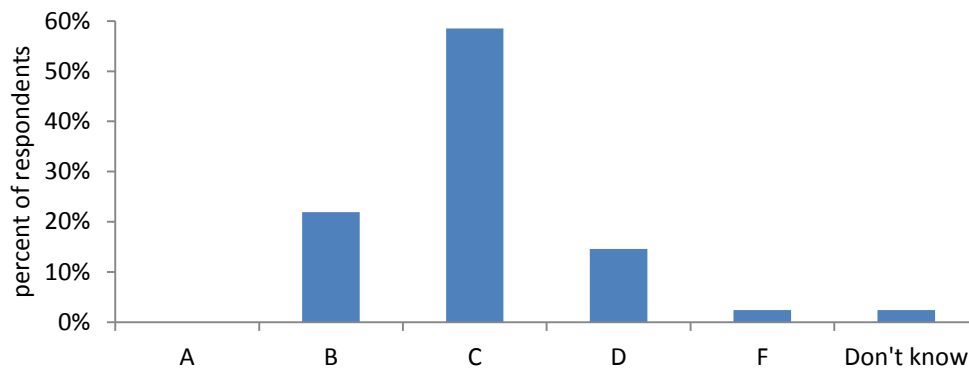


Connecticut back down to a C on health reform

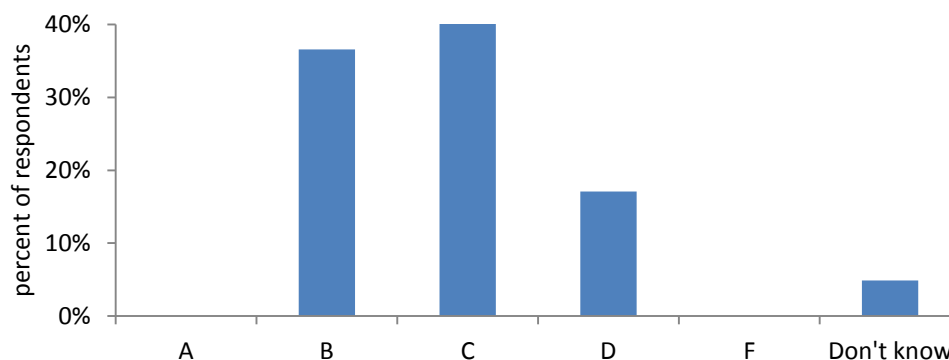
This month Connecticut health care thought leaders give our state a C on health reform, erasing the C+ bump in the April survey. Connecticut also earned a C for effort. Patient-centered medical homes join Medicaid as the bright spots, earning a B and C+, respectively. Medicaid is the only area that received any A grades from thoughtleaders. Educating the Public earned the worst grade – a C/D, closely followed by Public Education and Health Insurance Market Reform. Suggestions to improve Connecticut’s progress echoed last month’s themes.

