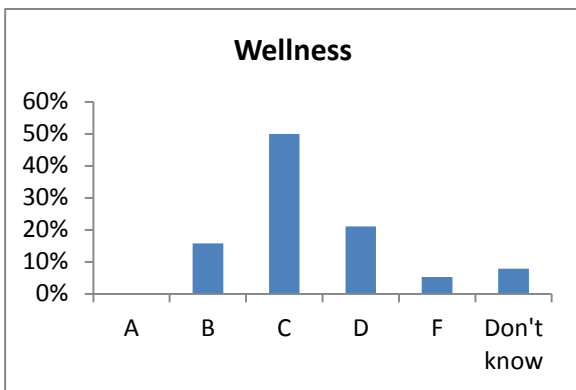
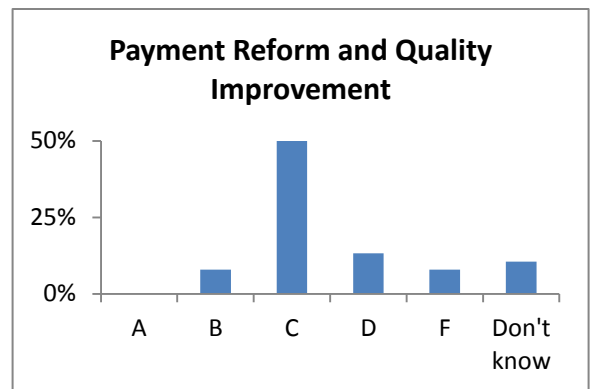
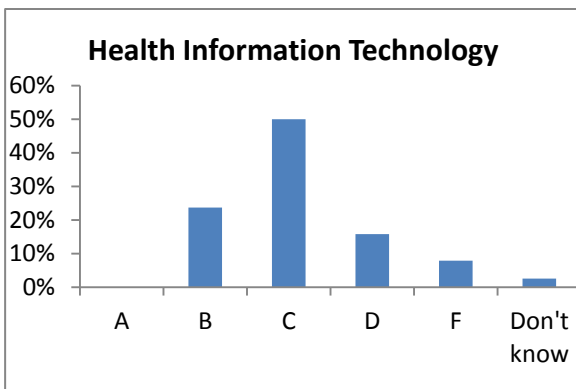
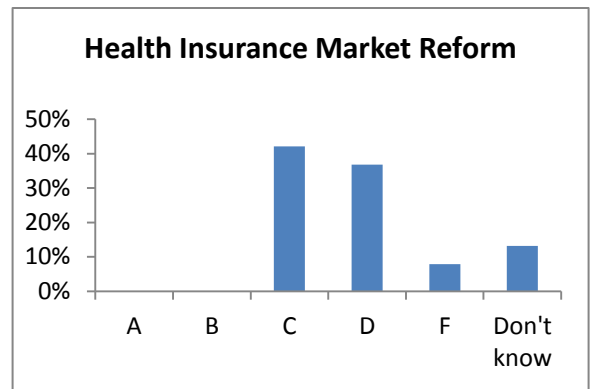
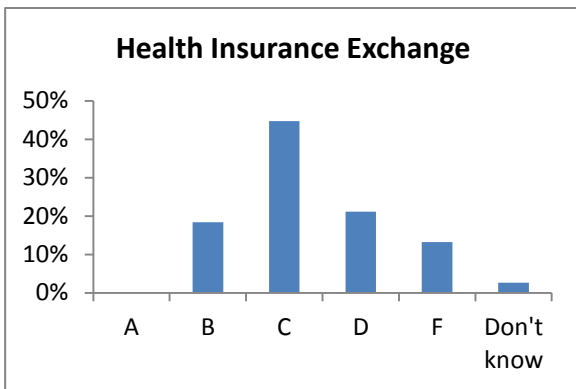
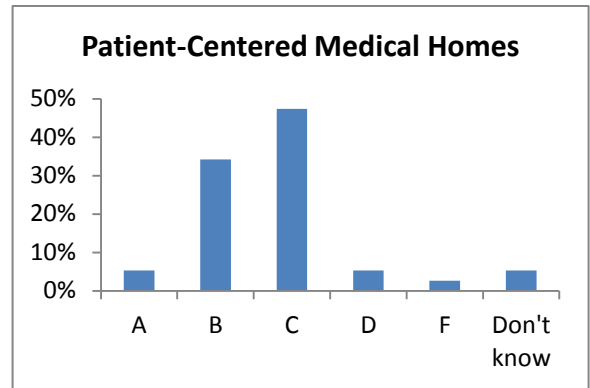
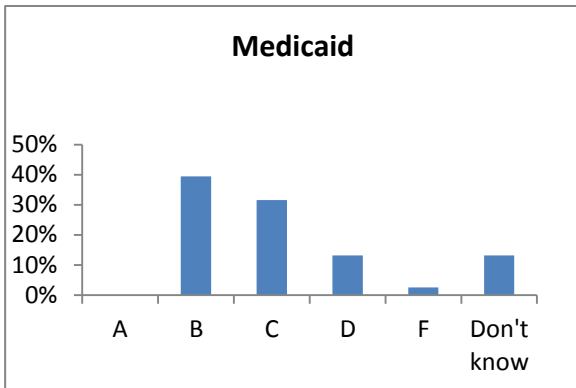
- engaging consumers in policymaking
- limiting the influence of special interests
- expanding the health care workforce
- improving policy coordination, focus and leadership

