1176 Task Force - Agenda, 1/3/20, 230-430p

303 E 17th St, 11th Floor, Conference Room 11A, Denver

TOPIC	ACTION	Presenter	Time
Call to Order, Introductions, Conflicts of Interest		Mitzi	5 mins
Agenda	**Approve**	Mitzi	
Minutes, 12/6/19	**Approve**	Carrie	
Task Force • New Member • Rules of Engagement • Meeting Schedule / Calendar of Events • Website	 • Update • **Approve** • **Approve** • Update	 • Mitzi • Mitzi • Mitzi • Mitzi	15 mins

Projects
• Level setting knowledge
  • Presentation of basic concepts, terminology
  • What else do you need to know?
• DQ for Scoping and Planning – status
• DQ / RFP for Cost Analysis – release date?
	
	• Discuss
	
	• Discuss
	• Discuss
		
		• Tom Reid
		
		• Monica / Michelle
		• Monica / Michelle
			70 mins
			
			30 mins

Adjourn			

Health Care Cost Analysis Task Force Minutes 12/06/2019

Task Force Member		Present / Absent
Representative Emily Sirota	Colorado General Assembly	P
Representative Susan Beckman	Colorado General Assembly	A
Senator Jim Smallwood	Colorado General Assembly	A
Senator Joann Ginal, Vice-Chair	Colorado General Assembly	P
Carrie Cortiglio, Secretary	Colorado Department of Public Health & Environment	P
Karla Gonzales	Colorado Organization for Latina Opportunity and Reproductive Rights	P
Deb Judy for Kate Harris	Colorado Division of Insurance	P
Mitzi Moran, Chair	Sunrise Community Health	P
Monica VanBuskirk, Treasurer	Connect for Health Colorado	P
Dr. Renee Marquardt	Colorado Department of Human Services	P
Thomas (TR) Reid	Author	P
Michelle Miller	Department of Health Care Policy & Financing	P
Lauren Revely	Department of Health Care Policy & Financing	P
Guests: Bart Armstrong – HCPF; Tom Marks – HMA; Marci Eads – HMA; Nick Severn - HCPF Purchasing and Contracting; Bill Semple - CO Foundation for Universal Health Care; Bailey - C4 policy analyst.		

Topic	Discussion	Action / Next Steps
Project Status / Updates		
Minutes	Motion to approve minutes passed.	
Level setting information from HMA	Tom Marks and Marci Eads - HMA have provided a knowledge development / resource list. Note study by RAND with HMA that is similar to the charge of this task force. Note Congressional Budget Office report. Include 208 Commission work. We need to get to a shared understanding of terms. Read at least exec summaries of all papers and shorter papers. Come back together and have Tom Reid lead a facilitated conversation to get to shared vocabulary and basic concepts like single-payer, universal coverage, etc. Then discussion of what we want to know next.	Mitzi will send 208 commission report. Deb will send 2017 DOI annual cost report.
DQ for Scoping and Planning	Proposal from committee (Monica, Michelle, Mitzi) discussed. Add to scope - provide a list of known organizations that meet the capabilities needed. Motion to approve DQ as amended by the group passed.	
DQ or RFP for cost analysis	Scoping and Planning DQ results will inform Cost Analysis work.	

Topic	Discussion	Action / Next Steps
Task Force		
Committee members/New member	We need a contact list for all the members. CCHI's representative resigned from the Task Force. HCPF is currently soliciting applications; a consumer perspective is desired.	Send contact info to Lauren Revely. Send contact info of potential Task Force members to Lauren Revely.
Rules of Engagement	Mitzi brought proposed rules of engagement. Reviewed the proposal and will discuss at the next meeting. We will need to identify a process for reimbursement of costs for the Task Force. HCPF is looking at how to provide some administrative support to the Task Force. We will create a website that HCPF will host. Suggestion: post agendas at least 48 hours ahead of time and allow public comment period.	
Meetings/ Calendar	We want to accommodate legislative demands / unpredictable schedules, to offer call-in capabilities, and to be present in the community. Suggestion: meet in locations with video conferencing ability. Suggestion: off session move meeting around to get outside Metro Denver/away from the Capital. In January we will move start time to 2:30.	
Adjourn		

