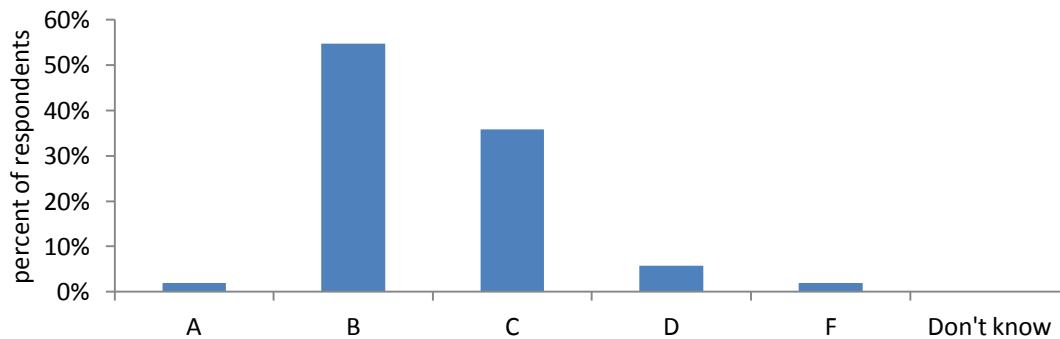


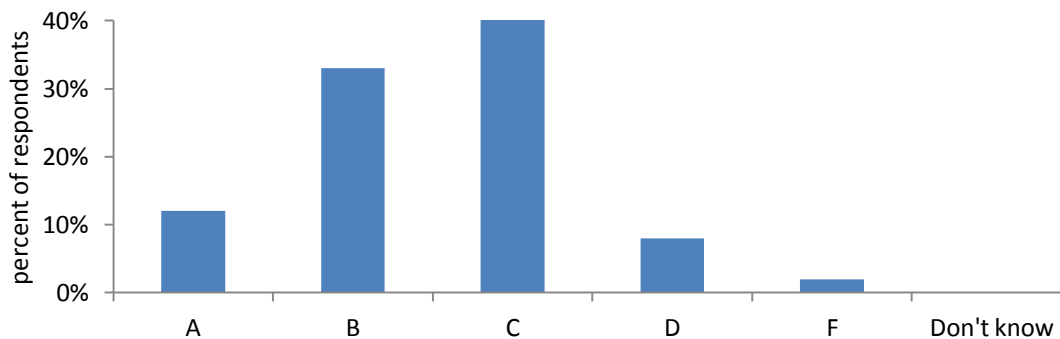
Connecticut breaks through to a B-/C+ on health reform

