

Universal Health Care Commission Meeting Summary

July 13, 2022

Health Care Authority

Meeting held electronically (Zoom) and telephonically

3:00 p.m. – 5:00 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the commission is available on the [Universal Health Care Commission webpage](#).

Members present

Vicki Lowe, Chair

Bidisha Mandal

Dave Iseminger

Senator Emily Randall

Representative Joe Schmick

Karen Johnson

Kristin Peterson

Representative Marcus Riccelli

Mohamed Shindane

Nicole Gomez

Members absent

Senator Ann Rivers

Estell Williams

Jane Beyer

Joan Altman

Stella Vasquez

Call to order

Vicki Lowe, Commission Chair, called the meeting to order at 3:04 p.m.

Agenda items

Welcoming remarks

Vicki Lowe began with a land acknowledgement and welcomed members of the Commission to the sixth meeting. Vicki Lowe provided an overview of the agenda and shared the goals of the meeting.

Meeting Summary review from the previous meeting

The Commission Members present voted by consensus to adopt the Meeting Summary from the Commission's June 2022 meeting.



Public comment

Chair Vicki Lowe called for verbal comments from the public.

Cris Currie, retired Registered Nurse, suggested that fee-for-service is not the problem, and value-based payments and Accountable Care Organizations are not the solution. Cris Currie also remarked that complete patient clinical data must be accessible to clinicians and qualified researchers and shared [Talking About Single Payer](#), p. 87-105 for more detail.

Kelly Powers, a Cascade Care enrollee, asked to clarify which federal Medicaid state plan is being referred to on pg. 43 of today's meeting materials and how it differs from the current state plan. Kelly Powers also encouraged the Commission to explore the Veterans Affairs and Indian Health Services single-payer systems.

David Loud, Co-chair of the steering committee of Health Care as a Human Right Coalition, stressed the importance of understanding the following: how cost savings proposals affect everyone's costs, including Medicare beneficiaries; how those proposals do or do not serve the goals of improving quality and reducing inequities; how state policy may affect federal programs; and that people must be consulted before changes to benefits are made.

Maureen Brinck-Lund, Health Care as a Human Right, suggested that a date certain be set for creating the finance technical advisory committee. Maureen Brinck-Lund also suggested engaging community members and advocates who will be end users of the system to provide their insights in the creation of a finance committee.


Marcia Stedman, volunteer and board member, Health Care for All Washington, shared that equity and efficiency are directly related. A more efficient system will help remove existing barriers and improve access. In a democracy, decisions about health care must be made by people. Public input on system design is crucial to building a system in which people can trust, and governance should include a mechanism for public feedback.

Debby Jackson asked about the implications of the Whole Washington initiative passing, and how the Commission and Whole Washington would interact. Mandy Weeks-Green, Coverage and Market Strategies Manager, HCA, coordinated with Debby Jackson to provide more information on this topic.

Pamela Dalan, Registered Nurse, expressed opposition against value-based payments, suggesting that value-based payments financially penalize physicians and hospitals who deliver evidence-based care.

Presentation: Liz Arjun, Gary Cohen, and Jon Kromm, Health Management and Associates, shared section 2 and section 6 of the draft report. Section 2 covered proposed strategies for developing implementable changes to Washington's health care financing and delivery system. Section 6 covered transitional solutions to help move Washington to a universal health care system, including the establishment of a finance technical advisory committee.

HMA shared actions the Commission could take in the short-term, mid-term, and long-term in transitioning to a model for implementation. In the near term, the Commission could focus on establishing a financing technical advisory committee (FTAC) to carry out the initial exploration and details of models. HMA shared considerations for the creation of FTAC.



As directed by the Commission, FTAC would provide guidance to inform Commission decision-making and recommendations. FTAC roles and meetings were also outlined. Meetings would meet between Commission meetings for 2 hours on a bi-monthly basis over 2 years.

The opportunity to apply for FTAC membership would be shared through a GovDelivery announcement and posted to the Commission's webpage for 60 days. The Commission would appoint 7 members, including 1 consumer representative, and if possible, 1 member from the Office of Financial Management and 1 member from the Department of Revenue. FTAC applicants should hold subject matter expertise in health care financing and/or revenue.

Commission Member Discussion

Rep. Joe Schmick asked whether FTAC members from the Office of Financial Management and the Dept. of Revenue were already chosen. It was clarified that these members have not yet been chosen and that backgrounds in these areas, rather than specific individuals, are the focus of the recommendation.

Kristin Peterson asked for clarification on the duration of each phase (short-term, mid-term, and long-term) in the proposed strategy timeline. It was clarified that the timeline and duration of each phase is fluid and that there may be some overlap.