Projects:
Level Setting Knowledge

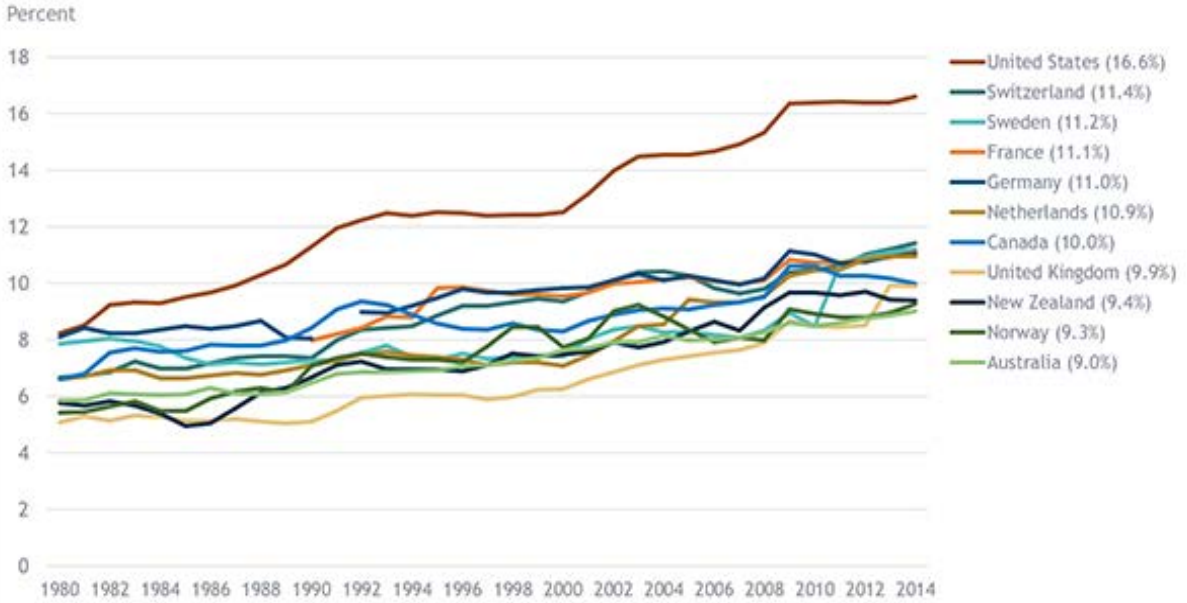
T.R. Reid Discussion

The Price We Pay

$3,500,000,000,000

Source: Congressional Budget Office, 2018

Health Care Spending as a Percentage of GDP, 1980–2014



GDP refers to gross domestic product. Data in legend are for 2014.
Source: OECD Health Data 2016. Data are for current spending only, and exclude spending on capital formation of health care providers.

The Commonwealth Fund

E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change,* The Commonwealth Fund, July 2017.

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Do we have the best heathcare in the world?

2017 Commonwealth Fund Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	**2**	**9**	**10**	**8**	**3**	**4**	**4**	**6**	**6**	**1**	**11**
Care Process	2	6	9	8	4	3	10	11	7	1	5
Access	4	10	9	2	1	7	5	6	8	3	11
Administrative Efficiency	1	6	11	6	9	2	4	5	8	3	10
Equity	7	9	10	6	2	8	5	3	4	1	11
Health Care Outcomes	1	9	5	8	6	7	3	2	4	10	11

