



# Patient Out of Pocket Costs Taskforce (SSB 6569)

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY



# Introductions

Name

Organization

Role

- Breaks
- Bathroom
- Parking
- Safety



# Senate Substitute Bill 6569

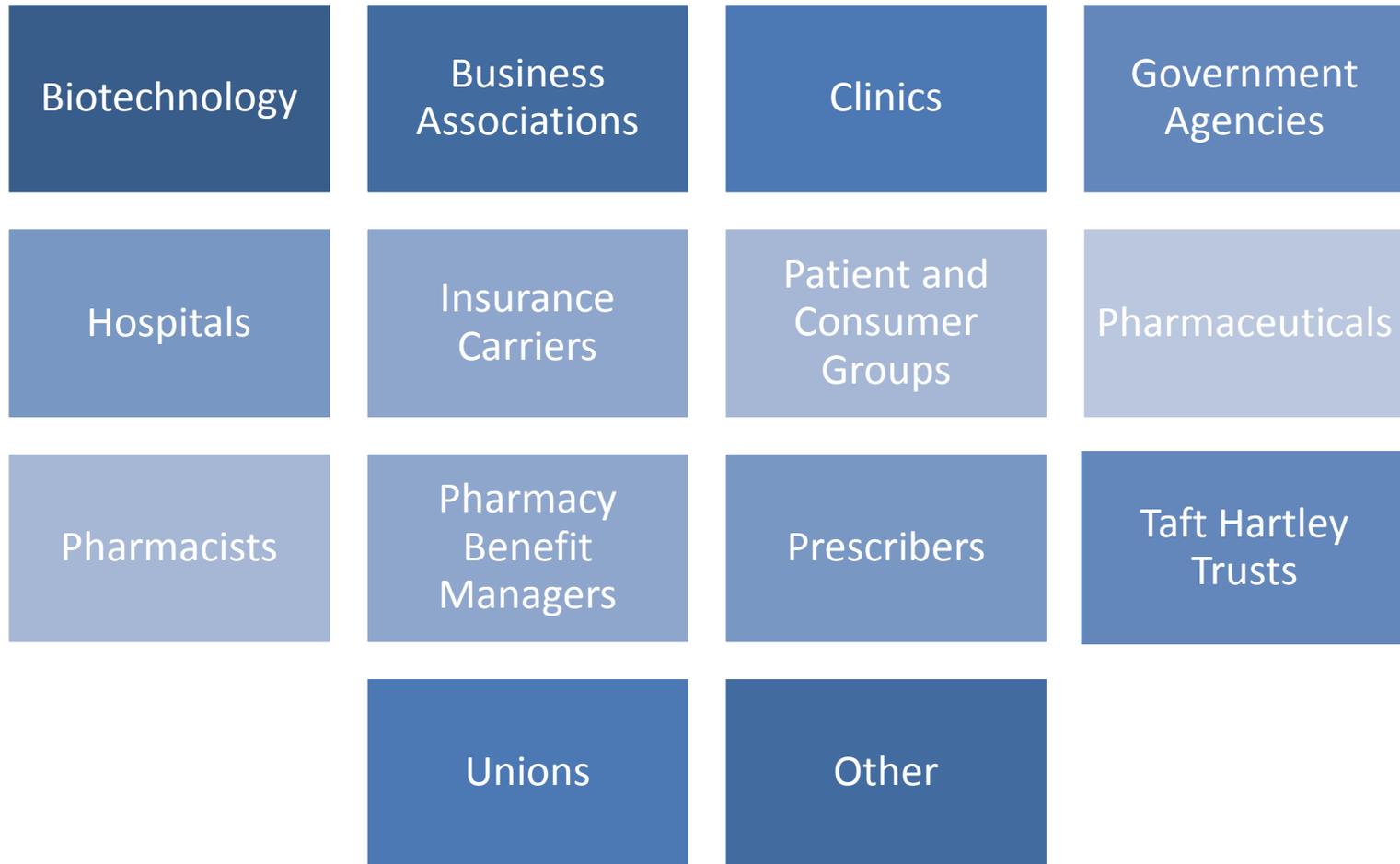
- Intent is “to focus on fairness for patients and examine opportunities to address the high out-of-pocket costs for patient”
- Task force shall:
  - “Evaluate factors contributing to out-of-pocket costs for patients, particularly in the first quarter of each year...”
  - “Consider patient treatment adherence and the impacts on chronic illness and acute disease...”
  - “Consider the impact when patients cannot maintain access to their prescription drugs...”
  - “Consider the impact of the factors on the affordability of health care coverage...”
- Recommendations or summary of discussion to legislature by Dec. 1

# Taskforce Selection Process

- Taskforce Metrics
  - 84 Letters of Interest Received
  - 13 Different Sectors
- Selection Criteria
  - Personal Contribution
  - Organizational Affiliation
  - Other criteria or factors



# Taskforce Member Sectors



- Start on time and end on time
- “Parking Lot” to help us stay focused and on track
- Iterative process - opportunity to refine today’s output at future meeting(s)
- Goal is not consensus - goal is to begin to identify the elements associated w/ our deliverables
- All voices count
- Loose “agenda” - go where the conversation takes us but w/ a keen eye toward our deliverables
- We will make room at end to get input on the next meeting



# The Plan For Today

- Morning
  - Welcome & introductions
  - Review of Objectives, Meeting Ground Rules, Agenda
  - Background information & context
  - Factors influencing OOP costs
- Afternoon
  - Factors influencing OOP costs (con't)
  - Brainstorm solutions
  - Determine next steps



**Background  
Information**

**Trends in cost-shifting to consumers/patients  
(and the resulting increase in out-of-pocket costs)**

**Patient Out-of-Pocket Costs Taskforce  
August 3, 2016**

**William Dowling  
dowling@uw.edu**

## Use And Spending Per Person In The Rand Health Insurance Experiment

Coinsurance (percent)	Visit rates		Admission rates		Spending (2003\$)	
	Number	SE	Number	SE	Amount	SE
0 (free care)	4.55	0.17	0.128	0.0070	1,377	58
25	3.33	0.19	0.105	0.0070	1,116	51
50	3.03	0.22	0.092	0.0166	1,032	58
95 (high deductible)	2.73	0.18	0.099	0.0078	946	47

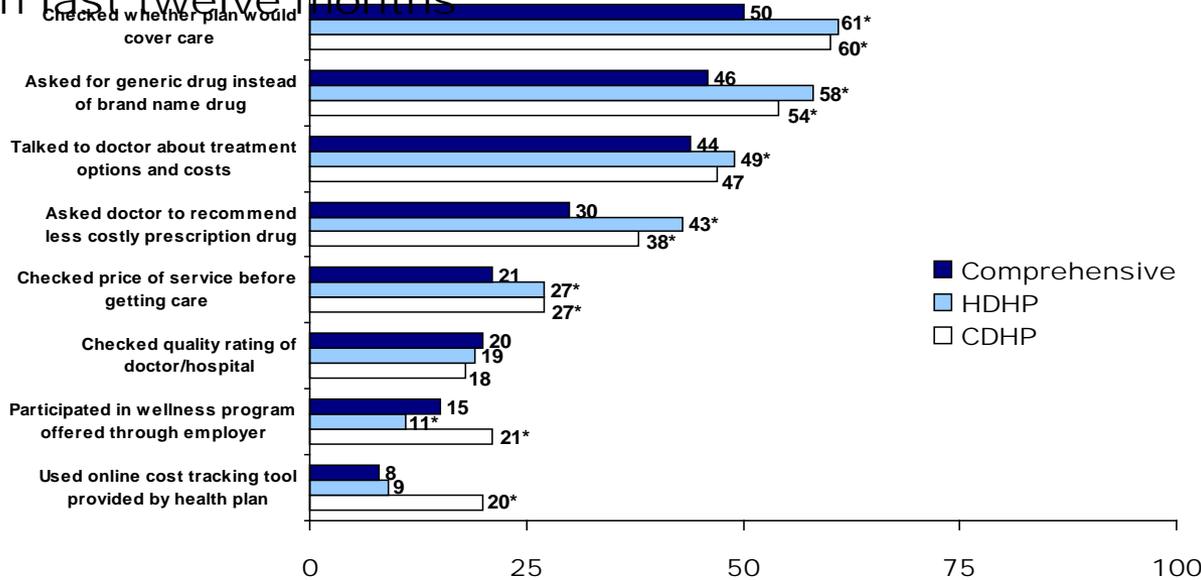
**SOURCE:** J.P. Newhouse and the Insurance Experiment Group, *Free for All? Lessons from the RAND Health Insurance Experiment* (Cambridge, Mass.: Harvard University Press, 1993), Tables 3.2 and 3.3, updating the 1991 dollar spending figures shown in Table 3.3 to 2003 dollars using the all-items Consumer Price Index for All Urban Consumers.

**NOTES:** The spending values shown are predicted from a multipart model; raw means are similar except that the spending figure for the 50 percent coinsurance plan is considerably higher because of one outlier that accounted for one-sixth of all spending on that plan. All plans with coinsurance had a \$1,000 stop-loss feature, which was scaled down for lower-income families. SE is standard error.

Newhouse, Joseph P. "Consumer-Directed Health Plans And The RAND Health Insurance Experiment." *Health Affairs* 23:6 (2004):

# Cost-Conscious Decision Making by Type of Health Plan, 2007

Percent of privately insured adults ages 21–64 who received health care in last twelve months



Comprehensive = health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

HDHP = high-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.

CDHP = consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.

\*Difference between HDHP/CDHP and Comprehensive is statistically significant at  $p \leq 0.05$  or better.

Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2007.

# The makeup of out-of-pocket costs

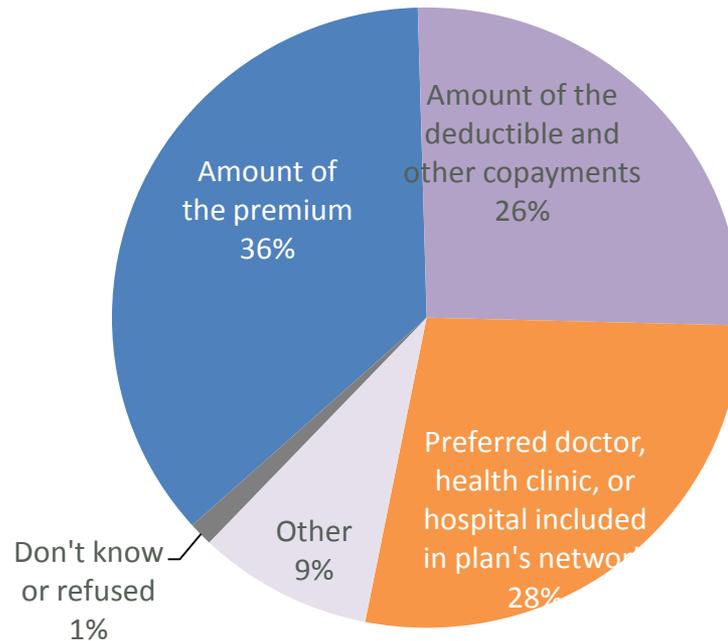
- 1) Contributions to premiums
- 2) Deductable levels
- 3) Copayment/coinsurance payments

		Monthly Premium	Costs You Pay	Costs Your Plan Pays
Platinum		\$\$\$\$	10%	90%
Gold		\$\$\$	20%	80%
Silver		\$\$	30%	70%
Bronze		\$	40%	60%

# Cost Is the Most Important Factor in Plan Selection Among Marketplace Enrollees



What was the most important factor in your decision about which plan to select?



*Adults ages 19–64 who have had a private plan through the marketplace for two months or less or changed plans since*

Note: Segments may not sum to 100 percent because of rounding.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, February–April 2016.

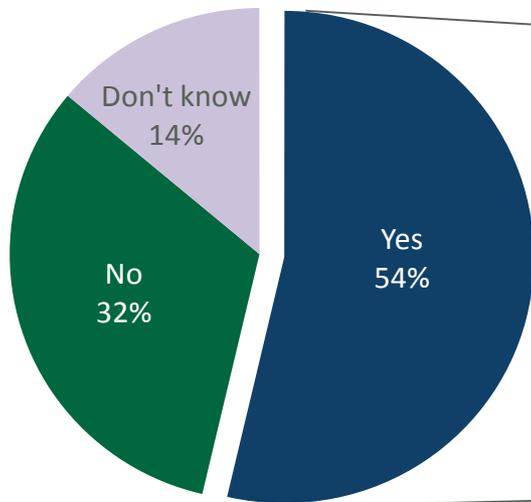
Source: M. Gunja, S. R. Collins, M. M. Doty, and S. Beutel, *Americans' Experiences with ACA Marketplace Coverage: Affordability and Provider Network Satisfaction*, The Commonwealth Fund, July 2016.



The  
COMMONWEALTH  
FUND

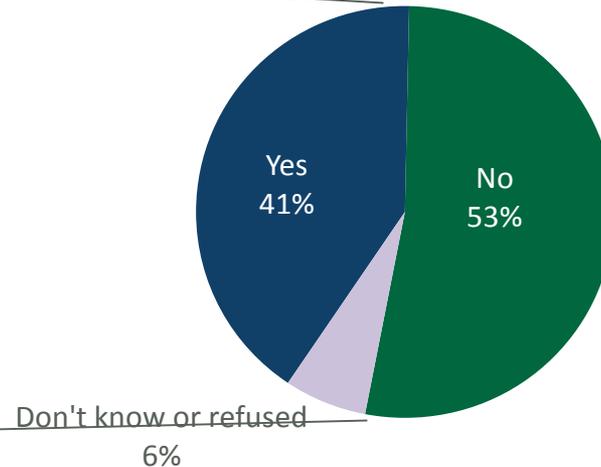
# Four of Ten Adults Chose a Less Expensive Plan with Fewer Providers When Given the Option

When choosing your new plan, did you have the option of choosing a less expensive plan with fewer doctors or fewer hospitals?



*Adults ages 19–64 who have had a private plan through the marketplace for two months or less or changed plans since enrolling*

Did you select the less expensive plan with fewer doctors or hospitals?



