

MINUTES

MMA POLICY COUNCIL

MONDAY, AUGUST 27, 2018

6:00PM – 8:00PM

MINNESOTA MEDICAL ASSOCIATION, JOHN MURPHY CONFERENCE ROOM

Members Present

Lisa Mattson, MD, Chair

Peter Amadio, MD (via phone)

Amy Boles, MD (via phone)

Christy Boraas, MD (via phone)

Stuart Cameron, MD (via phone)

James Dehen, MD (via phone)

Suliman EL-Amin, MD (via phone)

Bruce Gregoire (via phone)

Britt Ehlert, MD

Randy Hemann, MD (via phone)

Jennifer Dens Higano

Andrea Joplin, MD

Robert Koshnick, MD

Thomas Mulrooney, MD (via phone)

Noel Peterson, MD (via phone)

Spencer Pruitt, MD

Douglas Pryce, MD

Christopher Reif, MD

Annabelle Soares (via phone)

Lynne Steiner, MD (via phone)

Jennifer Tessmer-Tuck, MD (via phone)

Kimberly Tjaden, MD

Craig Walvatne, MD

Lauren Williams, MD

Doug Wood, MD

Members Absent

Debbie Allert, MD

Michael Baich, MD

Mark Eggen, MD

Osama Ibrahim, MD

Kathryn Lombardo, MD

Kimberly McKeon, MD

Ahmed Pasha, MD

Ashok Patel, MD

Anne Pereira, MD

Nathan Ratner

George Schoepfoerster, MD

Caleb Schultz, MD

Neel Shah, MBChB

Guests Present

Sue Grafstrom

Staff Present

Juliana Milhofer

I. Welcome & Introductions

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

II. Approve May 2, 2018 Meeting Minutes

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

Motion: To approve the minutes of the May 2, 2018 MMA Policy Council meeting.

III. State of Rural Health Care

Council members heard a presentation from Sue Grafstrom, Advocacy Chair with the Minnesota Rural Health Association (MRHA). Ms. Grafstrom shared information about Minnesota’s rural health care needs and noted that the mission of MRHA is “to strengthen and improve Minnesota rural health and health care through leadership, education, advocacy and collaboration.” Ms. Grafstrom also stressed that not all rural Minnesota communities are the same, and thus, not all have the same needs.

Noted was that rural Minnesota has become older, poorer and sicker – and has also become increasingly diverse. The top rural health issues that were highlighted by Ms. Grafstrom included the following:

- Access to Care
 - Address rural health care workforce shortages
 - Expand addiction treatment options
 - Expanding access to transportation (non-emergency) for rural residents
- Health Care Financing Disparities
 - Disparities in payor mix for rural providers
 - Reduction in Medicaid and Medicare reimbursements
 - Limited, affordable insurance for rural individuals and families
- Broadband
 - Expand telemedicine and telemonitoring (including a code for home health care telemedicine)
 - Expand broadband access for underserved rural communities

Ms. Grafstrom noted that there are many critical provider shortages prevalent in rural Minnesota – including primary care providers, mental health counselors, oral health providers, nursing (RN, LPN, CNA), chemical dependency, pharmacy, social Services, and EMT.

Below are some highlights of the top rural health issues noted previously:

- Access to Care: Rural Minnesota isn’t facing an opioid crisis as much as it is facing an addiction crisis, and the drug of choice – for now – is meth.
- Health Care Financing Disparities: Rural health care providers serve a disproportionately large number of residents who rely on public health care programs.
- Broadband: Major portions of rural Minnesota lack the broadband access necessary for telehealth and telemedicine applications.

In regard to the social determinants of health, Ms. Grafstrom noted that many, such as transportation, healthy parenting, housing, financial stability and available and affordable childcare, are lacking in rural Minnesota – and serving as barriers to optimal health for rural Minnesotans.

Ms. Grafstrom concluded her presentation by noting some national rural health policy considerations, which included the following:

- Medicare
 - Offer transitional support to rural providers during payment policy changes.
 - Develop and test alternative delivery models in rural communities through demonstration and pilot programs.
 - Allow for higher fixed costs per patient encounter in low-volume situations.

- **Quality Reporting**
 - Support the development of rural-relevant quality measures.
 - Offer quality initiatives specifically designed to meet rural needs and opportunities.
- **Alternative Payment Models**
 - Offer alternative pathways to rural provider inclusion in value-based payments.
 - Monitor emerging research on the impact of social determinants on health care performance, and consider rural social risk factors in payment design
- **Data Availability**
 - Disparity in the quality and quantity of statistics for urban areas versus that for rural counties. As a result, rural areas are becoming “data deserts” due to the availability of credible and descriptive statistics.

Dr. Mattson and Juliana Milhofer, MMA Policy Analyst and staff to the Council, thanked Ms. Grafstrom for the information she provided and thanked the Council members for their input. The Council members were informed that they would use this presentation as background information to inform future discussions of how the MMA can play a role in addressing Minnesota’s rural health needs.

IV. **Updates**

Ms. Milhofer provided the Council members with brief updates regarding their mental health task force recommendation. Noted was the need to refine the scope of the task force, and how development of a charge was a next step.

In addition, Ms. Milhofer noted that the 2018 House of Delegates (HOD) would be convening at the MMA Annual Conference in September. Noted was the resolution that would be brought before the HOD.

V. **2018 Annual Conference Open Issues Forum**

Ms. Milhofer noted that eighteen issues have been received for the 2018 Open Issues Forum. Upon review, the Council agreed to move twelve issues forward for consideration. There were six issues that the Council agreed should not move forward at this time – one issue from a non-member (and not a health policy issue); one issue that is a reaffirmation of current MMA policy; one issue that was a duplicate issue; two issues that were provided as potential ideas for consideration (and which the Council members chose not to move forward as Council submitted issues); and one issue (related to a session at the Annual Conference on maternal health) was reserved by the Council members for further discussion, post-Annual Conference.

VI. **New Business**

Council members were reminded of the 2018 meeting calendar:

- Thursday, October 25, 6-8 pm at MMA

VII. **Adjourn**

The following motion was made, seconded, and adopted:

Motion: that the meeting be adjourned at 8:00 pm.