UTAH HEALTH POLICY PROJECT
Quality Health Care Coverage for All Utahns

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Guiding Principles for Health Care Reform in Utah

Introduction

The Utah Health Policy Project has developed the *Guiding Principles* to help policymakers and the public evaluate proposals for health reform. Through our participation in solution seeking processes and refinement of our own proposal, the *Utah Health Cooperative*, we have made every effort to identify the right set of principles to achieve our goal of quality, affordable, and sustainable health care coverage for all Utahns We welcome suggestions for making the Principles more useful as a tool for evaluating reform proposals.

1) Health and Financial Security through Shared Risk

The end goal is for all Utahns to have comprehensive, quality coverage that is assured. Risk is shared through *guaranteed issue* (no one can be turned down) and community rating (when risk is pooled and spread, so that everyone in each pool pays about the same, regardless of age, health status, or any other factor). A mechanism for eliminating adverse selection must be created and enforced.

2) Affordable Premiums and Medical Care

Contributions for coverage are based on ability to pay. Medicaid and CHIP financing is maximized to ensure affordability through premium subsidies or eligibility expansions. The benefit package is structured so that medically necessary services are affordable for all Utahns.

3) Shared Responsibility

Employers, individuals, providers and government share in the cost of coverage and care. Individuals and families have ample resources and opportunity to seek health care in the most appropriate settings. Every Utahn will need to purchase coverage on the exchange or enroll in public programs if eligible.

4) Cost Control and Financial Sustainability

Monies currently spent on uncompensated care are re-invested in cost-effective coverage. Costs to businesses, individuals, families, taxpayers and providers are predictable from one year to the next.

5) Prevention and Wellness Facilitated by 'Medical Home'

Coverage solutions address the lack of primary care access points in Utah. Benefits go beyond clinical prevention to wellness. Individuals and families have ample incentives to pursue wellness.

6) Publicly Responsive, Evidence-Based Benefit Management

The scope and management of benefits is guided by evidence-based medicine through a publicly accountable and transparent process.

7) Lean Administration and Maximum Purchasing Leverage

Health plans compete on administrative efficiency. Purchasers and payers leverage purchasing power or pool membership to bring down medical costs.

8) Provider Stewardship

As stewards of a public and community trust, providers are constrained in clinical decisions by published clinical guidelines and retrospective review of performance.

9) Quality Improvement and Systematic Elimination of Health Disparities

Efforts to improve the quality, safety, efficiency, and effectiveness of health care are *centralized* and coordinated. All providers and consumer stakeholders participate in statewide efforts to eliminate health disparities and deliver quality health care across cultural and language barriers.

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