



Blue Ribbon Commission on Health Care Reform DRAFT Meeting Summary

March 28, 2007

9:00 a.m. – 4:00 p.m.

COPIC Companies

7351 Lowry Blvd., Denver, CO 80230

Meeting Participants:

Commissioners

Erik Ammidown

Director Health & Disability Benefits, Qwest
Communications

Elisabeth Arenales, Esq.

Healthcare Program Director, Colorado Center
on Law & Policy

Clarke D. Becker,

Executive Director, Colorado Rural
Development Council

Carrie A. Besnette, Ph.D.

Vice President, The Daniels Fund

Christy Blakely

Director, Family Voices

David A. Downs, Jr., M.D.

Steve ErkenBrack

Chair, Health Care Committee, Club 20

Lisa M. Esgar

Sr. Director, Operations & Finance,
Department of Health Care Policy &
Financing, State of Colorado

Linda Gorman

Director, Health Policy Center, Independence
Institute

Julia Greene

Director, Service Employees International
Union, Health Systems Colorado

R. Allan Jensen

Independent Life and Health Insurance Broker

Grant Jones

Executive Director, Center for African
American Health

William N. Lindsay III, CLU, CEBS, RPA

President, Benefits Group, Lockton
Companies of Colorado, Inc.

Donna Marshall, MBA

Executive Director, Colorado Business Group
on Health

Ralph Pollock

Chair, Business Committee on Health Care,
CACI

David F. Rivera

Former Commissioner of Insurance, State of
Colorado

Arnold Salazar

Colorado Behavioral Health Care Council

Mark B. Simon

Disability Advocate

Steven J. Summer

President & CEO, Colorado Hospital
Association

Mark Wallace, MD, MPH

Founder, Northern Colorado Health Alliance

Joan M. Weber

Benefits Risk Manager, City of Englewood

Barbara Yondorf

Senior Program Officer, Rose Community
Foundation

Commissioners Absent:

Pam Nicholson

Sr. Vice President, Advocacy and Community
Partnerships, Centura Health

Daniel Stenersen

President & CEO, Shalom Park

Staff:

Anita Wesley
Project Coordinator

Sarah Schulte
Technical Advisor

Tracy Johnson
Technical Advisor

Welcome and Commission Business

Bill Lindsay called the meeting to order. He noted that Commissioners should celebrate its accomplishments to date, including the high number of notices of intent to submit reform proposals and strong response to the evaluation firm vendor request for proposals. He commended the hard work of the Commissioners.

Mr. Lindsay asked Commissioners to submit their conflict of interest statements to Anita Wesley by April 27, 2007.

Meeting summaries were not available for Commissioner review at the meeting. They will be sent via e-mail for Commissioner review and approval at the next meeting.

Anita Wesley reviewed the Commission calendar for the rest of the year. She noted addition of an additional meeting in May. Sarah Schulte reviewed the Commission's work plan and timeline and noted that the Commission is on track with regard to deliverables.

Ms Schulte reported that the Pre-proposal Conference in March had 50 attendees and that the Commission received 31 notices of intent to submit health reform proposals. She reported that good questions were posed at the conference and that five questions were referred back to the Commission for clarification. She reviewed each of the questions. After discussion, Ms. Schulte offered to email a draft of Commission responses for Commission approval so that a final version of the question and answer document could be posted to the website by Tuesday morning. Ms. Gorman suggested that an online discussion group be set up to track Commissioner comments.

Commissioners discussed how the development of a consolidated proposal fit within the work-plan. Mark Simon noted that he had drafted a potential scenario that allowed the development of a consolidated proposal within the November deadline. Mr. Lindsay asked Mr. Simon to work with staff on this issue.

Commissioners expressed concern that the Commission's legal authority currently ends on November 30, 2007. Mr. Lindsay reported that legislation regarding extension of the Commission deadline has been drafted, but has not yet been introduced.

Educational Presentation: Reducing Healthcare Costs by Administrative Simplification by William F. Jessee, M.D., FACMPE CEO, of the Medical Group Management Association (MGMA).

Hard copies of his presentation was distributed to Commissioners in their packets and made available to the public in hard copy at the meeting and will also be posted to the website. Both Commissioners and public observers were provided opportunities to ask questions of Dr. Jessee and to offer comment.