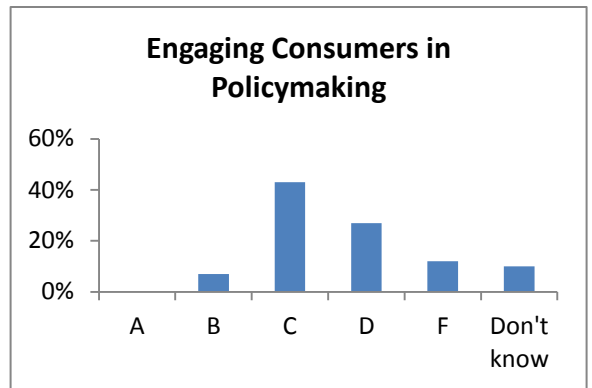
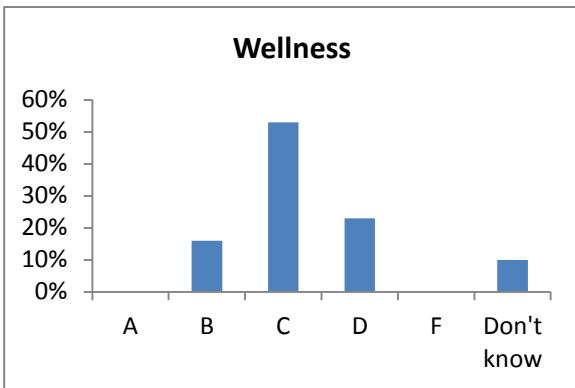
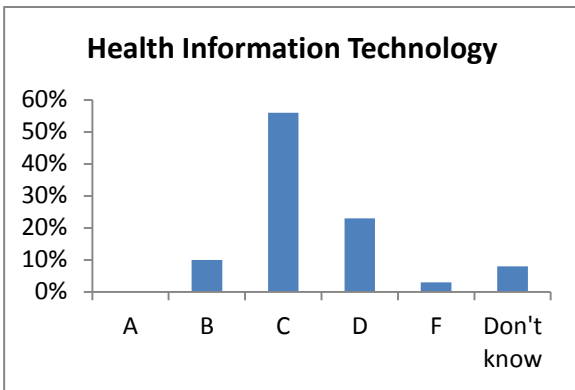
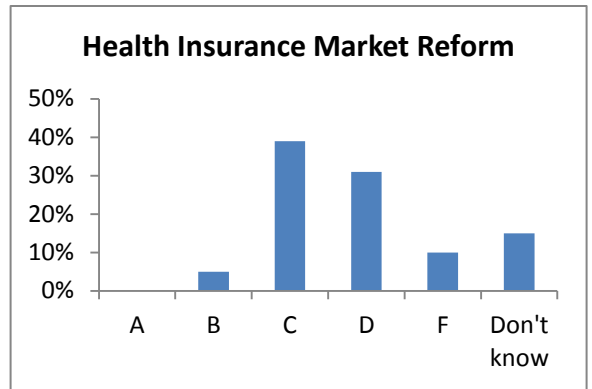
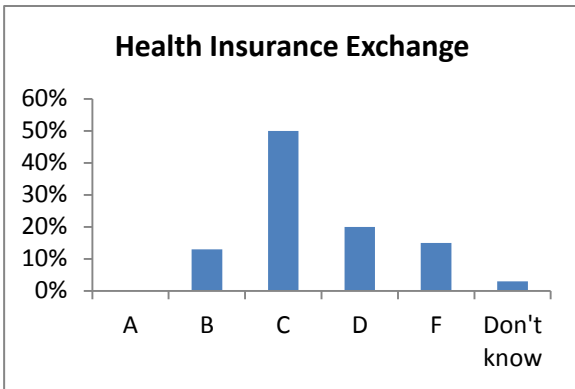
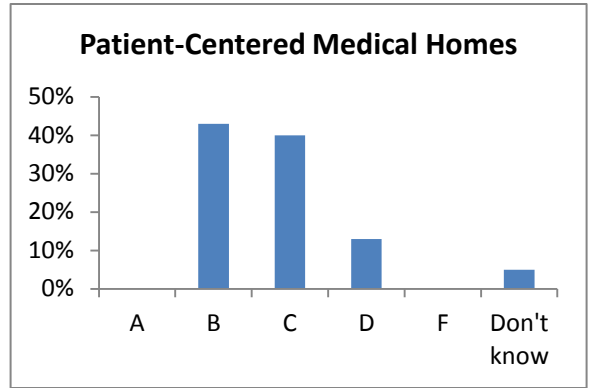
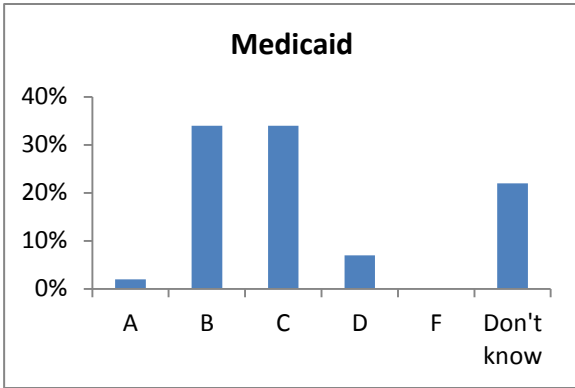
- Engaging consumers and small businesses in policymaking
- Smarter policymaking – use data to make decisions, engage experts, follow best practices
- Urgency, move more quickly
- Collaboration – work across silos, engage the public

