Health Benefits Exchange Board Meeting
Tuesday February 21, 2012
RI Foundation
Meeting Minutes

Attendees: Meg Curran (Chair), Michael Fine (Director of Health), Mike Gerhardt, Tim Melia, Chris Koller (Health Insurance Commissioner), Richard Licht (Director of Administration, Linda Katz, Marta Martinez, Tim Melia

Absent: Don Nokes, Dwight McMillan, Pam McKnight

I. Call to Order: Chair Curran called the meeting to order at 1:00pm. She reminded the group that the discussion today would be following up on the extended Board meeting from February 16, hoping to finalize the conversation around vision/mission/principles/goals.

II. Mission, Vision, Principles, Goals and Objectives from the extended Board meeting. Jennifer Wood to facilitate conversation. Slides available here: http://www.healthcare.ri.gov/documents/Exchange%20Board%202%2021%202012%20(1).pdf

a. Vision Statement: designed to reflect the conversation last Thursday reflecting the triple aim and the exchange to support the triple aim.
    i. Chris Koller: Quality is value neutral.
    ii. Jennifer Wood: Quality needs to be: indicating that we are not eroding quality but enhancing quality.
b. Mission Statement: Hearing no other amendments to this statement, we move on.
c. Principles:
    i. Mike Gerhardt: "Rhode Islanders" is a generic term that encompasses consumers, businesses.
        1. Jennifer Wood: In this context it is meant to be implicit as it is modified by the term "it serves"
    ii. Commissioner Koller: Not sure what accessible tool means. Not sure how we evaluate accessibility.
        1. Jennifer Wood: have to read all the principles together, see that there is some value of simplicity that gets discussed later.
    iii. Director Licht: Same comment as Commissioner Koller, user-friendly tool, accessible.
    iv. Linda Katz: Maybe instead of strive to be, perhaps will be a user friendly tool, and then to Mike's point, that meets the needs of its users.
        1. Jennifer Wood: Those are captured, and pull "strive" out of first.

v. Commissioner Koller: By quality, talking about medical care quality? Jennifer Wood: For example one way to make care more affordable, a clear dialogue that quality and cost had to be carried in tandem.
vi. Dr. Fine: do you mean quality there --or population health outcomes? Jennifer Wood: What we heard in the discussion Thursday was about quality of care.
vii. Tim Melia: Talking about improving quality, as some folks who are using this will have the same access to the health care they had before, thus their quality is not necessarily improving. Jennifer Wood: The hope is that as you utilize the system the providers and products are improving to meet with reform, thus improving quality.
viii. Commissioner Koller: Since Dr. Fine was not at the meeting on Thursday, and this is the only point in the principles that we discuss quality of care may be worth the conversation.
    1. Dr. Fine: By quality of care we mean the extent to which a service intends to be … by population health outcomes we mean improving the measured health goals.
    2. Jennifer Wood: And we went around this several times on Thursday, noting that the vision does speak to these top line activities. Now we need to decide if carrying population health into the vision and then quality of health in the principles is the right split.
    3. Director Licht: not sure that "improve population health" is not a subset of quality of care. The question I have though is whether this is under the principle of affordability… what are we seeking ? Assume if you improve people's health it makes health care more affordable.
    4. Dr. Fine: Assume the reason for having linked terms, one doesn't achieve affordability by having less service and making it more affordable by doing less. Think the linkage is quality with an affordable cost.
    5. Dr. Fine: Can do a really good job delivering a service but it does not necessarily have a positive outcome.
    6. Jennifer Wood: Quality of care experiment will have it kept in principle.
ix. Linda Katz: I am not sure that the affordability principle captures that it is affordable to the individual? I worry that even expanding access may get caught up with the "contain cost" piece. Commissioner Koller: Good point, affordable to whom? There's a difference between affordable to the patient and affordable to the purchaser. Linda Katz: I just feel there needs to be some reference to the individual in here. Jennifer

Wood: Whether it be purchaser, or some other term, we will get it in there, and discuss overall cost.

x. Meg Curran: One of the problems with modifying cost too strictly is that it limits the aspirational goals of the affordable care act, that not only is it intending to lower cost of individuals, but to the system. Linda Katz: I agree, but part of it is making sure it is affordable to the customer, which speaks to the issue of the subsidy.

xi. Jennifer Wood: General agreement that we will reflect the individual purchaser in the affordability principle – any objections? Ok, hearing no dissent we move forward.

d. Long Term Goals: It is generally recognized that there may not be measurable impacts within the first year to 24 months of the exchange's operation, therefore the exchange would not be responsible for meeting these goals, but would be expected to contribute towards these goals over time.

   i. Commissioner Koller: Would we consider extending number five to include employers, not just small employers?

   ii. Linda Katz: Why not just call it goals? Really these are the goals, whether it is long term or short term – someone saying long term goals seem to water them down, or an expectation of "short term goals".

