

MINUTES

MMA POLICY COUNCIL

TUESDAY, MARCH 6, 2018

6:00PM – 8:00PM

MINNESOTA MEDICAL ASSOCIATION, JOHN MURPHY CONFERENCE ROOM

Members Present

Lisa Mattson, MD, Chair
Peter Amadio, MD (via phone)
Elisabeth Bilden, MD (via phone)
Christy Boraas, MD
Stuart Cameron, MD
James Dehen, MD (via phone)
Elizabeth Fracica (via phone)
Britt Ehlert, MD
Suliman EL-Amin, MD (via phone)
Bruce Gregoire
Osama Ibrahim, MD
Christopher Johnson, MD
Andrea Joplin, MD (via phone)
Robert Koshnick, MD (via phone)

Thomas Mulrooney, MD (via phone)
Noel Peterson, MD (via phone)
Douglas Pryce, MD (via phone)
Christopher Reif, MD
Caleb Schultz, MD
Neel Shah, MBChB (via phone)
Lynne Steiner, MD (via phone)
Jennifer Tessmer-Tuck, MD
Kimberly Tjaden, MD (via phone)
Craig Walvatne, MD
Robert (Jay) Widmer, MD (via phone)
Lauren Williams, MD
Doug Wood, MD

Members Absent

Michael Baich, MD
Mark Eggen, MD
Daniel Heinemann, MD
Randy Hemann, MD
Kathryn Lombardo, MD
Kimberly McKeon, MD
Ahmed Pasha, MD
Ashok Patel, MD
Anne Pereira, MD

Nathan Ratner
Annabelle Soares
Thomas Witt, MD

Guests Present

Jennifer Dens-Higano (via conference call)
George Schoepfoerster, MD

Staff Present

Juliana Milhofer
Dave Renner

I. Welcome & Introductions

Lisa Mattson, MD, Chair, called the meeting to order at 6:00 pm. All attendees introduced themselves.

II. Approve January 20, 2018 Meeting Minutes

The following motion was made, seconded, and passed unanimously.

Motion: To approve the minutes of the January 20, 2018 MMA Policy Council meeting.

III. Survey Results

Council members learned about the results of a recent survey sent out to the Council members to (1) gather input to assist the Chair in making the Council more effective; and (2) rank the top three issues for the Council to deliberate in 2018.

Dr. Mattson shared the results of the survey to assess how the Chair could assist in making the Council more effective. Input included the following:

- Meeting four times per year works for the Council members.
- Council members prefer two-hour meetings.
- Council members prefer continuing with evening meetings, with one Saturday meeting working for them as well.
- On the question of whether Council members should have alternates, Council members felt that if a member agrees to serve on the Council, they should be committed to attending meetings.
- On the question of whether the Council meetings should be open to others, Council members said it's OK - if they want to only observe. If someone not on the Council wants to attend to discuss an issue, they would need to submit something in writing ahead of time.

Juliana Milhofer, MMA Policy Analyst and Council led the discussion on issue ranking. The issues the Council was asked to rank included the following:

- MinnesotaCare Buy-In (Protections for Medical Groups: Assess whether a disproportionate share type financing mechanism should be considered.
- Mental health: There are several areas in the mental health space that the Policy Council can explore. This includes bed availability, suicide prevention, prevention of mental illness, insurance reimbursement, expanding access to mental health care, etc.
- Electronic health records: Explore policy options for accelerating EHR adoption.
- Principles for health care reform: Review and identify potential gaps and questions.
- Conscience and religious freedom protection: What additional policy or action is needed around this issue?
- Sustainability of health systems in rural areas: Rural communities have unique strengths, challenges, and needs. Assess the state of rural health care, and what can be done to ensure that rural communities are equipped to deliver quality, affordable health care; and that people who live in remote areas have access to a basic standard of care.
- Removal of the personal belief and immunizations exemption: MMA already has policy on this issue. Is there something additional that needs to be done in regards to this?
- Definition of a hospital community "benefit": Is the definition of what constitutes a hospital community benefit sufficient, and if not, what criteria is needed to more effectively quantify the amount of community benefits provided by any one nonprofit hospital.

The Council was asked to rank the three issues that they should address in 2018, and the ranking results were as follows:

1. Mental health
2. Sustainability of health systems in rural areas
3. MinnesotaCare Buy-In (Protection for Medical Groups)

IV. **Top Three Issues for Council Deliberation**

Dr. Mattson and Ms. Milhofer engaged the Council members in a discussion regarding the three issues that ranked the highest for the Council. Council members decided that issue #2 (sustainability of health systems in rural areas) and issue #3 (MinnesotaCare Buy-In (Protection for Medical Groups)) should be considered one *joint* topic area to address, given their similarities and end goals. Council members were asked to assess how we could support clinics seeing a significant portion of public program enrollees to determine whether a disproportionate share type financing mechanism should be considered. In addition, the Council was asked what challenges and needs exist in rural areas, that serve as barriers for health systems.

