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INITIAL FEEDBACK ON THE HEALTH SYSTEM REFORM PROPOSAL FRAMEWORK

from Utah Multicultural Health Network and Ethnic Community Leaders

Date: November 9, 2007

Background

Prior to the November 9, 2007 Multicultural Health Network community forum, MHN members gathered in separate meetings to discuss the health reform proposals. Their feedback and recommendations are presented below by topic.

Shared Responsibility

⊙ Employers should be required to contribute some amount, perhaps 4%, toward the employee's premium.

⊙ Since they pay taxes through employment and end of needing care at emergency rooms, undocumented immigrants should somehow be included in the coverage requirement. Since they cannot be covered in public programs, other sources of funding should be found to subsidize premiums. It may take time to figure this out. In the meantime, the primary care safety net should be strengthened.

⊙ Pharmaceutical companies should also be held responsible for high costs of medications. The state should consider options for pooling purchasing of pharmaceuticals through the Exchange or public programs.

⊙ Companies that market harmful products (like fast food) directly to consumers should share in the cost of health care; at the very least, fast food companies should not be permitted to sell food products in schools.

Affordability & Financing

⊙ Affordability should be defined in year 1 of the reform, in January of 2008.

⊙ The cost sharing and co-pay schedule should be tiered by income level. A one-size-fits-all approach will not work.

Wellness , Prevention & Healthy Lifestyles

⊙ This focus is entirely appropriate, however there needs to be a 'level playing field' for individuals and communities to make meaningful use of resources for prevention and wellness; this includes improved access to transportation, after-hours care so patients can get to medical appointments.

⊙ This aspect of the reforms should include planning and neighborhood development initiatives for safe, walkable communities and better air quality. Low-income working people are more likely to walk or jog for exercise, but many neighborhoods (for example, those on the west side of Salt Lake City)are not safe or appropriately paved for walking.

⊙ Those who meet certain goals for wellness management should be rewarded in some way, perhaps through a rebate on a portion of premium costs; however, acceptable wellness activities should be matched to cultural preferences, community by community.

⊙ Entire communities should somehow be rewarded for meeting certain wellness and prevention goals.

⊙ Employers should have incentives to offer worksite wellness programs, including walking during paid time, on-site exercise facilities, and healthy food choices in cafeterias.

⊙ Every Utahn should have a medical home. But this should not look anything like the HMOs of yore.

Culturally and Linguistically Effective Outreach and Community Education

⊙ Community education, health promotion, and well-funded outreach activities will be needed to ensure participation of all communities in coverage programs (whether on the Exchange or in public programs). These activities must be designed with community members' input and direct involvement so that they are culturally effective. Lessons should be drawn from some of the successful education and outreach activities around Medicare Part D.

⊙ Utah should adopt statewide CLAS (Culturally and Linguistically Appropriate Services) standards as part of the broader health system reforms .

Essential Benefit Package

⊙ Mental health parity must be built in to the package: mental health care than can be delivered in a primary care setting should be covered at the primary care level (with modest cost sharing). For populations that need mental health services as specialty care (psychoses and bi-polar disorders, for example), care should be available with affordable cost sharing

⊙ Substance abuse treatment should also be covered in the essential benefit package.
Dental care and vision care should be covered at the preventive or primary care level affordable cost sharing.

⊙ Cost-effective medical treatment of obesity, like Weight Watchers, should be covered.

⊙ Treatment known to prevent the need for comfort care (for example, Boniva to prevent the need for hip replacement) should be covered at the primary care level.

⊙ Care should be taken in the definition of and cost sharing assigned to "comfort care" For some populations, like persons with disabilities, "comfort care" might include services and treatments that allow for independent living or working or physical exercise. This comfort care should be affordable.

Cost Management

Connect the dots between long-term care reform and health system reform. Most of the excess cost is related to care for the elderly; long-term care reforms that emphasize community-based services and disease management should be part of the health system reforms to improve health outcomes and control costs.

Cost and quality information should be available in clearly understandable formats at the point of purchase or health plan selection on the proposed Exchange.