Getting the word out on MNsure

The many facets of promoting the new health insurance exchange

BY MELISSA MRACHEK

While most Minnesotans are enjoying summer, a team of health care, IT, marketing, outreach and education experts are hard at work gearing up for an unprecedented event—the fall launch of Minnesota’s health insurance exchange, MNsure.

Over the past three years, every aspect of MNsure has been scrutinized and debated. Now it’s time to roll it out to the community.

That will be done in multiple ways, according to April Todd-Malmlov, executive director of MNsure. “You will start to see a whole host of marketing efforts including TV, billboards, radio, newspapers and social media such as Facebook, Twitter and LinkedIn,” she says. MNsure staff are also working with corporate partners to get the message out and sending speakers to community forums to create awareness. “We are really trying to hit people in every possible venue that we can,” she says.

Reaching the right people

In addition to the broad-based marketing efforts, MNsure is launching outreach campaigns targeting specific communities and audiences. “For Hispanic populations, we are working with organizations that already have an established presence and trust in those communities,” Todd-Malmlov says.

To reach small businesses, MNsure is connecting with insurance brokers and local chambers of commerce. Staff members currently are collecting letters of intent from brokers who wish to work with the exchange. “I have heard from some that they see this as a business opportunity,” Todd-Malmlov says. Brokers who wish to work with MNsure are required to complete training and pass a competency test.

For those who use the exchange, Todd-Malmlov says MNsure will provide assistance in the form of staff members and counselors who might work for hospitals, clinics or social service agencies but who have been trained and certified to access the system and help people review options and enroll in a plan that is right for them. “We need to ensure that anyone acting as an advisor on behalf of MNsure understands the new rules for the Affordable Care Act, the programs and systems available through MNsure, how the system works, how you access it, and privacy and security rules,” she says. The exchange also will have a robust customer service center and website.

The physician’s role

Todd-Malmlov hopes physicians and other health care providers will help create awareness of MNsure. “The doctor’s office is a place people trust for health care information,” she says. “We want to make sure physicians are aware of MNsure and provide formal mechanisms for them to access information for their patients.” Todd-Malmlov says they are also working to make sure physicians have information in multiple languages to offer patients.

Even though many of the pieces are in place, MNsure’s implementation won’t be without its challenges. “Doing something of this magnitude in this amount of time is unprecedented,” Todd-Malmlov says. “We know things won’t be perfect and we will have a few bugs to fix along the way. As time goes on, the measures of success will be that consumers are getting enrolled, the number of uninsured is decreasing, and we have high satisfaction levels from all customers.”

Physicians who’ve shaped MNsure

MMA members have played integral roles in MNsure’s development. Roger Kathol, M.D., served on the 15-member exchange task force. He also served as co-chair of the Adverse Selection Work Group. Kurt Hoppe, M.D., served on the Measurement and Reporting Work Group. Marilyn Peitso, M.D., was a member of the Plan Certification Work Group and also served on an earlier group that provided feedback on the informational needs and process flows for the exchange’s infrastructure. Kathryn Duevel, M.D., is a member of the MNsure governance board. (See story on next page.)
A FEW MINUTES WITH…

Kathryn Duevel, M.D.,
MNsure board member

BY DAN HAUSER

Kathryn Duevel, M.D., freely admits that MNsure, Minnesota's health insurance exchange, is a “gamble.” But in the next breath, she is quick to add: “Without it, the gamble would have been even bigger.”

When it launches October 1, MNsure will be the online marketplace for individuals and business with 50 or fewer employees to shop for and secure health insurance. It will have an impact on more than 1 million Minnesotans, or about 20 percent of the people in the state.

Duevel and five other Minnesotans were named to the MNsure board by Gov. Mark Dayton at the end of April. They joined Lucinda Jesson, the commissioner of human services, who was appointed to the group earlier this year.

Duevel, who retired from ob-gyn practice in 2012, knows the MNsure board will be closely scrutinized. And she realizes that as the lone board member with medical training, she'll be in the spotlight. “We have our hands full, but I’m pretty confident it will go well,” she says.