Council feedback and input included the following:

- Council members voiced their support for ensuring that clinics with a disproportionate share of public program patients are supported.
- What is the true cost for the price of rural health care – does this need to be decided?
- How will Minnesota find the funding that will be redirected to meet the critical needs of rural areas?
- There is a need to push the legislature to think more about Medicare and Medicaid payment in rural areas.
- Is there an opportunity for Minnesota’s federal delegation to have CMS undertake a waiver that would create a block payment to rural communities that would deliver the necessary care?
- Emphasis should be on preventive care and quality care.
- One proposal offered was to create a pilot where an alternative payment model would be piloted in a rural community (clinic or hospital). Goal would be to assess what financing mechanism would provide effective and efficient health care delivery in a rural community.
- Potential forum topic: Host a forum(s) in rural communities to gather input/feedback on challenges with seeing a significant portion of public program enrollees, and what funding mechanisms they would find feasible.

Dr. Mattson and Ms. Milhofer thanked the Council for the discussion, and noted that they would continue with potential next steps to address this area at the May 2nd meeting.

V. **Issue Ranked as #1 – Mental Health**

Council members conducted an assessment of their top ranked issue – mental health. Ms. Milhofer walked the Council through a list of areas in the mental health space that they could potentially address. The list included the following:

- Opioids
 - Access to treatment
 - Addiction treatment for both adults and children
 - Physician education on use of medication assisted treatment (MAT)

- Shortage of pain specialists
- Children
 - Pediatric mental health
 - Bed availability
- Adults
 - Bed availability
- Health Equity
 - Social determinants of health
 - Ensuring equity in providing mental health care
- Other
 - Mental health crisis teams
 - Shortage of mental health providers
 - Ensuring proper reimbursement for mental health services
 - Gun violence
 - Suicide prevention
 - Promotion and prevention in mental health
 - Postpartum depression

The Council members then engaged in a productive discussion about how they could focus their efforts. Council feedback and input included the following:

- Recurring theme was noted to be: availability of mental health resources and access to mental health care.
- After a review of the report from the Governor’s Task Force on Mental Health, it was noted that access and crisis management are two areas that could serve as the Council’s focus.
- MMA could lend its skills in assessing how delivery of mental health care could be improved.
- There are 3 potential areas that have the greatest capacity for rapid action:
 - Crisis management/crisis intervention
 - Resource distribution
 - Access
- Advocate for a position that if we want improved mental health care, we need to have a healthier society.
- Do we have an adequate number of crisis teams to support the population?
- There is a great need for improved telemedicine access in rural communities.
- The shortage of providers in mental health care is contributing to the mental health crisis.
- Crisis team – a model was created in the Detroit Lakes area, and positive effects were seen in the community.
- Adverse childhood experiences (ACES) – the importance of this was noted, and the effect that this has on the mental health of an individual. This is an important part of prevention, and needs to be brought into the conversation. This could serve as a potential forum topic for the annual conference.
- The MMA has a role as a convener, and building a coalition in the mental health space might be an effective way to bring people to the table and move from conversation to action. Collaborating with other organizations, and stepping away from the silos that exist is something that is needed.
- We need to support all levels of care to increase crisis management, and to reduce the harm that stems from the mental health crisis that we are in the midst of.

- Summary: Areas of focus could include -- crisis management/crisis teams, access, resource distribution, collaboration/coalition with other entities/organizations, shortage of providers and telemedicine.

VI. **Council Review Subcommittee: Update**

Dave Renner, MMA Director of State and Federal Legislation, and staff to the Council Review Subcommittee (“Subcommittee”), provided an update on their current efforts. Mr. Renner noted that the Subcommittee is made up of the following members:

- Stephen Cragle, MD
- Osama Ibrahim, MD
- Douglas Pryce, MD
- Craig Walvatne, MD
- Lauren Williams, MD
- Douglas Wood, MD

The Subcommittee will host its first meeting on March 22nd. Mr. Renner went over the goals of the Subcommittee, and noted that they will be bringing their final report to the Council on May 2nd.

VII. **Wrap-Up and Next Steps**

Dr. Mattson and Ms. Milhofer thanked the Council members for their input. Next steps will include the following:

- **Mental Health:** Dr. Mattson and Ms. Milhofer will work offline to put together a plan for how the Council can address mental health, taking into account areas where the Council would be most effective. A draft plan will be brought forth to the May 2nd Council meeting.
- **MinnesotaCare Buy-In and Sustainability of Health Systems in Rural Areas:** Dr. Mattson and Ms. Milhofer will work offline to put together a plan for how the Council can address these topics, taking into account areas where the Council would be most effective. A draft plan will be brought forth to the May 2nd Council meeting.

Council members were thanked for their input and feedback.

VIII. **New Business**

Council members were reminded of the 2018 meeting calendar:

- Wednesday, May 2, 6-8 pm at MMA
- Monday, August 27, 6-8 pm at MMA
- Thursday, October 25, 6-8 pm at MMA

IX. **Adjourn**

The following motion was made, seconded, and adopted:

Motion: that the meeting be adjourned at 7:51 pm.