

DRAFT
COLORADO COMMISSION ON AFFORDABLE HEALTH CARE

Meeting Minutes
8-8-2016
COPIC, Founders Room

Commissioner Members

Present: Elisabeth Arsenales, John Bartholomew, Susan Birch, Jeffrey Cain, Rebecca Cordes, Greg D'Argonne, Steve ErkenBrack, Ira Gorman, Linda Gorman, Bill Lindsay, Marcy Morrison, Dorothy Perry, Marguerite Salazar, Cindy Sovine-Miller, Christopher Tholen, Jay Want

Meeting Minutes

I) Approval of the Minutes

- A) The minutes were approved with Elisabeth abstaining because she was not present at the last meeting.
- B) There was a question about the meaning of one section of the meeting minutes, which said that “Communities would love to be able to take control of [insurance options] themselves. But units have to change.” Lorez clarified that while local communities might want to manage the insurance offerings within their community, they are beholden to the state and nationwide options because there are not enough individuals within a small community and keep costs down and spread risk with the way insurance is currently handled.

II) Statewide Meetings

- A) Mallory Huggins of the Keystone Policy Center provided a summary of the statewide meetings in Sterling and Greeley. Meeting attendees in both cities cited concerns that the Commission has heard around the state related to workforce challenges, especially in rural areas; the proliferation of freestanding ERs and the overbuilding of hospitals in general; increasing pharmaceutical costs; the need to address social determinants; the administrative and clerical burdens on health care providers; the lack of consumer education; and the absence of transparency and competition, especially in rural areas. The Sterling attendees were particularly interested in having more choice when it comes to insurance options, and having better access to local care, including specialists. The attendees indicated that they would be willing to pay a lot more if they could have choice. The Greeley attendees spent a great deal of time expressing frustration for the lack of transparency and consistency in billing. They encouraged consideration of Patient-Centered Medical Homes and team-based care.
- B) Questions and discussion from the Commission:
 - 1) There was a very vocal hospital executive at the Sterling meeting, but no hospital representation at the Greeley meeting even though there are two major hospital systems providing most of the city and county's care.
 - 2) One Commissioner said that Obamacare has severely limited the insurance plans available to consumers, and the Commission still needs to take up that issue.
- C) Bill confirmed that the notes from all of the statewide meetings will be posted and synthesized for the report.

III) Recommendations, Parking Lot, and Topics Discussion

- A) All edits to specific recommendations are incorporated into the recommendations document. Other Commission comments, including public comments, are captured below.
- B) Transparency
 - 1) Questions and comments from the Commission:
 - (a) We shouldn't just glom all the data together – data already exists for Medicare and private insurance, and there are other free options available. This reads a bit like a support document for CIVHC and APCD.
 - (b) Why is the focus on claims data?
 - (c) There is danger in drawing the wrong conclusions if you don't capture acuity specifics.
 - (d) We have cash markets in this country for health care and those are very transparent. These are the most transparent markets that exist – why aren't all markets like that?
 - (i) But how do we get that data about cash markets?
 - (ii) The report should at least say that the cash market has transparency without government intervention.
 - (iii) Linda committed to helping Bill add language to the background section that addresses this discussion.
 - (e) With respect to the language supporting “a statewide total cost of care initiative (payments) to get an understanding of state costs relative to other states”: Is that language relevant or just another control element to apply to the private sector?
 - (f) It is hard to believe that an imperfect system of monitoring cost of care is better than ignorance.
 - 2) Public comments:
 - (a) Adela Flores-Brennan, Executive Director of the Colorado Consumer Health Initiative (presented with Tim Bergman of the Chronic Care Collaborative): The recommendations should focus on accessibility to consumers. Our position is generally that transparency is incredibly important, especially with respect to pharmaceuticals and the cost of hospital care. But it's a means to an end. It needs to be in a format and in a place where the public can use it and understand it. It's also super important for the purposes of accountability. If we don't know how much things cost, how can we hold providers accountable for what goes into those costs? When it comes to exploring the potential for empowering consumers to use decision aids – those are important and informative, but there's also the provider/patient relationship, and having the provider/patient work together. We support referencing the APCD data in the recommendation because that really is all we have.
 - (b) George Swan, retired hospital executive: Think of Airbnb and the way you can adjust the map and see the costs. You cannot do these things without using pivot tables to assemble data. Creating these quintiles makes so much sense and makes it easy to create and index using various indicators. On cost reports: When you talk about administrative costs in particular (utilization, staffing, expenses, revenue), California puts all of this info online. PCMHs require data for certification. When it comes to gathering data, someone has to be accountable to all the data.
 - 3) Vote: The recommendations, as edited, were approved, with 10 Commissioners voting yes and no one opposing.
- C) Workforce
 - 1) Commissioners discussed at length exactly what it means for a health care professional to practice at the top of their scope.
 - 2) There was no public comment.