This isn't the first time Duevel has joined a board; she has served on hospital and local community boards. But the work of this one is far and away the most complex. Duevel, an MMA member since 1991, recently discussed her new role.

What made you want to be part of the MNsure board?

I think the basic idea of a health insurance exchange was very attractive to me because it is so difficult for people to negotiate the complicated system of finding health insurance. I've been following the legislation and when I saw that it had passed and was signed, I started to inquire as to how to be involved. I felt that it was really important that someone with a medical background have a seat at the table.

Did your background as an ob-gyn factor into your wanting to be part of this board? Have you dealt with many patients who have had trouble obtaining insurance?

I think I have kind of a unique perspective. Indeed, I've had patients who were struggling with how they were going to pay for something. I remember one patient who was going through a divorce and had to get her house sold before she could afford to buy insurance when we were diagnosing her with early cervical cancer. What a position to be in! That's just one story among many. I also think being an ob-gyn makes me particularly well-positioned because in some ways, we ob-gyns belong to all parts of medicine. We do a lot of primary care.

We care for pretty much the whole spectrum of patients—from the newborns we deliver to the adolescents and young women of reproductive age to aging women. But we are also surgeons and do procedures, so we have perspective on that kind of care. I think that puts me in a unique position for looking at providing good coverage.

What do you hope to accomplish on the board?

My personal goal, which may be very different from that of the other members of the board, is to think about patients. We need to provide a system that's usable from the patient's perspective; it's going to need to be understandable for people from all parts of our state. And by that I don't just mean geographic differences. I also mean economic, educational and language differences.

We have to remember who this is about—it's about the people of Minnesota. I think that I can bring the perspective of the patients who have struggled. And I think I have an advantage in that I recently completed a master's program in health care delivery science out of Dartmouth.

What have you heard from your peers?

I have heard from a lot of providers, colleagues, physicians, nurse practitioners—a variety of people—who have expressed almost relief that there is somebody with a medical background on the board. They're concerned about how this is going to work. We all are—because it's such a new entity and way approach to things. Everybody I've met who is involved with the exchange is very thoughtful and purposeful. I don't see anything being done that makes me concerned about the viability of practice in our state or that this is going to be detrimental to small practices or large practices. I feel pretty positive about this and the goals. I'd like to leave a note of encouragement to physicians who have apprehension about the health insurance exchange: I hope to be part of making sure this has a positive impact on our patients, so that they have more of opportunities to get the health care they need.
State Supreme Court recognizes “loss of chance” claim for medical malpractice

In an opinion that departs sharply from established precedent, the Minnesota Supreme Court held for the first time that a claim for medical malpractice exists if a physician’s negligence causes a patient’s chance of survival to be reduced.

The 3-2 decision on May 31 in Dickhoff v. Green reversed law that had previously held that a physician may only be liable for harm a patient actually incurs. Under the old law, in order to prevail on a claim for medical malpractice, a patient had to establish that the physician’s negligence more likely than not caused the patient’s claimed harm. Now, a medical malpractice claim may prevail if a patient merely establishes that the physician’s negligence made survival or recovery less likely—even if survival is unlikely in the natural course of the disease.

With this ruling, Minnesota joins approximately 40 other states that recognize a “loss of chance” claim for medical malpractice. This ruling has the potential to generate a significant increase in medical malpractice claims, most of which will likely be missed cancer diagnoses.

Both the MMA and the Minnesota Hospital Association (MHA) filed an amicus (“friend of the court”) brief in the case last year.

The MMA and the MHA retained attorneys Charles Lundberg and Mark Whitmore of the Minneapolis-based firm Bassford Remle to write and file the amicus brief on behalf of their members.

“Defendants, hospitals and physicians in general are now subject to liability, even if they haven’t caused the death,” Whitmore told the Associated Press after the ruling.

“Forever, the law has been, you can receive compensation or you can receive an award if somebody causes you harm, and they do that negligently,” he said. “The problem with this case is, if somebody is negligent, but it doesn’t cause harm that is more likely than not to occur, under the majority it is still possible they would receive compensation, and that’s neither right nor fair.”