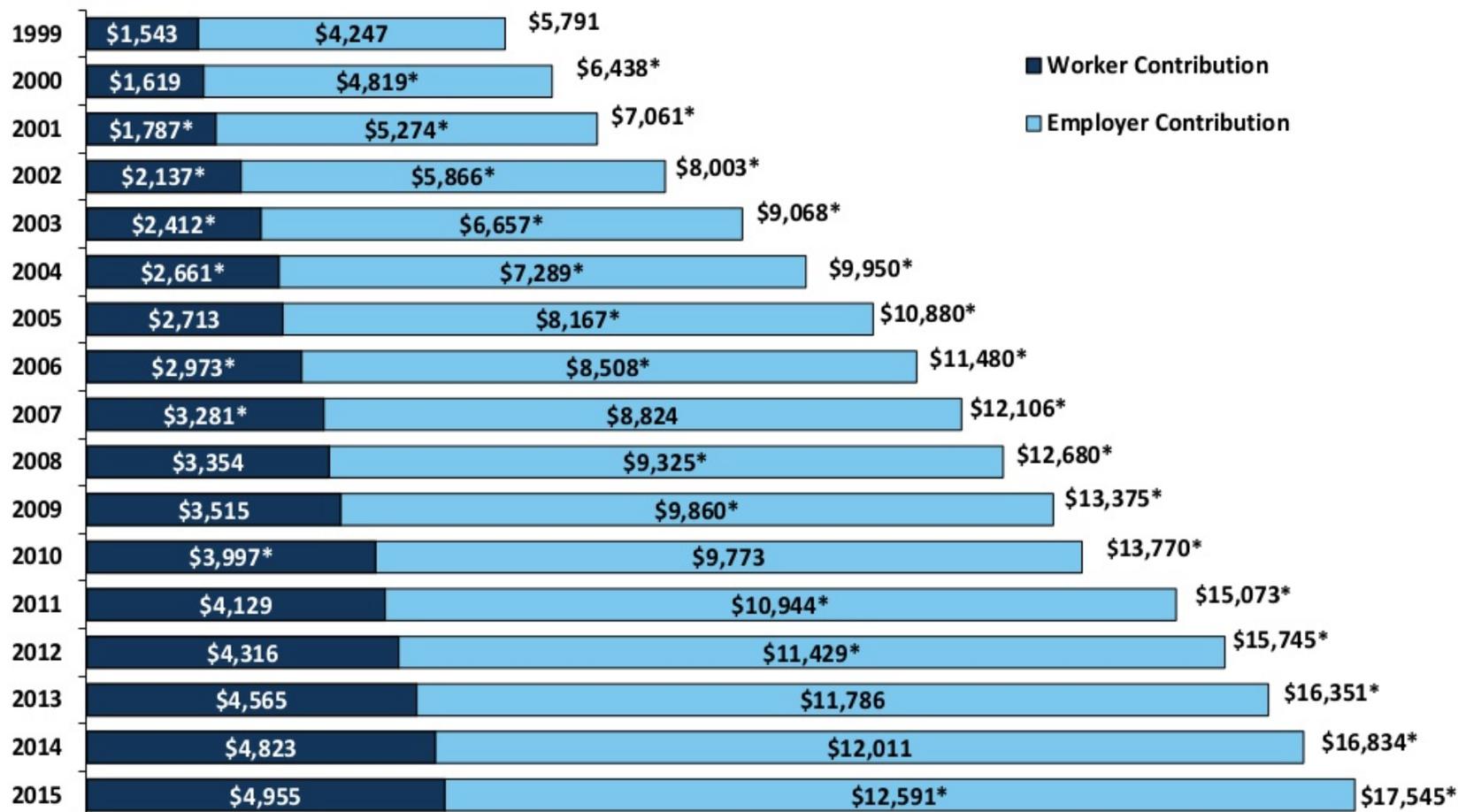
*Adults ages 19–64 who had the option to choose less expensive plan with fewer providers*

Note: Segments may not sum to 100 percent because of rounding.  
Data: The Commonwealth Fund Affordable Care Act Tracking Survey, February–April 2016.

Source: M. Gunja, S. R. Collins, M. M. Doty, and S. Beutel, *Americans' Experiences with ACA Marketplace Coverage: Affordability and Provider Network Satisfaction*, The Commonwealth Fund, July 2016.

# Contributions to insurance premiums

# Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2015

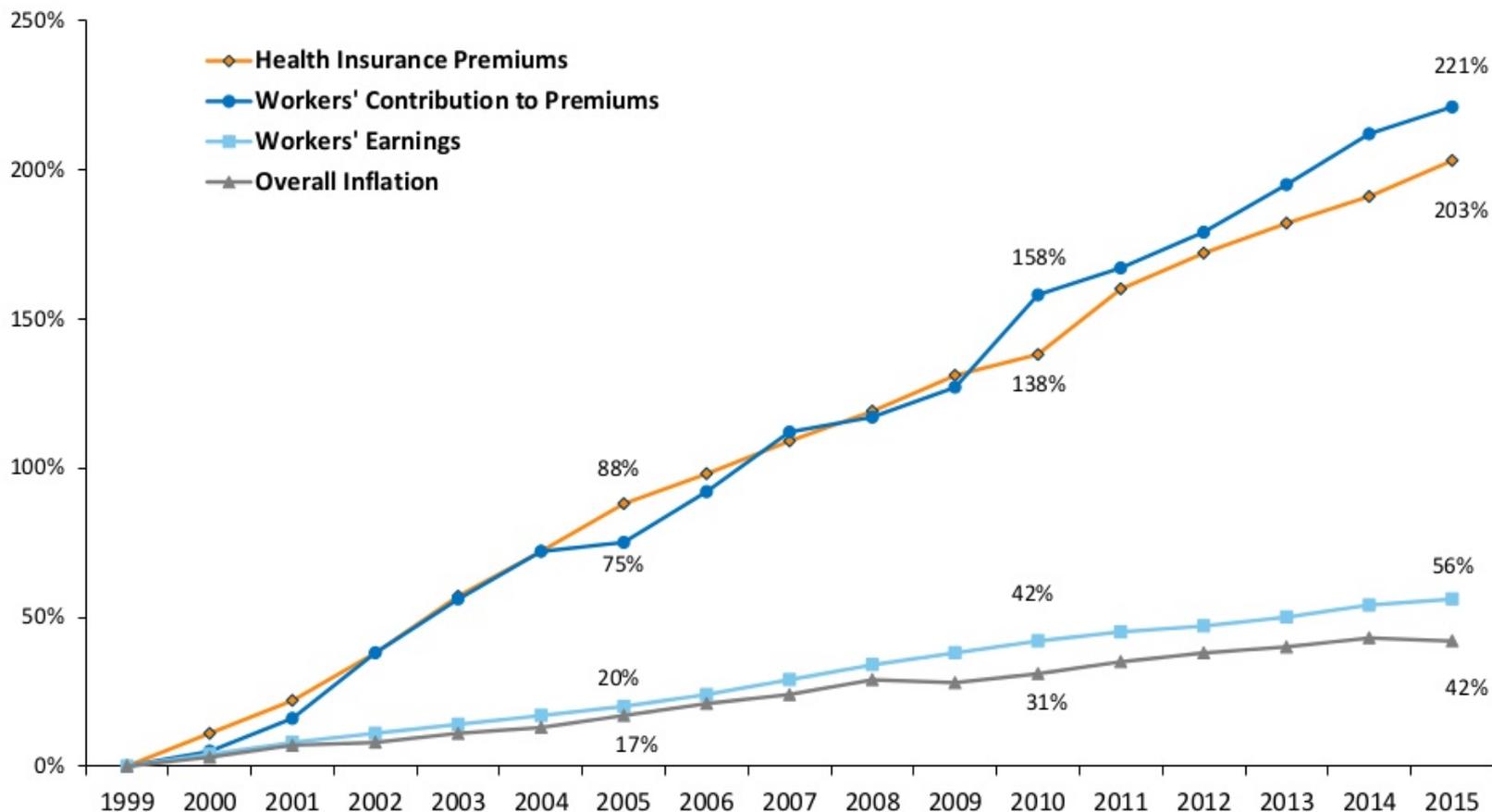


\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2015.



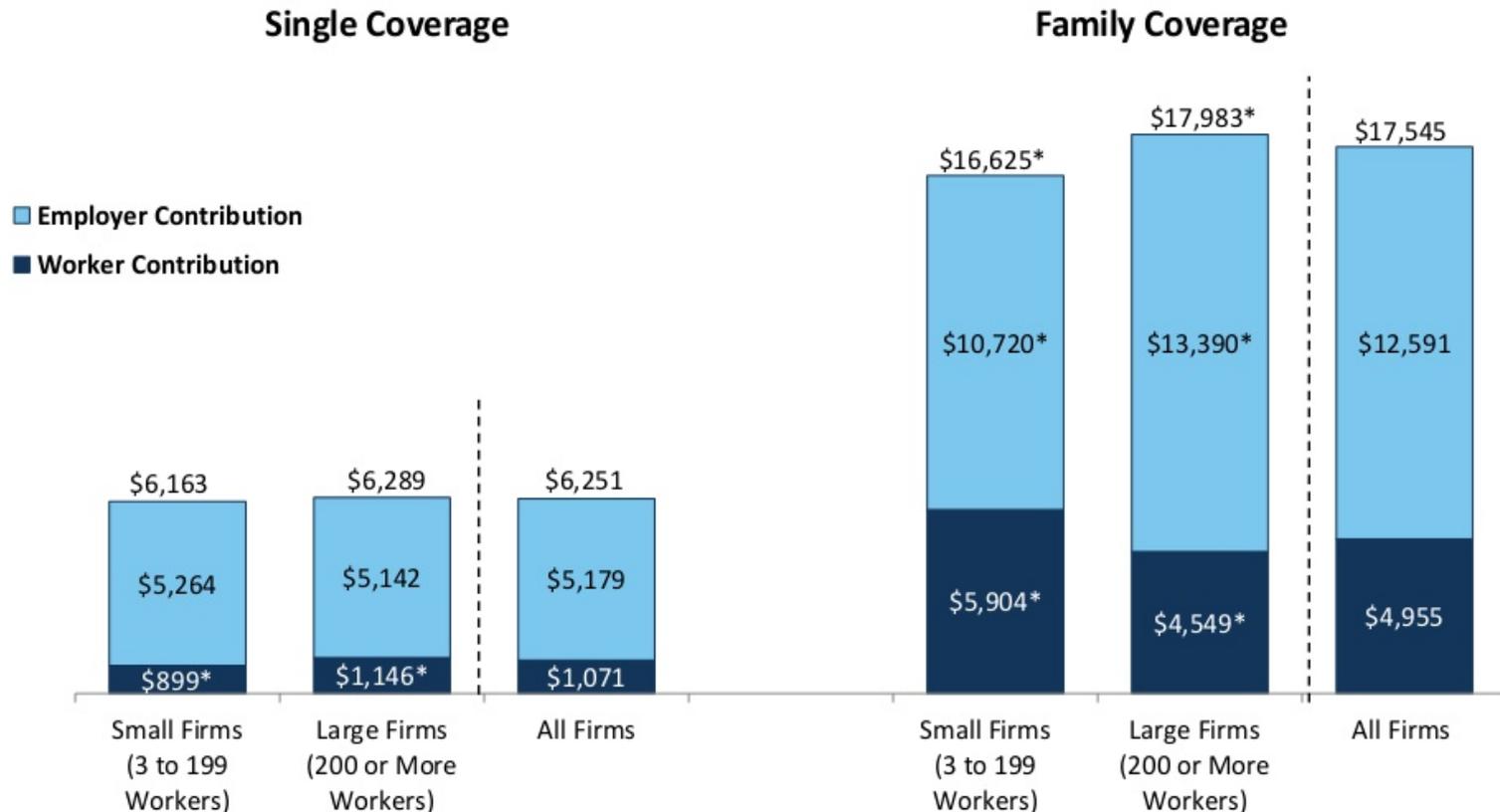
# Cumulative Increases in Health Insurance Premiums, Workers' Contributions to Premiums, Inflation, and Workers' Earnings, 1999-2015



SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2015. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1999-2015; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2015 (April to April).



# Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Single and Family Coverage, by Firm Size, 2015

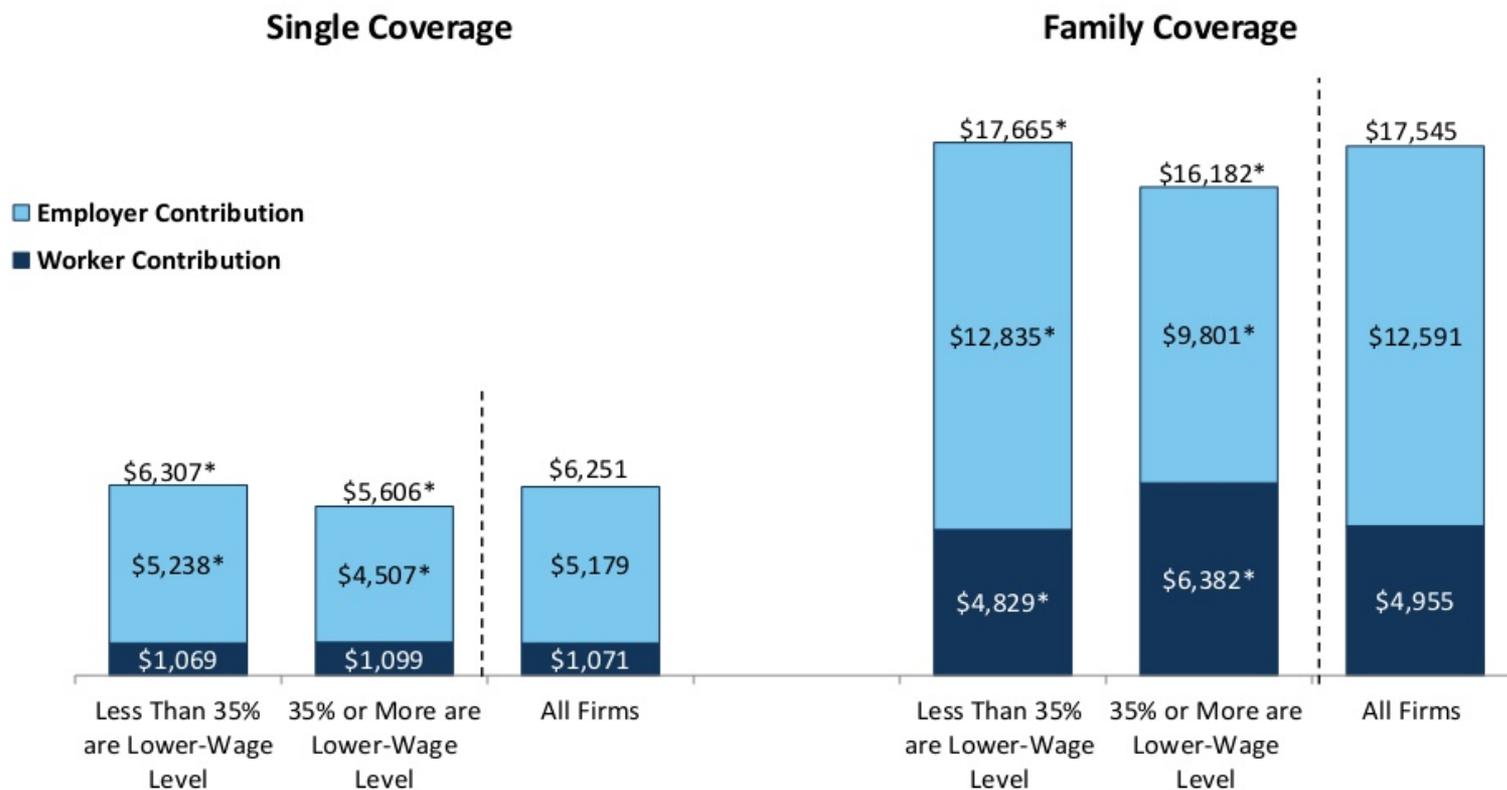


\* Estimate is statistically different between All Large Firms and All Small Firms estimate ( $p < .05$ ).

