

## MINUTES

### MMA POLICY COUNCIL

WEDNESDAY, MAY 20, 2015

6:00 PM – 8:00 PM

MIDLAND HILLS COUNTRY CLUB

ROSEVILLE, MN

#### Members Present

Ernest Lampe, MD, Chair  
Peter Amadio, MD  
Leah Anderson  
Elisabeth Bilden, MD  
Terence Cahill, MD  
Stuart Cameron, MD  
Stephen Cragle, MD  
Robert Grill, MD  
Jessica Heiring, MD  
Christopher Johnson, MD  
Kenneth Kephart, MD  
Matthew Kruse, MD

Kathryn Lombardo, MD  
Kimberly McKeon, MD  
Noel Peterson, MD  
Christopher Rief, MD  
Neil Shah, MD  
David Thorson, MD  
Sally Trippel, MD  
Kimberly Tjaden, MD  
Jon Van Loon, MD  
Craig Walvatne, MD

#### Members Absent

David Agerter, MD  
Maya Babu, MD  
Michael Baich, MD  
James Dehen, MD  
Ramnik Dhaliwal, MD  
Mark Eggen, MD  
Alexander Feng  
Elizabeth Fracica  
Daniel Heinemann, MD  
Meltiady Issa, MD  
Evan James  
Lisa Mattson, MD  
Steven Meister, MD  
Douglas Pryce, MD  
Christopher Thiessen, MD  
Robert (Jay) Widmer, MD  
Thomas Witt, MD

#### Staff Present

Robert Meiches, MD  
Juliana Milhofer  
Janet Silversmith

#### Guests Present

Carl Burkland, MD

### I. Welcome, Introductions & Agenda Review

Ernest Lampe, MD, Policy Council Chair, called the meeting to order at 6:05 pm. The new Resident Fellow Section member, Matthew Kruse, MD, was introduced. A brief review of the agenda followed in

which Dr. Lampe noted that one of the key roles of the Policy Council is to look in-depth at a limited number of important topics.

## II. Approve Minutes of January 10, 2015

With an amendment made to reflect a correction to the attendance (Craig Walvatne, MD was present), the following motion was made, seconded and adopted:

**Motion:** that the amended minutes of the January 10, 2015 meeting be adopted.

## III. Policy Conference: Policy Topic Discussions

Prior to the meeting, Council members were asked to rank order the policy topics that were identified during the April Policy Conference in order to set priorities for the meeting's discussion. The issue of narrow provider networks emerged as the most important issue for initial Council discussion (followed by physician-assisted suicide, non-compete clauses in employment contracts, and medical staff bylaws changes).

Janet Silversmith, MMA Director of Health Policy, reviewed a memo on narrow provider networks, noting, in particular, any willing provider (AWP) and freedom of choice (FOC) laws. A lengthy discussion followed. Among points raised during discussion were the following:

- Is Minnesota's network adequacy standard sufficient to ensure patient access to care and should it be expanded to ensure patient choice
- Narrow networks appear to work against the Triple Aim and make it tough for independent practices since they are designed to keep people in an integrated system
- The Federal Trade Commission (FTC) generally views AWP laws as anti-competitive
- Empirical evidence on whether AWP laws increases costs is mixed
- Narrow networks may save money, but may compromise the quality of care.
- Systems often are selecting strictly on the basis of who they own or who they need to maintain market share with (which disregards quality).
- Hybrid of AWP and FOC – can we do this?
  - Answer to that is *maybe*. But FOC laws tend to reduce the incentive for anyone to sign a contract with an insurer.
- FOC is a less "selfish" approach than AWP.
- Can we agree on the definition of quality that should be used in value?
- There is a lot of pressure to use in-network providers
- FOC is giving choice and decision-making ability to the patient.
- Insurers aren't negotiating discounts – they are paying more to send to the larger health systems. Per-RVU rate is worse – patients don't know that it is more expensive for them to go to a large health system rather than a small family clinic.
- Educating the public is key.
- This is all an exercise in futility. The largest systems and the largest insurers get the best deals. Small groups can't compete on quality. The market is working to the advantage of the larger systems.
- We should have policy on this issue. Especially for primary care *employed* physicians.
- Patients buy cheap – they know that the limited network is cheaper.

- Is a single-payer system the solution?
- The market is working for the insurer.
- Aren't we still taking the best position when we say that we support FOC?
- Patients are more educated now, and want to be more involved in their health care decisions.

