**Blue Ribbon Commission kick off meeting: Meeting minutes**

**Thursday, September 26, 2019; 9 a – noon**

Union Depot, Red Cap Room – 2nd floor

214 E 4th Street, St. Paul, MN

**Participation**

Participating members included: Jennifer DeCubellis, Rich Draheim, Jennifer DuPuis, Nona Ferguson, Jodi Harpstead, Sheila Kiscaden, Matt Klein, Debra Krause, Gayle Kvenvold, Tina Liebling, Sida Ly-Xiong, Jan Malcolm, Joe Schomacker, and Lisa Weed

**Welcome and remarks**

Commissioners Malcolm (MDH) and Harpstead (DHS), co-chairs of the Blue Ribbon Commission, opened the meeting. The Commission's charge, strategies and limitations were reviewed.

**Introduction of Commission members & priority areas**

Each Commission member had an opportunity to introduce themselves, provide a brief overview of their relevant experience and identify one to three priority areas that the commission should explore to accomplish the Commission’s charge. Priority areas included:

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<th>Member</th>
<th>Priority Areas</th>
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| Jennifer DeCubellis | • Long term and short-term strategies to make HHS accessible with disparities as a focus.  
                       • Fiscal responsibility. Money needs to go to people we serve, and every dollar counts.  
                       • Simplify administration of system. Too much $ goes to administration; system needs to work better for people, and money should go to services, not administration. |
| Rich Draheim     | • Focus on costs and transparency                                               |
| Jennifer DuPuis  | • Tribal health; availability of services                                       
                       • Addressing disparities and equity with resources                           
                       • Simplifying administration of systems and reducing administration costs   |
| Nona Ferguson    | • Reducing administrative costs                                                
                       • Grow workforce to support needs; CNAs PCAs, etc.                         |
- Incorporate the voice of consumers impacted
- Understand the impact of people entering poverty later in life due to healthcare/support needs

**Julia Freeman (provided in writing)**
- Include voices and experiences from communities most impacted by disparities in health and human services
- Conduct Racial Equity Impact Assessments for budget solutions
- Consider all social determinants and root causes in decision making - to understand where wise investments can produce savings, where cuts could produce additional costs, and the relationship between areas that may be budgeted separately

**Jodi Harpstead**
- Better Health "Healthy people cost less"
- Wrap around Social Determinants of Health (SDOH)
- Equity; ensuring availability to everyone

**Sheila Kiscaden**
- Use of metrics to ensure we are getting the results we want
- Strengthen partnership between counties & state; and providers, etc.
- Make the system more efficient and effective; with focus on prevention

**Matt Klein**
- Examine pharmaceutical industry
- Hospital payment incentives; global payments; quality metrics
- Modernization of information technology

**Debra Krause**
- Collaboration; improving health for all Minnesotans
- Data & measurement; targets, goals, outcomes
- Optimize the assets our state has; MNCM, APCD, ICSI

**Gayle Kvenvold**
- Integrated service delivery; primary, acute, LTC, etc.
- LTC Financing reform; and promising new financial models that leverage both public and private dollars
- Treat care giving as a value career; workforce issues

**Tina Liebling**
- Simplify our system for the user & government
- Improved health care security, access and value for all Minnesotans
- Shared vision on how to move Minnesota forward; based on facts; that will withstand political shifts

**Sida Ly-Xiong**
- Community leadership – what could it look like, how could we fund it
- Making sure we do no harm; examine assumptions for $100,000,000 cost reductions; who benefits, who is left out?
- Engagement of those most impacted, and strive to understand their lived experiences

**Jan Malcolm**
- Breaking down silos; continuum of care
- Equity in health
- Community prevention strategies

**Shauna Reitmeier (provided in writing)**
- Create a vision and mission for the State of MN in regards to the health and safety (vulnerable children and adults) of its residents
  - Integrate systems and structures (internal and cross departments, staff and processes) to implement the functions and responsibilities to achieve the vision and mission. This leads to administrative efficiency and reduced costs
- Become a data driven department (quantitative and qualitative) that values the voice of the consumer, for accountability and quality
- Align financial resources to the mission and to quality/accountability vs. one time funding or grants for core functions/services

**Sue Schettle (provided in writing)**
- Reducing administrative burdens and redundancies; simplify programs and increase efficiencies
- Improve health outcomes
- Focusing in on the continuum of care; breaking down silos

**Joe Schomacker**
- Streamlining administration of programs; eligibility
- Examine role of public health in reducing health care costs
- Explore the smaller opportunities and consider $100,000,000 a floor
- Understand how federal government can support or prevent activities

**Lisa Weed**
- Examine previous MNCare/MA expansion efforts; consider direct contracting with providers
- Prescription drug costs; Examine OneCare proposal
- Administrative spending in nursing facilities; excessive growth in administrative costs; turnover in ownership; out of state ownership, etc.

**Discussion: guiding principles**

The Commission brainstormed the principles that would be important to guide the work of the commission. They discussed scope, concerns or barriers to the Commission accomplishing its charge, and elements needed for success. A summary of this brainstorming session is below.
Guiding principles/values

Bi-partisan

- Long term support is needed for action plan recommendations
- Be upfront and explicit on what is needed to achieve bi-partisan support
- What is needed for legislative members to be able to defend and present to legislature
- Determine how the Blue Ribbon Commission measures success; incremental and at the end
- Determine how Minnesota values impact recommendations
- Increased transparency

Equity

- Be clear about who is served by programs, who is utilizing services
- be clear on what we mean by equity; what is mean by reduced disparities gap

Access

- Educate on available services
- Choice vs meaningful/value added/health improvement due to choice; best practices on choice; what choices produce better health outcomes
- Understand choice and connectedness to Minnesota values

Health and wellbeing

- How can individuals be supported to no longer need programs, if they are able; examine the programs and support systems and how they work/don’t’ work for people
- Overcoming barriers with effective strategies that meet the needs of Minnesotans
- Programs should support self-sufficiency when an option
- Two populations that have a growth in health care spending are persons with disabilities and the aging population; these groups will continue to need services
- Supporting healthy lives from cradle to grave
- Utilization of technology to support health

Data

- Shared set of factual data and can support the recommendations put forward
- Reward positive outcomes utilizing metrics and measurements
- Explore best practices/systems showing promise

Fiscal

- Be smart on how the dollars are spent; financial investments must be productive; dollars invested in services that produce outcomes/high value services
- Understand the difference between administrative costs and service cost
- Investments with measureable outcomes; value
- Minimize low-value services
- Understand why specific investments show specific outcomes (positive and negative)
- Streamline processes to obtain value; lean or sigma six analysis
• Reduction of duplicative processes; elimination of waste (30% of health care is waste); simplification of process
• Workforce capacity for change; both short and long-term strategies
• Investments in the current, status quo system
• How is “savings” measured (MMB) vs bending the cost curve vs other savings, quality metrics/health care outcomes

Scope
• What programs are within the scope of this Commission
• What populations are within the scope of this Commission
• Will the scope include public program beneficiaries and/or all Minnesotans

Process comments
• Conflicting schedules with meeting times and locations during session
• Request made for a call in option

Next steps
The next meeting will include a statewide health care overview, and information on the DHS budget. Facilitated discussion will support the Commission members in understanding this information and how it relates to the charge of the Commission. Several background documents will be sent to the Commission members for review prior to the next meeting.

Next Meeting
Thursday, October 10th from 9a – noon
enVision Hotel Saint Paul South
Legacy Room 1
701 Concord Street South
South St Paul, MN  55075