HealthFirst Connecticut Authority

(draft) Report to the Legislature

December 17, 2008

HealthFirst Ct Authority

Achieving the twin goals of coverage and care

Report to the Legislature (draft)

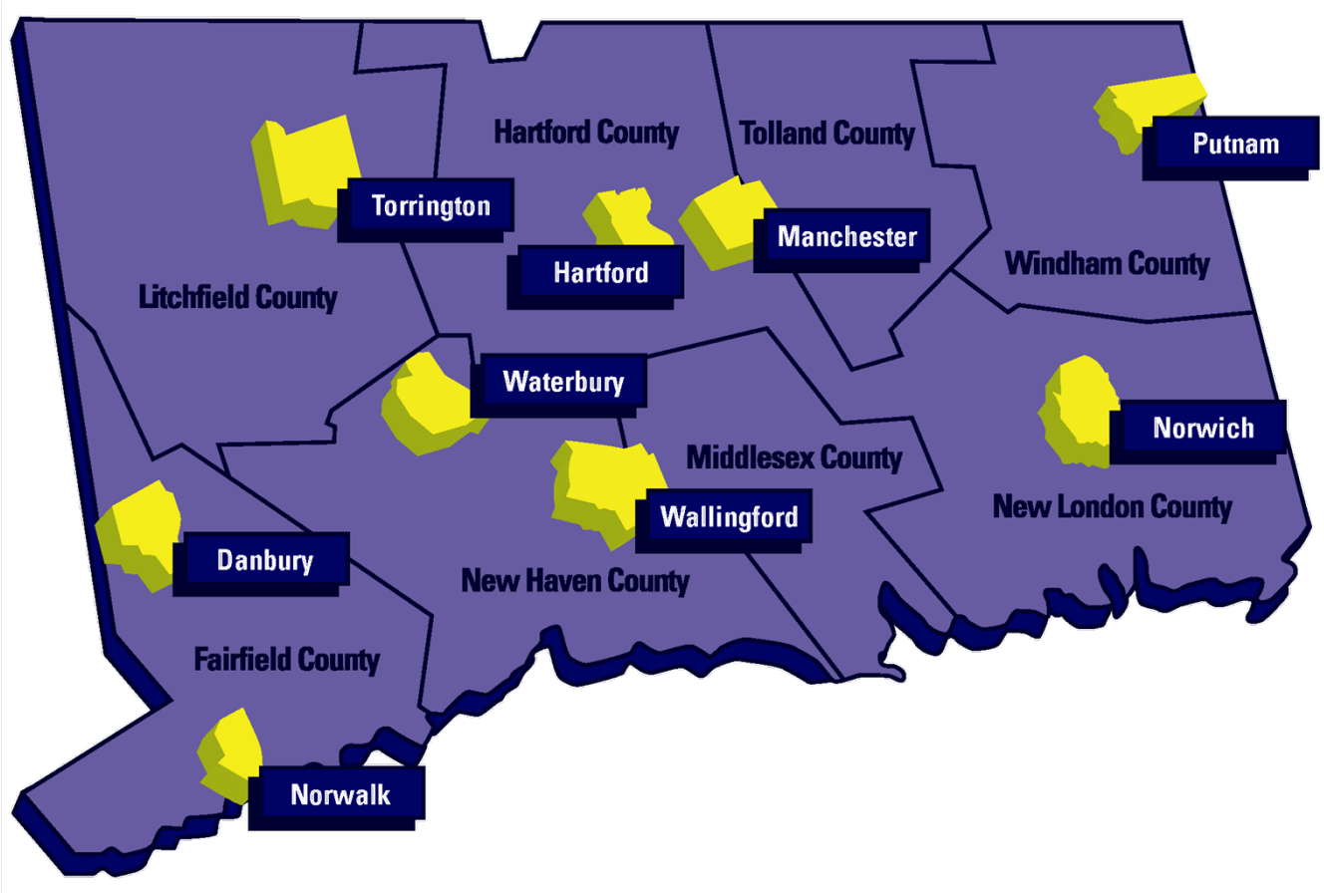
Our Charge

- Achieve universal coverage and access to care consistent with IOM principles
- Coverage: continuous, equitable, affordable
- Care: Patient centered, timely, safe, effective

And...

