

Nominating Committee meeting

Health Care Cost Transparency

Board January 22, 2025

Tab 1

Health Care Cost Transparency Board's: NOMINATING COMMITTEE

January 22, 2025

10:00-11:00 a.m.

Hybrid Meeting: Zoom with In-Person Availability

AGENDA

Advisory Committee on Data Issues Committee Members:

<input type="checkbox"/>	Ingrid Ulrey	<input type="checkbox"/>	Carol Wilmes	<input type="checkbox"/>	Kim Wallace
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Committee Facilitators:

Josefina Magaña

Time	Agenda Items	Tab	Lead
10:00-10:05 (5 min)	Welcome, introductions, and agenda review	1	Josefina Magaña Health Care Authority
10:05-10:10 (5 min)	Public Comments	2	Josefina Magaña Health Care Authority
10:10-10:30 (25 min)	Review Nominations	3	Josefina Magaña Health Care Authority
10:30-10:50 (20 min)	Advisory Committee Charters	4	Josefina Magaña Health Care Authority
10:50-11:00 (5 min)	Wrap up & adjourn		

Unless indicated otherwise, meetings will be hybrid with attendance options either in person at the Health Care Authority or via the Zoom platform.

Tab 2

Public comment

Tab 3

Stakeholder Advisory Committee nominations

Select one of three nominees from the Ambulatory Surgery Center Association.

- ▶ Catherine G. Ruppe RN, CASC
- ▶ Jamie Fowler
- ▶ Devan Baker, MBA

Catherine G. Ruppe RN, CASC

- ▶ Currently Vice President of Operations at Atlas Healthcare Partners
- ▶ Formerly nursing supervisor at Children's Hospital and Regional Medical Center in Seattle
- ▶ Holds a Registered Nurse certificate and the CASC (Certified Administrator Surgery Center) credential

Catherine G. Ruppe's experience

- ▶ Extensive clinical and administrative experience structuring and integrating departments, developing and directing programs, and leading enterprise-wide quality improvement
- ▶ Proven track record of strategically designing and project managing construction of medical facilities, including interfacing with regulatory agencies regarding compliance with federal and state laws
- ▶ Strong leadership and interpersonal communication among internal and external stakeholders to achieve company mission/goals through collaboration and consensus building

Jamie Fowler

- ▶ Currently Director of Operations at SCA Health Washington and Oregon Region
- ▶ Formerly Billing Office Manager at Pacific Surgery Center in Poulsbo, Washington
- ▶ Holds a Master in Healthcare Administration from the University of Washington

Jamie Fowler's experience

- ▶ Professional with over 22 years of Ambulatory Surgery Center experience and over 12 years of management and leadership experience.
- ▶ Has led centers with all components of the quadruple aim at the forefront to include efforts around: improving population health, improving patient experiences, reducing costs and improving the well-being of team and providers.
- ▶ Engages daily with stakeholders to drive continued success for WA centers and access for community.
- ▶ 2021–current, Merger & Acquisition: Coordinated due diligence, negotiations, and final integration of ASC through acquisition by SCA Health.
- ▶ 2020–2022 Construction Project Manager: Project Manager for extensive remodel project to expand square footage, addition of operating room and PACU spaces.

Devan Baker, MBA

- ▶ Currently Executive Director at Proliance Orthopedic Association, Proliance Surgeons in Renton and Seattle Washington
- ▶ Formerly a Clinical Supervisor
- ▶ Holds a Master of Business Administration in Healthcare Management from Western Governor's University and a Bachelor of Science with emphasis on Kinesiology from Washington State University.
- ▶ Areas of expertise include: Streamlined operations, Leadership Training and Development, High Engagement Culture, Budget Management, and Marketing and Community Outreach among many others.

Devan Baker's experience

- ▶ Innovative and forward-thinking executive with a proven track record in driving process optimization and spearheading long-term strategic initiatives that consistently deliver impactful results.
- ▶ Recognized for exceptional thought leadership and expertise in generating innovative non-traditional revenue streams and leading technology integration projects that significantly enhance operational efficiency and elevate the customer experience.
- ▶ Experienced in cultivating a high-engagement culture and top-performing teams, built on a strong foundation of influential leadership training and development programs that facilitate swift onboarding and foster resiliency during challenging circumstances.
- ▶ Committed to delivering continuous improvement opportunities, with an unwavering dedication to excellence and an exceptional ability to excel in dynamic and challenging environments. Expertise in bundle payments, costs transparency, and cost estimates for patients.

