

**COLORADO COMMISSION ON AFFORDABLE HEALTH CARE**

<b>COMMITTEE/MEETING NAME:</b> Research Committee <b>DATE:</b> July 13, 2015 <b>TIME:</b> 9:00a.m. to 12:00 pm	<b>CHAIRPERSON:</b> I Gorman <b>LOCATION:</b> COPIC, Mile High Room
<b>ATTENDANCE:</b> Ira Gorman, Linda Gorman, Jay Want, Dorothy Perry, Elisabeth Arenales	
<p align="center"> <b>Connect via webinar:</b>  <a href="https://cc.readytalk.com/r/xp5d9y4y6ym4&amp;eom">https://cc.readytalk.com/r/xp5d9y4y6ym4&amp;eom</a>            Audio Conference Information:            303.248.0285            Access Code: 5135805         </p>	

Minutes Recorded By: The Keystone Policy Center (Keystone)

Ground Rules: Start on time, Stay on Task, Maintain Respectful Dialogue. Everyone gets a chance to speak before repeats.

<b>Agenda Items</b>	<b>Expected Outcome</b>	<b>Discussion</b>	<b>Follow-up/Actions</b>
Review Meeting Minutes of 6/8/15	Approval	Minute initially approved by the Committee without additional discussion or changes.  Adoption of the minutes was delayed until revisions were received from Elisabeth and incorporated into the minutes.	<ul style="list-style-type: none"> <li>• Elisabeth will provide revisions to the Minutes to Keystone.</li> </ul>
Topic discussion: <b>Transparency: information on NY and TX</b> (Jay)	Development of potential recommendations, learnings, and next steps	<ul style="list-style-type: none"> <li>• Transparency: follow-up on data showing different providers had different cost procedures with different results (the Committee should report this as a finding of the literature and we should encourage CIVHC to put these findings out to the public on a regular basis). How do you make info accessible to providers?</li> <li>• Discussion:               <ul style="list-style-type: none"> <li>○ This also needs to include the cost to provide the information if it is required.</li> <li>○ The point trying to make is that providers are sensitive to providing information on pricing.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• CHI to look into any privacy and cost aspects of the TX transparency bill.</li> <li>• Recommendation to continue discussion on balanced billing – potentially under ‘markets’</li> <li>• RECOMMENDATION: APCD is used to highlight price differences among providers and make sure that is pushed out to providers/ made public.</li> </ul>

		<p>The state is focused on Medical Loss Ratios which are being adjusted and hard to balance as a provider. This is a new requirement from HCPF.</p> <p>CHI provided an update on their research of the recently passed Texas transparency bill. They are still information gathering and will also look into any privacy aspects and costs related to the passage of the bill.</p> <p>Balanced Billing (relates to NY example <a href="http://consumersunion.org/surprise-medical-bills/">http://consumersunion.org/surprise-medical-bills/</a>):</p> <ul style="list-style-type: none"> <li>• This is a complicated question and hot topic between providers and payers that may belong in the ‘market’ conversation. It concerns consumers looking for clear information to make decisions when seeking out-of-network providers and to not being on the hook for the medical bills when the patient has no choice in the provider (i.e. emergency situations). Health Plans say this is a substantial enough factor that it drives up their actuarial costs. <ul style="list-style-type: none"> <li>○ How would this help a consumer choose a health plan? This doesn’t actually address the initial causes of what is driving health care costs. Need to divide discretionary from non-discretionary issues.</li> </ul> </li> </ul> <p><u>Public Comment:</u></p> <ul style="list-style-type: none"> <li>• George Swan: How many have heard about Dr. Fata? (Oncologist who was prescribing chemo to patients who didn’t need it and fraudulently collected money from various types of health plans). When you talk about data transparency, it seems to me the question is how did this guy get away with so much for so long? The test you should look at is, how would you have caught this guy? <ul style="list-style-type: none"> <li>○ Q: How do you think you could catch this guy?</li> <li>○ A: The data sets are complicated; need better organization of the data - like through pivot tables - can help show where there are anomalies in the data. Need a rigorous schedule for reporting.</li> <li>○ Q: Real question is why aren’t these plans spotting the</li> </ul> </li> </ul>	
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		<p>issues in the data? The plans have the data available to them. (Malcolm Sparrow example)</p> <ul style="list-style-type: none"> <li>○ A: Need to study fraud and abuse</li> </ul> <p>The question was raised about the topic of fraud and abuse and where it might fall in the topic areas and if it needs to be addressed separately.</p>	
<p>Topic: <b>Workforce Presentation</b> (Ira)</p>	<p>Development of potential recommendations, learnings, and next steps</p>	<p>(See Workforce PowerPoint presentation)</p> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> <li>• (<i>Scope of Practice</i> slide): Who defines the professional scope? Could a naturopath or chiropractor be considered a primary care physician? <ul style="list-style-type: none"> <li>○ It is a matter of law. That’s a debate we need to have in public that the legislature would need to decide.</li> <li>○ How much do we adhere to consumer representatives being a part of this process? <ul style="list-style-type: none"> <li>▪ Two out of 7 members on the state board are consumers.</li> </ul> </li> </ul> </li> <li>• (<i>What does the Research Say</i> slide): Is it a factor that an orthopedic surgeon in the U.S. makes more money here than in Europe? <ul style="list-style-type: none"> <li>○ The pay does add to higher costs, but cutting pay isn’t necessarily the solution – i.e. solution could be redesigning the scope of work.</li> <li>○ Productivity and efficiency are different metrics to look at.</li> </ul> </li> </ul> <p>Observations from presentation:</p> <ul style="list-style-type: none"> <li>• Payment rates for different scopes - If they are the same rate for different levels, there aren’t any cost savings. <ul style="list-style-type: none"> <li>○ This should be highlighted better in the presentation.</li> <li>○ Should also keep in mind that a lot of providers are paid a salary and are not compensated based on the services they perform/rates charged.</li> </ul> </li> <li>• Need to keep focus on the cost analysis (there are a lot of interesting topics to side track these conversations)</li> </ul>	<ul style="list-style-type: none"> <li>• Parking lot items related to workforce for CHI to narrow down based on what is actionable to save costs: <ul style="list-style-type: none"> <li>○ Outcomes of pilots and studies</li> <li>○ Licensing <ul style="list-style-type: none"> <li>▪ National licensure</li> </ul> </li> <li>○ Supply chain control (do drug manufacturers control who gets drugs, hospitals admittance, etc.)</li> <li>○ Residency programs</li> <li>○ Number of graduating doctors/health providers</li> <li>○ Continuing medical education (CME)</li> <li>○ Curriculum</li> <li>○ Other providers related to scope of practice - dental</li> <li>○ Hospitalists</li> <li>○ Long-term care (home health, scope of care, etc.)</li> <li>○ Integrated care</li> <li>○ Foreign physician licensure</li> </ul> </li> <li>• Elisabeth to provide clarifications to her list of additional workforce areas to look at with Keystone</li> </ul>

