

Health Care Reform – 2018-2019 Operation Plan (**Action**)
Strategic Discussion 2

Why the board is having this second strategic discussion on health care reform:

At the March board of directors meeting a strategic discussion was held that surfaced board member perspectives, questions and ideas about what CMS should be doing in the next 18 months on health care reform. This discussion was the result of undeniable membership and environmental factors, in addition to a failed Central Line proposal that called for CMS to take an active leadership role in health care reform including developing a proposal to achieve universal coverage.

During the March 16 board meeting a board subcommittee was formed with directions to review CMS policy 185.996 Health Systems Reform Evaluation Matrix and report findings back to the board at the May 2018 meeting.

BOD subcommittee recommendations (Action):

1. Review current 185.996 Health Systems Reform Evaluation Matrix and other CMS health reform policies to identify and reconcile inconsistencies and contradictions. Consolidate these policies into a focused, forward-looking policy resource that can be used to take full advantage of public policy opportunities that will arise in response to the 2018 election cycle
2. Advocate for aggressive, incremental health care reform by focusing on member priorities including maintaining or increasing current levels of coverage, addressing private and public payer issues, and collaborating to decrease the cost of care while ensuring quality. Focus on what is relevant, timely and actionable in Colorado through legislation, regulation, private agreements or funding when deciding where to dedicate resources. Utilize updated policies to participate in major national or state reforms, but at this time do not devote resources to lead comprehensive efforts.

How the subcommittee arrived at these recommendations:

The following five-step process was used to develop the subcommittee's recommendations:

1. Review subcommittee charge.
2. Review and approval of strategic assumptions that underpin this deliberation. Board members are encouraged to review and understand these [strategic assumptions](#).
3. Review and prioritization of board member comments from the first health reform strategic discussion on March 16, 2018. An exercise was held to identify the most significant comments made by the board during its March 16 discussion. Following the exercise, the following were identified in priority order:

- I. “Stick to certain principles such like quality improvement, cost containment and focusing on patients. Decisions about what action to take should not be predicated on a potential loss of 15-20 percent of membership, because CMS might also gain membership by taking action.”
- II. “Consider these questions: (1) Does CMS want to bite off major reform or work on incremental reform? (2) How do we look to the outside world – is it going to be physician or patient-centered reform? (3) If we put a stake in the ground, are we willing to lose 15 to 25 percent of our membership?”
- III. Equal weight was given to the following two:
 - “We have to take responsibility for rising costs.”
 - “Go back to the health care reform matrix. Do we need to reinvent the wheel or is the bus running over us? We (not defined) thought single payer was best but would not work. The idea is power. What is taking away our autonomy? Focus on how to get back in power. Think way outside the box. Cost is generated by sick people; we need to generate health.”
4. Review Health Systems Reform Evaluation Matrix policy and other CMS health reform policies. As the group considered the evaluation matrix it quickly became clear that all of the CMS health reform proposals must also be reviewed. These policies have been developed and adopted over many years and inconsistencies exist. The group agreed that eliminating inconsistencies and consolidating these policies will be important in order to help ensure that CMS can timely respond to reform opportunities based upon CMS policy.
5. Discuss and develop recommendations about next steps, including where to focus CMS resources. The group held a wide-ranging discussion covering topics including the varying ways to lead, appropriate physician roles, disunity within the profession on health reform solutions, and the conflict between the need to be aspirational to solve vexing problems and the need to be realistic about what can be actually accomplished in Colorado through funding, legislation and/or regulation. After much discussion the group came to consensus on the recommendation about where and how to devote limited CMS resources.