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Lower Cost Innovation Workgroup	
3.25.2014	1:00 PM One Davis Square
Meeting called by	Jeremiah Samples
Facilitator	Jeremiah Samples
Note taker	Jeff Wiseman
Attendees	Jeremiah Samples, Jeff Wiseman, John Earles, Bob Whitler, Carol Haugen, John Law, Fred Earley, Chris Clark, Nancy Sullivan, Tina Bailes, John Moore, Mary Goessler, John Wiesendanger, Renate Pore, Stacey Shamblin, Phil Shimer, Sarah Chouinard, Dan Foster, Perry Bryant, Sherri Ferrell, Phil Weikle, Brandon Merritt, Dave Campbell, Hillary Payne, Ted Cheatham, Jane Cline, Arnie Hassen, Kathleen Stoll, Sharon Carte, Deborah Jenkins, Larry Malone
Themes to Lower Costs	
Discussion	Themes to lower costs emerged from group despite different areas of expertise. These themes included: personal responsibility; access to health care and total cost; appropriate utilization; engaging patients and providing them with the tools necessary to make decisions; direct cost, economic costs, and human costs; leveraging of new technology; enhanced data collection; and patient provider relationships.
Objectives of Group	
Discussion	<p>Objectives and possible objectives of group:</p> <ul style="list-style-type: none"> <li>• Tackle high health care costs State has experienced over past decades</li> <li>• Summarize inventory of existing efforts already occurring in State to avoid duplication of efforts and help build on progress already being made</li> <li>• Serve as a learning collaborative; understand what is driving costs in State.</li> <li>• Serve as a think tank by which projects and initiatives can be identified and then presented to other groups that have more resources available</li> <li>• Identify best practices and strategies that can be used to lower costs and improve quality; includes changing physician behavior</li> <li>• Evaluate high end situations that could be easily avoided; work on population health and behavior decisions.</li> <li>• Gain a better understanding of return on investment; many educational programs already exist in the State.</li> <li>• Identify reasons for higher costs (e.g. use of technology that is not evidence-based, administrative costs, low participation rates in home health visits)</li> </ul>
Conclusions	<ul style="list-style-type: none"> <li>• Group needs to take advantage of group power and provide recommendations. Have individuals who would be accountable for decisions present to group about what recommendations are feasible.</li> <li>• Group needs to understand trends and how health impacts factors outside of costs, e.g. workplace productivity, absenteeism, etc.</li> </ul>

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Recommendations/Ideas to Consider	
Discussion	<ul style="list-style-type: none"><li>• Reach out to business schools or self-insured to generate study on impact of health care costs.</li><li>• Look at individual as wholistic and determine what health means in terms of overall life.</li><li>• Need to evaluate both sides of spectrum: current and future components of health care delivery system, including behavioral components; should keep on separate tracks but identify victories in both.</li><li>• Need to be proactive with what can be done, rather than reliant on federal information.</li><li>• Group should present research, news articles, ideas, etc. to help generate additional discussion within group.</li><li>• Need to ensure group is focused and place emphasis on SMARTER projects: specific, measureable, attainable, relevant, timed, evaluate, resources.</li><li>• Need to identify resources outside of DHHR that can help drive initiatives.</li><li>• Group should be respectful of all ideas despite ideological conflicts that may arise.</li><li>• Get consumers to establish ongoing relationship with PCP, utilize preventive services appropriately, and avoid unnecessary ER utilization.</li><li>• Develop focus groups with the newly insured to understand utilization practices pre/post coverage.</li><li>• Develop medical home registry so information on ER utilization isn't delayed in being sent back to medical home.</li><li>• Have groups present at each monthly meeting the cost drivers to their respective programs so the group can have a better understanding of factors impact budgets the most. Group should reach out to private payers, hospitals, public payers, health providers, etc. to determine if there is a common theme among cost drivers.</li><li>• Population Management: advocate for public health measures (e.g. increase of tobacco tax or SNAP purchase limitations)</li></ul>
Questions to Address	
Discussion	<ul style="list-style-type: none"><li>• What types of projects would group like to undertake?</li><li>• Would DHHR be open to innovative funding mechanisms to help support pilot projects that have proven successful to date?</li><li>• Will the existing projects/pilots that have been submitted to date be categorized and presented to group?</li></ul>

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Group Project		
Discussion	<ul style="list-style-type: none"><li>• Develop ideas around promoting appropriate use of the health care system. CMS has begun a “Coverage to Care” initiative (see additional information at the following link: <a href="http://marketplace.cms.gov/help-us/c2c.html">http://marketplace.cms.gov/help-us/c2c.html</a>)</li><li>• Building on this project, what could this group do to help promote health literacy and understanding how to utilize the coverage consumers now have access to?</li></ul>	
Action Items	Person Responsible	Deadline
Send link on Coverage to Care Initiative (see notes)	Jeff Wiseman	Completed
Send link to report referenced by Dr. Foster: <a href="http://web1.millercenter.org/commissions/healthcare/HealthcareCommission-Report.pdf">http://web1.millercenter.org/commissions/healthcare/HealthcareCommission-Report.pdf</a>	Jeff Wiseman	Completed
Place Coverage to Care initiative into project form at the State level with key deliverables and timeframes and send out to group for recommendations	Jeff Wiseman	April 1, 2014
Schedule next meeting; identify co-chairs for group	Jeremiah Samples	In Progress