

Colorado Commission on Affordable Health Care
January, 2015

Dear Commissioners:

The attached document addresses affordability on a systemic level, not just focusing on individual cost drivers. Four well known and fundamental cost drivers will be noted. It is assumed that these can only be addressed with systemic changes over several years under committed state leadership to what I call a “transformation” of the system.

I ask your forbearance with a long document as I first discuss the values that seem to underlie much of the health care debate and perhaps prohibit Americans from addressing fundamental changes in health care delivery and financing. I then suggest an alternative model of values that is more complex and opens up greater options to consider. This focus on social philosophy may at first appear to be a diversion but I firmly believe that values and beliefs need to be articulated as a “reframing” of the problem. I see the transformation of the system as a public and private enterprise.

I then give much more detail of a proposed transformation of the system. I give considerable detail about cost containment. Many of my suggestions have been known for some time and Commissioners may be quite familiar with them. Others may be new to some of you. I believe it important to specify these things so there is clear awareness of the practicalities beyond the social philosophy.

I fully understand that what I convey here may not feel acceptable to some. But some of what I discuss comes out of the 208 Commission’s Report. It is a sincere effort to look at Colorado’s health care system from different angles that hopefully are illuminating. Sometimes the specifics are a bit redundant because this is a complicated topic with a lot of moving parts.

I am aware that some of you will debate points about philosophy or practicalities. I would welcome a dialogue. And if the Commission agrees, I may bring in some other individuals who are very familiar with this topic and could add further enlightenment. This may lead to a better grasp of the task before you even if you don’t agree with everything here or feel the Commission needs to take a different direction.

As I say in the document, one of my goals is to alter how people even *think* about health care. It is not simply an organizational change but a change of culture, how patients, professionals and management think about health care as we’ve known it for so long.

I hope this genuinely adds to the daunting task before you.

Yours sincerely,

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