

**MINUTES OF THE
HEALTH SYSTEM REFORM TASK FORCE**

Thursday, September 18, 2008 – 8:00 a.m. – Room C250 State Capitol

Members Present:

Sen. Sheldon L. Killpack, Senate Chair
Rep. David Clark, House Chair
Sen. Gregory S. Bell
Sen. Gene Davis
Sen. Peter C. Knudson
Rep. Jackie Biskupski
Rep. Bradley M. Daw
Rep. David Litvack
Rep. Merlynn T. Newbold
Rep. Patrick Painter

Members Absent:

Rep. Roger E. Barrus

Staff Present:

Mr. Mark D. Andrews, Policy Analyst
Ms. Catherine J. Dupont, Associate General Counsel
Mr. John T. Nielsen, Advisor to the Governor on
Health System Reform
Ms. Phalin L. Flowers, Legislative Secretary

Note: A list of others present, a copy of related materials, and an audio recording of the meeting can be found at www.le.utah.gov.

1. Task Force Business

Chair Killpack called the meeting to order at 8:14 a.m.

MOTION: Rep. Newbold moved to approve the minutes of the August 21, 2008 meeting. The motion passed unanimously with Sen. Davis absent for the vote.

2. Transparency and Value

Ms. Christie North, Director, Utah Partnership for Value-driven Health Care (UPV), distributed and discussed "Utah Partnership for Value-driven Health Care: Utah's Chartered Value Exchange." She explained UPV's purpose and philosophy and discussed ways UPV can help with health reform in Utah. She also explained some of the challenges UPV is facing.

Dr. Kim Bateman, Chair of Steering Committee, UPV, answered Task Force questions. He noted that there is risk involved in publishing data about health care providers, but said providers want to undertake that risk jointly.

Dr. Mark Bair, Utah Medical Association and UPV, gave a report on best practices and defined several terms. He suggested that information already available on best practices and value of care be compiled and made accessible to physicians. Dr. Bair also suggested that the focus should be on reviewing processes rather than outcomes. He noted that the Utah Medical Association encourages physicians to use electronic medical records.

Ms. Michelle McOmber, Utah Medical Association, said the Association would not be opposed to having collected health care provider data available on the internet portal.

Mr. Steve Nielsen, Coordinator, Utah Medical Home Pilot Project, distributed and discussed "Utah Medical Home Task Force Participants 5.0." He said the pilot project is glad to be associated with UPV because it provides the project with the opportunity to meet with other interested groups to share ideas and allows it to have a preferred position when applying for grants and other funding. He said the vision of the pilot project is to provide the successful launch of a medical home in Utah.

Dr. Michael Magill, MD, Chair, Department of Family and Preventive Medicine, University of Utah School of Medicine, gave the Task Force an example of how a medical home could be life-saving for one of his patients. He also describe what a medical home is and is not, and gave additional details on the plan being developed to make medical homes available to every individual in Utah.

Dr. Robert Wheeler, Medical Director, Regence BlueCross BlueShield of Utah, spoke to the Task Force about payers' perspectives for the proposed medical home pilot project.

Mr. Mike Tanner, O.C. Tanner, spoke to the Task Force about employers' perspectives for the proposed medical home pilot project.

3. Personal Responsibility

Dr. David N. Sundwall, M.D., Executive Director, Utah Department of Health, distributed and discussed "Public Health in Health System Reform" and "Public health system is key part of reform," *Deseret News*. He discussed the benefits of the electronic exchange of health records and made suggestions on incentives that could be implemented to increase consumer involvement in health care and healthy behaviors.

4. Public Programs

This item was not discussed.

5. Health Insurance Reform -- Business

Sen. Wayne Niederhauser, representing the business input group, said the real reason there are so many uninsured individuals and why so many businesses are dropping health insurance benefits is the cost of health care. He noted that the supply side as well as the demand side of health care costs need to be addressed for true reform to take place. He reviewed for the Task Force the formal position of the business input group on health care reform.

6. Adjourn

MOTION: Rep. Daw moved to adjourn the meeting. The motion passed unanimously.

Chair Killpack adjourned the meeting at 11:03 a.m.