- (a) Vote: The recommendations, as edited, were approved, with 12 Commissioners voting yes and no one opposing.
- D) Payment Reform
- 1) Commissioners agreed to add something to the background recognizing that the research on bundled payments has not been conclusive so far.
 - 2) Public comments:
 - (a) George Swan: The use of reference pricing for all payers should be in here.
 - (b) Adela: I appreciate the difficulty of arriving at consensus on these issues. But could we go bolder than experimentation? Could the recommendations suggest multi-payer or all-payer rate settings? Global payments?
 - 3) Vote: The recommendations, as edited, were approved, with 12 Commissioners voting yes and no one opposing.
- E) Social Determinants
- 1) Commissioners agreed that it is important that social determinants remain in the report because they have a major impact on health care costs, but it is certainly difficult to determine the specific recommendations and language around social determinants.
 - 2) Public Comments:
 - (a) Ken Connell, health care reform advocate: Can we find the top ten cost drivers and create some prioritization around those? They've been discussed by the Commission but I still haven't seen a list. A good strong focus on hot-spotting is important, and does seem to be reflected well in the recommendations. This conversation on social determinants is a reflection on growing inequality. The Cigna/Anthem merger could leave out a lot of people. The pharmaceutical industry remains a huge problem. You need to get to the major cost drivers; you can see everything you need to see about patients, but it's harder to tie all that to cost.
 - (b) George Swan: A number of the pivot tables really speak to the social determinants of health.
 - 3) Vote: The recommendations, as edited, were approved, with 11 Commissioners voting yes and no one opposing.
- F) Pharmaceuticals
- 1) Questions and discussion from the Commission:
 - (a) The Secretary of Health and Human Services has said that she won't allow importation from other countries.
 - (b) In this section, the Commission would benefit simply from explaining what's going on. Doing an educational service alone would be more valuable than the recommendation as written to have the governor/legislature say something to the federal delegation.
 - (c) We can't duck this. We have to include a recommendation.
 - (d) Commissioners generally agreed that this topic should be addressed by some combination of education on the complicated nature of addressing pharmaceutical policy at the state level (in the background section), and tackling some specific things that could be influenced at the state level (in the recommendation).
 - (e) The goal should be to activate an ongoing conversation among the legislature and between the legislature and Congress.
 - (f) Why would we recommend that this goes up to Congress when the Commission is not recommending that for other issues, like Obamacare?
 - (g) Commissioners ultimately agreed to Lorez's suggestion to have the recommendation ask for a focused, ongoing conversation that drives action on a certain set of identified issues.
 - 2) Public Comments:

- (a) Tim Bergman: I agree that this needs to stay in the report, though I'm skeptical about the value of passing these recommendations on to Congress. It could be worth looking into pharmacy benefit management. We don't have much understanding of cost drivers there. The Division of Insurance has done some actuarial studies on reducing co-pays and it doesn't reduce costs very much.
- 3) Vote: The Commission voted to leave the pharmaceutical issues and other parking lot items, as edited, in the parking lot for further discussion and refinement, with 11 Commissioners voting yes and no one opposing.

IV) Planning Group Update

- A) Bill provided an update on a number of Planning Committee activities:
 - 1) The meeting with the Colorado Human Resources Office is pending.
 - 2) There will be a follow-up conversation with CMS with respect to other states.
 - 3) HCPF is still working on the rural study report on CACP costs.
 - 4) There is a conversation scheduled with CDPHE on the licensing and regulation of freestanding EDs.
 - 5) Soon, reports will be shared from the Division of Insurance on single geographic regions and what has been coming up in the statewide community conversations that the Commission may not have picked up yet.
 - 6) Thanks to Chris for his continued work with the Department of Health Policy and Financing on tracking expenditures.
- B) Commissioners asked about rural issues, end-of-life care, and the Comprehensive Primary Care Initiative.
- C) It was also noted that the American Public Health Association is having its annual public meeting in Denver October 30-Nov 2, 2016.