Adequate Health Care Task Force
Steering Committee
Meeting Minutes
Friday, July 7, 2006
11:00a.m. – 2:00 p.m.

IDHS – Secretary's Conference Room
401 S. Clinton
Chicago, Illinois

Illinois Public Act 93-0973, formerly House Bill 2268, creates the Health Care Justice Act and encourages the State of Illinois to implement a health care plan that provides access to a full range of preventive, acute, and long-term health care services; maintains and improves the quality of health care services offered to Illinois residents, and meets other criteria. The Illinois Department of Public Health (IDPH) is required, subject to an appropriation or availability of other funds, to enter into a contract with an "independent research entity" experienced in assessing health care reforms, financing, and care delivery models. The provisions of this legislation establish an "Adequate Health Care Task Force" with 29 voting members: five to be appointed by the Governor, and six appointments made by each of the four leaders of the General assembly (the Speaker of the House and the House Minority Leader, and the President of the Senate and the Senate Minority Leader). The Directors of the Departments of Public Health, Public Aid, Aging, and Insurance, along with the Secretary of the Department of Human Services, are to be invited to meetings of the "Adequate Health Care Task Force," but are not included in the Task Force's membership. The Department of Public Health is required to be "the primary agency in providing administrative support" to the Task Force.

This legislation provides for public hearings in each Illinois Congressional District, and a website detailing the work of the Task Force, accessible through the Governor's internet home page, is to be established and maintained. Printed copies of Task Force information are to be made available for persons who lack access to the Internet website. A Task Force report, detailing recommendations for a health care access plan as specified within the legislation, is to be submitted to the General Assembly by March 15, 2006. The bill encourages the General Assembly to consider legislation enacting the Task Force recommendations by December 31, 2006. The Act took effect July 1, 2004.

Steering Committee Members Present: Dr. Wayne Lerner, David Koehler, Ruth Rothstein, Dr. Quentin Young, Joe Roberts

Task Force members Present: Craig Backs, Catherine Bresler, Jan Daker, Margaret Davis, Jim Duffett, Niva Lubin-Johnson, Pamela Mitroff, Tracey Printen, Kenneth Robbins.

Staff/consultants present: David Carvalho, Sherry Sherman, Diane Rucinski, Tony LoSasso, Paul McNamara, Elissa Bassler, Kathy Karsten, Gwyn Davidson, Candace Williamson, Heather Brown-Paulsgrove. Other staff of IDPH and Navigant attended by phone.

Guests/members of the public also attended (names unknown).

Dr. Lerner convened the meeting at 11:05 a.m. and reviewed the dual purpose of the meeting: to review the proposal evaluation criteria proposed by Navigant and prepare for the July 25 full Task Force meeting.

Dr. Lerner stated that he had invited Navigant to be a participant in the discussion.

Gwyn Davison of Navigant presented a table that detailed suggested changes from Task Force members (Campaign for Better Health Care- Jim Duffet, Jan Daker, Tracy Printen/ISMS). Duffet corrected his proposal to indicate that he'd given Implementation 9 points, not 15, so that the total added up to the necessary 75. Gwyn went on to describe the narrative comments that had been submitted by the Task Force members (Duffet, Daker, Jones, Young, and Brent Adams, of Public Citizen who is not a TF member).

Davison explained that Navigant's weighting approach was guided by two factors: the Health Care Justice Act components and the interest matrix.

Dr. Lerner explained how the weights and points would work together to provide a score for a particular criteria.

Dr. Lerner invited Task Force members to make further comments.

A discussion of the criteria weighting/scoring took place, touching on the following topics:

- Advantages/disadvantages of a quantitative vs. qualitative process in the Task Force's decision making.
- The relationship between "Access" criteria and "Provider Payment" criteria, which equates with provider participation
- Issue of provider participation in underserved areas is not solely related to payment
- Impact of public payment rates for providers (Medicaid/Medicare) and private payer rates.
- Is the large range (2.5 to 17.5) good, or should there be more equal distribution?
- Importance of recognizing the "safety net" portion of the provider community and how it is financed.

Ken Robbins presented a Hospital Association variation of weights:
Access – 17.5; Financing – 17.5; Benefits – 8; Implementation – 15; Cost Effectiveness – 4; Availability of Resources – 4; Prevention and Wellness – 4; Consumer/stakeholder participation – 4; Consumer autonomy – 6; Provider Autonomy – 6; Provider payment – 10.

- Question of what mix of benefits will encourage participation by underserved groups not used to insurance.
- Relationship between benefits and rationing (per Oregon) that limits coverage of more expensive or less medically important treatments
- Issue of “cherry-picking” healthier patients.
- Responsibilities of patients to have good health behaviors.
- Need to customize practice guidelines to better impact the health of different groups that respond disparately to various treatments.

Dr. Lerner broke for lunch and asked the Steering Committee members to meet over lunch with their individual caucuses and propose a weighting scheme for the criteria. There were no members from Dr. Young’s caucus or David Koehler’s caucus in attendance.

The Steering Committee adjourned at 12:35.

The Steering Committee reconvened at 1:05. The proposed weights from each Steering Committee member were accumulated:

Criteria	**Lerner**	**Koehler**	**Young**	**Rothstein**	**Roberts**
Access	15	NA	17.5	17.5	15
Financing	15	NA	15	15	12.5
Benefit Pkg.	10	NA	15	15	12.5
Implem.	9	NA	7.5	7.5	10
Quality	5	NA	7.5	7.5	7.5
Cost Eff.	5	NA	7.5	7.5	5
Resources	9	NA	5	5	5
Prev/Wellness	5	NA	10	10	7.5
Participation	5	NA	2.5	2.5	5
Con. Auton.	7	NA	2.5	2.5	5
Prov. Auton.	5	NA	2.5	2.5	5
Prov. Pmt.	10	NA	7.5	7.5	10

Dr. Young and Koehler concurred with Rothstein. The group asked Dr. Young to put his scores up even though they were the same; Koehler deferred, believing it gave too much weight to one proposal to have it listed three times.

Dr. Lerner asked the group to focus on the “Rothstein” column and work from that to develop consensus weights for each criterion. After discussion, the following weighting scheme was agreed to:

Criteria	**Consensus Weights**
Access	15
Financing	15

Benefit Pkg.	15
Implem.	7
Quality	7
Cost Eff.	7
Resources	5
Prev/Wellness	10
Participation	2.5
Con. Auton.	4
Prov. Auton.	2.5
Prov. Pmt.	10

Dr. Lerner led a discussion of the process for the meeting on July 25.

Navigant will provide the scoring of the proposals and the "hybrid" model via email to the Task Force on Friday July 21, by noon, unless there's an unexpected delay.

Joe Roberts asked that when the Task Force is in its deliberations, that staff be requested not to seek to influence the discussion.

The Task Force will seek to develop a consensus on a proposal (similar to the consensus achieved on the weighting), but bylaws will be reviewed to ascertain exact voting processes.

Ruth Rothstein moved that the Task Force adjourn; Joe Roberts seconded. Motion was approved and the meeting adjourned at 1:30.