

Comments on Road to Value

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General comment: The entire document needs proofreading:

for sentence structure, particularly agreement of subject (sometimes missing or vague) and verb; general readability by persons not totally familiar with the subject or the concepts the document promotes. Strategy II especially needs some work for clarity.

More specific comments:

1. Is another entity with its own board and staff really needed? What mission/purpose/roles are envisioned for the Health Care Commission and the Delaware Center for Health Innovation if another entity is created? This needs to be addressed to avoid confusion.
2. I believe that any discussion of “total” costs of care will need to differentiate between costs paid via the state budget (Medicaid including managed care organizations, state employee/retiree plans, perhaps prison health care) and costs paid by other entities (commercial, self pay). Presumably one of the main reasons for embarking on this project is to attempt to mitigate those costs which affect the state budget.
3. As one step toward coordination of care, I believe an effort should be made to strongly encourage all urgent care centers to participate in the DHIN. (I know at least one group with several offices has done so).
4. I think an explanation of ACO’s and PCMH’s and how they are organized and function would be useful. Most “Stakeholders” have some knowledge but most consumers have little knowledge and no idea whether or not their PCP is a participant.
5. Lip service is given to the idea that patients/consumers are “stakeholders” in health care transformation but the tone of most discussions and documents such as this appear to assume that stakeholders are providers, insurers, payers, etc—not including patients (who are also payers either through paying taxes or their share of bills). If this is so, perhaps we need another name for those stakeholders perceived to have “skin in the game”.
6. As I have stated before in public meetings, I believe one of the most basic requirements for a plan created to control costs is to clearly define what is considered a health care cost. This is especially true for the varied services covered by Medicaid. If cuts must be made, those who create the budget, as well as the public, ought to know exactly which services will be affected so that budget decisions can be made based on knowledge of the repercussions, not just arbitrary numbers.