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2015.



# Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Single and Family Coverage, by Firm Wage Level, 2015



\* Estimate is statistically different between All Large Firms and All Small Firms estimate ( $p < .05$ ).

NOTE: Lower-wage level is \$23,000 annually or less, the 25<sup>th</sup> percentile for workers earnings nationally.

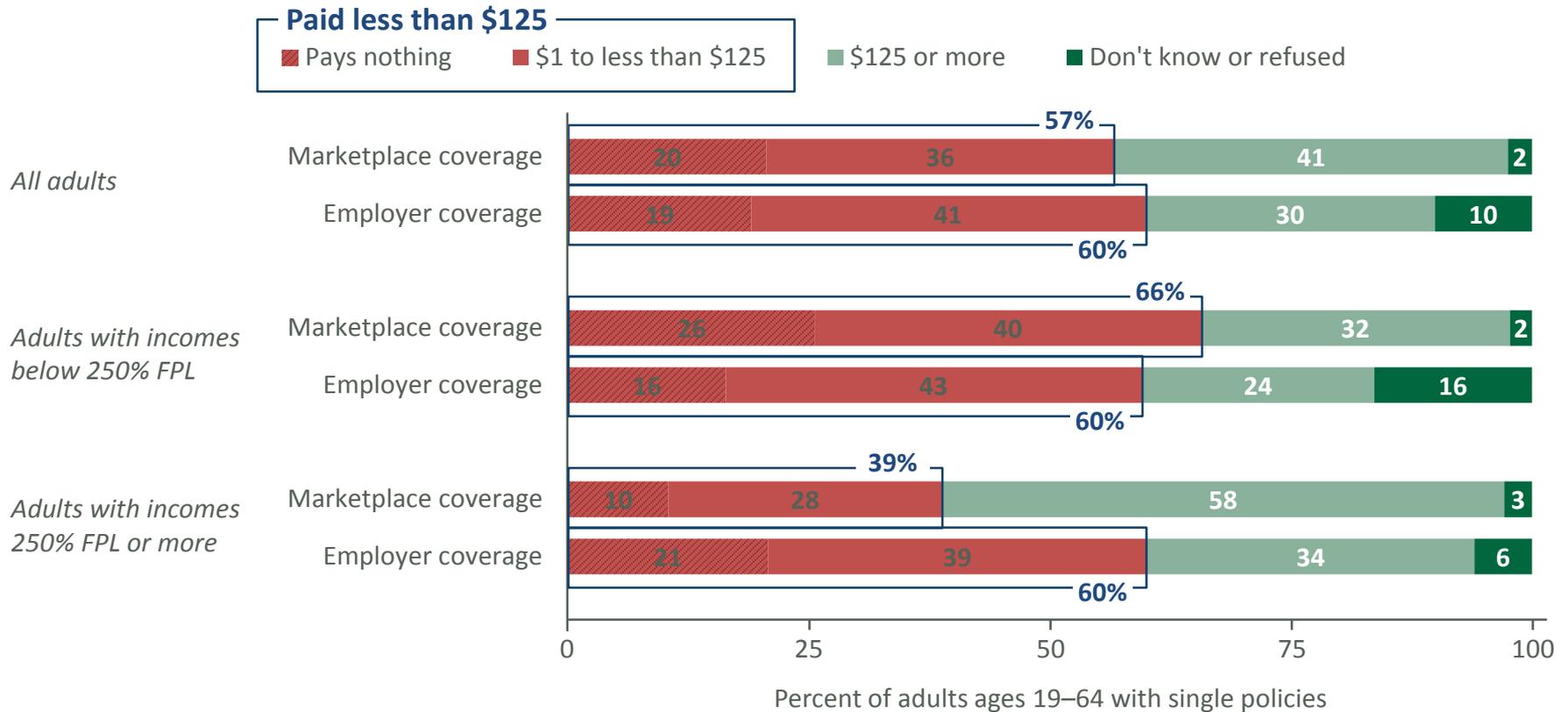
SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2015.



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# Low-Income Adults with Marketplace Coverage Paid Monthly Premiums Comparable to Low-Income Adults with Employer Coverage



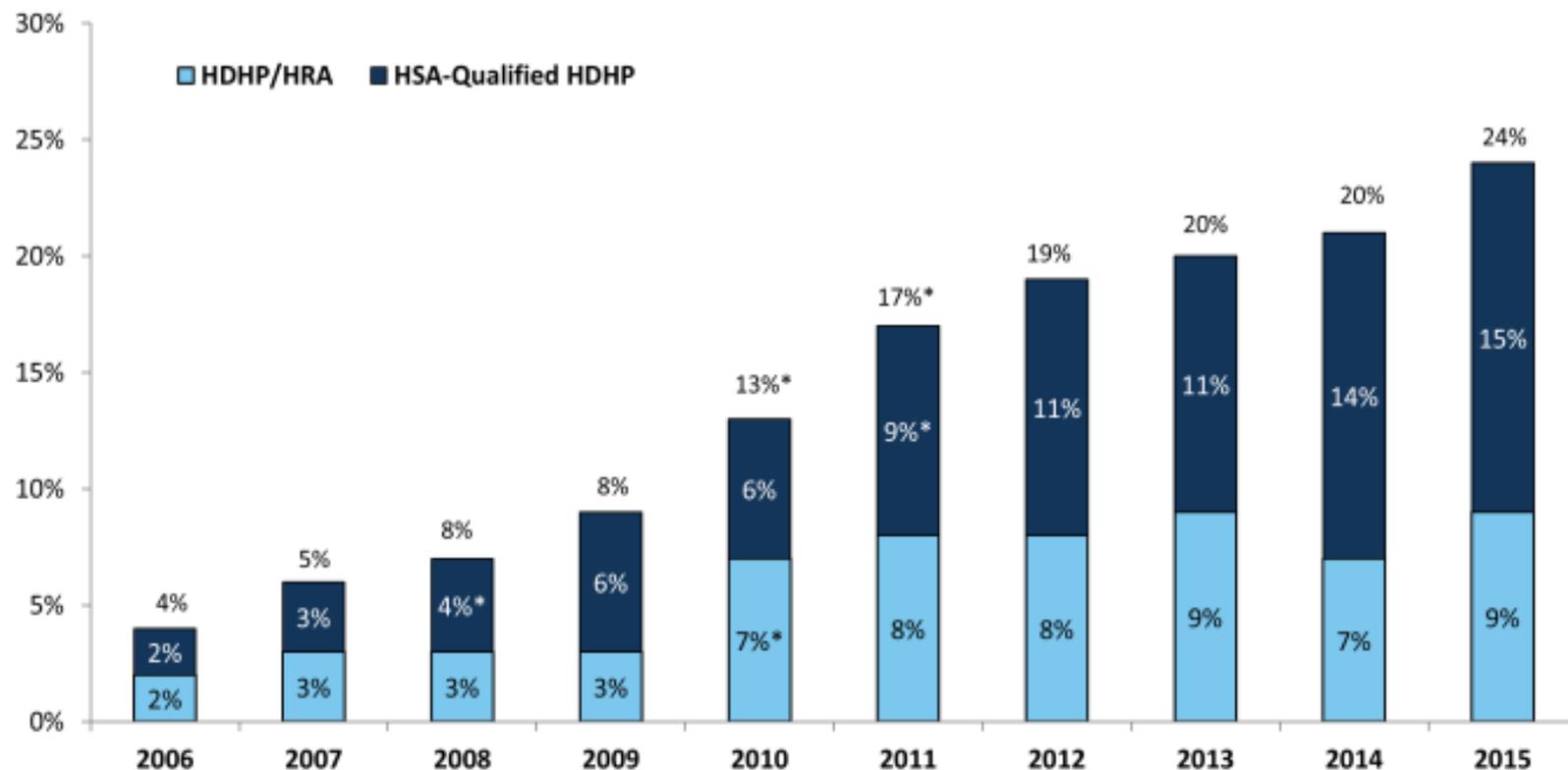
Notes: FPL refers to federal poverty level. 250% of FPL is \$29,425 for an individual or \$60,625 for a family of four. Segments may not sum to subtotals because of rounding. Bars may not sum to 100 percent because of rounding.  
 Data: The Commonwealth Fund Affordable Care Act Tracking Survey, February–April 2016.

Source: M. Gunja, S. R. Collins, M. M. Doty, and S. Beutel, *Americans’ Experiences with ACA Marketplace Coverage: Affordability and Provider Network Satisfaction*, The Commonwealth Fund, July 2016.



# Increases in deductible levels

## Percentage of Covered Workers Enrolled in an HDHP/HRA or HSA-Qualified HDHP, 2006-2015

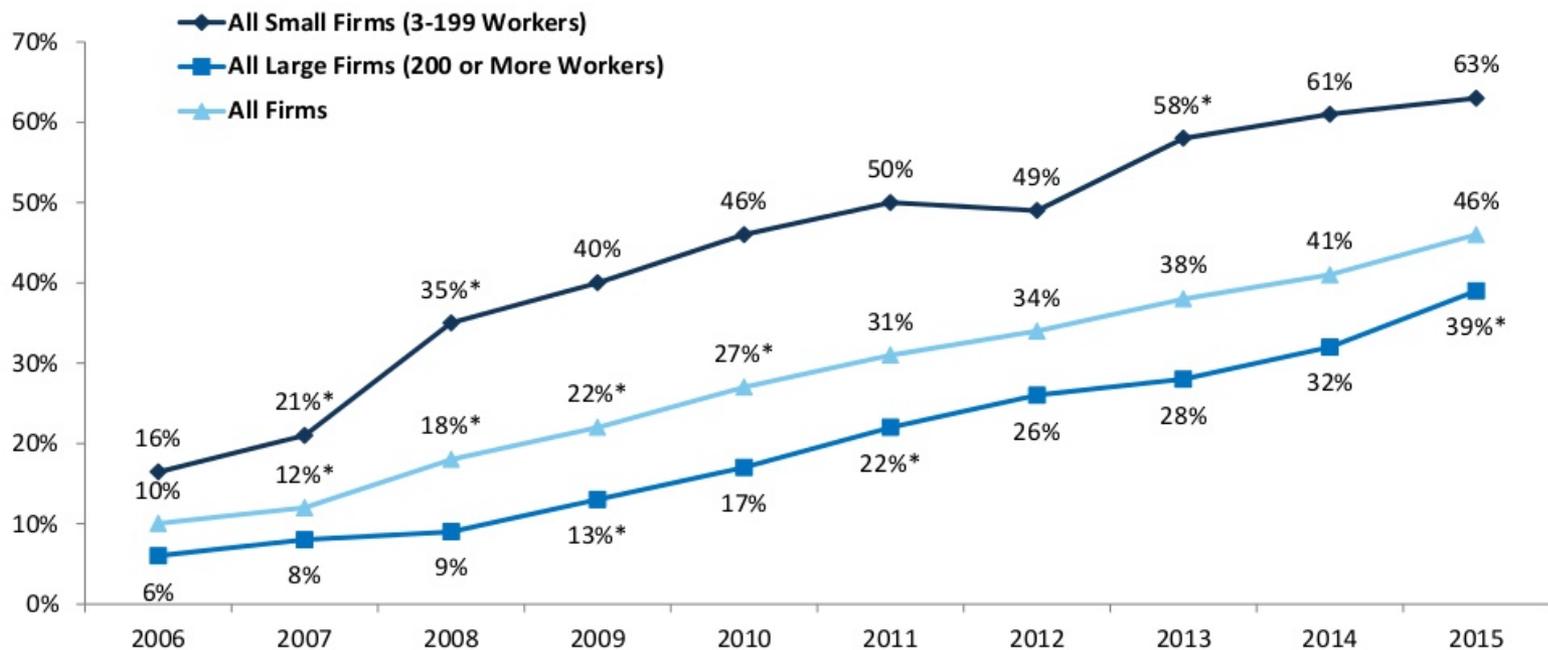


\*Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

NOTE: Covered Workers enrolled in an HDHP/SO are enrolled in either an HDHP/HRA or a HSA-Qualified HDHP. For more information see the Survey Methodology Section. The percentages of covered workers enrolled in an HDHP/SO may not equal the sum of HDHP/HRA and HSA-Qualified HDHP enrollment estimates due to rounding.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2015.

# Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of \$1,000 or More for Single Coverage, By Firm Size, 2006-2015



\* Estimate is statistically different from estimate for the previous year shown ( $p < .05$ ).

NOTE: These estimates include workers enrolled in HDHP/SOs and other plan types. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

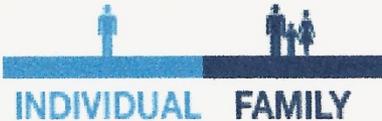
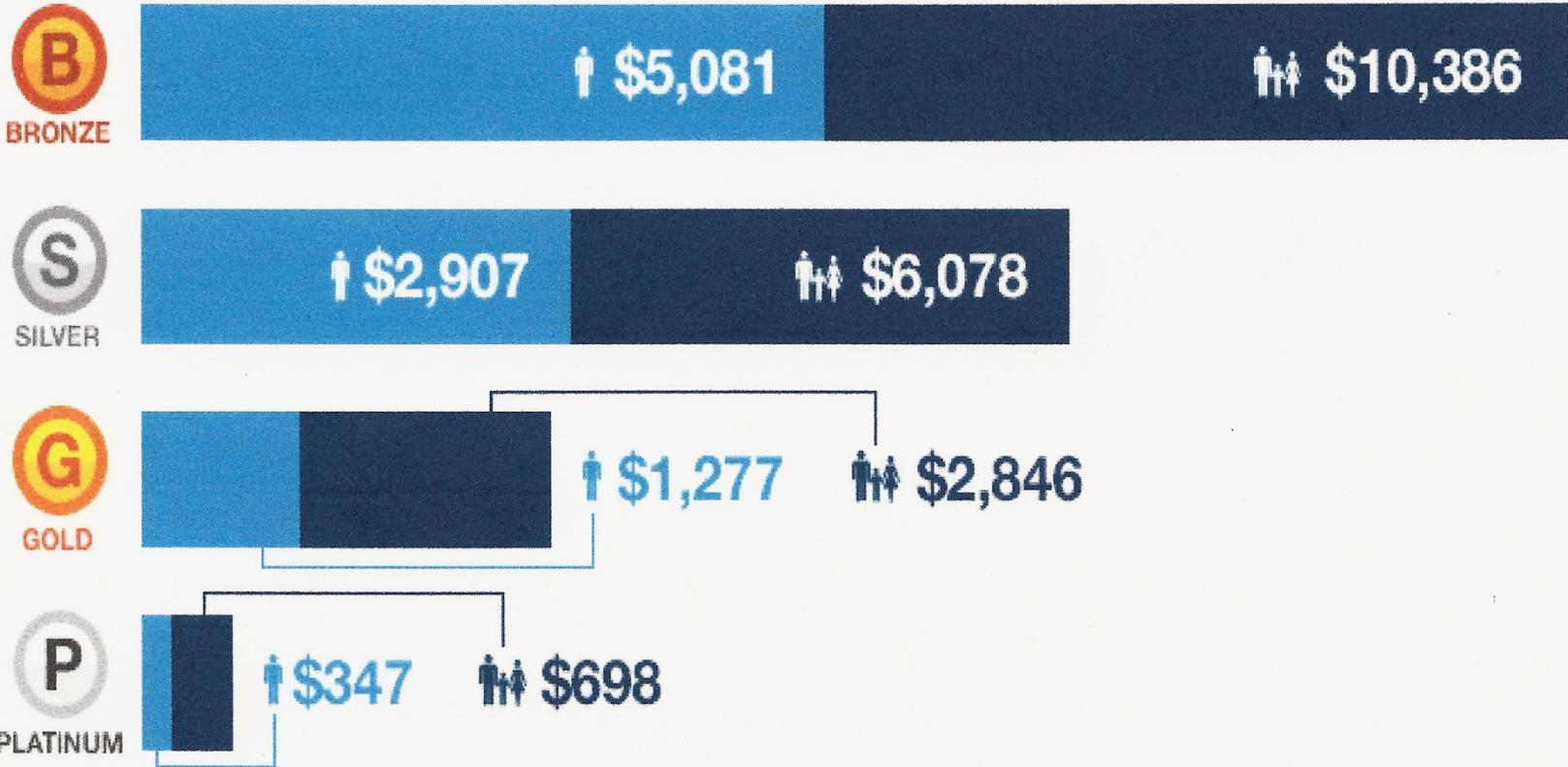
SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2015.