      1. Jennifer Wood: Unless there are particular objectives we can call them goals.

   iii. Commissioner Koller: I know what we mean when discussing goal 1,2,3, and 5, I don't know what we are aiming at with #4. Should we be explicit about delivery system improvement?

      1. Jennifer Wood: Proposing hypothetical metrics with which each of these goals can be measured in RI. In that category, examples that we came up with, expanding primary care supply, integration of health care delivery, more seamless patient experience, use of electronic records, these are all examples of changes in delivery system improvement over time.

      2. Commissioner Koller: I agree those examples and then some came to mind. It seems that improvement is a bit vague – wondering if we want to discuss integration or something more specific.

      3. Director Licht: Could take out the word improvement, and just say health care delivery system. Looking at goal number one, I don't know if that is the job of the exchange, of the Board. It doesn't mean this cannot assist, but question it being number 1.

4. Dr. Fine: One might want to use "favorably impact health care delivery system effectiveness and efficiency."
5. Commissioner Koller: I suppose there are other ways to get #1,2,3, and I think #4 just.
6. Jennifer Wood: Is there anyone on the board who doesn't like replacing "improvement" with effectiveness and efficiency"? No objections, the change will be made.

e. This concludes our discussion of vision, mission, principles and goals.
   i. Mike Gerhardt: So these will not be transmitted up the line?
   ii. Jennifer Wood: This takes the form of a recommendation to the executive committee, and once approved, it will then be turned over to the governor as a recommendation.

III. Objectives – this brings us to the portion of the deliberation from Thursday, which required more conversation today. There was a discussion that took place noting there is a distinction between Board policy objectives, and then day-to-day operational objectives. The facilitator at the extended session suggested the Board objectives are those in chartreuse on the logic model (last slide).

a. Organizational objectives – can we use that title for the day-to-day objectives? Director Licht: No, feel operational may be best. Meg Curran concurs, Operational will be the title going forward in place of "organizational objectives"
b. Objective #1
   i. Director Licht: on operational objective #1 – should be "issue an RFP *and secure the services*." Should also note that thee is a process involved, in this case we need to define the ways the staff and the board can play a role in selecting the vendor. The board has to play a role, so I think the board objective #1 needs to reflect that we must play a role here. Perhaps the word "and secure services" there. Also, the word participate should be somewhere as well.
   ii. Mike Gerhardt: There are two sides to the RFP, the technical side, and the other side more relevant to us, what do we want it to do. I don't feel comfortable with us discussing the nitty gritty technical, but I do believe in us having input on accessibility etc. There should be a distinction between the various aspects of this RFP. Jennifer Wood: Absolutely, that is why we have some members of the Board who were selected for the purpose of their technical expertise, some for their accessibility review, some for their purchasing background etc.
   iii. Mike Gerhardt: Another key issue is the regionalization. Will that have to be dealt with in this RFP? Angela Sherwin: The RFP will includie ways to minimize ongoing cost. Jennifer

Wood: Our goal to have an executive session of this Board in the near future to discuss such issues.

iv. Jennifer Wood: Seeing the intense interest in objective #1 there is agreement then that this is a Board objective as well as an operational objective.

c. Objective #2
   i. Mike Gerhardt: In most not for profits this would be the single most important thing that a board would do. And as the way this Board is made up, this is not the case.
   ii. Jennifer Wood: Clarify that this refers to non-executive director staff. Corollary board objective to review executive director may be developed.

d. Objective #3
   i. If nothing were to change about deadlines gateway is early May 2012, and then certification is Sept 2012.
   ii. Commissioner Koller: I do not know what the difference in requirements is for the gate review vs. certification. There are going to be key policies that we as the board are going to have to review, just unclear where that would show up.
      1. Angela Sherwin: Staff level suggestion, there will be more than just one gate review, and there may be federal checks along the way that we haven't heard of or understand, so perhaps we end board objective #3 with "operations and technology plans for the exchange."
   iii. Director Licht: Just think on policy we do more than provide guidance.
   iv. Jennifer Wood: So suggestion parsing it out to say something such as "set policy, provide guidance on operation and tech.. etc"

e. Objective #4:
   i. Director Licht: Board objective, "get the deadline extended."

f. Objective #5:
   i. Director Licht: Again, as side-by-side I go back to my earlier point on policy guidance as distinct to policy recommendations to the governor. Jennifer Wood: Agree, we will work to tidy up.
   ii. Linda Katz: Just to be clear, decisions about BHP, about the plans sold in the exchange… does that all come under the "in compliance with federal deadlines" or are there other decision timeframes that are not reflected? Jennifer Wood: When we get down to further objectives we may have points to be clearer on.

