

Affordability a big factor in health care reform discussion

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Affordability and access to care were two major talking points when health experts and elected officials from 13 remote sites across the state gathered via teleconference Tuesday to refine a comprehensive blueprint for health care reform.

A smattering of about 15 representatives of Utah County health organizations and municipalities gathered at the Mountainlands Community Health Center in Provo to tune in. The meeting was part of an undertaking by the Utah Health System Reform Task Force, established under House Bill 133 by the Legislature earlier this year, to involve community members in mapping out a plan for statewide reform. Elizabeth Garbe, coverage initiatives director for the Utah Health Policy Project, said that cultivating input from the various community sites is critical to working up a plan that will affect meaningful change. Local authorities in Provo and elsewhere didn't get much of a chance to chime in during the meeting. Instead, they'll be asked to provide feedback during another teleconference Oct. 7.

"The community group is essential to this," she told the assembly. "Everything that's going to happen with health care reform is going to impact all of us."

The two-hour discussion covered a wide swath of potential reforms, addressing everything from a baseline for insurance benefits to the need for more health care homes. The process had not yet produced a polished proposal for submission to the task force, but some suggestions will be presented at the task force's Oct. 13 meeting.

Among the principles established in community workgroup meetings are:

Accountability: Individuals must be responsible for their own health care coverage if they can afford it.

Transparency: Insurance costs should be clear to consumers. This may necessitate the creation of an "Orbitz or Travelocity-type" interactive plan comparison tool.

Primary care: There ought to be more incentive to see primary care doctors.

Modeling: The state can draw from successful plans in other states for ideas.

Much of the discussion Tuesday centered around practical implication of generally accepted priorities -- stabilizing the private insurance market to cut down on premium increases, for example. The gap between idea and real practice was a common theme that arose, among other places, during conversation about incentives for preventative care. While it's a good principle, access to necessary resources is not even across all areas of the state, Garbe said.

The tentative proposal drawn up also calls for a statewide affordability study. To best help low-income families, it must be determined who is affected and what percentage of their household income they can reasonably resign to health care, Garbe said.

If anything can stand in the way of health system reform, it's money. With the Utah Legislature convening this week in a special session to dig the state out of a \$272 million deficit, it could be tough to find the funds to implement system wide reform, Garbe said. But lawmakers must make it a high priority, she said.