-AND-



# Average Deductible Amount for Each of the Four Metal Plans



## CMS Report Shows ACA Health Plans More Affordable Than Critics Say

A report recently issued by the Centers for Medicare & Medicaid Services found that cost-sharing isn't as prevalent as previous analyses have indicated, because most consumers get subsidies that limit their deductibles and copayments. The report showed that the median deductible consumers actually pay for health plans available under the Affordable Care Act is \$850 in 2016, \$50 less than last year. The report contrasts with a Kaiser Family Foundation analysis from November 2015 that showed the average deductible for a midlevel health plan is \$3,064. The CMS report also argues that health plans are less expensive than the public perception because many services come free to patients even before they meet their deductible, such as annual checkups, vaccines for children and cancer screenings for adults with no copayments.

# Washington Health Insurance Exchange

## 2016 INDIVIDUAL MARKET COST-SHARING

### Deductibles

#### Individual

**Gold:** \$500-\$1500

**Silver:** \$1,500 - \$6,500

**Bronze:** \$3,250 - \$6,850

**Catastrophic:** \$6,850

#### Family

**Gold:** \$1,000 - \$4,500

**Silver:** \$3,000 - \$12,600

**Bronze:** \$6,500 - \$13,700

**Catastrophic:** \$13,700

### Out-of-Pocket Maximum

#### Individual

**Gold:** \$4,000 - \$6,850

**Silver:** \$4,100 - \$6,850

**Bronze:** \$6,000 - \$6,850

**Catastrophic:** \$6,850

#### Family

**Gold:** \$8,000 - \$13,700

**Silver:** \$8,200 - \$13,700

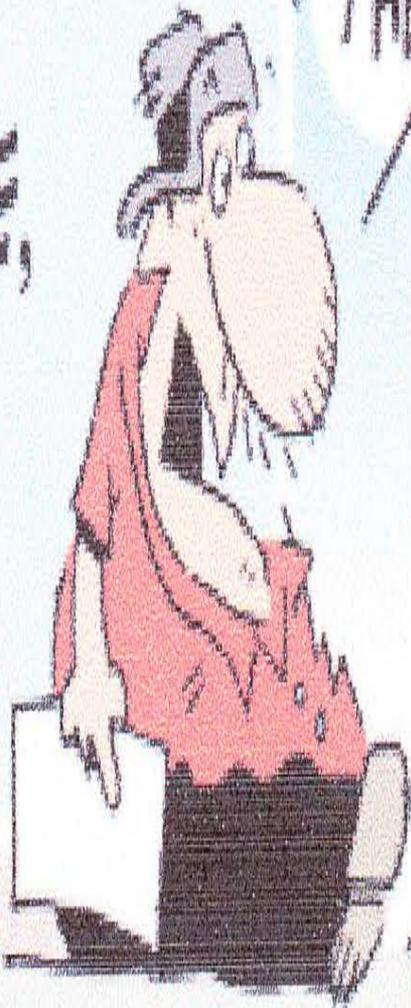
**Bronze:** \$12,000 - \$13,700

**Catastrophic:** \$13,700



HEALTH  
INSURANCE,  
INC.

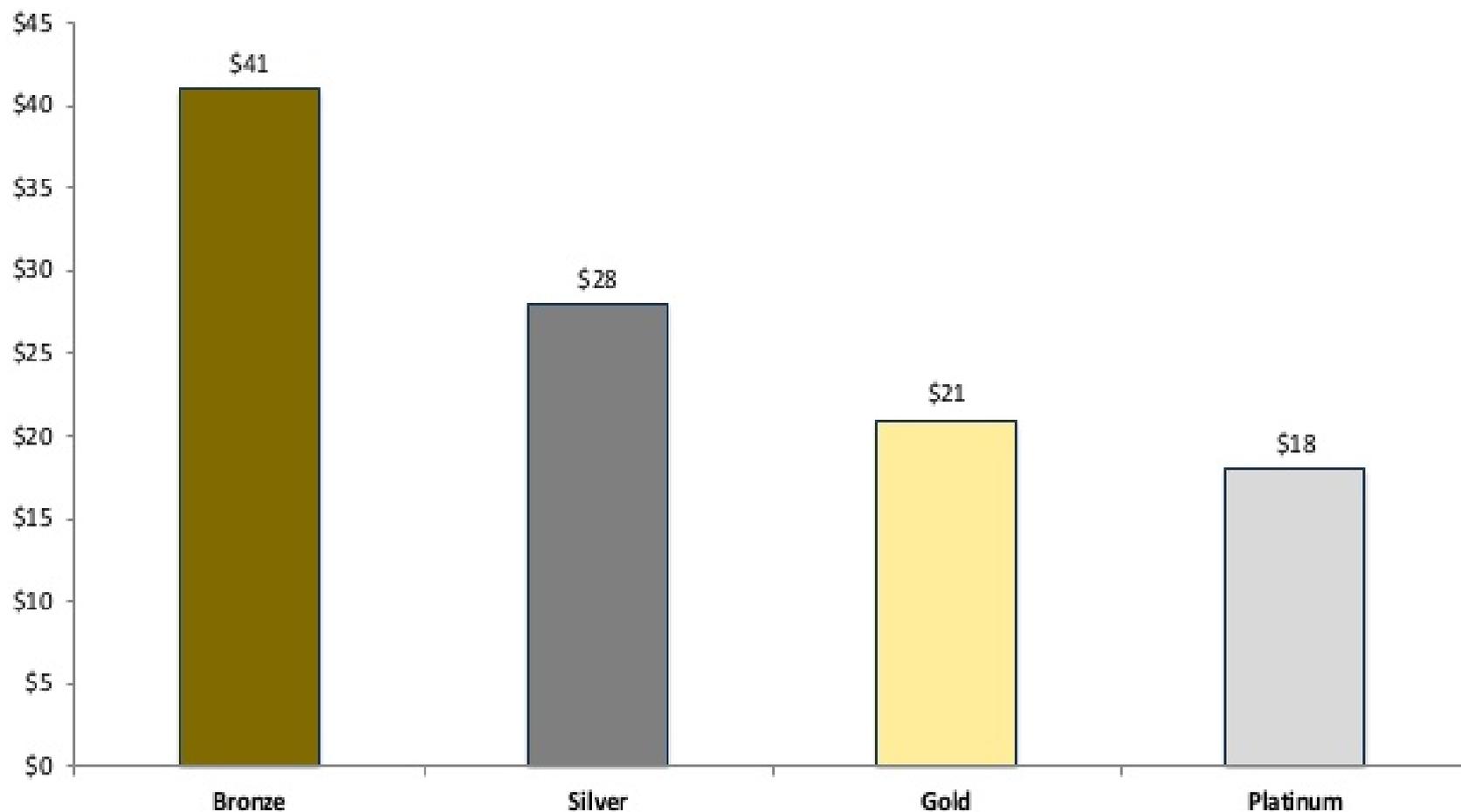
THEY RAISED MY DEDUCTIBLE AND  
MY PREMIUMS, AND TOLD  
ME TO  
LOWER MY  
EXPECTATIONS.



THANKS 10-1

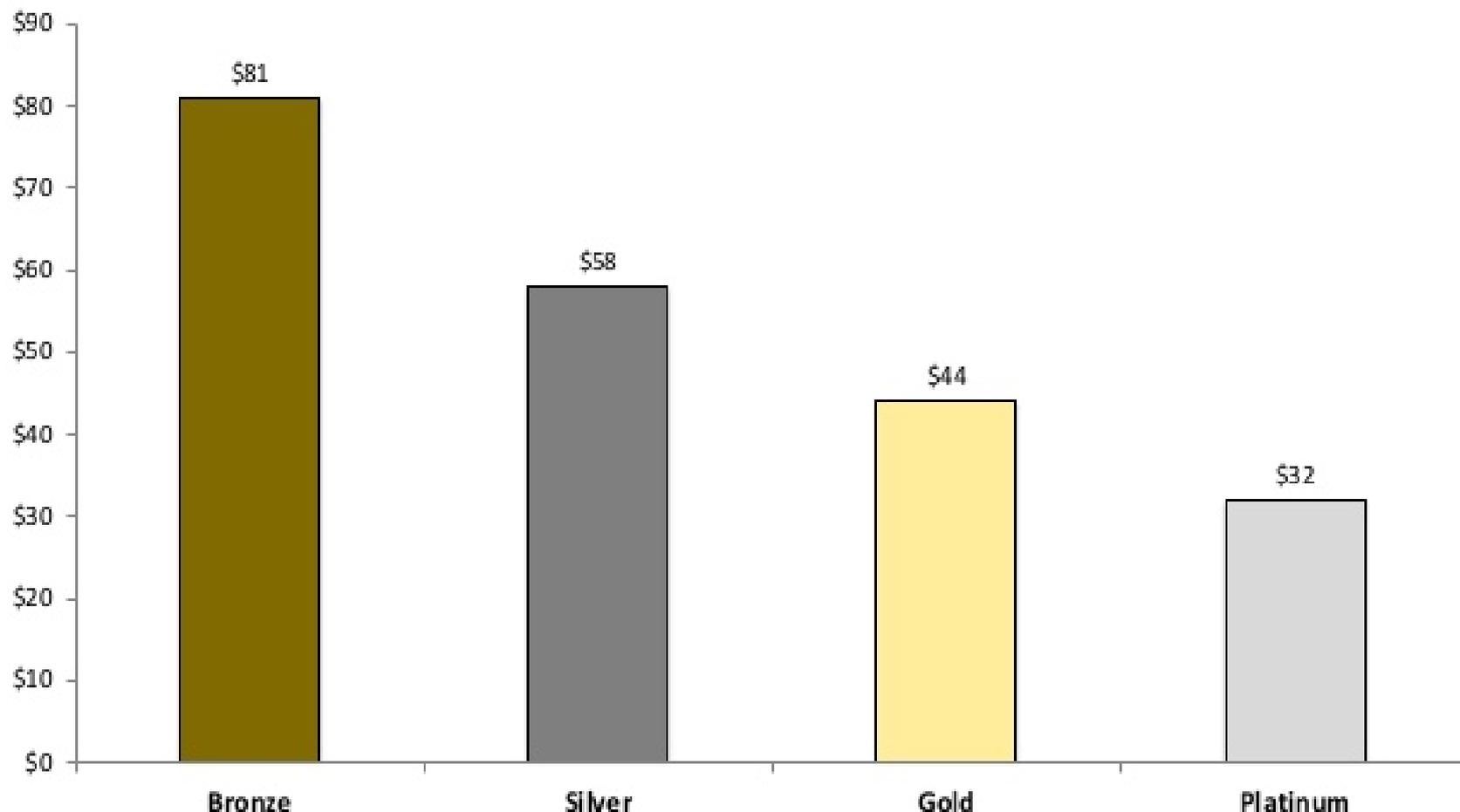
# Copayments/coinsurance

## Average Copayments for Primary Care Physician Visits (includes plans with 'copayment' or 'both copayment & coinsurance')



