Washington State Health Care Authority

Public Employees Benefits Board Retreat

February 12, 2015

Washington State Health Care Authority

Public Employees Benefits Board Meeting

February 12, 2015
10:00 a.m. – 4:00 p.m.

Health Care Authority
Pear Room 107
626 8th Avenue SE
Olympia, Washington

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TAB 1

Washington State Health Care Authority

AGENDA

Public Employees Benefits Board Retreat
February 12, 2015
10 a.m. – 4:00 p.m.

Health Care Authority
Cherry Street Plaza
Pear Room 107
626 8th Avenue SE
Olympia, WA 98501

TOPIC: THE FUTURE OF VALUE-BASED PURCHASING

10:00 a.m.	**Welcome, Introductions**		Dorothy Teeter, Chair
10:15 a.m.	**State of the State** • Trends in Cost & Quality	TAB 3	Nancy Giunto, Executive Director WA Health Alliance
10:55 a.m.	**Regence, Group Health, Kaiser, & Moda Panel Discussion** • **Value-Based Purchasing, Delivery Transformation, and Pharmaceutical Cost Trends**		Moderator: Dr. Dan Lessler, CMO Health Care Authority
12:30 p.m.	**Working Lunch (12:30 – 12:45 - Break and Hand out Lunch)**		
12:45 p.m.	**Legislative Update**		Lou McDermott, Director PEB Division, Health Care Authority
1:15 p.m.	**Healthier Washington**	TAB 4	Nathan Johnson, Chief Policy Officer Health Care Authority
2:00 p.m.	**2016 Procurement** • **ACP** • **Hips & Knees**	TAB 5	Rachel Quinn, Special Assistant Health Care Policy & Programs Health Care Authority
3:00 p.m.	**Wrap Up**		Dorothy Teeter, Director Health Care Authority
3:30 p.m.	**OPMA Required Training**	TAB 6	Katy Hatfield, AAG Office of the Attorney General
4:00 p.m.	**Adjourn**		

The Public Employees Benefits Board will meet for their annual retreat on Thursday, February 12, 2015 at the Washington State Health Care Authority offices. This notice is pursuant to the requirements of the Open Public Meeting Act, Chapter 42.30 RCW.

Direct e-mail to: board@hca.wa.gov.
Materials posted at: www.hca.wa.gov/pebb/Pages/board_meeting_schedule.aspx

Washington State Health Care Authority

PEB Board Members

Name	Representing
Dorothy Teeter, Director Health Care Authority 626 8th Ave SE PO Box 42713 Olympia WA 98504-2713 V 360-725-1523 dorothy.teeter@hca.wa.gov	Chair
Greg Devereux, Executive Director Washington Federation of State Employees 1212 Jefferson Street, Suite 300 Olympia WA 98501 V 360-352-7603 greg@wfse.org	State Employees
Vacant*	K-12
Gwen Rench 3420 E Huron Seattle WA 98122 V 206-324-2786 gwenrench@covad.net	State Retirees
Mary Lindquist 4212 Eastern AVE N Seattle WA 98103-7631 C 425-591-5698 maryklindquist@comcast.net	K-12 Retirees

PEB Board Members

Name	Representing
Marc Provence UW Administrator Fred Hutchinson/UW Cancer Consortium 850 Republican ST Seattle WA 98109 V 206-616-5423 mprov@uw.edu	Benefits Management/Cost Containment
Yvonne Tate 1407 169th PL NE Bellevue WA 98008 V 425-417-4416 ytate@comcast.net	Benefits Management/Cost Containment
Marilyn Guthrie 2101 Fourth AVE, Suite 600 Seattle WA 98121 V 206-913-4757 mguthrie@qliance.com	Benefits Management/Cost Containment
Harry Bossi* 160 E Soderberg RD J-27 Allyn WA 98524 V 360-689-9275 udubfan93@yahoo.com	Benefits Management/Cost Containment

Legal Counsel
Katy Hatfield, Assistant Attorney General
7141 Cleanwater Dr SW
PO Box 40124
Olympia WA 98504-0124
V 360-586-6561
KatyK1@atg.wa.gov

*non-voting members

1/15/15

Washington State Health Care Authority
Public Employees Benefits Board
P.O. Box 42713 • Olympia, Washington 98504-2713
360-725-0856 • TTY 711 • FAX 360-586-9551 • www.pebb.hca.wa.gov

2015 Public Employees Benefits Board Meeting Schedule

The PEB Board meetings will be held at the Health Care Authority, Sue Crystal Center, Rooms A & B, 626 8th Avenue SE, Olympia, WA 98501. The meetings begin at 1:30 p.m., unless otherwise noted below.