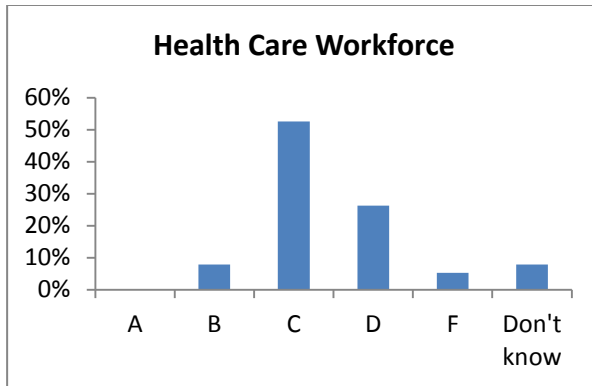
CT health reform grade



CT health reform grade for effort







Themes among suggestions to improve Connecticut’s progress toward health reform:

Engage consumers in policymaking

- increase consumer voice
- Provide real and meaningful seats at various tables for CT residents and small businesses to provide input and feedback that can help shape policies and practices
- add business and consumer to exchange board
- more consumer engagement
- continue consumer engagement in policymaking
- engage consumers in policymaking
- Engage consumers in policymaking in policymaking level
- Engage consumers at all levels of decision-making
- More Consumer Input
- Get consumers involved in a meaningful way
- Engage patients
- Engage advocates at navigating level
- Focus on the cost, also consumer needs to have more ownership

Limit the influence of special interests

- Remove for profit medical ins[urance] co[mpanie]s from their dominant position
- Growing centralized power of hospital systems a concern
- Take profit motives and shareholders out of health care
- CT has terrific advocates but the Governor is too friendly with the insurance industry
- Use care to avoid appointees with vested financial interests in the insurance industry
- decrease special interests
- A PR campaign aimed at showing how the insurance industry stands in the way of real reform
- less insurance industry influence in policy making
- Growing centralized power of hospital systems a concern
- Introduce non-profit competitors into the insurance marketplace
- Avoid insurance execs and politicians
- limit hospital systems ability to control the bulk of health care resources in an area

Expand the health care workforce capacity

- Primary care has to be focus of workforce efforts

- desperately need workforce data--require e-licensing
- Improve wages and benefits of health care workers
- improve/support team approach to primary care training
- Have an aggressive recruiting initiative to hire health care professionals-medical, dental and behavioral-- to ensure access to care
- Identifying what types of providers we need and making sure we have enough educators & candidates in the pipelines
- implement health care provider mandatory on line renewal and survey so we can monitor workforce
- increase APRN scope of practice
- Incentives to keep primary care providers in the state
- Take a look at the State workforce and determine if the experience and expertise is available regarding health reform and the initiatives CT seeks to undertake--health homes, medical neighborhoods, HITE-CT, etc

Improve policy coordination, focus and leadership

- Stop infighting
- Articulate a clear agenda and goals and develop an agenda around that
- Use the Sustinet Cabinet to coordinate health policy making
- More leadership from the governor's office to set a vision for healthcare delivery reform
- Identify top 3 priorities and stay focused
- better integration of all the parallel/ disparate reform efforts
- Collaboration, communication and cooperation as a consistently applied operating principle will mitigate the "silo effect" and position CT for opportunities
- Adopt principles by which decisions can be made
- less polarization of the different interests--don't ask me how
- Assess the 2 to 3 priorities with the broadest reach and focus on those for the largest ROI

Methodology Fifty five thought leaders across Connecticut's health fields and sectors were surveyed online between February 20 and March 7, 2012. Forty one (75%) responded. The invitation list was collected from membership of health-related state councils, board and committees and leadership of health-related organizations. Respondents represented community organizations, foundations, providers, payers, consumer advocates, labor, business people, insurance brokers, and academics. To ensure independent responses, state officials responsible for reform functions were not surveyed. A similar list of thought leaders will be surveyed next month.

For full survey results, go to http://www.cthealthpolicy.org/reform/201203_survey_summary.pdf