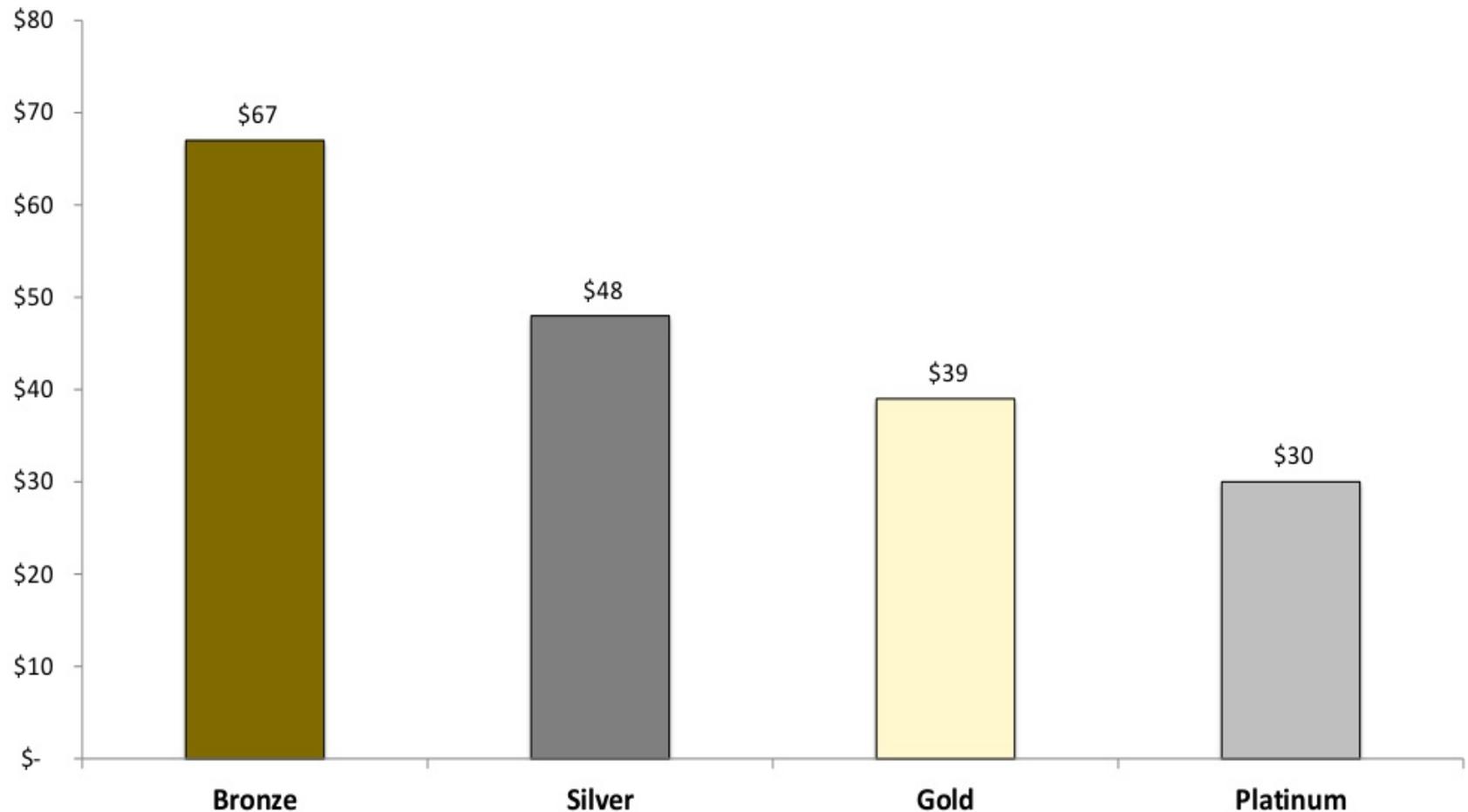
SOURCE: Kaiser Family Foundation analysis of Marketplace plans in the 38 states with Federally Facilitated or Partnership exchanges in 2016 (including Hawaii, New Mexico, Oregon, and Nevada). Data are from [Healthcare.gov](https://www.healthcare.gov/health-plan-information/) Health plan information for individuals and families available here: <https://www.healthcare.gov/health-plan-information/>

## Average Copayments for Specialist Physician Visits (includes plans with 'copayment' or 'both copayment & coinsurance')



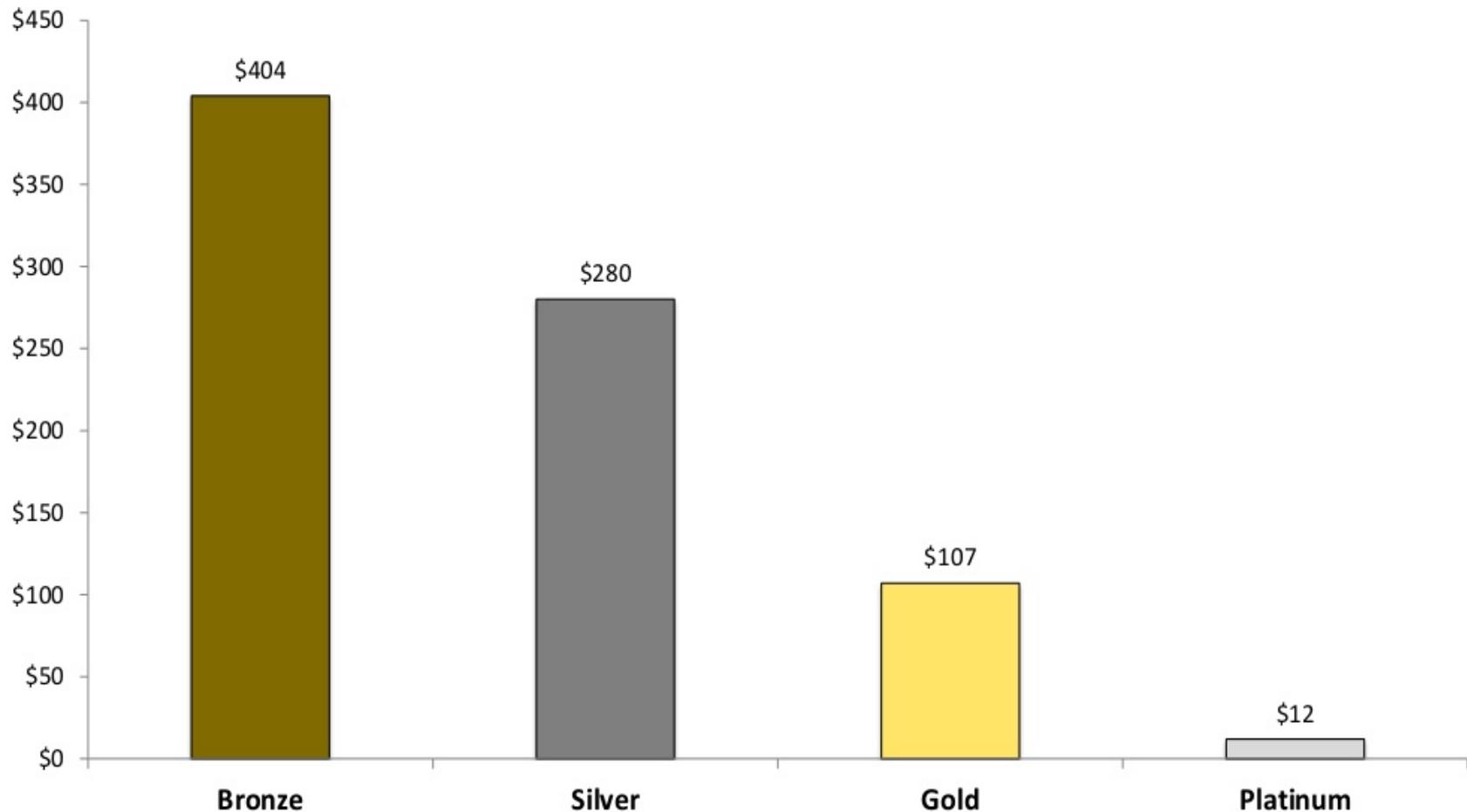
SOURCE: Kaiser Family Foundation analysis of Marketplace plans in the 38 states with Federally Facilitated or Partnership exchanges in 2016 (including Hawaii, New Mexico, Oregon, and Nevada). Data are from [Healthcare.gov](https://www.healthcare.gov/health-plan-information/) Health plan information for individuals and families available here: <https://www.healthcare.gov/health-plan-information/>

## Average Copayment for Preferred Drugs (includes plans with 'copayment' or 'both copayment & coinsurance')



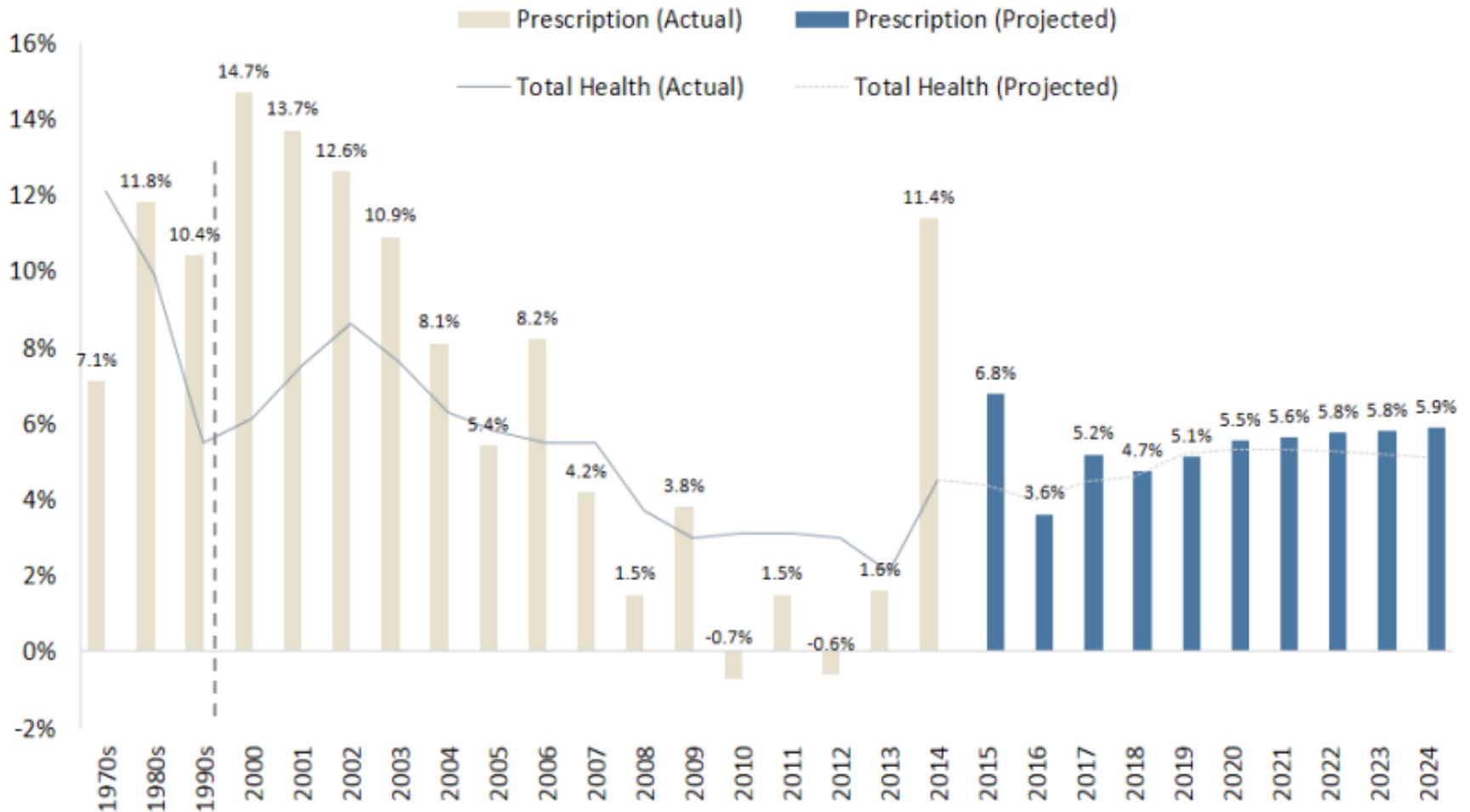
SOURCE: Kaiser Family Foundation analysis of Marketplace plans in the 38 states with Federally Facilitated or Partnership exchanges in 2016 (including Hawaii, New Mexico, Oregon, and Nevada). Data are from [Healthcare.gov](https://www.healthcare.gov/health-plan-information/) Health plan information for individuals and families available here: <https://www.healthcare.gov/health-plan-information/>

## Average Prescription Drug Deductible, for Plans with Separate Medical and Prescription Drug Deductible



SOURCE: Kaiser Family Foundation analysis of Marketplace plans in the 38 states with Federally Facilitated or Partnership exchanges in 2016 (including Hawaii, New Mexico, Oregon, and Nevada). Data are from [Healthcare.gov](https://www.healthcare.gov/health-plan-information/) Health plan information for individuals and families available here: <https://www.healthcare.gov/health-plan-information/>

Average annual growth rate of prescription drug spending per capita for 1970's – 1990's;  
 Annual change in actual prescription drug spending per capita 2000 – 2014 and projected prescription drug spending per capita 2015 - 2024



**Source:** Kaiser Family Foundation analysis of National Health Expenditure (NHE) Historical (1960-2014) and Projected (2014-2024) data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group (Accessed on December 7, 2015) **Note:** 2014 to 2015 percent changes are calculated using 2014 and 2015 projected amounts.

# The effect of out-of-pocket costs on decisions to seek care.

# What Does a Deductible Do? The Impact of Cost-Sharing on Health Care Prices, Quantities, and Spending Dynamics

Zarek C. Brot-Goldberg, Amitabh Chandra, Benjamin R. Handel, Jonathan T. Kolstad

**NBER Working Paper No. 21632**

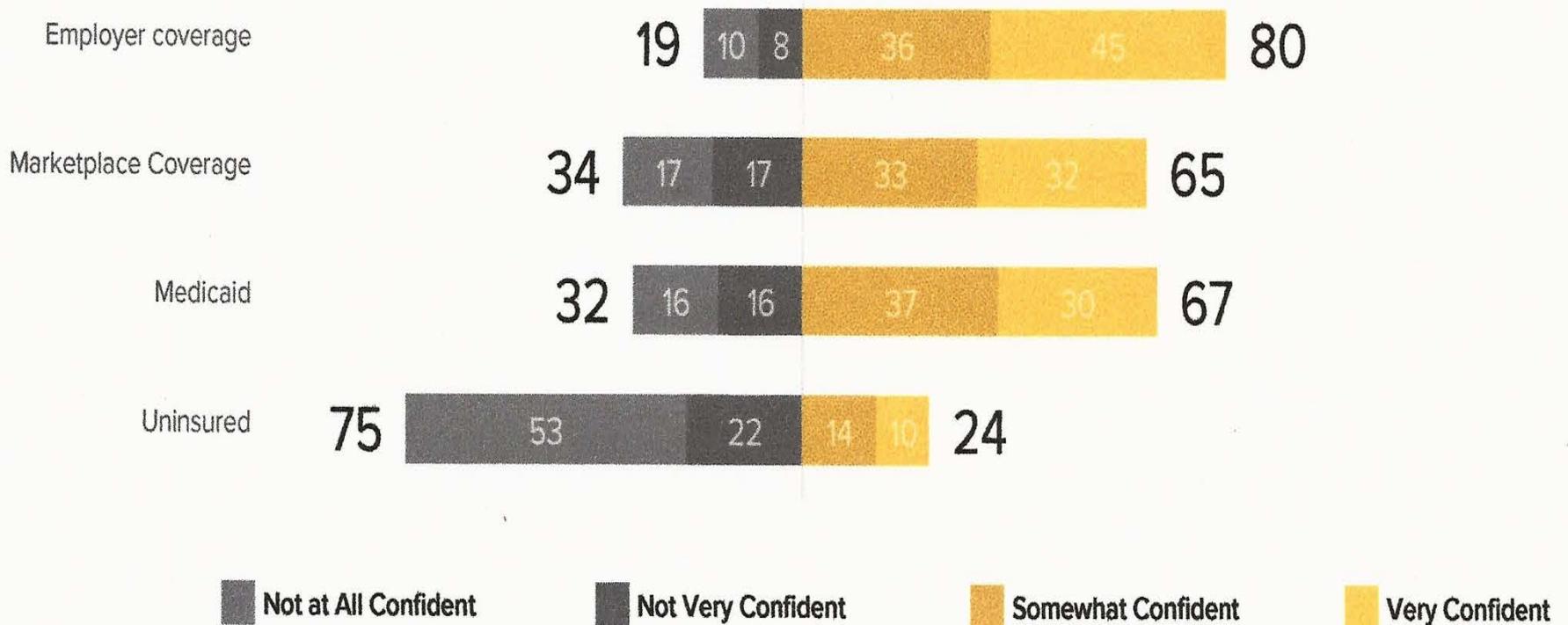
**Issued in October 2015**

**NBER Program(s): HC IO PE**

Measuring consumer responsiveness to medical care prices is a central issue in health economics and a key ingredient in the optimal design and regulation of health insurance markets. We study consumer responsiveness to medical care prices, leveraging a natural experiment that occurred at a large self-insured firm which required all of its employees to switch from an insurance plan that provided free health care to a non-linear, high deductible plan. The switch caused a spending reduction between 11.79%-13.80% of total firm-wide health spending. We decompose this spending reduction into the components of (i) consumer price shopping (ii) quantity reductions and (iii) quantity substitutions, finding that spending reductions are entirely due to outright reductions in quantity. We find no evidence of consumers learning to price shop after two years in high-deductible coverage. Consumers reduce quantities across the spectrum of health care services, including potentially valuable care (e.g. preventive services) and potentially wasteful care.

