

Testimony of
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Senator Gerratana, Representative Ritter, and members of the Public Health Committee, my name is Francois de Brantes and I'm the Executive Director of a not-for-profit organization, based in Newtown, that develops and implements programs to improve the quality and affordability of health care in the United States. I have provided further information on my background and HCI³'s in my written submission, but of potential interest to this Committee, and certainly pertaining to SB 813, we have been publishing a yearly national scorecard on the transparency of price and quality information for each of the United States. For the past two years, the State of Connecticut has received an F, and will again this year. The proposed bill, as written, and if fully implemented, would likely not yield the State a grade much higher than a C. Why is that?

First, consumer testing and research suggest that offering information on the price of individual services is of very limited utility outside of routine sick care expenses. When consumers have an illness, injury or condition that requires multiple services from different providers, piecing together the total price – and their out-of-pocket costs – for that episode is virtually impossible, and we don't ask consumers to do that for any other important expense in their lives. Note as well that the costs of a facility, of episodes that require a hospitalization or other facility stay, are typically one half or less of the total episode costs. As such, what should be required as part of this bill, and what States with higher grades have implemented, is the publication of the full expected costs of an entire episode of medical care, not individual services or categories of services, and not simply

the facility costs. That goes for the consumer site as well as the information provided by facilities.

Second, the Bill suggests the publication of quality measures associated to the services for which prices are published. With the exception of patient safety measures that are broadly – not always specifically – related to a particular procedure or hospitalization, there aren't really any quality measures associated to medical services. There are measures associated to conditions, illnesses, major and some minor procedures, but not individual services. Further, there are significant current quality measure gaps. In a recent report we did for the State of Tennessee, out of about 100 common acute conditions and procedures, we were only able to match up quality measures for 75. In other words, there are a significant number of conditions, illnesses and procedures for which there are no quality measures, and I would urge this Committee to make that transparent to consumers as well. In other words, let's stop pretending that we can measure the quality of care when we can't and let's explain, transparently, to consumers why we can't.

I fully support this Committee's sponsorship of SB 813 and urge you to make the appropriate modifications to ensure that everyone in this State – patients, purchasers, providers and policy makers – has access to meaningful, actionable, and comprehensive price and transparency information, and I stand ready to help with that in any way possible. Thank you.

About Health Care Incentives Improvement Institute™, Inc.

The Health Care Incentives Improvement Institute, Inc. (HCI³) is a not-for-profit organization dedicated to improving the quality and affordability of health care through evidence-based incentive and payment reform programs. It is the umbrella organization for Bridges to Excellence® and PROMETHEUS Payment®, as well the creator of Evidence-informed Case Rates (ECRs) (episode of care definitions) and ECR Analytics®. With these programs, HCI³ offers a comprehensive package of solutions for employers, health plans and providers to implement innovative solutions that can cure the incentives problems that plague the U.S. health care system.

About Francois de Brantes

As Executive Director of HCI³, Mr. de Brantes is responsible for setting and implementing the strategy of the organization. This includes supervising the implementations of Bridges To Excellence and PROMETHEUS Payment pilots, leading the development of new programs, and designing incentive efforts for employers, health plans and provider organizations.

Previously, Mr. de Brantes was the Program Leader for various healthcare initiatives at GE Corporate Health Care Programs, responsible for developing the conceptual framework and the implementation of GE's Active Consumer strategy. In that capacity he helped to found and develop the Leapfrog Group.

Mr. de Brantes attended the University of Paris IX - Dauphine where he earned a MS in Economics and Finance. After completing his military service as a platoon leader in a Light Cavalry Regiment, he attended the Tuck School of Business Administration at Dartmouth College, where he graduated with an MBA.

He has authored several papers, two books, including “The Incentive Cure”, and is recognized by the media and policymakers as an expert in the field of health care payments and benefits.

HCI³'s 2014 Report on Transparency in Quality of Care:

<http://www.hci3.org/content/physician-quality-transparency-report-2014>

HCI³'s 2014 Report on Price Transparency: <http://www.hci3.org/content/report-card-state-price-transparency-laws-2014>

HCI³'s Report on Price Transparency Accuracy:

<http://www.hci3.org/content/getting-accurate-price-estimates-price-transparency-tools>

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