Educational Presentation: Overview of State Health Reform Strategies by Enrique Martinez-Vidal, Deputy Director of State Coverage Initiatives at Academy Health.

Hard copies of his presentation was distributed to Commissioners in their packets and made available to the public in hard copy at the meeting and will also be posted to the website. Both Commissioners and public observers were provided opportunities to ask questions of Mr. Vidal and to offer comment.

Educational Presentation: “Colorado Statewide Post Election Poll – Health Care Focus” by Tamra Ward of the Denver Metro Chamber of Commerce.

Hard copies of her presentation was distributed to Commissioners in their packets and made available to the public in hard copy at the meeting and will also be posted to the website. Both Commissioners and public observers were provided opportunities to ask questions of Ms. Ward and to offer comment.

Budget & Public Partnership Strategy

Ms. Wesley provided an overview of budget and primary categories. Ms. Wesley noted that the total estimated expense budget for the Commission is \$874,000, but that this total excludes the estimated expenses related to proposed task forces potential expansions in the scope of work for the technical advisors. She reported that fundraising efforts are on-going to raise funds to support the work of the Commission. Mr. Lindsay noted that the budget continues to evolve, but asked Commissioners to approve the preliminary budget.

Commissioners discussed the major budget categories, offered suggestions for areas of potential savings and asked for clarification regarding how they can support fundraising efforts. Mr. Lindsay explained that Commissioners can share suggestions for potential funders, but, per statute, cannot know the sources of actual funding received.

Steve ErkenBrack moved to approve budget. Erik Ammidown seconded the motion and the budget was approved as presented.

Outreach Strategy-Task Force Proposal

Mr. Lindsay presented a proposal to organize task forces as part of the Commission’s public participation and outreach strategy. He outlined the goal and strategy of creating three task forces in the areas of business, providers and vulnerable populations.

Elisabeth Arenales asked if task forces should be formed before health reform proposals are selected and asked how Commissioners would be involved in them. Mr. Lindsay suggested that Commissioners can be involved as they wish, but acknowledged that many have given so much time to the work of the Commission that they would not be required to participate.

Mr. ErkenBrack asked if task forces would be an effective way to get feedback. He noted that Commissioners have come together as a group and expressed concern about how to effectively bring new people into the process. He noted that the insurance industry does not appear to be represented in any of the groups and suggested that there may need to be a separate rural task force. Mr. Lindsay suggested that the value of gathering additional

focused feed back would be worth the risk, but acknowledged that it would have to be carefully managed.

Mr. Ammidown noted that there is limited awareness among the business community of the Commission's work. He asserted that the Commission cannot guarantee balanced input, but it can create additional opportunities for input.

Ms. Gorman suggested that the task forces represent a dangerous course of action. She noted that the proposed structure does not include people who buy their own insurance or are paying their own way. She suggested that these discussions would not be as useful as having interactive exchange.

Mark Wallace, MD acknowledged that the task forces raise certain challenges and reiterated Mr. Lindsay's assertion that the Commission will need to carefully manage the process. He suggested that task force members will need to sign some sort of conflict of interest statement to protect against the possibility of open or covert attempts to craft or advance certain proposals. Dr. Wallace also noted that there should be opportunities for outreach and input gathering from groups not represented on the task forces.

Donna Marshall noted that during the March listening sessions, the Commissioner received strong feedback from representatives of each of the proposed task force groups. She expressed concern about the Commission constructing silos and suggested that the Commission needs to do more outreach, but that it must remain connected to the Commission process. She asserted that the public input sessions were very useful and asked if there is a way to guide these with particular focus.

Arnold Salazar noted that even in the Commission community meetings around the state, we are not receiving much input from business. He asserted that The Commission needs to reach out to minority and mental health communities to gather focused input.

Barb Yondorf asked if the business task force would include both those who provide and those who do not provide health insurance to their employees. She also asked if it could include insurers and providers. She asked if the provider task force would include providers from general system as well as those who serve underserved populations. Julia Greene suggested that the task force proposal is a good first start, but suggested that we separate out those who are in healthcare industry and perhaps do a separate task force for health plans. As a way to keep this effort budget neutral, perhaps the industry could self fund their task force.

