

COMMISSION ON AFFORDABLE HEALTH CARE

Advisory Committee Process

10-05-16 (Revised 3)

CONCEPT/PURPOSE

Creating Advisory Committees has the advantage of bringing more specialized expertise to bear on a specific topic or issue. It creates efficiency in that the work can be condensed into a stated timeframe with prescribed outcomes. It also brings more individuals into the discussion and debate and thus widens the base of committed individuals.

AUTHORITY

Senate Bill 14-187 (the Commission's enabling legislation) provides in 25-46-104 (4)(a) ("Duties of the Commission") that:

"The Commission shall create Advisory Committees that focus on specific subject matters and make recommendations to the full Commission. The Chair of the Commission shall appoint members of the Commission to serve on Advisory Committees and shall appoint a Commission member as Chair of each Advisory Committee formed pursuant to this Section 4."

"The Chair of an Advisory Committee shall select interested members of the community who are not members of the Commission to serve on the Advisory Committee he or she chairs. When appointing noncommission members to an Advisory Committee, the Chair of the Advisory Committee shall ensure representation from broad and diverse interests. Noncommission members of an Advisory Committee serve without compensation or reimbursement of expenses."

POINTS TO BE CONSIDERED

The following considerations should be weighed by the Commission in deciding to implement such Advisory Committee(s):

- 1. How many are needed? What is realistic from a time and logistics standpoint?**
Our thought is to start with one, initially, and then see what we might learn about the process, time commitment, and staff support issues.
- 2. How will individuals be solicited and selected for these Committees?**
The Commission Chair will appoint the Commissioner to Chair the Advisory Committee. That person will then identify and appoint members. Members will be selected based upon their expertise on the topic, availability and interest. To ensure a broad representation of members, a public notice will be used to solicit nominees.
- 3. If our funding ends in approximately March of 2017, when should they be formed so that we can obtain the maximum value from each?**

In order to operate within our constraints, it would be ideal for us to form this first Advisory Committee by mid-October.

- 4. Which Commissioners would be able to sit on such Committees and who might best chair each? How many Commissioners are needed if we are to have “community members” included?**

The answer to this will be based upon the topic selected, and the interests of individual Commissioners.

- 5. Which topics need a Committee’s attention?**

These would be topics that have a high likelihood of being addressed in the time available, and ones where impact might be significant. Examples might include topics such as: issues related to out-of-network charges for patients; potential recommendations related “End of Life Care”; How to address issues related to Housing as a Social Determinant of Health; Consumer Directed Care as an area for exploration; or exploring the “CMMI” efforts.

- 6. What staff time will be required (Minutes, meeting logistics, coordination, etc.) and what is the cost of standing up such an activity?**

The Planning Committee believes that one, single Advisory Committee might be able to be absorbed within the current budget, without additional funding. However, this will depend greatly on the topic selected and the effectiveness of the Chair.

POTENTIAL COMMITTEES

The Commission has identified a few areas in need of more in-depth study. One or two of these may warrant the use of an Advisory Committee?

- Pharmacy Costs
- Housing as a Social Determinant of Health
- End of Life
- Out-of-Network costs for consumers/patients
- The CMMI effort
- Rural Health Care Challenges and Charges
- Pursuit of a CMS waiver regarding hospital/physician payment models
- Market Forces vs. Regulation
- Administrative costs and waste within the system
- Hospital expansion/growth
- Consumer Directed Care

Are there other potential topics to be considered in lieu of these?

At its September 12th meeting the Commission agreed to launch an Advisory Committee to study “Market Forces vs. Regulation” as forces impacting the cost of health care in Colorado. This will be the Commission’s first Advisory Committee.

POTENTIAL STRUCTURE/PROCESS

It is proposed that initially one Advisory Committee be formed to test this concept. Another can be added later, based upon the lessons learned from this first group. The topic for this Committee should be the one considered the most pressing but also one that is possible to solve. With the guidance of the Planning Committee, the Chair will recruit and select the Commissioner to Chair this group. The Planning Committee will compile a list of experts who might be asked to serve, and a process by which other interested parties might apply to be considered.

For efficiency reasons the Committee should have no more than fifteen members, two of whom will be Commissioners (one Chair and a Vice-Chair). The charge for the Committee must be specific and focused, not wide ranging or multi-faceted. The time frame should be ninety-days.

The work of the staff to the Commission must be carefully managed through this process to ensure that it is realistic and the process remains efficient.

All meetings of the Advisory Committee shall be public and conducted with public input.

No more than three Advisory Committees should be created given the time left for the Commission's work, and our budget. However, the Planning Committee recommends starting with just one topic as that the cost and time commitment can be assessed.

PLANNING FOR THE ADVISORY COMMITTEE ON MARKET FORCES VS. COMPETITION AS FACTORS IMPACTING THE COST OF HEALTH CARE IN COLORADO

Steps to implement

1. The Chair of the Commission will appoint a Commissioner to Chair the Advisory Committee.
2. The Chair of the Advisory Committee, along with the Chair of the Commission shall outline the goals for the work on the Committee and these will be shared with the full Commission and posted on the Commission's website.
3. The Chair of the Advisory Committee shall put in-place a process to advertise this effort and solicit interested candidates.
4. The Chair shall propose a budget to the Planning Committee of the Commission for approval.
5. The Chair of the Advisory Committee shall create criteria that potential candidates must meet in order to serve.
6. The Chair of the Advisory Committee will solicit interest from other Commissioners who also desire to serve on the Committee.
7. The Chair shall set forth a timeline for the work of the Committee, a meeting schedule, and a location for all meetings.
8. Meetings of the Advisory Committee shall be considered public meetings subject to the laws of the State of Colorado.
9. The Committee shall report on its work periodically, over the succeeding months so that the Commission and public can remain informed on the work of the Committee.
10. The Committee shall finalize their report and any resulting recommendations no later than the Commission's February meeting.

Membership of the Committee

Members selected to serve on the Committee must have experience in either: serving as a regulator in the health care or insurance environment; setting policy related to the role of the market and/or regulation of health care or insurance markets; seeking to influence change within the health care or insurance markets; serving as an executive in health care or insurance operations; or helping to design health care or insurance operations that are influenced by market factors or regulations.

Ideally, this would mean the following types of individuals would be considered:

- A physician (active or retired)
- A person in academics who has studied these matters
- An insurance executive
- A policy maker or regulator or former policy maker or regulator
- A consumer
- An actuary

Timeline

Key deadlines would include:

- * Finalizing the plan for the Committee (including the selection criteria, creating an application for all to use, creating a public notice draft, and a building a list of potential candidates who might be solicited for their interest along with members of the public who might choose to apply)
- * Outlining the process at the next (October 10th Commission meeting)
- * Creating a budget for the work of the Committee
- * Selection of the Committee members by November 1
- * Conducting the first Committee meeting in early November
- * Concluding the work of the Committee by February 1, with a report to the Commission at its February meeting.

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