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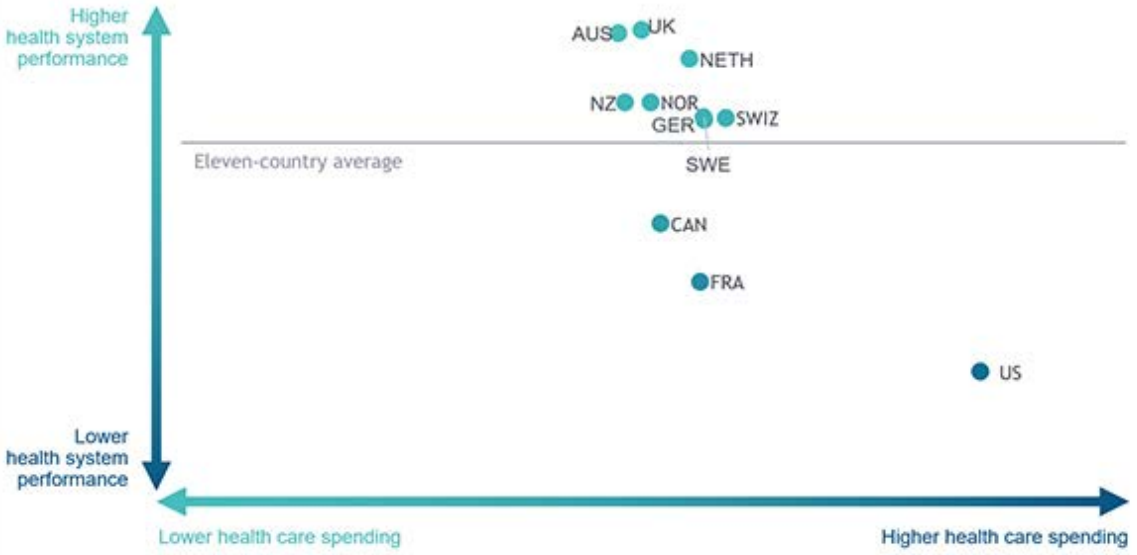
Health Care System Performance Compared to Spending



Note: Health care spending as a percent of GDP.
Source: Spending data are from OECD for the year 2014, and exclude spending on capital formation of health care providers.

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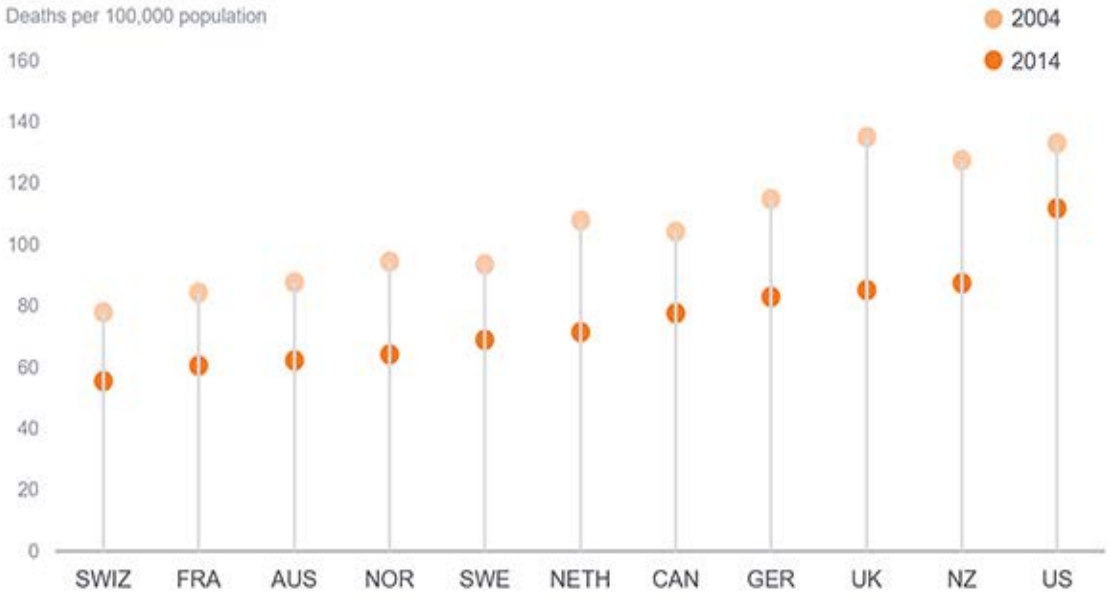
Mortality Amenable to Health Care, 2004 and 2014



Source: European Observatory on Health Systems and Policies (2017). Trends in amenable mortality for selected countries, 2004 and 2014. Data for 2014 in all countries except Canada (2011), France (2013), the Netherlands (2013), New Zealand (2012), Switzerland (2013), and the U.K. (2013). Amenable mortality causes based on Nolte and McKee (2004). Mortality and population data derived from WHO mortality files (Sept. 2016); population data for Canada and the U.S. derived from the Human Mortality Database. Age-specific rates standardized to the European Standard Population (2013).