# A Majority of Adults With Marketplace Coverage Were Confident They Could Afford Care They Needed or Get High-Quality Care

Confidence in ability to afford care they need, Apr—June 2014 to March—May 2015 (percent) ?

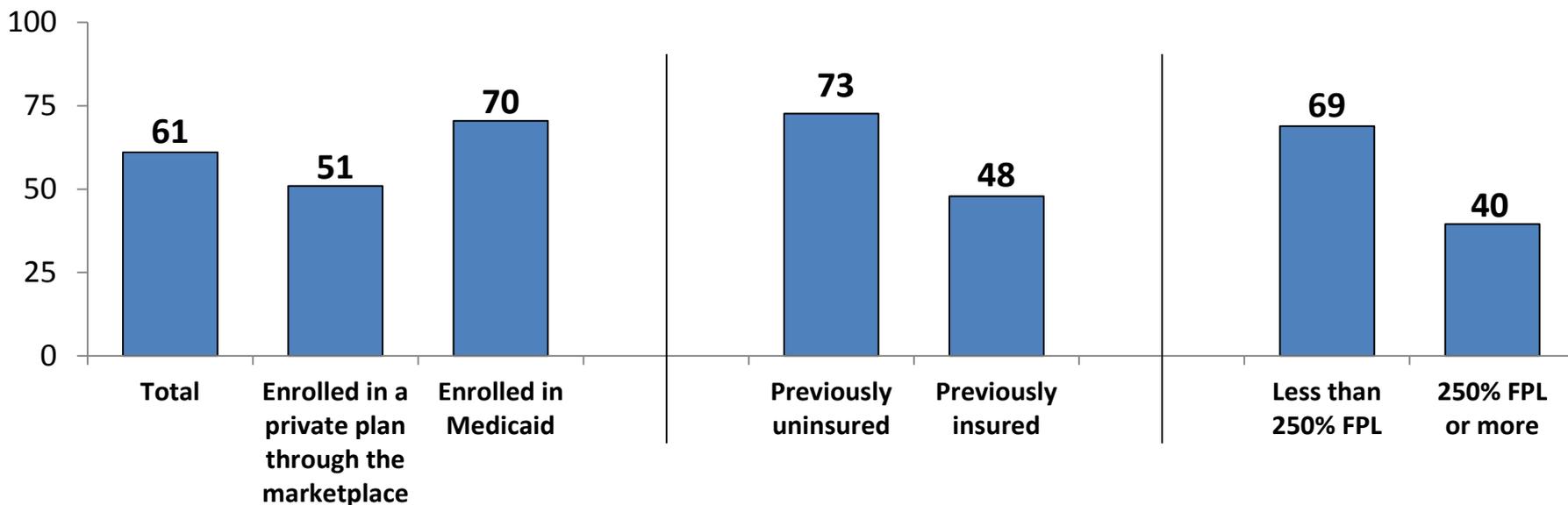


# Three of Five Adults with Marketplace or Medicaid Coverage Who Had Used Their Plan Said They Would Not Have Been Able to Access or Afford This Care Before



Prior to getting your Medicaid or health coverage through the marketplace, would you have been able to access and/or afford this care?

Percent who answered “no”

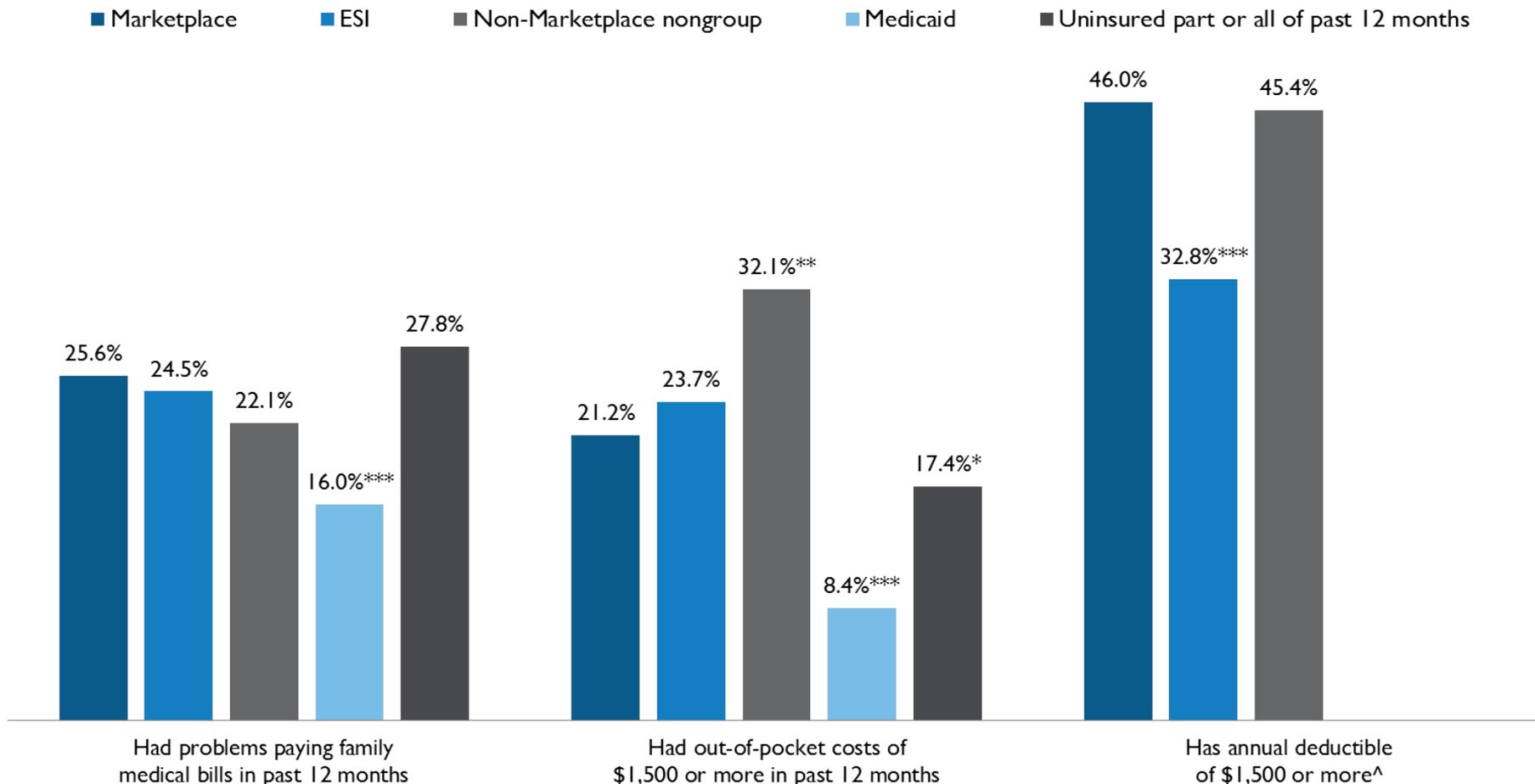


*Adults ages 19–64 who are currently enrolled in marketplace coverage or have had Medicaid for less than three years and have used their new health insurance plan\**

\* 72% of adults ages 19 to 64 who are currently enrolled in marketplace coverage or with Medicaid for less than three years reported they had used their coverage to visit a doctor, hospital, or other health care provider, or to pay for prescription drugs.

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, Feb.–April 2016.

**Figure 3. Problems Paying Family Medical Bills, Out-of-Pocket Health Care Costs, and Annual per Person Deductibles among Adults Ages 18 to 64 with Incomes Below 400 Percent of FPL, September 2015**



Sources: Health Reform Monitoring Survey, quarter 3 2015.

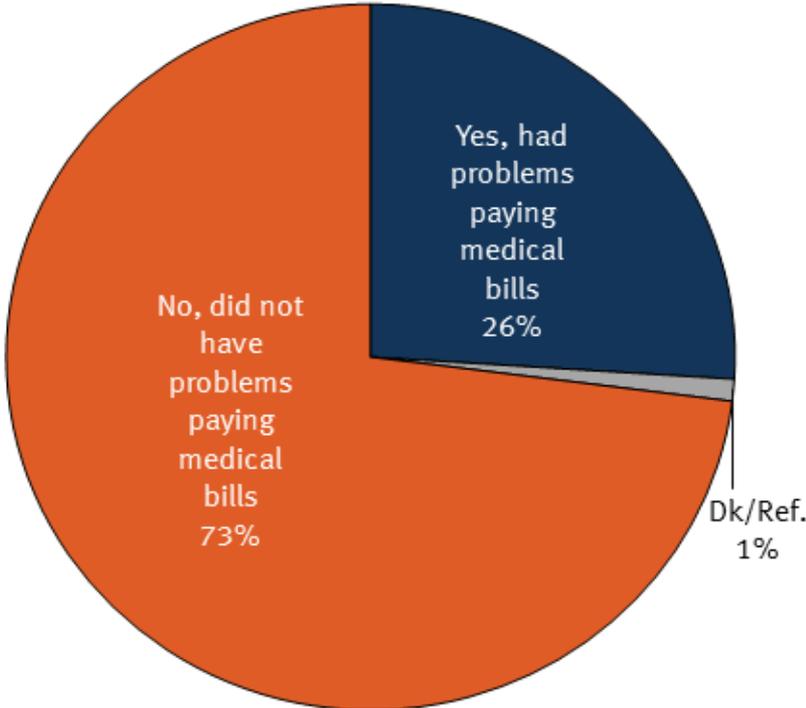
Notes: FPL = the federal poverty level; ESI = employer-sponsored insurance. For each coverage type, estimates are shown only for those who had insurance for all of the past 12 months, though some may have switched coverage types during that period. Estimates are regression adjusted.

<sup>^</sup> Estimates not shown for adults with Medicaid or who were uninsured for part or all of the past 12 months.

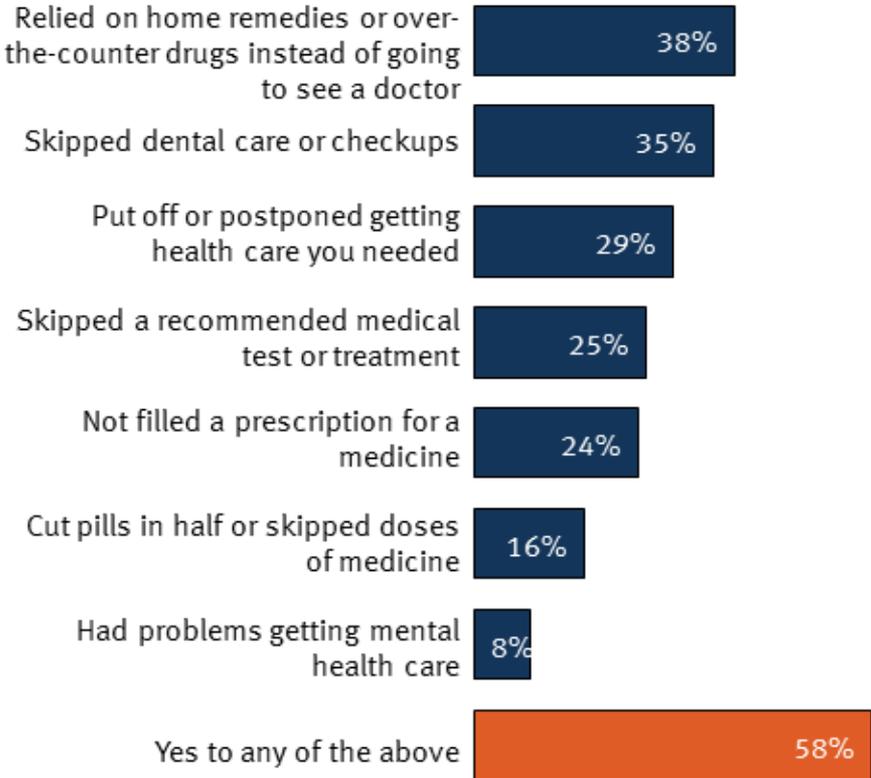
\*/\*\*/\*\* Estimate differs significantly from adults with Marketplace coverage at the 0.10/0.05/0.01 levels, using two-tailed tests.

# One quarter of the public reports having problems paying medical bills; majority have delayed care due to cost.

In the past 12 months, did you or another family member in your household have any problems paying medical bills, or not?

