

Proposed Revised Vision – 12-16-13

Establish a whole-person-centered health care system that improves community health and eliminates health inequities for all of Connecticut; ensures superior access, quality, and care experience; empowers individuals to actively participate in their health and healthcare; and improves affordability by reducing healthcare costs.

Guiding Principles

Whole-person-centered care is more than the integration of medical, oral, and behavioral health. It is also the consideration of social, cultural, emotional, and economic contexts for wellbeing. It is team based, coordinated for individuals with complex needs, and provided in the right setting at the right time.

A healthy community is a strong community. Community health improvement requires attention to a community's particular healthcare needs and social determinants of health, requires the collaboration of a wide range of community partners, and the expansion of a diverse and well-trained workforce that includes "non-traditional" providers such as community health workers.

Every person has the right to be treated with respect, to receive culturally and linguistically appropriate whole-person-centered care, and to be fully informed and share in decisions that affect them and their families.

Quality primary care is the bedrock of an effective healthcare delivery system. Access to primary care is both fundamental and essential for improving health and healthcare outcomes.

We must develop the skills and capacity of today's primary care workforce and prepare tomorrow's workforce to meet the evolving needs of our health and healthcare system.

Health information technology powers primary care transformation, enabling point of care information and communications, continuous learning, and performance improvement. The use of technology for data collection and analytics provides for evidence-based approaches to care delivery, population health management, consumer access to cost and quality information, and tools to measure achievement of access, quality, equity, and cost goals.

Access to information that is culturally and linguistically appropriate is vital for improved health literacy to empower patients to navigate the healthcare system, to choose their providers, to actively participate in their health and healthcare decisions, and to play an active role in their community and statewide health policy.

Healthcare economics must change so that providers are financially rewarded for whole-person-centered and evidence-based care, the continuous improvement of quality and care experience, and the reduction of unnecessary and avoidable costs, to improve affordability.

Affordability of healthcare will not be achieved at the expense of quality healthcare. We will not reward the achievement of cost savings through inappropriate means, including under-service of patients.

For our healthcare delivery system transformation to be meaningful and sustainable, we must continuously engage our stakeholders, including consumers, advocates, employers, community organizations, providers, local and state officials, Medicaid, Medicare, and private health plans.

We must commit to monitoring and measuring the advancement of our vision by deploying mechanisms to measure the impact of transformation initiatives on access, quality, equity, and costs, and further, by establishing a mechanism for oversight and mid-course corrections.