

Quality, Access and Patient Safety: Working Group Report

Members:

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Our goal is to establish a consumer based system that:

- **establishes a strong public health infrastructure;**
- **is culturally and linguistically competent;**
- **incorporates the highest quality proven practices available;**
- **optimizes support for chronic care;**
- **ensures transparency and accountability for of all aspects of the system; and**
- **meets several benchmarks to ensure progress towards (a) elimination of racial and ethnic disparities; (b) participation of patients as partners in their own healthcare; and (c) improved health outcomes.**

To achieve the goal of a “Healthy CT,” every person must have the essential elements to optimize his or her health. Focus must be on health outcomes emphasizing quality, access and safety. Financing needs to support those outcomes – it is the means to the end, not an end in itself. Success must be well-defined, monitored, and measureable according to the benchmarks mentioned above.

Mechanism to implement reform and operationalize elements:

To implement reform, we must create an entity (for example a quasi-government organization such as CHEFA) with strong consumer participation in all decision-making processes.

Elements that must be put in place:

- Strong public health infrastructure supporting healthy lifestyle that is culturally and linguistically accessible and competent.
- Patient-centered medical home covering twenty-four hour care, seven days a week containing the following elements:
 1. Comprehensive primary care provider network;
 2. Automatic enrollment in a system of continuous care
 3. Care coordination between patient and medical professionals, and among medical professionals;
 4. Inclusion of oral and mental health;
 5. Evidenced-based care that integrates individual preferences and experience, clinical expertise, and the most relevant, current, and scientifically sound research evidence available regardless of whether that research is contained in published, peer-reviewed literature;
 6. Consumer-provider partnership and cooperation. Informed consent is critical;
 7. Racial, ethnic, and linguistic diversity and competence of all members of the treatment team.

- There must be a program of chronic disease management, including chronic disease management training, and funding of patient navigators who will facilitate the patient's role in a patient-centered model of disease management.
- Health data infrastructure able to drive programming, accountability and quality as well as coordinated electronic records that are available to patients as well as medical professionals.
- Ongoing medical education
 1. For the provider: Ongoing investment in education translating in a timely fashion research into practice. Education must be objective. One of the primary goals of provider education must be racial, ethnic, and cultural diversity and competence.
 2. For the consumer: Access to information that is culturally and linguistically competent. Strong support for healthy lifestyles.
- Transparency in the industries and entities that are components of our health care system. In order to have credibility with the public, all systems need to be understandable and open.
 1. Pharmaceutical and medical device industries including:
 - ◆ either banning gifts to doctors or providing statistics;
 - ◆ financing of academic rather than pharmaceutical education of health personnel;
 - ◆ disclosure of any agreements between pharmaceutical companies and insurers or hospitals to provide certain drugs at reduced rates.
 2. Uniform electronic claims process with which every insurer must comply and which consumers can access.
 3. Patients should have one medical record to which they have 24/7 access.
 4. Uniform statement of patients' rights and hospital handouts.
 5. Timely reporting of hospital performance including adverse events.
 6. Simplified hospital billing.
 7. Simplified insurer/government policies and coverage.
 8. Increased access to providers examining boards decisions.
 9. Increased consumer oversight of management of impaired health care workers.
 10. Implementation of a no blame system of apology with victim or family's participation in analysis.
- Work force – Assure a sufficient number of ethnically, culturally, and linguistically diverse providers.

Cost Containment recommendations must:

- Acknowledge, address and analyze the role that increased technology and competition is playing as cost drivers of our health care expenditures.
- Initially model reform with the state financed entities that taxpayer dollars are supporting.