

**COMMISSION ON AFFORDABLE HEALTH CARE**  
**March 9, 2015, 12:30 – 3:00pm**  
**Regis University, Claver Hall, Mountain View Room**

**Meeting Minutes**

**Commission members present:** Bill Lindsay (Chair), Cindy Sovine-Miller (Vice-chair), Elisabeth Arenales, Sue Birch, Jeffrey Cain (via phone), Rebecca Cordes (via webinar), Greg D'Argonne, Steve ErkenBrack (via webinar), Ira Gorman, Linda Gorman, Dee Martinez, Marcy Morrison, Dorothy Ann Perry, Marguerite Salazar (via webinar), Chris Tholen, Jay Want,

**Commission members absent:** Larry Wolk

**Staff Present:** Lorez Meinhold (Keystone), Johanna Gibbs (Keystone), Cally King (Keystone), Eric Kuhn (AGO)

**Outcomes:**

- Advisory Committee and Written Document protocols were adopted unanimously.

**Action/ Follow-up items:**

- Commissioners should send availability or conflicts to Keystone by March 20<sup>th</sup> for the proposed Outreach Meeting schedule. Contact information provided on the draft schedule.
- Commissioners should identify their relationships with members of the General Assembly
- Commissioner and public comments regarding the graphic and issues were referred to Research Committee for consideration

**Next Meeting:**

Monday, April 13, 2015 12:30-3:00pm  
Regis University, Claver Hall, Mountain View Room

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**Meeting Notes:**

**I. Review of the Agenda**

- a. Chair Bill Lindsay opened the meeting with brief review of the agenda and housekeeping items including:
  - i. Updating Commissioner contact information
  - ii. Commissioners should reply by March 20<sup>th</sup> on proposed dates for the state-wide meeting schedule

**II. Approval of the Minutes (Action Item)**

- a. Motion to approve minutes from Bill Lindsay, seconded by Marcy Morrison.
- b. Feb. 9, 2015 Meeting Minutes were unanimously adopted.

**III. Standing Committee Reports**

- a. **Communications Committee** – Lorez Meinhold

- i. Will be creating a Commission website
  - ii. Recommended URL: Colorado.gov/COCostCommission
  - iii. Working on ability to connect public to Committee meetings through webinar technology
  - iv. Communications Committee will be working on a communications plan
  - v. Regular Communications Committee meetings will be on the first Tuesday of every month
- b. **Research Committee** – Ira Gorman
- i. Meeting twice a month; one meeting on second Monday (occurs in conjunction with and prior to the Commission meeting), second meeting on the third Thursday at 10 a.m.
  - ii. Moving to public meetings in April; will use technology for public to listen via phone
  - iii. Addressing combination of cost, quality and access as overall framework. Cost is the primary driver but must understand impact on quality and access
- c. **Planning Committee** – Bill Lindsay
- i. Receiving regular reports from CDPHE on finances and budget standing
  - ii. Finalizing contracts for vendors (Keystone and CHI)
  - iii. Proposed Outreach Meeting schedule with locations by Congressional Districts, along with dates was presented
    - 1. Grouping of meetings into later summer/early fall; grouped geographically
    - 2. Commissioners should send availability and/or conflicts to Keystone by March 20<sup>th</sup>. Contact information provided on the suggested schedule.
  - iv. Discussion on Outreach Meetings:
    - 1. All dates are week days – does this pose travel issues? Can public attend during week days? Did we consider weekends?
      - a. Purposefully avoided weekends; selected middle of week to avoid Mondays and Fridays because work schedules are usually difficult on these days.
- d. **Approval of Protocols** (Action Item)
- i. Advisory Committee protocols:
    - 1. Planning Committee is putting together application process for Advisory Committees
  - ii. Written document protocols:
    - 1. Clearly communicate organization, provide contact info
    - 2. Commenter will receive receipt from Committee Chair or designee within 5 working days of comment submission
  - iii. Motion for Approval of protocols from Bill Lindsay, with caveat these protocols are modifiable as certain circumstances evolve; seconded by Chris Tholen. Protocols were adopted unanimously.
- e. **Public Comment:**
- i. Vince, ER Doctor: Ad Hoc Committee should be formed to look specifically at waste, fraud and abuse
  - ii. What time does the Research Committee meet:
    - 1. Committee will meet on second Monday of the month prior to full Commission meeting at 10a.m. at Regis University (room location TBD); second meeting on 3rd Thursday of every month at 10a.m., location TBD but

likely at CHI. Once we have the updated website, times and locations will be posted on the website along with relevant meeting materials and documents.

#### **IV. Facilitated Discussion of Priorities and Outcomes**

- a. What are the broad topics and areas to look at that will inform research committee on types of literature to look at, speakers to engage, etc.; and, what methodology/process do we use to get into this discussion?
- b. Model presented by Research Committee – “Gears Diagram”
  - i. Three basic principles:
    1. Health Care Costs (primary)
    2. Quality Outcomes
    3. Access to Care
  - ii. Filters - lens to put issues through to understand how they affect cost, access, quality of outcomes:
    1. Drive absolute cost/ rate of increase
    2. Actionable (is there an actionable effect?)
    3. Impacts both public programs and private markets
    4. Growing/ future cost drivers
    5. Can be evaluated/ measured
  - iii. Commissioner Discussion/Feedback/Input on proposed Model:
    1. With regards to the “actionable” filter - if something is a federal issue, does that mean we can’t call it out or address it since we don’t have ability to control federal law?
      - a. We may find there are issues that could be addressed at the federal level that we, as a Commission, can have an impact upon. Suggest we could have elected officials pursue conversations with federal agencies if the impact of issue is valuable enough.
      - b. Should have a special section of the list to catalog federal issues; some may be very timely to address.
      - c. A part of this equation is that we want to be efficient as a Committee and Commission; can’t spend a large portion of time on issues that are not “actionable”
    2. Do any of the filters have more priority than another? Is it a cascading scenario or is it concurrent?
      - a. It is cascading. These are filters the issues will go through and be considered but has the potential to change as we learn more.
      - b. Important to note in our report to the General Assembly that we adequately describe this process.
    3. Did you look at benchmarking with other states as a filter? Does it matter?
      - a. Not included as a filter but will be part of the research process. Not looking to copy or replicate other state models but would like to infer knowledge and learn from other processes.
      - b. Problem with benchmarking against other states is that different states have different regulations/pricing. Suggestion to do benchmarking using a cash payment analysis instead.
    4. Should demographics and role of the consumer should be included as filters?