Voting

Data Issues Advisory Committee nominations

- ▶ Dr. Nnabuchi Anikpezie is the Senior Director of Health Systems & Workforce Intelligence within the Executive Office of Healthcare Innovation & Strategy at the Washington State Department of Health
- ▶ Dr. Anikpezie holds a DrPH in Health Services Research from UT Health Science Center at Houston, an MPH in Public Health Administration and Policy from the University of Minnesota, and medical degree from the University of Ibadan

Dr. Nnabuchi Anikpezie's experience

- ▶ Experience in major academic health centers, federally qualified health centers, and the pharmaceutical industry
- ▶ 10+ years using large volumes of real-world data to improve population health, healthcare access, and equity
- ▶ Leads management of state health workforce data to provide insights and inform policy decisions, especially related to cost management, Medicaid populations, and underserved communities

Voting

Advisory Committee charters — updated

- ▶ Currently, no enforcement on attendance is written into the charters
- ▶ Charters have been updated to indicate **“if you miss 3 or more meetings per year, you will be removed and replaced from the ___ advisory committee as regular attendance is essential.”**

Voting

Tab 4

HEALTH CARE COST TRANSPARENCY BOARD

Advisory Committee of Health Care Stakeholders

What is the Purpose of the Advisory Committee of Health Care Stakeholders?

Assisting the Health Care Cost Transparency Board (“Board”), the role of the Advisory Committee of Health Care Stakeholders is to provide subject matter expertise, feedback, and support to the Board regarding the cost growth benchmark. The Advisory Committee of Health Care Stakeholders will also help the Board identify opportunities to slow cost growth and address growing affordability concerns for the state of Washington at various levels (state, market, carrier, and large provider entity.)

Membership:

As indicated in House Bill 2457, section 4 and related RCWs, the Advisory Committee of Health Care Stakeholders will be appointed by the Board and appointments to the advisory committee must include the following membership:

- One member representing hospitals and hospital systems, selected from a list of three nominees submitted by the Washington State Hospital Association;
- One member representing federally qualified health centers, selected from a list of three nominees submitted by the Washington Association of Community Health;
- One physician, selected from a list of three nominees submitted by the Washington State Medical Association;
- One primary care physician, selected from a list of three nominees submitted by the Washington State Academy of Family Physicians;
- One member representing behavioral health providers, selected from a list of three nominees submitted by the Washington council for behavioral health;
- One member representing pharmacists and pharmacies, selected from a list of three nominees submitted by the Washington state pharmacy association;
- One member representing advanced registered nurse practitioners, selected from a list of three nominees submitted by ARNPs united of Washington state;
- One member representing tribal health providers, selected from a list of three nominees submitted by the American Indian health commission;
- One member representing a health maintenance organization, selected from a list of three nominees submitted by the association of Washington health care plans;
- One member representing a managed care organization that contracts with the authority to serve medical assistance enrollees, selected from a list of three nominees submitted by the association of Washington health care plans;
- One member representing a health care service contractor, selected from a list of three nominees submitted by the association of Washington health care plans;
- One member representing an ambulatory surgery center selected from a list of three nominees submitted by the ambulatory surgery center association; and

- Three members, at least one of whom represents a disability insurer, selected from a list of six nominees submitted by America's health insurance plans.

As indicated in House Bill 1508, the Advisory Committee of Health Care Stakeholders shall also have the additional members:

- At least two members representing the interests of consumers, selected from a list of nominees submitted by consumer organizations;
- At least two members representing the interests of labor purchasers, selected from a list of nominees submitted by the Washington state labor council; and
- At least two members representing the interests of employer purchasers, including at least one small business representative, selected from a list of nominees submitted by business organizations. The members appointed under this subsection (3)(p) may not be directly or indirectly affiliated with an employer which has income from health care services, health care products, health insurance, or other health care sector-related activities as its primary source of revenue.

Roles and Responsibilities:

The Advisory Committee of Health Care Stakeholders is responsible for:

- Providing recommendations to the Board about the types of sources of data necessary to annually calculate total health care expenditures and health care cost growth, and to establish the health care cost growth benchmark, including execution of any necessary access and data security agreements with the custodians of the data.
- Helping to identify existing data sources, such as the statewide health care claims database established in chapter 43.371 RCW and prescription drug data collected under chapter 43.71C RCW, and primarily rely on these sources when possible, in order to minimize the creation of new reporting requirements.
- Reporting to the Board the means and methods for gathering data to annually calculate total health care expenditures and health care cost growth, and to establish the health care cost growth benchmark.
- Providing feedback to the Board to select an appropriate economic indicator to use when establishing the health care cost growth benchmark.
- Providing recommendations to the Board on data issues regarding the value and feasibility of reporting various categories of information regarding the value and feasibility of reporting various categories of information, such as urban and rural, public sector and private sector, and major categories of health services, including prescription drugs, inpatient treatment, and outpatient treatment.
- Providing recommendations based on the annual calculation of total health care expenditures and health care cost growth:
 - Statewide and by geographic rating area;
 - For each health care provider or provider system and each payer.
- Offering the Board feedback in relation to the growth benchmark, including understanding for outliers or unexplained trends with the cost growth data analysis.