- Address cost, cost containment and financing
- Improve safety and quality
- Improve chronic disease care and management
- Consider role of electronic health records and patient satisfaction

Voice of the People



- Here are a few stories (go to tape)

Principles of Care

- Access—close to home, patient-centered
- Quality and Efficiency
- Coordinated and culturally appropriate
- Emphasizing wellness
- Integrity and responsibility
- Emphasized engaged, activated patients and consumer

Principles of Coverage

- Affordable
- Care is available
- Benefit structure is evidence based
- Value-driven and supportive of the principles of care

Recommendations

- Building block approach, ensuring that every state resident will have access to health coverage via a health insurance pool, whether public or private

Building Blocks

- Every residents with incomes below 300%FPL will have access to a public (Medicaid or schip) product
- Premiums, deductibles, co pays, will be consistent with generally accepted affordability indices
- All insurance paid for in full or part by CT will incorporate value based design elements that encourage prevention, early detection of disease, and effective disease management

Recommendations

- Build upon the current employer sponsored healthcare system
- Maximize federal reimbursement for all public programs
- Avoid “crowd out” of ESI. Allow state flexibility to subsidize low income workers with access to employer sponsored insurance but unable to afford premiums

Recommendations

- Engage all health care providers in the care of the publicly insured through addressing inadequacies in (Medicaid) fee schedule for all public programs

- Residents with incomes > 300% FPL who do not have access to ESI, or who have pre-existing conditions that render coverage unobtainable or unaffordable, access Charter Oak but with out of pocket expense tied to affordability indices

Publicly Sponsored Plans

- CT will submit waivers to CMS requesting:
- Conversion of SAGA to Medicaid
- Conversion of Charter Oak(a) to Medicaid, with upper limit of 300% FPL
- Charter Oak (b) non-Medicaid> 300% FPL
- Expansion of HUSKY A Parent eligibility to 300% FPL (consider premium/co-pay)
- Support HUSKY B parents with stepped premium scale

Private Coverage

- Create the CT Health Partnership (CHP)
- Open state employees plan to individuals and groups
- Allows businesses and organizations to join a much larger pool, take advantage of purchasing power of state, and decrease costs of researching and administering own plans
- Under CHP, the state will make value-based design changes to state purchased insurance

Transforming Care

- "Medical home"/High performance health systems
- Health Information Technology
- Access to full range of primary care providers
- Support patients and providers in managing chronic disease care and coordination
- Adopt common performance measures
- Adopt common patient safety reporting measures

Transforming Care

- Create health data infrastructure that drives planning, value design, evaluation, accountability
- Develop automatic enrollment of providers into public programs at time of licensure, with opt out provision
- Increase provider reimbursement rates under public programs to equal Medicare rates
- Develop statewide plan for expansion of safety net system of FQHCs in areas of geographic or population need—but must meet NCQA medical home standards

Priorities

- Universal coverage
- Improvement in chronic disease care and coordination
- Data collection, analysis, and use to drive design and health planning
- Healthcare workforce planning

Oversight Entity

- Health reform that includes both coverage expansion and care transformation has four critical functions
    - data collection and analysis
    - policy development based on analyses
    - implementation of programs that support these policies
    - monitoring and evaluation of effects

Recommendations

- Assign a entity to oversee reforms and coordinate state spending on health care
- For now, staffing to come from existing resources
- Guided by board that is free of conflicts of interest

Conclusion

- Pressing need for both coverage and care
- Data driven-value based to control costs
- New approach to chronic disease care and coordination is called for.
- Speed up HIE adoption and expansion
- Address healthcare workforce shortages
- Work with new federal administration

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