

# **Guiding Principles for CT Health Reform**

**Barbara A. Ormond  
Randall R. Bovbjerg  
The Urban Institute**

Presented to the CT Statewide Primary Care Access Authority  
Hartford, CT  
3 April 2008

# IOM PRINCIPLES

- Health care coverage should be **universal**.
- Health care coverage should be **continuous**.
- Health care coverage should be **affordable** to individuals and families.
- The health insurance strategy should be **affordable and sustainable** for society.
- Health insurance should **enhance health and well-being** by promoting access to high-quality care that is effective, efficient, safe, timely, patient-centered, and equitable.

# UNIVERSAL COVERAGE

- Universal coverage funds care for all, freeing providers from uncompensated care
- What is covered affects what care is sought and what care is provided
- Universal coverage can assist with but does not guarantee universal access
- Nor does it guarantee quality

# CONTINUOUS COVERAGE

- Supports but does not guarantee continuity of care
- Explicit attention to efficiency and high value care will help to maintain affordability and sustainability

# AFFORDABLE FOR RESIDENTS

Determinants of affordability include:

- Income
- Health status

In conjunction with:

- structure of coverage
  - Co-pays, deductibles, out-of-pocket limits, lifetime limits
- benefits
  - Mental health, oral health, prescription drugs, prevention, wellness promotion, etc.

Designing a perfect system is of little value to average residents if it is not affordable.

# AFFORDABLE & SUSTAINABLE FOR SOCIETY

- Cost containment and efficiency are critical for sustainability.
- Provider and patient incentives are important.
- Continuity, coordination, prevention, and health promotion can contribute to overall affordability and sustainability.

# ENHANCE HEALTH & WELL-BEING

- Applies to existing coverage as well as expansions.
- Financing should provide the incentives for
  - caregivers to provide efficient, high value care
  - residents to take responsibility for their health and use care wisely.
- The delivery system should fit within the available funding.
- Both providers and state residents need systematic support, including information, oversight, and feedback.

**In summary:  
it has to be a system with both “head” and “heart”.**