		<p>Colorado is moving towards integrated care – is there research showing this works?</p> <p>Need to look at these through our established filters and what is reasonable for the Committee to look into further and make actionable recommendations</p> <p>Instead of focusing on everything in the list – what are the main cost drivers the Committee should look at?</p> <p><u>Public Comment:</u></p> <ul style="list-style-type: none"> <li>• George Swan: The presentation said 57% of costs in US are labor. I have looked at other countries, when you talk about single payer there are as many different models as there are countries. Looking at this doesn't really help you that much. Buckets of information are important and help to look at the data in a meaningful way. There was a committee last month that reported to Centers for Medicaid and Medicare Services and recommended the importance of local data sets. Foreign medical provider licensure is important to address as well.</li> <li>• Ryan Biehle, Colorado Consumer Health Initiative: Study from Commission on Family Medicine (Sen. Aguilar's bill) – looking at the primary care physician workforce focused on urban and rural shortages. This would be worthwhile to look at in terms of supply issues. <ul style="list-style-type: none"> <li>○ Training more midlevel providers won't necessarily solve the problems with supply.</li> </ul> </li> </ul>	<p>and CHI</p> <ul style="list-style-type: none"> <li>• Follow-up: <ul style="list-style-type: none"> <li>○ Look at quality metrics related to changes in PT use to ensure people that needed higher level care got it – related to two examples of workflow in Ira's presentation.</li> <li>○ How do workforce shortages increase costs – not addressed in ppt and should that drive some recommendations.</li> <li>○ CHI will look at the list and come back with a much smaller list for the Committee of those topics – based on potential cost savings and the filters.</li> </ul> </li> </ul>
<p><b>Spending Analysis</b> – update Analysis by payer (Amy)</p>	<p>Discuss next steps for research and questions generated as a result</p>	<p>(See Spending Analysis memo from CHI dated 7/9/2015)</p> <p>When will 2014 data be available?</p> <ul style="list-style-type: none"> <li>• Probably in 2016 to incorporate into the model.</li> </ul> <p><u>Public Comment:</u></p> <ul style="list-style-type: none"> <li>• Betsy Murray, Home Care Assoc.: This is great data. The data will grow in the home care industry, it is a continuum of care that begins in the home. Some of the lowest pays are at this point of care. If we can get them up in the Medicaid arena, it will eventually lower costs further down the continuum.</li> <li>• George Swan: CMS has a document on the actual history which</li> </ul>	<ul style="list-style-type: none"> <li>• Request for CHI to add Medicaid and Medicare behavioral health costs to the equation.</li> </ul>

		goes to 2012. Per capita expense would be much more informative along with percentages on GDP. Variations from state-to-state is eye opening.	
<b>Ad hoc/ Advisory Committee discussion</b> (25 min)	Recommendations of various ad hoc/advisory committees and personnel	(See PowerPoint presentation)  The Commission meeting today will discuss this topic further, including structure of the Commission's Committees and meeting schedules.	
<b>Other: (5 min)</b> <b>Next Agenda:</b>		Meeting date for next Research Committee meeting: <ul style="list-style-type: none"> <li>• Thursday, 7/23, 1:30- 3pm at CHI</li> </ul>	

Meeting was adjourned at 12:00pm.