UNIVERSAL HEALTH CARE FOUNDATION of CONNECTICUT

SustiNet Board Recommendations Summary

Business Plan Workgroup

March 5, 2012

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SustiNet: Goals

Measurable RESULTS:

- Improve health
- Improve access to quality, affordable (to individuals and to the state) coverage and care
  - Slow the growth of per capita health spending, short and long term
  - Improve effectiveness of the care that is delivered
- Reduce ethnic and racial disparities in health and health care

SustiNet: Create a New Non-profit Health Plan

- A new non-profit health plan administered by a quasi-governmental agency, that
- Would include both publicly financed members and privately financed members.
- Benefit packages would differ among populations, given collective bargaining, Medicaid regs.
- Within health plan, every effort made to coordinate the design, delivery and administration of benefits across all populations

Create a New Non-Profit Health Plan: Membership

Membership and timing determined by the Affordable Care Act

Membership prior to 2014:

- Start with state employees and Medicaid
- Open it up gradually, first to municipalities
- Then to non-profits, small businesses

After January 1, 2014: Would be a licensed health plan operating both inside and outside the exchange

- Individuals
- Employers
- Basic Health Program to expand Medicaid coverage up to 200% FPL

Create a New Non-Profit Health Plan: Impact on the Insurance Marketplace

- A new entrant to provide increased choice
- Administrative savings and simplification
- Leverage delivery system and payment reform
  - Large enough to promote change by providers beyond those who participate in SustiNet;
  - Influence other insurers by competing with them on value

"Common quality measurement, payment innovations, public health initiatives and delivery system reforms across all populations to achieve maximum impact." (p.11)

Create a New Non-Profit Health Plan: Delivers and Pays for Care Differently

Health plan incents and ultimately requires providers to deliver care in a different way:

- Patient-Centered Medical Home
- Health Information Technology
- Emphasis on prevention
- Evidence based medicine
- Quality and safety standards, with feedback loop
- Payment changes
- Attention to improving health equity across all functional areas

SustiNet: Connecticut's Health Care Reform Law

Health Care Delivery System Reforms:
- Patient-Centered Medical Home
- Electronic Health Records
- Quality and Safety Guidelines
- Benefits Structure and Payment that Supports Chronic Disease Management and Prevention

State Employees & Retirees

Medicaid, HUSKY A & B possibly up to 200% FPL

Employers & Individuals

Small Business
Municipalities
Nonprofits
Uninsured
Underinsured

Retain collectively bargained benefits & cost-sharing

Retain benefits & cost-sharing guaranteed by law

Benefits packages equivalent to large employers (value-based benefit design)

SustiNet: More than a Health Plan
Connecting the Dots Within Government

- SustiNet as a way to coordinate implementation of federal reform in CT; leverage federal ACA funds to support goals
- Enlist other parts of state and local government to support the goal of improved health
  - State and local public health
  - Mental Health and Addiction Services
  - Education
  - Transportation
  - Judicial Branch
  - Housing
  - Revenue Services

SustiNet Board: A model of Public/Private Partnership and Civic Engagement

- Two co-chairs, nine private members plus three government officials as ex-officio members
- Consulting support through a funding collaborative, staff support from co-chair depts., legislature
- An inclusive, accountable and transparent process
- Spirit of cooperation, working toward common goals, seeking common ground
- Health Care Cabinet and workgroups intended to carry the spirit and substance of SustiNet forward

SustiNet Board: Advisory Committees and Task Forces

Over 160 volunteers participating on five Committees and three Task Forces

- Health Information & Technology
- Patient Centered Medical Home
- Healthcare Quality, Cost, Payment Reform
- Preventive Healthcare
- Health Disparities and Equity

- Healthcare Workforce
- Tobacco & Smoking Cessation
- Childhood & Adult Obesity

SustiNet Board Recommendations: Delivery System Reform

- Strongly encourage SustiNet providers to implement Patient-centered medical homes: provide incentives and technical assistance
- Provide incentives for evidence-based care, with allowance for the need to depart from guidelines based on individual patient need
- Encourage, support and eventually require SustiNet providers to use interoperable electronic health records to document and manage care

SustiNet Board Recommendations: Payment Reform

- Implement alternatives to fee-for-service medicine to encourage care that improves health and safety, is cost-effective and does not limit access
- Establish pay-for-performance system to reward providers for improving health care quality and safety and reduce racial and ethnic disparities in health access, utilization, quality, outcomes
- Collect and publish price information to help consumers make informed choices
- Increase Medicaid provider payment rates

SustiNet Board Recommendations: Prevention, Public Health, Workforce

- Incorporate coverage of evidence-based preventive care into benefit design
- Implement smoking prevention and cessation programs
- Improve the school and day care nutrition environment and reduce marketing of unhealthy foods to children
- Invest in community-based infrastructure to support healthy lifestyles and provide preventive care services

SustiNet Board Recommendations: Prevention, Public Health, Workforce

- Develop a healthcare workforce strategic plan to assess and address shortages, including a focus on the primary care workforce and the public health workforce
- Seek out federal funds for workforce training, including promoting cultural and linguistic competence
- Reduce racial and ethnic disparities in access to resources to improve health and health literacy