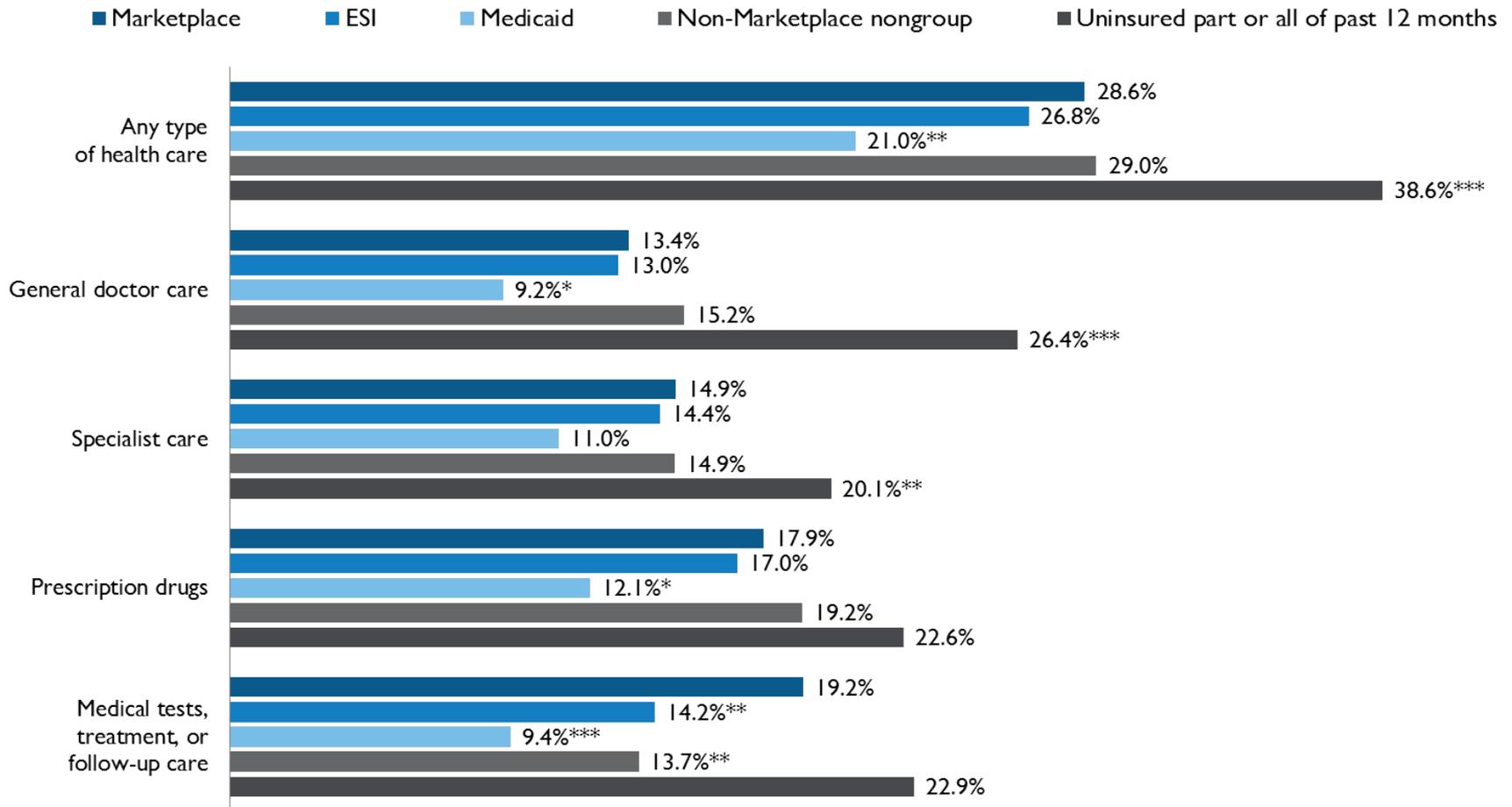


Percent who say they or another family member living in their household have done each of the following in the past 12 months because of the cost:



SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted May 8-14, 2012)

**Figure 2. Unmet Health Care Needs in Past 12 Months Because of Affordability among Adults Ages 18 to 64 with Incomes Below 400 Percent of FPL, September 2015**



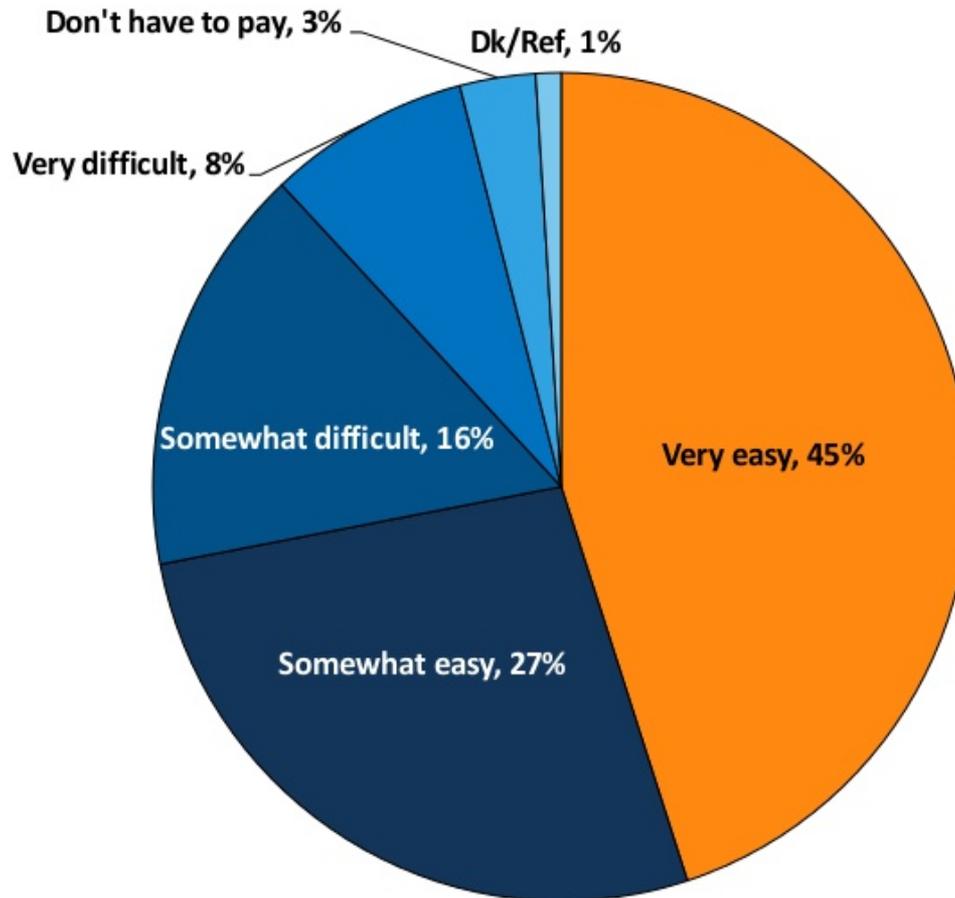
Source: Health Reform Monitoring Survey, quarter 3 2015.

Notes: FPL = federal poverty level; ESI = employer-sponsored insurance. For each coverage type, estimates are shown only for those who had insurance for all of the past 12 months, though some may have switched coverage types during that period. Unmet need for any type of care includes medical care; general doctor care; specialist care; prescription drugs; or tests, treatment, or follow-up care. Estimates are regression adjusted.

\*/\*\*/\*\*\* Estimate differs significantly from adults with Marketplace coverage at the 0.10/0.05/0.01 levels, using two-tailed tests.

# Most people taking Rx drugs say they can afford their treatment, but about 1 in 4 have a difficult time affording their medicine

Among those who are currently taking Rx medicine, percent who report ease or difficulty affording the cost of their prescription medications



Source: Kaiser Family Foundation Health Tracking Poll (conducted Aug 6 – 11, 2015)

**What amount of out-of-pocket costs is fair or reasonable?**

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# The Commonwealth Fund Health Care Affordability Index Explained

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Our index is a composite measure that assesses the percent of adults ages 19–64 who were insured all year with either employer, individual, or marketplace coverage and had

## High premium costs

*Premium costs were 10% or more of income or 7% or more if low income\**

OR

## High deductible costs

*Deductible equals 5% or more of income*

OR

## High out-of-pocket costs\*\*

*Out-of-pocket costs were 10% or more of income or 5% or more if low-income\**

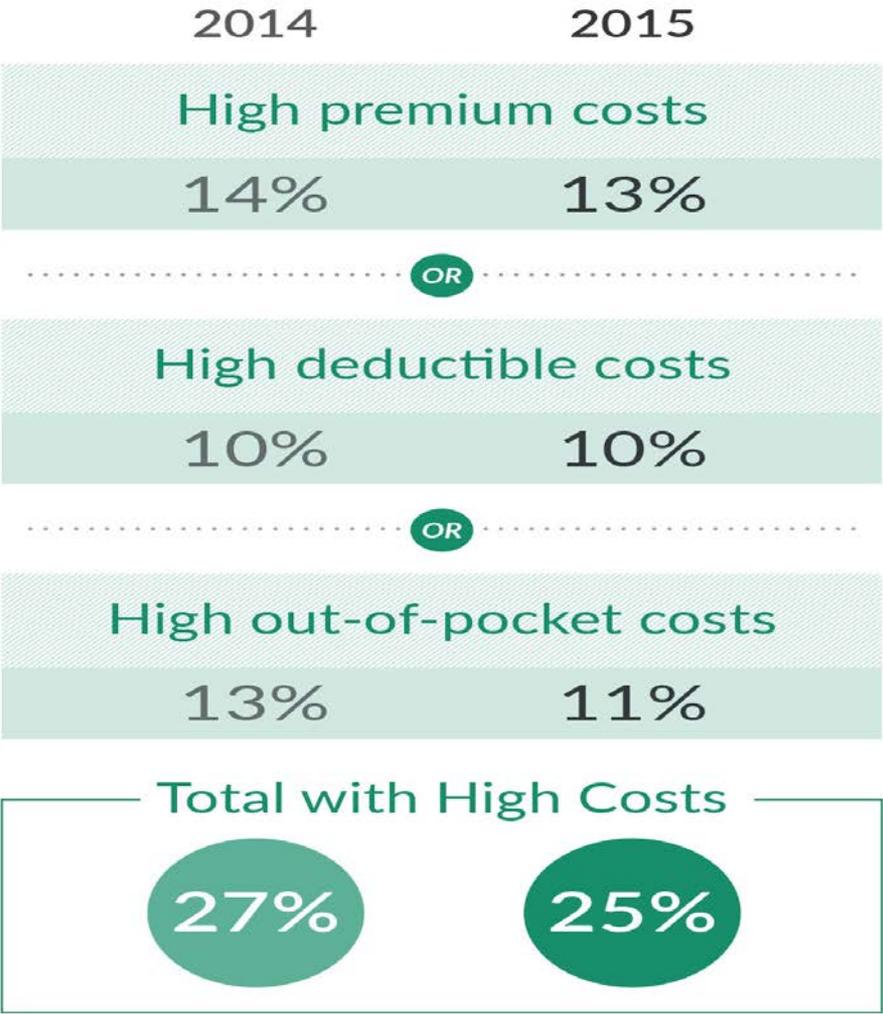
\* Below 200% of the federal poverty level, less than \$23,340 for an individual or less than \$47,700 for a family of four.

\*\* Does not include premiums.

Source: S. R. Collins, M. Gunja, M. M. Doty, and S. Beutel, *How High Is America's Health Care Cost Burden? Findings from the Commonwealth Fund Health Care Affordability Tracking Survey, July–August 2015, Nov. 2015.*

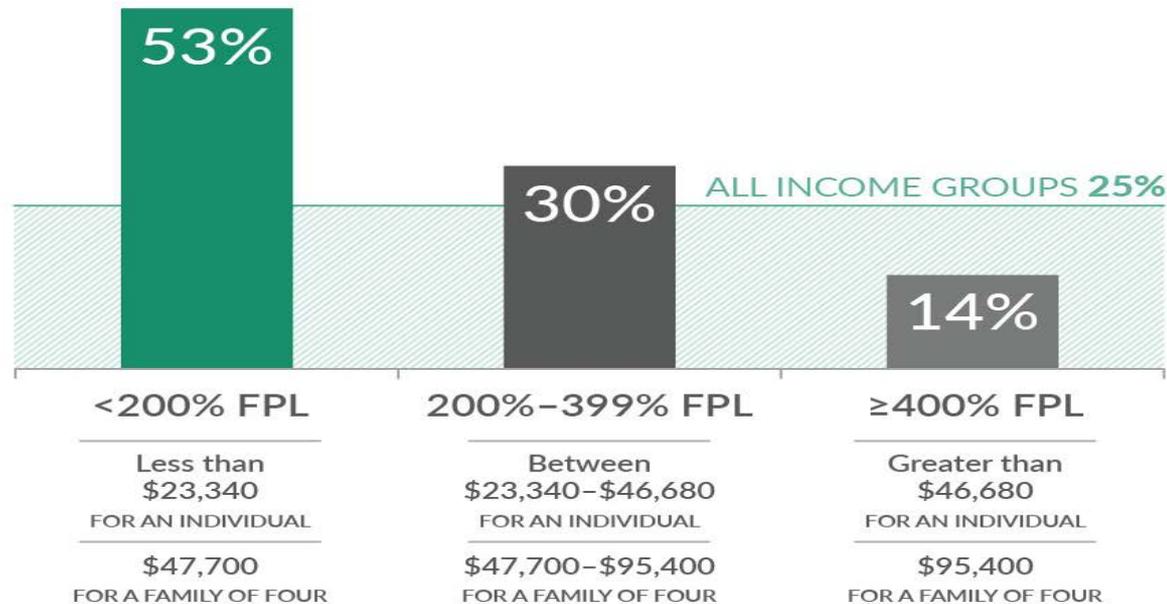
# Health Care Affordability Index, 2014–2015

*Percent of adults ages 19–64 who were insured all year with either employer, individual, or marketplace coverage and had*



Source: The Commonwealth Fund Health Care Affordability Tracking Survey, September–October 2014 and July–August 2015.

# More than half of low-income privately insured adults had costs that exceeded the Health Care Affordability Index



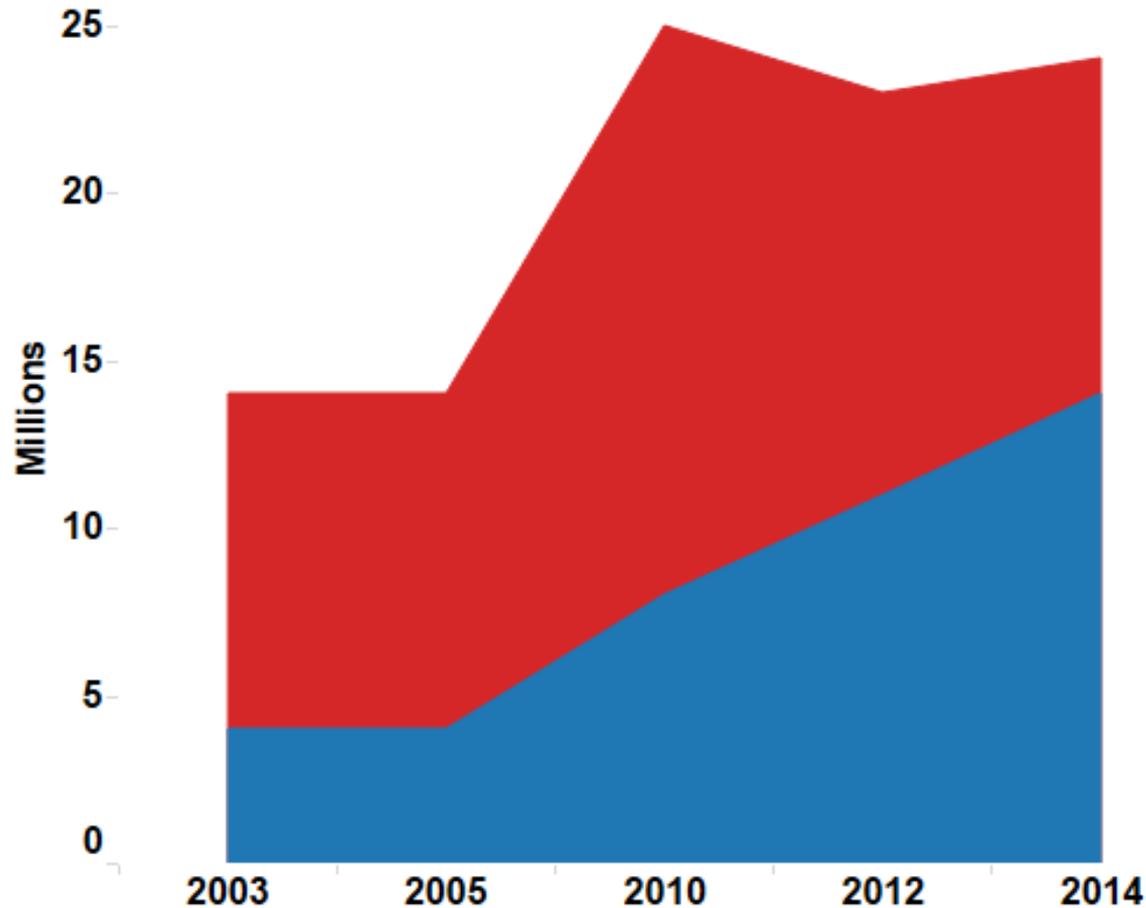
*Privately insured adults ages 19–64 who were insured all year with high health care cost burdens\**

Note: FPL refers to federal poverty level.