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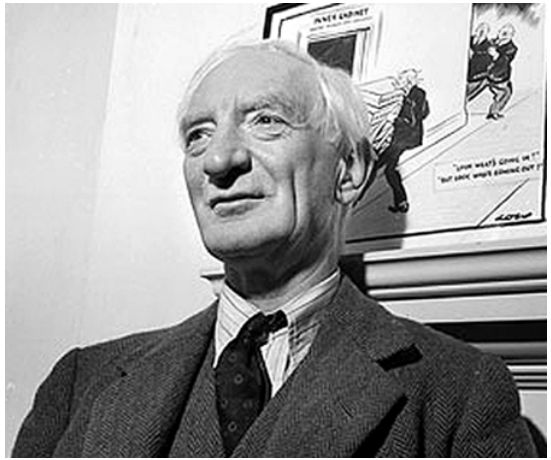
The Beveridge Model



Lord William Beveridge

(1879-1963)

Government owns hospitals, labs, etc.

Government employs specialists

GP’s are private, but bill the government

No premium; no co-pay; no doctor bill

The Bismarck Model

Otto von Bismarck
First Chancellor of Germany

- Private doctors
- Private hospitals
- Private insurance

National Health Insurance

or

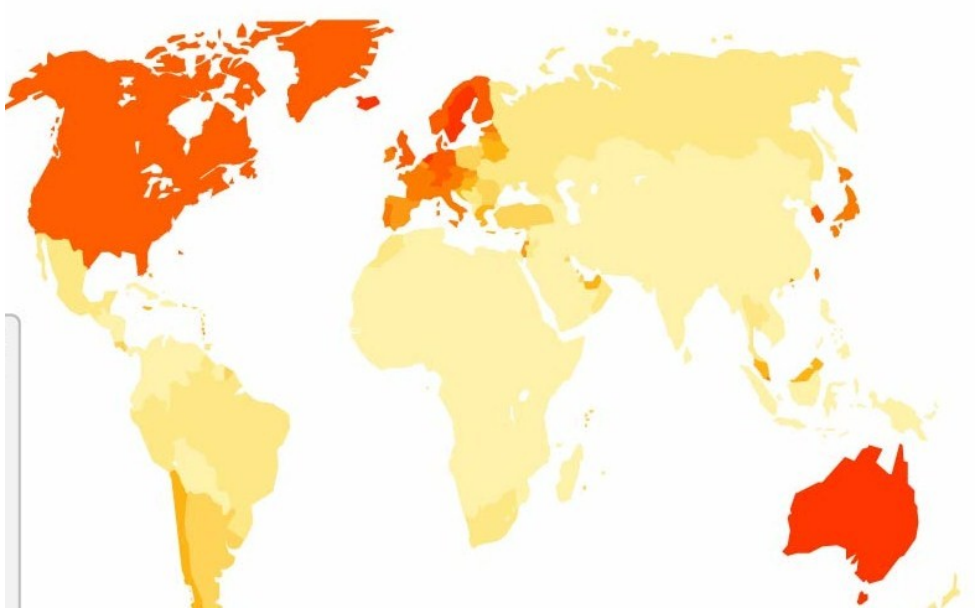
The Douglas Model

> Private doctors

> Private (or charity) hospitals

> Public payment

The Out-of Pocket Model



Business Ethics and Heath Care Ethics Compatible?

--From a report to pharmaceutical clients from Goldman Sachs, April 10 2018:

"The potential to deliver 'one-shot cures' is one of the most attractive aspects of gene therapy, genetically-engineered cell therapy, and gene editing....While this proposition carries tremendous value for patients and society, ***it could represent a challenge for genome medicine developers looking for sustained cash flow."***

"GILD is a case in point, where the success of its hepatitis C franchise has gradually exhausted the available pool of treatable patients. ***In the case of infectious diseases such as hepatitis C, curing existing patients also decreases the number of carriers able to transmit the virus to new patients, thus the incident pool also declines.***

Where an incident pool remains stable (eg, in cancer) the potential for a cure poses less risk to the sustainability of a franchise."

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