- a. I would suggest “role of consumer” is a side issue that might influence how health care costs are driven now and in the future. This might be something we might work to change and leads us down road towards role of provider, etc.
  - iv. Public Comment related to the filters:
    - 1. Ken, Colorado Health Champions: Three points to bring to your attention: 1) State readiness (i.e., Ebola); 2) Rates of decrease as well as focusing on what is driving increase; 3) Adding a timeframe to look at cost and savings (no less than 10 years)
    - 2. Mindy, Jefferson Center Mental Health: How are you thinking about cost savings to other services/sectors?
      - a. We do need to get a handle on these issues and how they affect one another. It is a complicated issue.
    - 3. Bill Lindsay: comments from public should be referred to Research Committee for consideration.
- c. What will success look like for the Commission?
  - i. Good communication. Succeeding in educating Colorado’s citizens about the Commission’s recommendations; getting out information on the Commission’s solutions.
  - ii. Need both a long-term and short-term definition of success for the Commission.
    - 1. What can we get done in short term with an immediate impact
    - 2. Lay blueprint for long term success, 5-10 years from now
  - iii. Identify the 10 most rampant cost drivers in the state and have an impact on 2 of those drivers.
  - iv. Regulation – federal, state and local
  - v. Identify duplications in cost among state agencies
  - vi. Identify ways to improve transparency to the public/consumer. Understanding their choices, options, and alternatives related to health care.
- d. Public Comment on topics for consideration:
  - i. Victor: Transparency is a huge issue for consumers and important topic to address
  - ii. Lynn, Cooperate Colorado: Beautiful that you’re able to look at the whole system and not just siloes. Emphasize charge to look at the *whole* system.
  - iii. George, retired hospital administrator/community advocate: more community based accountability. Shift towards a “wellness” mentality and accountability.
  - iv. Vince, ER doctor: Focus on hospital cost transparency: should publicize hospital charges and provide info with a side-by-side cost comparison by hospital to understand what they are charging for services.
  - v. Richard, citizen: Need to start by looking at the entire system; avoid going down the rabbit hole by piecemeal addressing individual problems. Need to fundamentally transform the health care system; Look at underlying values and think about large ideas.
    - 1. Which states do you think are going in right direction? Vermont, Minnesota, California, Massachusetts (these state are addressing this topic, doesn’t mean they have the right solution)
  - vi. Ken, Colorado Health Champions: What conditions exist when we are successful? What does the health care system look like when we address preventable costs?

- e. Commissioner discussion/ additional questions and considerations for Research Committee:
  - i. The first task for Research Committee is to do research on what are the main health care costs and drivers for Colorado
    - 1. Avoid jumping too quickly to what the reasons are; need to truly understand cost first.
    - 2. Best way to identify drivers is to bring in constituents – hospitals, PCPs, specialists, insurance, pharmaceuticals companies, medical device companies, etc. – what are their cost drivers?
  - ii. Charge to all Commissioners of the need to understand confounding variables; Commissioners need to understand various aspects of the health care system.

V. **Outreach Plan**

- a. What are Commissioners’ thoughts on how to be certain we have effective voices for all segments of society impacted by health care and health care costs? How do we get feedback from those groups?
  - i. HCPF has used email feeds
  - ii. Creating time and space for key stakeholders to come forward.
  - iii. Statewide outreach meetings; spending time *listening* to the communities, and using input to help frame topics/issues.
  - iv. Use of technology, electronic polls to receive additional feedback of those not able to attend meetings
- b. Do we develop list of industry/stakeholders we want to present to the Commission?
  - i. Need to be certain we are inclusive and realistic about the time it would take to have a valuable/constructive conversation. We may want to develop baseline questions and issues of interest to Commission in advance of any outside presentation.
  - ii. Wide-swath of constituency would be valuable to hear from – educate us on their perspective of cost drivers, current and future.
  - iii. Would this be more useful to have presentations after we’ve finished our baseline research or have these presentations concurrently? What is the best way to sequence?
    - 1. Sequence of events/presentations should be decided upon collaboratively across the Committees
- c. What will be focus of Outreach Meetings?
  - i. Will Commission have research on cost drivers prepared to share with the public by August/September this year?
    - 1. It is difficult at this time to say what kind of information we will have ready to share with the public in later summer/early fall.
- d. Public comment:
  - i. Ken, Colorado Health Champions: Concerned we’ll spend too much effort understanding why and how the system behaves as it does (which is dysfunctional). Please make sure you are also understanding “why” and “how” the system isn’t doing what it could and should. Find the things that are keeping the system from the best health care system in the country.

- ii. Vince, ER Doctor: Hard data that we waste millions in waste, fraud and abuse. We spend twice as much with poorer outcomes. Low-hanging fruit is in waste and abuse. Focus like a laser on those issues.

**Commission adjourned at 2:40pm.**