\* Premium costs equaled 10% or more of income; premium costs equaled 7% or more of income if low income (below 200% FPL); deductible equaled 5% or more of income; out-of-pocket expenses equaled 10% or more of income; or out-of-pocket expenses equaled 5% or more of income if low income (below 200% FPL).

Source: The Commonwealth Fund Health Care Affordability Tracking Survey,

- Out-of-pocket costs 10% or more of income or 5% or more if low-inc..
- Deductible 5% or more of income



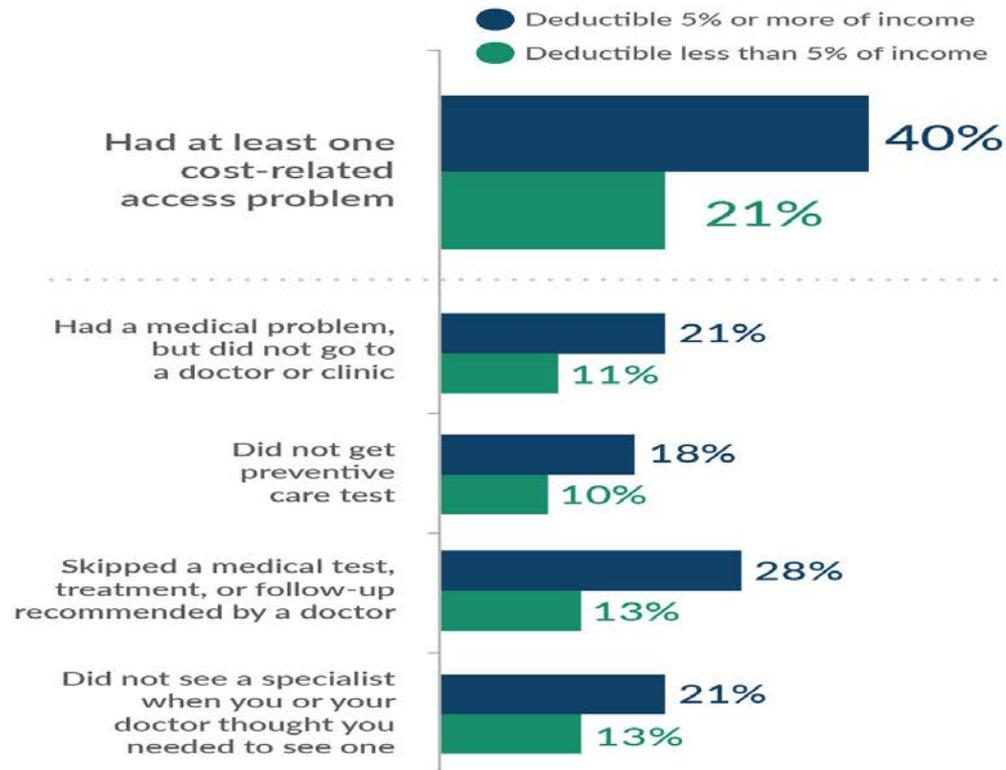
^ Low income refers to those with incomes below 200% of the federal poverty level  
\* All insured continuously for 12 months

Source: Commonwealth Fund

# Two of five adults with high deductibles relative to their income delayed or avoided needed care because of their deductible



In the past 12 months, was there any time when you delayed or did not get any of the following because of the amount you would have to pay toward your deductible?



*Percent of privately insured adults ages 19–64 who were insured all year, who have a deductible and responded “yes”*

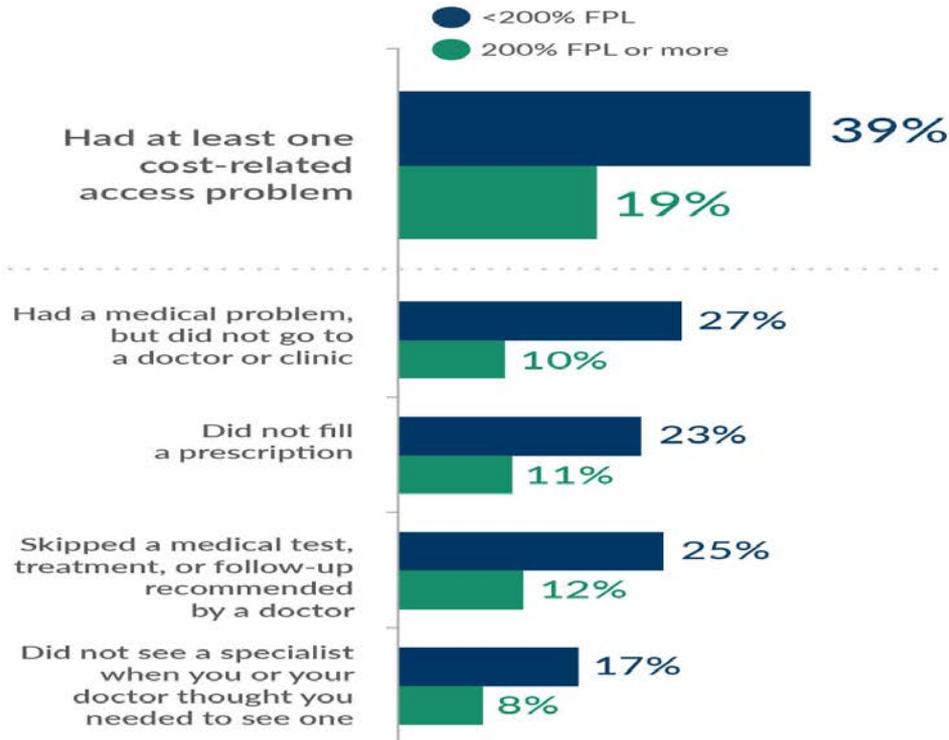
Note: This analysis includes respondents who reported their income level and deductible amount for their private insurance plan.

Source: The Commonwealth Fund Health Care Affordability Tracking Survey, July–August 2015.

# Two of five adults with low incomes reported they had delayed or avoided getting care because of their copayments or coinsurance



Thinking about what you have to pay when you visit the doctor or fill a prescription, in the past 12 months, was there any time when you did any of the following because of your copayments or coinsurance?



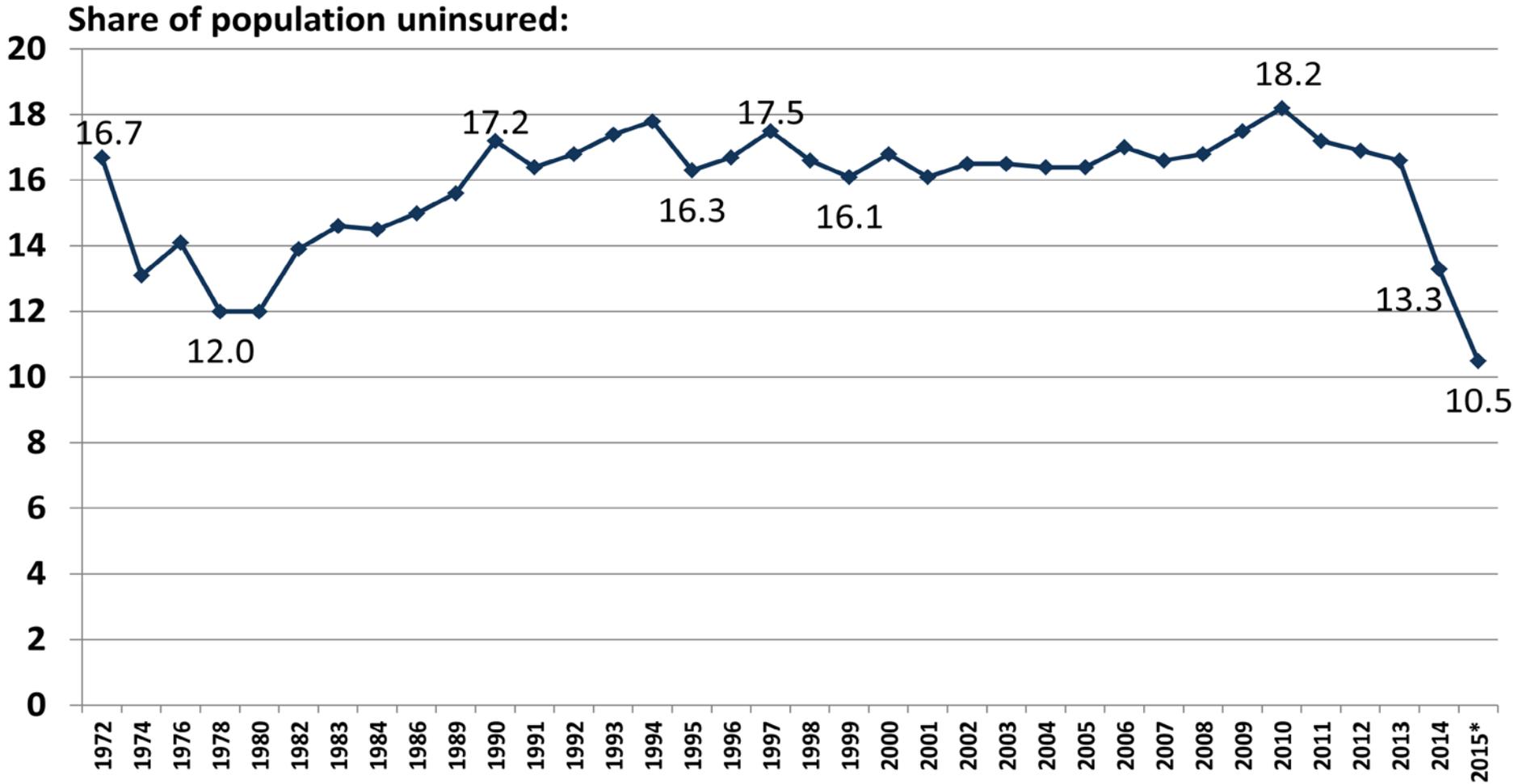
Percent of privately insured adults ages 19–64 who were insured all year, pay a copayment or coinsurance and responded “yes”

Note: FPL refers to federal poverty level. 200% FPL is \$23,340 for an individual or \$47,700 for a family of four; 400% FPL is \$46,680 for an individual and \$95,400 for a family of four.

Source: The Commonwealth Fund Health Care Affordability Tracking Survey, July–August 2015.



# Uninsured Rate Among the Nonelderly Population, 1972-2015



Note: 2015 data is for Q1 and Q2 only.

Source: CDC/NCHS, National Health Interview Survey, reported in [http://www.cdc.gov/nchs/health\\_policy/trends\\_hc\\_1968\\_2011.htm#table01](http://www.cdc.gov/nchs/health_policy/trends_hc_1968_2011.htm#table01) and <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201511.pdf>.

# Obamacare's impact in Washington state

Five years into the Affordable Care Act, Washington state is seeing its effect in different ways.

## INDIVIDUAL INSURANCE

People without coverage from employers, Medicare or Medicaid can buy individual insurance. The 2015 individual market is split between the Washington Healthplanfinder exchange and plans bought through brokers or from insurers.

**Washington Healthplanfinder enrollees**

170,171

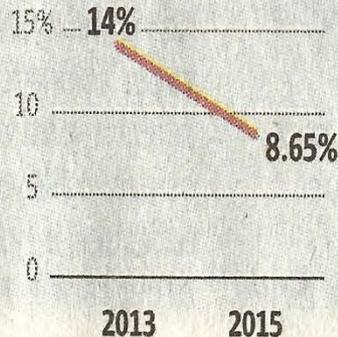
**Open market**

170,939

## UNINSURED RATE

A key goal of the Affordable Care Act is to expand insurance coverage. Washington has reduced its rate of uninsured residents to the lowest level in decades.

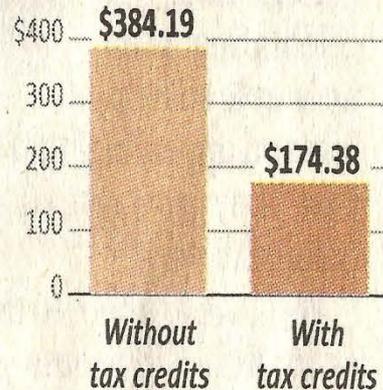
Uninsured rate for Washington residents



## MONTHLY PREMIUMS

Washington's Healthplanfinder exchange offers plans at a reduced price based on income. The discount, claimed by 77 percent of exchange enrollees, is covered by federal tax credits.

Per person monthly premium



## FREEBIES LIST

The Affordable Care Act requires insurance companies to pay the full cost of certain basic services, with some restrictions. Some of the services include:

- Screenings for blood pressure, cholesterol levels, Type 2 diabetes, depression
- Immunizations for flu, hepatitis A and B, measles, mumps, rubella, tetanus, diphtheria, pertussis
- Birth control for women
- "Well-woman" visits, mammograms and screenings for sexually transmitted diseases
- Colorectal cancer screening (colonoscopy or other tests)
- Vision exams, autism screenings and other services for children

Sources: Washington Office of the Insurance Commissioner (OIC), Washington Health Benefit Exchange, U.S. Department of Health and Human Services



# Table Discussion: What resonates with you?

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY





# What else should we be considering?

## Mind Map Exercise

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY



- Other things we should consider:
  - Other factors?
  - Other impacts?
- One idea per sheet
- 2 – 3 words
- Write **BIG**







**KEEP  
CALM  
AND  
TAKE A  
LUNCH BREAK**



# Have OOP costs and the related impacts changed over time?

## Group Discussion

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY





# Brainstorming

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY



- Individual
  - 2- 3 ideas
  - 3-5 words capturing the essence of the idea
  - One idea per sheet
- Table - Discuss and identify your top 2 best ideas to share w/ the group.
  - Save ALL sheets of paper - we'll collect
- Report out – best 1 – 2 ideas from your table.



**In your opinion, what needs to happen at the next meeting for this task force to meet it's obligations?**

**In your opinion, what additional resources, SMEs, etc would be helpful?**



Plus



Delta