In conclusion, Dr. Lampe noted that he heard general support for a freedom of choice policy, with system transparency that allows patients to make choices based on cost and quality and one that does not penalize them for going outside of a network. MMA staff will prepare a position statement for the Council's review at its next meeting.

#### **IV. Policy Conference: Debrief 2015 & 2016 Planning**

Janet Silversmith provided a summary and evaluation of the 2015 Policy Conference and the Council considered potential changes for 2016. What worked, what didn't and what needed to be improved were discussed. Council input included the following:

- An all-day meeting on a Saturday was a barrier for some; for those driving down to the Twin Cities, an all-day meeting wasn't a barrier.
- Virtual conference might be useful
- In marketing materials, it is important to be more specific about the policy questions that will be discussed. Need more *targeted* marketing that demonstrate why conference is applicable to your practice.
- Best times of year for a conference are January, February, and March
- Live/streaming or webinars would expand potential attendees

In conclusion, the Council agreed to move from a single, all-day conference, to multiple events that include webinar/live-stream option.

#### **V. 2015 Annual Conference: Forum Planning**

Janet Silversmith reviewed the results of the pre-meeting polling on potential topics for the 2015 Annual Conference policy forums. The top three topics were value-based payment, quality measurement, and impact of high-deductible health plans. After a lengthy discussion, the Council agreed to hold forums on value-based payment and end-of-life care. A request for forum planning committee members will be forthcoming.

#### **VI. MMA Submitted Issues: Council Review & Triage**

At the January 2015 meeting of the Policy Council, members decided to limit the frequency of the Open Issues Forum to once per year (as part of the MMA Annual Conference). There was also clear interest in ensuring that MMA remained open and receptive to new ideas and new issues of concern on an ongoing basis. To help expedite initial review of new ideas/issues, the Council expressed an interest in helping to triage submissions to the extent such submissions coincided with scheduled Council meetings.

Since the Council's January 2015 and the this meeting, four new ideas/issues were submitted to the MMA. Council members reviewed the four submissions in advance of the meeting and voted electronically on preferred next steps; options were: 1) retain for Council discussion; 2) refer to MMA standing committee; 3) defer to MMA Open Issues Forum; 4) Other.

Based on the submitted votes, and following some additional discussion and clarification, the Council recommended the following actions for consideration by the MMA Board of Trustees:

1. Oppose provider-based billing policies that allow payment of a facility fee at hospital-owned outpatient sites (align hospital outpatient payment with physician office payment rates.

This issue was submitted by Robert Koshnick, MD. The Council agreed to refer this issue to a standing MMA committee for further research and deliberation. This topic was last considered by the MMA in 2011; at that time, the MMA Board rejected a similar resolution.

2. Adult ATV use by children - asking MMA to seek a ban on operation of adult ATVs by children younger than 16.

This issue was submitted by Carl Burkland, MD. The Council agreed to refer this issue to a standing MMA committee for further research and deliberation. Existing MMA policy on this topic is limited to the issue of protective headgear/helmets.

3. Explore feasibility of developing an MMA-sponsored health insurance company.

This issue was submitted by Robert Koshnick, MD. The Council was initially split with respect to a recommendation for triage. During discussion, however, the Council eventually recommended that no further action be taken on this topic. Among the primary reasons for this decision were concerns about feasibility and MMA resource consumption.

4. MMA support of paid sick leave legislation

This issue was submitted by Carl Burkland, MD. The Council agreed to retain this topic for further discussion; no date for that discussion has been set yet. There is no existing MMA policy on the topic.

In addition to these topics, Janet Silversmith asked for clarification from the Council with respect to how the Council would like to proceed with the tort reform issue retained from the 2014 Annual Conference Open Issues Forum. Following discussion, the Council agreed that a staff memo to help educate them on this topic would be helpful. After reviewing the memo, a decision could be made as to whether the topic warrants further consideration. A staff memo will be prepared for either the August or October meeting.

## VII. New Business

Ernest Lampe, MD, Chair, reminded Council members of the upcoming meeting dates:

- August 25, 2015 (6-8 pm)
- Sept. 25-26<sup>th</sup> (Annual Conference, St. Louis Park)
- October 14<sup>th</sup> (5-8 pm)

## VIII. Adjourn

There being no addition business, the following motion was made, seconded and adopted:

**Motion:** that the meeting be adjourned at 8:05 pm.

Minutes submitted by  
Janet Silversmith