News briefs

Save the date: Legal event planned for August

The MMA will host a special forum on the Dickhoff v. Green case on August 28 in Minneapolis. Watch your email or go to mnmed.org/events/policyforum to learn more.

Series gets to the heart of prescription opioid abuse

Prescription opioids are overused. At least that’s the opinion of the physicians who attended the three policy forums on the topic this past May.

More than 75 physicians, clinic administrators, residents and medical students gathered in Minneapolis, Duluth and Rochester to hear drug expert Carol Falkowski describe the current landscape of prescription opioid abuse, addiction and diversion.

As part of the forum, the MMA polled attendees about their opinions on the topic. The forum revealed that:

- More than 70 percent said that prescription opioids are generally overused in Minnesota.
- More than 60 percent said that patient pressure is the leading cause of inappropriate opioid prescribing.
- More than 50 percent said their clinic/hospital has an opioid prescribing policy/guideline.
- Nearly 35 percent said they never use the state’s Prescription Monitoring Program.

Attendees told the MMA that they would benefit from an evidence-based protocol for opioid prescribing, access to patients’ controlled substance prescription history and tips for communicating with patients about nonopioid treatment options.

The MMA plans to share the findings with its Prescription Opioid Management Advisory Task Force, which formed last December. Some possible outcomes the task force will consider include developing a specific policy on opioid prescribing that hospitals can use; urging better health insurance coverage for addiction treatment; creating informational videos that physicians could use when explaining the risk of addiction to patients; and supporting legislation to develop community-based opioid overdose prevention programs.

The prescription opioid forums were the second in a series of MMA policy forums scheduled for 2013. Future forums will address prior authorization of prescription drugs; primary care

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physician workforce capacity, professionalism and Minnesota’s quality measurement agenda.

The policy forums aim to bring physicians together to learn about and discuss important issues affecting the practice of medicine in Minnesota. They also provide physicians with an opportunity to debate and influence MMA policy.

Physicians’ point of view provided in two Court of Appeal cases
A pair of Twin Cities-based legal teams made their cases before Minnesota Court of Appeals panels this May on two cases that directly affect Minnesota physicians.

On May 15, a three-judge panel heard oral arguments in the case of In re the Guardianship of Jeffers A. Tschumy. A week later, a separate panel heard oral arguments in the case of Avera Marshall Medical Center Staff vs. Avera Marshall Regional Medical Center. Both panels will issue opinions within 90 days of the hearing.

The Tschumy arguments centered on the scope of a legal guardian’s powers regarding a ward’s medical care and whether those powers extend to termination of life support. The court devoted significant time to the issue of what constitutes “life support” and appeared receptive to the argument that “end-of-life” decisions are not clearly definable. The court also appeared to agree that clinical teams and ethics committees are better equipped than judges to counsel guardians and families on end-of-life decisions.
Earlier this year, the MMA submitted an amicus brief supporting the argument that legal guardians have the inherent power to make medical decisions on behalf of their wards, including the decision to decline medical care and terminate life support.

The guardian is represented by Bob McCloud, a guardianship law specialist and partner at Lindquist and Vennum. Also present at the hearing were amicus counsel Diane Bratvold, Jennifer Lammers and Amie Penny Saylor from Briggs and Morgan, and Teresa Knoedler, MMA policy counsel.

The Avera arguments focused on whether a medical staff is a legal entity that may bring suit on behalf of its member physicians, and whether the bylaws agreed to by a hospital and its medical staff constitute a contract to which both parties must adhere.

The Avera medical staff legal team includes attorneys from Oppenheimer, Wolff & Donnelly; Briggs & Morgan; and the MMA’s Knoedler.

Help influence the MMA’s direction, join a committee
The MMA is looking for members wishing to serve on one of its direction-setting committees for 2014. Nominations are due July 26.

“When you take part in a committee, you help influence the direction of the MMA, learn additional leadership skills and get the opportunity to interact with physicians who care about the same issues you do,” says George Lohmer, MMA’s CFO.

