

MMA Board of Trustees Meeting
Midland Hills Country Club
St. Paul, MN
Minutes – May 9, 2009

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MINUTES
May 9, 2009
Midland Hills Country Club
St. Paul, MN

Voting Members Present

Micahel B. Ainslie, MD
Todd D. Brandt, MD
Terence P. Cahill, MD
James J. Dehen Jr, MD, FACS
Karen K. Dickson, MD
Cindy Firkins-Smith, MD
W. Neath Folger, MD
Aaron Friedman, MD
Donald M. Jacobs, MD, FACS

Roger G. Kathol, MD
Robert A. Koshnick Jr., MD
Noel R. Peterson, MD, MS
Paul B. Sanford, MD
Lyle J. Swenson, MD
John M. Van Etta, MD, FACP
Elizabeth R. Vogel, MS
David E. Westgard, MD
Benjamin H. Whitten, MD
Douglas L. Wood, MD
Patrick J. Zook, MD

Voting Members Absent

Daid C. Agerter, MD
Beth Baker, MD
Juan M. Bowen, MD
Michael P. Heck, MD
Daniel E. Maddox, MD
S. Kimara March, MD

Wade T. Swenson, MD, MPH
Karin M. Tansek, MD
Charles G. Terzian, MD
David C. Thorson, MD
James A. Young II, MD

Non Voting Members Present

John Abenstein, MD, MSEE
Blanton Bessinger, MD, MBA
Raymond G. Christensen, MD
David L. Estrin, MD

Anthony C. Jaspers, MD
David D. Luehr, MD
Paul C. Matson, MD
Sally J. Trippel, MD, MPH

Alliance Member Present

Linda Wiig

Guests Present

Carol Backstrom, MDH
Kent Bottles, MD, ICSI
Steve Gerberding, MMGMA

Amy L. Gilbert, MD
Sue Schettle, CEO, EMMS

Staff Present

Dennis Gerhardstein
Dennis Kelly
George Lohmer
Kathy Messerli

Shari Nelson
Britta Orr
Dave Renner
Janet Silversmith

I. Call to Order/Introductions:

The meeting was called to order by Chair, Michael B. Ainslie, MD at 8:00 a.m.

All consent calendar items were **moved, seconded, and unanimously approved**, including the minutes from the March 7, 2009 Board of Trustees meeting and the April 20, 2009 Executive Committee minutes.

II. Policy and Action:

A. Legislative Update

Dave Renner, Director of State and Federal Legislation, **provided** a status report on the legislative session, including an update on key bills monitored by the MMA and current discussions regarding the state budget.

B. Health Care Reform

Janet Silversmith, Director of Health Policy, and Carol Backstrom, Assistant to the Commissioner for Health Care Reform, **presented** an update on the status of health care reform activities including health care homes, quality measurement, baskets of care, peer grouping, and consumer engagement.

Janet Silversmith noted the department's request for four appointees from the MMA to participate on the Provider Peer Grouping Advisory Committee.

C. Committee on Medical Practice and Planning

Doug Wood, MD, Chair, Committee on Medical Practice and Planning, presented three recommendations for action.

- **HOD-07 Res. 310, Essential Benefit Set**

Dr. Wood **presented** the committee's recommendation for a set of principles to guide the development of an essential benefit set. Following discussion it was **moved, seconded and unanimously approved** to adopt the following as a substitute for HOD-08 Resolution 310:

Purpose of an Essential Benefit Set:

*To determine what "insured" means for purposes of Minnesota health care coverage.
To encourage access to care, including early diagnosis and routine care, as opposed to merely asset protection (i.e., financial protection for severe illness or catastrophic event)*

Essential Benefit Set Definition:

A set of services that is sufficiently comprehensive to sustain the health of an individual.

Principles:

- *The essential benefit set is the minimum level of coverage that would be guaranteed for every Minnesotan.*
- *The essential benefit set will be comprehensive and adequate to maximize the health of every Minnesotan through all phases of life and health.*
- *Behavioral health services will be covered in the same way as care for other illnesses.*
- *The essential benefit set will be standardized across insurers and buyers (public, private and self-insured).*
- *The essential benefit set should facilitate the development of health care homes.*
- *The essential benefit set should have standardized copays and deductibles.*
- *The essential benefit set should be affordable.*

- *Note - in 2008, the Legislature defined "affordable" if the sum of premiums, deductibles, and other out-of-pocket costs paid by an individual or family for health coverage does not exceed the applicable percentage of the individual's or family's gross monthly income set forth as follows:*

<i>Federal Poverty Guideline Range</i>	<i>Percent of Average Gross Monthly Income</i>
<i>0-45%</i>	<i>minimum</i>
<i>46-54%</i>	<i>1.1%</i>
<i>55-81%</i>	<i>1.6%</i>
<i>82-109%</i>	<i>2.2%</i>
<i>110-136%</i>	<i>2.9%</i>
<i>137-164%</i>	<i>3.6%</i>
<i>165-191%</i>	<i>4.6%</i>
<i>192-219%</i>	<i>5.6%</i>
<i>220-248%</i>	<i>6.5%</i>
<i>249-274%</i>	<i>7.2%</i>
<i>275-300%</i>	<i>8.0%</i>