- Collaborating with the Board and HCA staff to help create buy-in across the various markets and provider organizations and offering suggestions that may help streamline the data collection process with carriers and HCA.
- Serving as a liaison between the Board and health care community by relaying essential information to carriers and providers and bringing forth feedback from carriers and providers to the Board to ensure all parties involved have an opportunity to address how to slow cost growth and address growing affordability concerns for the state of Washington at various levels (state, market, carrier, and large provider entity.)
- Regular attendance and participation in advisory committee meetings. This includes reviewing meeting materials ahead of the scheduled meeting, coming prepared to engage in an active discussion with other advisory board members, and providing any input to help the conversation continue moving forward.

Meetings:

The Advisory Committee of Health Care Stakeholders will meet as needed (likely no more than six times annually), to fulfill its mandate to the Board of providing subject matter expertise and advise related to health carriers and large provider organizations.

Quorum:

A majority of the Advisory Committee of Health Care Stakeholders members constitutes a quorum for a meeting of the committee.

Accountability and Reporting:

The Advisory Committee of Health Care Stakeholders is accountable to the Board and reports its activities and recommendations to the Board. Time-sensitive issues are brought to the Board's attention in a timely manner.

Attendance:

Regular attendance of committee members is essential for the work of the Advisory Committee of Health Care Stakeholders in order to provide feedback to the Health Care Cost Transparency Board. If a committee member misses 3 or more meetings in a calendar year (50%), they will be notified by a staff member of the Health Care Authority supporting the work of the Cost Board that they are being removed due to attendance and the nominating entity will be notified to initiate the process of replacing that vacant membership.

HEALTH CARE COST TRANSPARENCY BOARD'S

Advisory Committee on Data Issues

What is the Purpose of the Advisory Committee on Data Issues?

Assisting the Health Care Cost Transparency Board (“Board”), the role of the Advisory Committee of Data Issues is to provide expert advice to the Board on data calls and in the analysis of existing data sources to determine cost drivers.

Membership:

As indicated in House Bill 2457, section 4 and related RCWs, the Advisory Committee of Data Issues will be appointed by the Board.

Roles and Responsibilities:

The Board has the authority to establish and appoint advisory committees, in accordance with the requires of section 4 of House Bill 2457 and seek input and recommendations from the advisory committee on topics relevant to the work of the board. The roles and responsibilities of the advisory committee shall include:

- Determine the types of sources of data necessary to annually calculate total health care expenditures and health care cost growth, and to establish the health care cost growth benchmark, including execution of any necessary access and data security agreements with the custodians of the data.
- Help to identify existing data sources, such as the statewide health care claims database established in chapter 43.371 RCW and prescription drug data collected under chapter 43.71C RCW, and primarily rely on these sources when possible in order to minimize the creation of new reporting requirements.
- Determine the means and methods for gathering data to annually calculate total health care expenditures and health care cost growth, and to establish the health care cost growth benchmark.
- Providing feedback to the Board to select an appropriate economic indicator to use when establishing the health care cost growth benchmark.
- Providing recommendations to the Board on data issues regarding the value and feasibility of reporting various categories of information.
- Collaborating with the Board and HCA staff to help create buy-in across the various markets and provider organizations and offering suggestions that may help streamline the data collection process.

- Serving as a liaison between the Board and health care community by relaying essential information to carriers and providers and bringing forth feedback from carriers and providers to the Board to ensure all parties involved have an opportunity to address how to slow cost growth and to address growing affordability concerns for the state of Washington at various levels.
- Regular attendance and participation in advisory committee meetings. This includes reviewing meeting materials ahead of the scheduled meeting, coming prepared to engage in an active discussion with other advisory board members, and providing any input to help the conversation continue moving forward.

Meetings:

The Advisory Committee on Data Issues will meet as needed (likely no more than six times annually) to fulfill its mandate to the Board of providing subject matter expertise and support to the Board.

Quorum:

A majority of the Advisory Committee on Data Issues members constitutes a quorum for a meeting of the committee. If a meeting does not have a quorum of members present or does not maintain a quorum, the meeting may be cancelled or rescheduled so that there are sufficient members to fulfill the Committee's responsibilities.

Accountability and Reporting:

The Advisory Committee on Data Issues is accountable to the Board and to report its activities and to provide subject matter expertise at the request of the Board or to follow up on requests of the Board.

Attendance:

Regular attendance of committee members is essential for the work of the Advisory Committee on Data Issues in order to provide feedback to the Health Care Cost Transparency Board. If a committee member misses 3 or more meetings in a calendar year (50%), they will be notified by a staff member of the Health Care Authority supporting the work of the Cost Board that they are being removed due to attendance.

Thank you for attending
the Nominating
Committee meeting!