Bidisha Mandal asked whether FTAC will be established in time for the Commission's report to the Legislature. It was clarified that FTAC will likely not be fully formed in time for full consideration of the first report due in November. Bidisha Mandal also suggested that cost containment should be included in foundational decisions.

Dave Iseminger added that cost containment permeates foundational decisions as well as secondary and tertiary decisions.

Kristin Peterson suggested that discussions around coverage should also include workforce and that the Commission should consider developing a means of monitoring progress on meeting milestones.

Karen Johnson suggested that FTAC receive an overview of the urgency of this work as well as the current state and build in time for discussion on how to frame the foundational, secondary, and tertiary design elements.


Representative Joe Schmick asked for clarification of how FTAC would arrive at recommendations regarding the foundational decisions. HMA clarified that FTAC would provide the Commission a range of different options for the foundational decisions, likely with pros and cons for each.

Nicole Gomez asked about the feasibility of breaking FTAC into subcommittees based on subject matter expertise as opposed to having one large group. This more granular approach was successful in Oregon.

Chair Vicki Lowe suggested that copays should not be a cost containment strategy or a part of the universal financing system.

Karen Johnson suggested embedding quality and accountability into the foundational design elements.





Rep. Marcus Riccelli added that the discussion around cost containment is a political one, so cost feasibility should also be added to the foundational decisions.

There was a consensus that cost containment should be a foundational decision rather than a secondary decision. Additionally, for a simpler way to understand the relationship between the Commission and FTAC, the Commission will develop the “what,” and, as directed by the Commission, FTAC will develop the “how.”

HMA presented transitional solutions (section 6) to help improve affordability, access, and quality as Washington transitions to a universal health care system. The Commission has previously discussed measures that may expand coverage for currently uninsured individuals. The Commission has also discussed potential strategies to improve affordability including further aligning existing public coverage programs, establishing a broader set of health care cost targets, and implementing the Integrated Eligibility and Enrollment Modernization Roadmap.

HMA asked the Commission to consider additional opportunities to improve affordability, expand coverage, and quality of coverage through current state programs and markets.

Commission Member Discussion

Rep. Joe Schmick noted that there may be opposition by Washingtonians to paying for some of the current measures to expand coverage.

Rep. Marcus Riccelli noted that individuals without coverage or who are underinsured have to resort to using the emergency room as their source of health care, which is costly. Rep. Marcus Riccelli mentioned the value of reexamining the uninsured population in Washington and getting a better understanding of the costs to the health care system of underinsurance/uninsurance.

Dave Iseminger expressed interest in exploring further consolidating participation within the large commercial government-run pooled purchasing programs (PEBB and SEBB) by other parts of government who are not currently participating in the pool as a transitional path toward universal coverage.

Rep. Marcus Riccelli also expressed interest in leveraging the PEBB and SEBB programs a short-term step to reducing costs and expanding coverage. As much as possible, we should also align current state programs to make transitions between coverage sources integrated and consumer friendly.

Nicole Gomez added that leveraging PEBB and SEBB would also immediately increase the risk pool and reduce costs for public employees. Nicole Gomez added that efforts to streamline current state programs aligns with the Commission’s authorizing legislation.

Karen Johnson posed ideas for how to incentivize individual healthy behaviors in order to reduce costs.

Bidisha Mandal posed exploring ways to improve Medicaid reimbursement rates to better serve individuals who are insured but experience barriers in access to care due to low provider participation in Medicaid. Per legislation, the Commission must explore pathways to increase Medicaid provider reimbursement. The Commission will receive a presentation on this topic at their next meeting.

Commission members were asked to consider IT and data infrastructure necessary to perform reimbursement under the universal system as well as to unify administrative processes.



Commission Member Discussion

Currently, the state does not have universal interoperability for all health records. Karen Johnson stressed the importance of developing data and IT infrastructure to support a universal electronic medical record system in order to support the goals of the Triple Aim (improving care quality, improving population health, and reducing per capita costs of care).

Mohamed Shidane emphasized the importance of keeping the patient at the center of developing data and IT infrastructure, as well as for integrating current state programs and sources of coverage as the state transitions to a universal system.

Chair Vicki Lowe noted that the current system is built around payments and as we move toward a more patient-centered system, perhaps the system's various EHR systems and IT infrastructures will follow.

HMA will take the Commission's comments and ideas and incorporate them into the report drafts. HMA will then poll Commission members at the August meeting for concrete recommendations for the report to be finalized in October.

Adjournment

Meeting adjourned at 5:00 p.m.

Next meeting

August 16, 2022

Meeting to be held on Zoom

2:00 p.m. – 4:00 p.m.