- *The essential benefit set should facilitate achievement of the “Triple Aim” for health reform in Minnesota by:*
 - *Improving the experience of individuals with the health care system by eliminating confusion about coverage and benefits*
 - *Improving the health of individuals and the population by improving access to care and assuring coverage for essential services*
 - *Reducing the cost of health care by reducing dependence on emergency department care and reducing preventable hospitalizations*

Other Recommendations

- *There should be no co-pays for primary care visits, immunizations and covered preventive services.*
- *There should be no need to have mandated covered services when the essential benefit set is established.*
- *There should be coverage for clinical trials for patients for whom there are no available therapeutic options.*
- *There should be no coverage for services that have a class III recommendation (contraindicated) in clinical guidelines.*
- **HOD-08 Res. 303, Co-Pay Equality**
 Dr. Wood **presented** background information about the committee’s discussion on this resolution. Following discussion it was **moved, seconded and unanimously approved** to adopt the following as a substitute for HOD-08 Resolution 303:

Payment reform should recognize and reward the development of a continuous, healing relationship between a patient and physician. This relationship is critically important in achieving better clinical outcomes, patient outcomes and reducing cost of care over

a period of time. Current health plan payment policies that impose co-pays for visits to primary care physicians or medical home physicians are counter-productive to the goals of improving health in Minnesota.

The Minnesota Medical Association will educate patients, policy makers and health plans about the problems caused by co-pays for primary care and advocate that payers eliminate co-pays for primary care physicians and medical home providers.

The Board also recommended providing the evidence in support of continuous healing relationships between a patient and physician when communicating this policy to external parties.

- **Industry Gifts to Physicians**

Dr. Wood **presented** the background information about the committee's discussion. Following discussion, it was **moved, seconded and adopted to table** the committee's recommendation until more information is made available from the American Medical Association.

The Minnesota Medical Association shall educate Minnesota physicians that it is important for physicians to avoid conflicts of interest in making decisions about the utilization of pharmaceuticals and medical devices and equipment for treatment of disease. As such, physicians should not accept gifts of any value from pharmaceutical, medical device, or medical equipment manufacturers and distributors. The MMA should further direct the MMA delegation to the AMA to bring forward recommended changes to current AMA Guidelines, particularly Ethics Guideline E-8.061, to prohibit physicians from accepting gifts of any value from pharmaceutical, medical device, or medical equipment manufacturers and distributors.

The MMA should oppose S.F. No. 1237 (2009) because the issue of industry gifts to physicians should be addressed by the medical profession, not by the Legislature, and because there are many complicating factors such as the upstream issue of direct-to-consumer advertising. Should the legislation fail, the MMA will work to address the issue of industry gifts to physicians consistent with MMA policy.

III. Institute for Clinical Systems Improvement Presentation:

Kent Bottles, MD, President, Institute for Clinical Systems Improvement, **provided** a summary of ICSI and its work over the past decade, current work activities and future direction. He engaged the members of the Board in a lively discussion.

IV. Executive Reports and Updates:

The following reports were provided in written format without discussion or additions:

- A. President's Report**
- B. Alliance Report**
- C. AMA Delegation Report**
- D. CEO's Report**

V. Oversight:

A. Financial Update

David Westgard, MD, Chair of the Committee on Administration and Finance, and George Lohmer, CFO, **presented** the financial update through March 2009.

B. Membership Update

A written report on year-to-date membership was provided. Clinics that have discontinued multi-year membership plans were highlighted.

C. Minnesota Community Measurement Update

Terry Cahill, MD, Trustee and Robert Meiches, MD, CEO, **provided** an update on the status of the cost reporting measure currently being discussed by the Minnesota Community Measurement Board of Directors. The letters sent from MMA (one from all Board members and one from Robert Meiches, MD, CEO) were provided. A response from Brian Anderson, MD, Chair, Minnesota Community Measurement Board, was reviewed.

D. HOD-08 Action Grid Update

The 2008 resolution grid was provided; there were no questions.

VI. Governance:

A. Nominating and Leadership Development Committee Report (NLDC)

James Dehen, MD, Immediate Past President, Chair of the Nominating and Leadership Development Committee, **presented** the committee's report. There were no action items.

B. Nominations for Board Chair

Noel Peterson, MD, MMA President, opened nominations for Chair of the Board of Trustees (one year term, elected in July; term begins after the Annual Meeting in September 2009.) The name of David Thorson, MD was placed in nomination.

C. Annual Meeting Update

Lyle Swenson, MD, Speaker, House of Delegates, **provided** an update on plans for the Annual Meeting, September 16-18, 2009 in Rochester Minnesota. He highlighted the potential need to form a work group of the House to discuss implications of a potential East Metro Medical Society and West Metro Medical Society merger.

VII. Adjournment to Executive Session:

The meeting was adjourned to Executive Session at 11:20 a.m.