Virtual Commission Meeting
June 12, 2020
Virtual Meeting Protocols

• This meeting is being recorded.

• Commissioners are “panelists.”
  • You have the ability to mute and unmute and the option to be on video.
  • Please mute yourselves when you are not speaking.
  • Please use the chat feature to indicate that you would like to speak.
  • When the facilitator calls your name, please unmute to speak and then mute again.

• Members of the public are “attendees.”
  • You can listen to and view the meeting.
  • Please use the Q&A feature to provide written public comment.
  • This will be a part of the public record.
Welcome and Introductions

Mark Ghaly, MD, Commission Chair
Alice Hm Chen, MD, MPH, Deputy Secretary, CHHSA
Commission Purpose

To provide the Governor and the Legislature with options and recommendations to advance progress toward achieving a health care delivery system in California that provides coverage and access through a unified financing system, including, but not limited to, a single-payer financing system, for all Californians.
Commission Role

• Advisory role to the Governor and Legislature
• Commissioners selected for expertise
• Commissioners provide valuable input into policy options, help raise issues and explore implications in order to assist policy makers in making informed decisions
• Commissioners take advisory votes on potential recommendations to include in the Commission’s reports
• The Commission and Commissioners do not have decision-making authority for the State
Overview: Environmental Analysis Report

Marian Mulkey, MPP, MPH
Mulkey Consulting
Context

The COVID-19 pandemic and economic downturn:

- Shifted timeline and format of Commission meetings
- Led consulting team to revise the environmental analysis, emphasizing themes related to system resiliency and equity
- Informed decisions about Commission work plan
Presentation Goals

• Provide synopsis of interviews with Commissioners
• Provide update on Commission’s first deliverable, “An Environmental Analysis of Health Care Delivery, Coverage and Financing in California”
Commissioner Interview Process

- Every commissioner was interviewed by a pair of consulting team members in March or April
- Commissioners weighed in on Commission priorities and process
- Commissioners shared their views on essential groundwork to move the state toward unified financing
- The consulting team consolidated findings, identifying common themes and areas of divergence among Commissioners
Commissioner Interview Findings

• Rather than focusing exclusively on one “big leap,” most Commissioners encouraged some form of “bold preparatory” steps on the path to unified financing

• Views varied regarding types and sequence of preparatory steps, for example:
  • Within state-sponsored programs (Medi-Cal, Covered California, CalPERS): Align purchasing, quality reporting, provider payments
  • Within job-based coverage: Address affordability and make benefits more consistent
  • Begin with a sub-population
Environmental Analysis Content

- **Section 1: The Current State** describes demographics and coverage, health care delivery and financing, and early observations on the impact of the COVID-19 pandemic.

- **Section 2: Steps to Prepare to Transition to Unified Financing** addresses considerations influencing California’s path and different steps the state might pursue.

- **Section 3: Coverage Expansion Options** briefly describes incremental policy proposals that might move the state closer to universal coverage.
Environmental Analysis Process

• Consulting team drew heavily on existing research and resources
• California Health and Human Services Agency staff reviewed earlier versions and provided feedback
• COVID-19 pandemic has changed the landscape; early insights have been added but implications continue to unfold
• Input received by June 16 from Commissioners and the public will inform final refinements to the report, which is due to the Legislature and Governor Newsom on July 1
For Commissioners to Consider

Within the context of the COVID-19 pandemic, what preparatory steps toward unified financing do you feel are most crucial or most opportune?
Commission Work Plan and Advisory Focus Groups

Andrew B. Bindman, MD
Professor of Medicine
Philip R. Lee Institute for Health Policy Studies
University of California San Francisco
Presentation Goals

• Provide rationale for the advisory focus groups
• Provide a description of the focus group process
• Describe how Commission will benefit from this process
Background

• The COVID-19 pandemic has revealed gaping holes and inequities in California’s health care system.
• Fragmented financing has resulted in millions of newly unemployed individuals losing health care coverage at a time of great need.
• Many health care providers are struggling to address the rapid shift in service demand while hemorrhaging financial resources because their business models depend on a steady flow of fee-for-service payments.
• This moment affords a unique opportunity to consider ways to make California’s health care system more resilient to external threats while pursuing the values of accessibility, affordability, equity, high quality, and universality.
Purpose of Advisory Focus Groups

- Employers and health care providers are key stakeholders that have historically had an interest in preserving the multi-payer system.

- To gather an updated assessment of how challenges associated with COVID-19 have altered employers’ and providers’ interest and willingness to work with public leaders to build a more accessible, affordable, equitable, high quality, universal and resilient health care system in the state.
Process

- Two separate advisory focus groups with representatives from the employer and provider communities
- Each group includes approximately a dozen representatives
- Three virtual meetings for each group completed by the end of July
- Discussion summarized without personal attribution and communicated back to Commission at a public meeting in August
Example Focus Group Questions

• What would you want to know about how unified financing would work, both initially and over time, to feel comfortable that it could work well for you and your organization?

• How would the risks and rewards of a new unified financing approach balance out for you?

• What assurances, what kind of a new civil contract would need to be in place for you to support – or at least not oppose – such an arrangement?
Focus Group Selection Criteria

- Experience and knowledge of California health care finance and delivery
- Diversity across group sectors and geographic region
- Manageable group size
Provider Advisory Focus Group Participants

- California Medical Association: Dustin Corcoran and Terry Hill
- Primary Care Safety-Net Provider: Hector Flores
- CAP-G/America’s Physician Groups: Bill Barcellona
- California Primary Care Association: Carmela Castellano-Garcia
- Permanente Medical Group: Richard Isaacs
- California Hospital Association: Carmella Coyle
- University of California: Carrie Byington
- California Association of Public Hospitals: Erica Murray
- Cedars-Sinai Hospital: Thomas Priselac
- Thought Leaders: Mark Smith, Hal Luft
Employer Advisory Focus Group Participants

- California Association of Non Profits: Jan Masaoka
- California Chamber of Commerce: Allan Zaremberg
- California Forward: Micah Weinberg
- California Retailers Association: Rachel Michelin
- California Restaurant Association: Jot Condie
- Small Business Majority: John Arensmeyer
- Los Angeles Chamber of Commerce: Maria Salinas
- Pacific Business Group on Health: Bill Kramer
- Silicon Valley Leadership Group: Carl Guardino
- San Diego Electrical Health and Welfare Trust: Ken Stuart
- Carpenter Funds: Bill Feyling
- Thought Leader: Barbara Wachsman
For Commissioners to Consider

Within the context of the COVID-19 pandemic, what issues and concerns are you most interested in hearing about from the employer and provider focus groups?