g. Objective #6 & Objective #7
   i. Commissioner Koller: I think from a Board standpoint we are more focused for objective #7 than we are for #6. I feel #7 is more of a community presence, and involves more judgment in terms of decision-making etc.

ii. Meg Curran: Because the exchange to a certain degree is what is created online, it is not like a regular board, talking about the organization, putting in a new IT system. This is essentially creating the "guts" of the exchange. I believe it needs to be anticipated that there may need to be more Board involvement there than would generally be the case.
    1. Jennifer Wood: In #6 , it was going to be "would you be participating in the icon portal stuff" which certainly can see board members wanting to sit in on focus groups etc, vs. #7 is more the call center, consumer outreach, what is the marketing campaign, does the tech provide an easy billing system etc., etc.
iii. Dr. Fine: I see the difference but I think that the Board objective #6 is the Board objective #7 – ensure that it is happening.
iv. Mike Gerhardt: Would agree, need to ensure in both cases, but tinker with language so that it doesn't merely repeat.
v. Jennifer Wood: So have a board objective that correlates to each operational objective that does not repeat itself.
vi. Director Licht: The phrase is operational objective --- while developing the exchange, so one might suggest that objective #7 should come as objective #6. Jennifer Wood: Okay to say "while developing and operating the exchange"
vii. Tim Melia: Are we involved in programmatic error corrections, as I feel that is implied by board objective #6? Jennifer Wood: Ensuring public input to redesign if there is pushback to a programmatic development.
viii. Linda Katz: I think of getting from here to there, there is an outreach function about the availability of the insurance, not just outreach about the input, but outreach about the availability of coverage. The consumer assistance piece – it feels to me like breaking out functions and finding the board's role in that. Will the board make a recommendation as to who the navigators are? Perhaps this is a next step in a work plan.
    1. Jennifer Wood: underneath each of these objectives is a work plan. That said there is a good point consumer piece is between the portal stuff, the programmatic and technology piece, not just in does this work for you, etc. Think there is an objective #6.5 to break out the whole consumer outreach and marketing and promotion etc.

h. Objective #8
    i. No additional amendments made.

i. Objective #9
    i. Director Licht: Not today, can we add to the agenda at some point the explanation of where the role of the commissioner

will be in the exchange world? It would be helpful for us to understand what the OHIC is, and what the exchange world is.

1. Mike Gerhardt: Can expand this to include the director of health's role in all this as well.

ii. Commissioner Koller: we are not weighting these things, but this is an area where the exchange board can play a very important role, different than overseeing operational processes. Different area, and I watched the MA exchange board spend a great amount of time on these issues.

iii. Linda Katz: The operational seems to be to evaluate, whereas the Board in this seems to be just to review it.

1. Jennifer Wood: This is meant to say not just do it once, but do it. There is an initial set of decisions to be made about design improvement etc, but then that this board will need to look at this again on a yearly basis.

j. Objective #10

i. No additional amendments made.

k. Objective #11

l. Additional:

i. Director Licht: Two things I see immediately – based on the presentation from Thursday – what is now the most important decision that needs to be collectively made is the Navigator. I did not see any discussion of the Navigator program in this talk. Also, don't we weigh in on the BHP at any point? Jennifer Wood: Yes, there will need to be an objective to that end at some point, could not discern where best to place it. Director Licht: There should be an operational objective and a corollary board objective to that piece.

1. Linda Katz: there is a consumer outreach piece and a consumer assistance piece – important to keep them as two separate items.
2. Director Licht: Believe that while there is a tremendous amount of operational work on all that, in my view there is also an important amount of Board input there as well.

ii. Mike Gerhardt: Legal structure here is odd. Is there anything out there that would allow us to comment on legislation coming forward? Does this structure work, given how hard someone has to push to change this or not change this.

1. Director Licht: There are lots of bills that effect health insurance in the general assembly each year. Shouldn't there be a board role to give recommendations to the governor and general assembly on legislation.
2. Jennifer Wood: The governor's office will be tracking those, and we can confer on behalf of the health reform commission. We can request on an ongoing basis that

this board be briefed on legislative issues that come forward relevant to the health benefits exchange and then perhaps recommend that this board make recommendations.

3. Dr. Fine: Raising the issue of essential health benefits. Contribute to it.
    a. Mike Gerhardt: That is the mandated benefits issue… future/broader discussion.
    b. Jennifer Wood: will need to bring back to this board on EHB.

IV. Public Comment – No comment.

V. New Business: Dissemination of proposed documents as concluded today will be provided for review and discussion at the next session.

VI. Adjourn: Next meeting March 13, 2012