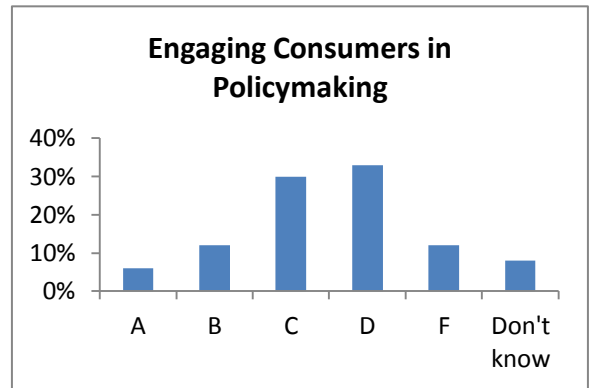
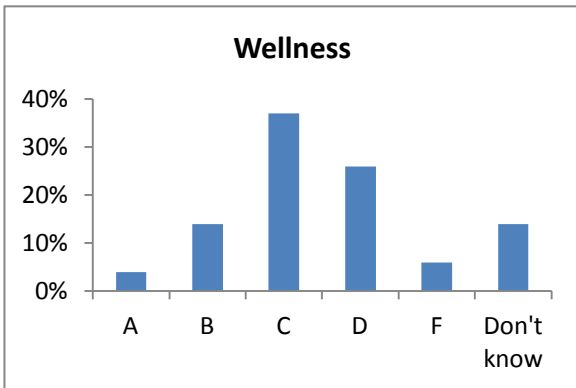
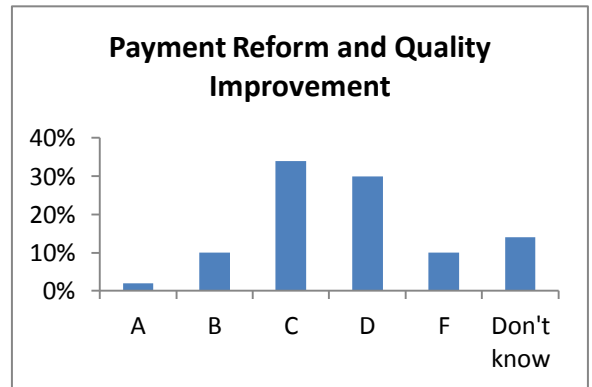
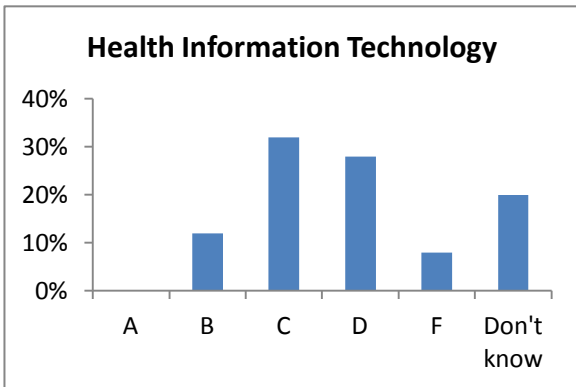
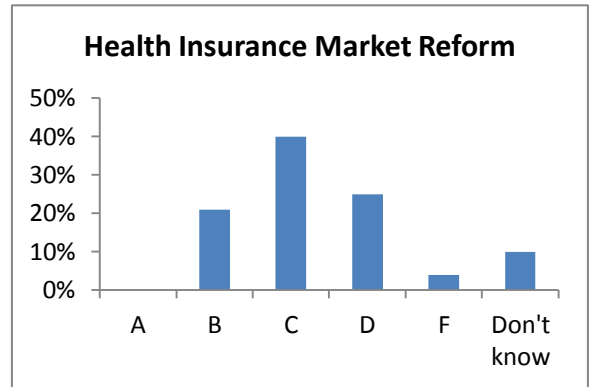
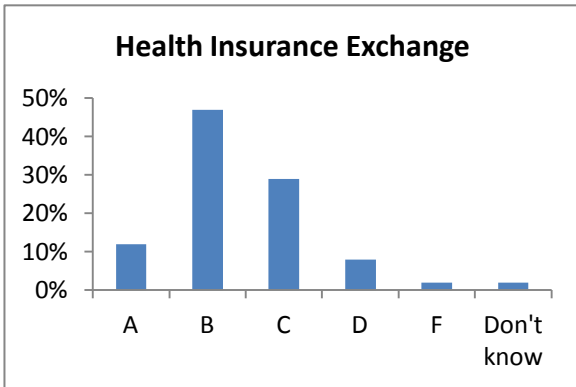
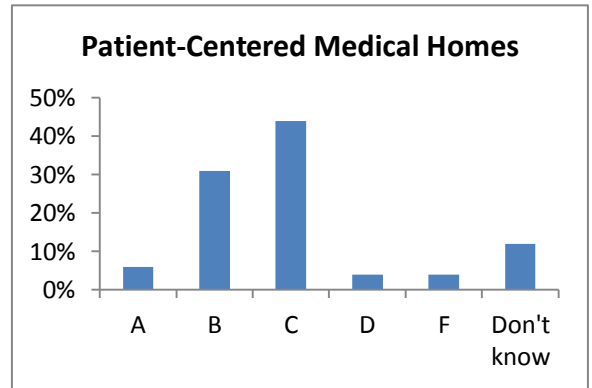
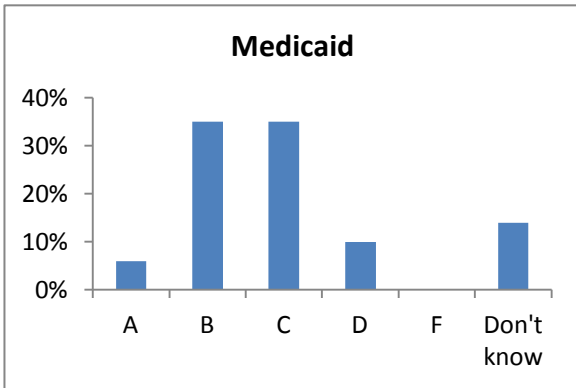
Connecticut health care thought leaders give our state a B-/C+ (GPA 2.48) on health reform this fall; the highest marks the state has gotten in over a year. Connecticut maintained our C+ for effort in this survey. Among issue areas the health insurance exchange and public education improved since the last survey. Areas that lost ground include Medicaid, patient-centered medical homes, health information technology, payment reform/quality improvement, engaging consumers in policymaking, and data-based policymaking. Thought leaders' suggestions to improve progress are for smarter policymaking and leadership, engage consumers/advocates/public in policymaking, and to fix payment reform.

