

Discussion Guide: Healing Health Care by Sen John Marty

Welcome, Introductions, Health Care Stories, if any.

Comments, questions from the first session, on health policy so far. Current legislation—State and Federal. Major provisions of the GOP House health bill, passed a couple of weeks ago.

Discussion: Healing Health Care: The Case for a Commonsense Universal Health System

1. A Call to Action—being “realistic” vs. real reform in how we organize and pay for health care.
2. Healing Our Health Care System
 - A. Our Health Care Crisis—Expensive, Inefficient and Complex, Disjointed
 - B. Health Care Should be Covered Like Police and Fire
 - C. Designing a Solution
 - D. Principles for Health Care—ten principles on p. 22
3. The Minnesota Health Plan
 - A. Everyone is Covered
 - B. Comprehensive Benefits—primary care, coordinated, 24/7, no networks, formulary
 - C. Financing—combination of sources, see p. 34
 - D. Fair Treatment of Providers—includes addressing the supply of providers
4. Ensuring the MHP Serves the Public Good
 - A. Governing the MHP
 - B. Improving Care Delivery and Integrating Public Health
5. Economics of the MHP
 - A. Overview of Cost Impacts
 - B. Increasing Efficiency by Reducing Bureaucracy
 - C. Better Budgeting and Pricing—negotiating prices, global budgeting
 - D. Delivery System Planning and Innovation—excess capacity, care coordination, scope
 - E. Changes in Care Utilization—use appropriate level of care, myth of consumer-directed
 - F. Beneficial Social and Public Health Impacts—including mental health and addiction tx
 - G. Reduction of Fraud
 - H. Reduced Malpractice Insurance Costs
 - I. Savings in Workers’ Compensation and Auto Insurance
 - J. Employment—training and support for displaced workers

6. Health Care for All—No Exceptions
 - A. Health Care is a Moral Issue
 - B. Truly Universal—Health Care instead of Health Insurance
 - C. Creating a System without Cracks Coverage—does not rely on employment status
 - D. Covering All Medical Needs
 - E. Long-Term Care—current system is a mix of private and public
 - F. Addressing Health Disparities—MDH report, see p. 101
 - G. Preventing Overuse of Health Care

7. Prior Payment Reforms Haven't Worked
 - A. Prior Reforms *Increased* Administrative Costs
 - B. Impacts on Quality of Care—complexity hurts quality, over-emphasis on measuring...
 - C. Prior Reforms Were Built on Myths—fee-for-service, overuse
 - D. Real Payment Reform—direct negotiation on prices

8. Politics of Passing the MHP
 - A. Myths About the MHP—same old, same old
 - B. Making the MHP a Reality—level of public support for reform, p. 136

9. How the Transition Would Occur
 - A. An Outline of the Transition—based on ACA waiver process....
 - B. Closing Down the Insurance Exchange

Epilogue: It's Time for the Minnesota Health Plan

Who's working on this? Numerous organizations, non-profits, legislators, including:

Health Care for All Minnesota—HCAMN: <http://healthcareforallmn.org> single issue is reform

Physicians for a National Health Plan MN—PNHP-MN <http://www.pnhpminnesota.org>

TakeActionMN—www.takeactionminnesota.org

Land Stewardship Project—www.landstewardshipproject.org

Isaiah—www.isaiah-mn.org

Minnesota Nurses' Association—MNA www.mnnurses.org

How can you help? Commitment form, opportunities for HCAMN to educate and engage. Become more informed. Help create the political climate for change.

5/24/17