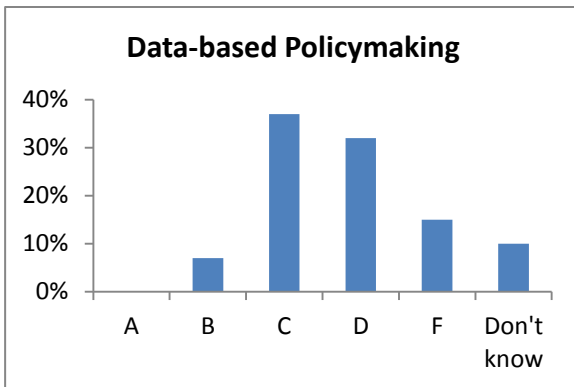
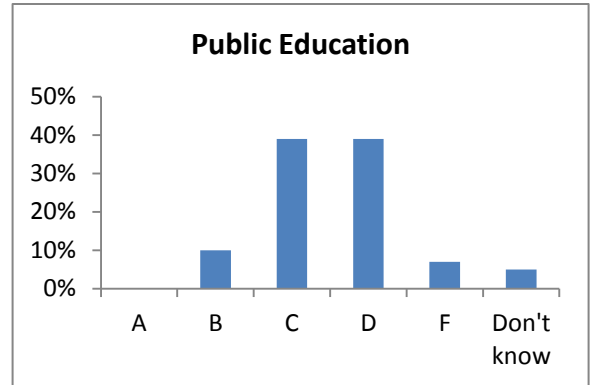
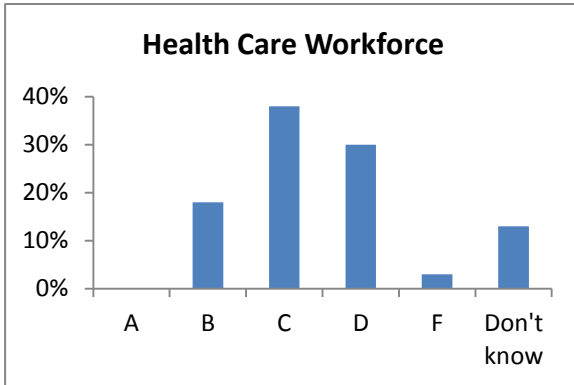
CT health reform grade



CT health reform grade for effort







Themes among respondents' suggestions to improve progress toward health reform in Connecticut:

Engage consumers and small businesses in policymaking (14 responses)

- Involve consumers in at all levels
- Better communication between policy makers and consumers
- Add consumers and small business to the exchange board

Smarter policymaking – use data to make decisions, engage experts, follow best practices (10 responses)

- Data, data, data – much more investment in data infrastructure at state level
- Rely on subject matter experts rather than special interests
- Include best practices and clinical guidelines in all policymaking

Urgency, move more quickly (9 responses)

- Deadlines for completion of each objective
- Program and project management rigor and structure . . .
- Get all payer data base and health information exchange moving

Collaboration – work across silos, engage the public (9 responses)

- Keep trying to forge transparency, coordination and accountability through the Cabinet
- More public meetings/town halls – on-going
- Minimize political involvement

Methodology Fifty four thought leaders across Connecticut's health fields and sectors were surveyed online between April 26 and May 16, 2012. Forty one (76%) responded. The same survey questions were asked of a different list of thought leaders from the April 2012 survey. 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.

For full survey results, go to http://www.cthealthpolicy.org/reform/201205_survey_summary.pdf