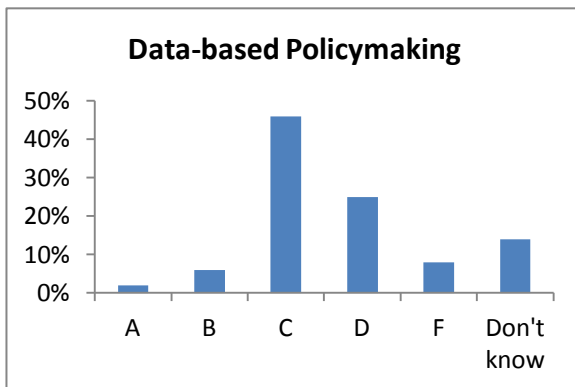
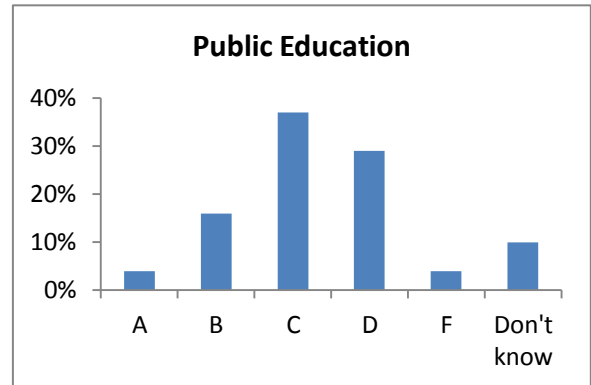
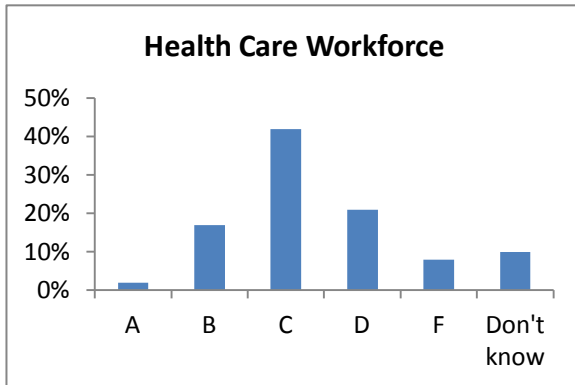
CT health reform grade



CT health reform grade for effort







Suggestions to improve policymaking were more diverse than in previous surveys. Smarter policymaking, best practices, and leadership issues were most common (19 responses), and as in every previous survey, a very common theme was to engage consumers and advocates in policymaking (16 responses). A new category – payment and care delivery reform/SIM was common (15 responses) but responses came from opposite sides of the issue. Other themes included the need for public education (12 responses), primary care/patient-centered medical homes (6 responses) and workforce issues (5 responses).

- “stop SIM boondoggle”, “accelerate development of ACOs”, “oppose provider risk based on total cost of care”, “definitely need quality indicators”
- “stop talking to yourselves”
- “really engage consumer advocates/groups”
- “use best practices to drive policymaking”
- “invest more heavily in outreach”

Methodology Seventy-two thought leaders across Connecticut’s health fields and sectors were surveyed online between August 28 and October 4, 2013. Fifty-three (74%) 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 were not surveyed.

For full survey results, go to http://www.cthealthpolicy.org/reform/201310_survey_summary.pdf