Clarke Becker noted that people in rural Colorado are not able to attend Commission meetings and are not well engaged in our process. Mr. ErkenBrack suggested that there may be a need for rural task force. He asserted that he meetings do not have to be held in rural areas, but that members should come from rural areas of the state to be representative.

Allen Jensen expressed concern about budget and how funds would be secured to support the task force effort. He suggested that this should be funded last and that the priority should be to secure support for existing budget and work plan priorities before adding additional projects.

Donna Marshall noted that Commissioners are frequently requested to speak at various meetings and asked how the Commission is handling these requests. Ms. Arenales noted that the Communications and Outreach committee has prepared supporting documents and a Powerpoint presentation for Commissioners to use and that all presentation requests should be forwarded to Ms. Wesley for tracking. The committee has provided support for securing Commissioners for requests as they come in.

Lisa Esgar asked what was being done with feedback provided to the Commission. Ms. Arenales reported that feedback received at the March community meetings is being compiled and will be sent out to Commissioners. Ms. Wesley reported that general feedback and comments received outside of the community meetings is being compiled on a disk that will be provided Commissioners.

Mr. Lindsay summarized the discussion, noting that the Commission needs to gather additional, focused feedback and do additional outreach. Mr. ErkenBrack suggested that the task force proposal be referred to the Communications and Outreach committee for further refinement at their next meeting and that the committee would offer a recommendations report at the next Commission meeting. Commissioners agreed.

March Community Meetings

Elisabeth Arenales and Steve ErkenBrack reported on the community meetings held in five communities in March. Ms. Arenales reported that 21 Commissioners participated in these meetings with over 200 total attendees. She noted that the first phase of input gathering occurred in February with the opportunity for written comment on the draft solicitation for health reform proposals. Nearly 40 written comments were received and many of the suggestions were incorporated into the final version of the solicitation.

The March community meetings represented the second phase of input gathering and were focused on gathering public input on the criteria outlined in the solicitation. Ms. Arenales noted that the next phase of input gathering will be another round of community meetings in May, focused on the health reform proposal selection.

Commissioners who hosted or participated in the March community meetings offered brief reports regarding the general themes and type of input received at each meeting. Arnold Salazar suggested that there should be more structured opportunities for written public comment.

Ms. Arenales explained that a written report is being developed that synthesizes the feedback received at these meetings and will be sent to Commissioners in the coming weeks. She expressed appreciation for the value the Commission has placed on hearing from the public as it conducts its work.

May Community Meetings

Mr. ErkenBrack reported that the next round of community meetings are being organized to gather feedback on the selection of health reform proposals. The proposed dates of these meetings are May 3 and/or May 5. Commissioners discussed the purpose of the meetings

and how they would fit with the proposal review and selection process. A robust discussion followed regarding what would be presented for public comment and how that feedback would incorporate in the Commission's work around proposal selection.

Mr. Lindsay asked staff to develop a more comprehensive meeting calendar detailing the proposal selection process and noted that additional meetings may be necessary. Commissioners discussed the possibility of receiving a high number of proposals and how the Commission would process them and where public input would come in to that process. Donna Marshall asked if framework could be developed to take written comments regarding proposals.

Commissioners requested additional clarification regarding purpose, structure and timing of community meetings. Ms. Arenales and Mr. ErkenBrack agreed to take the suggestions back to the Communications and Outreach committee and to follow up with Commissioners before the next meeting.

Public Comment

Barry Keene noted that he will email his comments to staff.

Lyn Zinser asked why Denver meetings held on Thursday, but not Saturday and why meetings are not all done on the same day. She requested that materials posted on the website reflect the day they were posted.

Arthur Powers noted that public response is good faith in Commission process. He asserted that the Commission not be wedded to a particular proposal but to the best possible result. He also noted that much of the language used in the Commission is confusing with regards to the solicitation for health reform proposals and request for proposals for the independent evaluation firm vendor. He suggested that the Commission be consistent with its terminology.

Closing Comments and Adjournment

Mr. Simon suggested that staff provide an index of documentation. He also requested that speakers making presentations to the Commission adhere to ADA guidelines regarding print and background. The Commission should limit the length of presentations and request that all presentation materials be submitted in advance.

The meeting was adjourned at 4:00 p.m.