Serving on a committee takes about 16 hours a year, most of which is spent attending meetings, either in person or by telephone. The MMA has the following committees:

- Administration and Finance
- Ethics and Medical-Legal Affairs
- Health Care Access, Financing and Delivery
- Membership, Marketing and Communications
- Minority and Cross-Cultural Affairs
- Public Health
- Quality

Appointments will be made in mid-October for terms beginning in January 2014. For more information on the individual committees and to submit your name for consideration, go to www.mnmed.org/AbouttheMMA/MMACommitteesTaskForces.aspx and click on the committee application form.

Reminder: Resolutions for House of Delegates due July 12
All resolutions for this year’s Annual Meeting must be submitted by July 12. Late resolutions will be considered only if of a truly urgent nature. Information can be found on the Annual Meeting page at mnmed.org/annualmeeting. This year’s meeting takes place September 20–21 at the Minneapolis Marriott Northwest (formerly the Northland Inn) in Brooklyn Park.

Physicians invited to celebrate the arts in September
Minnesota Medicine will celebrate the 10th anniversary of its Medical Musings writing contest with a special Hippocrates Cafe program at Mill City Clinic in Minneapolis. The event will take place September 19, the night before the Annual Meeting.

Hippocrates Cafe is a live, made-for-radio “show” that explores themes related to health and medicine through story and song. MPR’s Jon Hallberg, M.D., the creator and host of the show, will be accompanied by some of the Twin Cities’ finest actors as they interpret contest-winning essays and poems written by Minnesota physicians and medical students. Musicians will perform before and after each piece.

Physicians and medical students and their guests are invited to this free event.
MMA debuts new information tool for physicians

The MMA has created a new tool that provides physicians with quick tips about topics of interest. Called “8 things physicians need to know…,” the fact sheets are available on the MMA website (mnmed.org/8things) and through the MMA membership team.

Lawmakers request series of studies and reports before next session

Legislators called for a series of health care-related studies and reports to be completed before the next legislative session, which begins February 25, 2014.

- The commissioners of Revenue and Management and Budget are to conduct an analysis of health care taxes, including the provider tax, to determine whether MinnesotaCare, the state’s subsidized health insurance program, is adequately funded. The commissioners also will study the long-term solvency of the Health Care Access Fund, which is funded in part by the provider tax and helps pay for MinnesotaCare. The results of this study will be used as part of the state’s budget forecast due in November 2013. The study and report will help lawmakers understand how these state funding sources will complement the federal funds made available under the Affordable Care Act.

- The Minnesota Department of Health (MDH) is to create a plan for advancing health equity in Minnesota. The MDH will work with local public health, health care and community agencies to assess health disparities within the state; the report is due February 1, 2014.

- The MDH, Department of Human Service and Commerce Department will study methodologies for determining the appropriate levels for capital reserves maintained by the state’s HMOs. Provisions in the House HHS budget proposal called for caps on HMO reserves; caps on reserves were not included in the final bill. Key HHS committee leaders are slated to receive the report by February 1, 2014.

- The MDH will outline a plan for long-term storage and use of newborn screening test results. A provision in the data practice omnibus bill requires the MDH to consult with pediatricians, specialists in metabolic care, immunologists, epidemiologists, medical geneticists, and representatives from patient advocacy and data privacy groups to develop such a plan. The report is due to the Legislature February 1, 2014. A Minnesota Supreme Court ruling in 2011 changed how MDH must handle newborn screening test results and data.

- The MDH will take the lead in studying the correlation between nurse staffing levels and patient outcomes. This study, which is due to the Legislature by January 15, 2014, was called for in a controversial bill that drew significant attention before being scaled back. Under the original proposal, hospitals would have been required to implement specific nurse-to-patient staffing ratios. The bill signed into law requires hospitals to report information about their staff levels on the Minnesota Hospital Association website.

Maya Babu, M.D.

Babu wins RFS seat on AMA board

MMA member Maya Babu, M.D., was elected to a two-year term as the Resident and Fellow Section member of the AMA Board of Trustees in June.

“She ran a great campaign and wowed most everyone with whom she met,” says Dave Renner, MMA’s director of state and federal legislation, who attended the AMA meeting in Chicago.

MMA members Blanton Bessinger, M.D., and Paul Matson, M.D., served as Babu’s campaign chairs.