January 29, 2015 (Board Retreat) 9:00 a.m. – 3:00 p.m.

March 31, 2015 (10:00 a.m. – 12:00 p.m.)

April 15, 2015

May 27, 2015

June 24, 2015

July 8, 2015

July 15, 2015

July 22, 2015

If you are a person with a disability and need a special accommodation, please contact Connie Bergener at 360-725-0856

Updated 7/15/14

TAB 2

Washington State Health Care Authority

PEB BOARD BY-LAWS

ARTICLE I
The Board and its Members

1. Board Function—The Public Employee Benefits Board (hereinafter "the PEBB" or "Board") is created pursuant to RCW 41.05.055 within the Health Care Authority; the PEBB's function is to design and approve insurance benefit plans for State employees and school district employees.

2. Staff—Health Care Authority staff shall serve as staff to the Board.

3. Appointment—The Members of the Board shall be appointed by the Governor in accordance with RCW 41.05.055. Board members shall serve two-year terms. A Member whose term has expired but whose successor has not been appointed by the Governor may continue to serve until replaced.

4. Non-Voting Members—Until there are no less than twelve thousand school district employee subscribers enrolled with the authority for health care coverage, there shall be two non-voting Members of the Board. One non-voting Member shall be the Member who is appointed to represent an association of school employees. The second non-voting Member shall be designated by the Chair from the four Members appointed because of experience in health benefit management and cost containment.

5. Privileges of Non-Voting Members—Non-voting Members shall enjoy all the privileges of Board membership, except voting, including the right to sit with the Board, participate in discussions, and make and second motions.

6. Board Compensation—Members of the Board shall be compensated in accordance with RCW 43.03.250 and shall be reimbursed for their travel expenses while on official business in accordance with RCW 43.03.050 and 43.03.060.

ARTICLE II
Board Officers and Duties

1. Chair of the Board—The Health Care Authority Administrator shall serve as Chair of the Board and shall preside at all meetings of the Board and shall have all powers and duties conferred by law and the Board's By-laws. If the Chair cannot attend a regular or special meeting, he or she shall designate a Chair Pro-Tem to preside during such meeting.

2. Other Officers—*(reserved)*

ARTICLE III
Board Committees

(***RESERVED***)

ARTICLE IV
Board Meetings

1. Application of Open Public Meetings Act—Meetings of the Board shall be at the call of the Chair and shall be held at such time, place, and manner to efficiently carry out the Board's duties. All Board meetings, except executive sessions *as permitted by law*, shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30 RCW.

2. Regular and Special Board Meetings—The Chair shall propose an annual schedule of regular Board meetings for adoption by the Board. The schedule of regular Board meetings, and any changes to the schedule, shall be filed with the State Code Reviser's Office in accordance with RCW 42.30.075. The Chair may cancel a regular Board meeting at his or her discretion, including the lack of sufficient agenda items. The Chair may call a special meeting of the Board at any time and proper notice must be given of a special meeting as provided by the Open Public Meetings Act, RCW 42.30.

3. No Conditions for Attendance—A member of the public is not required to register his or her name or provide other information as a condition of attendance at a Board meeting.

4. Public Access—Board meetings shall be held in a location that provides reasonable access to the public including the use of accessible facilities.

5. Meeting Minutes and Agendas—The agenda for an upcoming meeting shall be made available to the Board and the interested members of the public at least 10 days prior to the meeting date or as otherwise required by the Open Public Meetings Act. Agendas may be sent by electronic mail and shall also be posted on the HCA website. Minutes summarizing the significant action of the Board shall be taken by a member of the HCA staff during the Board meeting, and an audio recording (or other generally-accepted) electronic recording shall also be made. The audio recording shall be reduced to a verbatim transcript within 30 days of the meeting and shall be made available to the public. The audio tapes shall be retained for six (6) months. After six (6) months, the written record shall become the permanent record. Summary minutes shall be provided to the Board for review and adoption at the next board meeting.

6. Attendance—Board members shall inform the Chair with as much notice as possible if unable to attend a scheduled Board meeting. Board staff preparing the minutes shall record the attendance of Board Members at the meeting for the minutes.

ARTICLE V
Meeting Procedures

1. Quorum— Five voting members of the Board shall constitute a quorum for the transaction of business. No final action may be taken in the absence of a quorum. The Chair may declare a meeting adjourned in the absence of a quorum necessary to transact business.

2. Order of Business—The order of business shall be determined by the agenda.

3. Teleconference Permitted— A Member may attend a meeting in person or, by special arrangement and advance notice to the Chair, A Member may attend a meeting by telephone conference call or video conference when in-person attendance is impracticable.

4. Public Testimony—The Board actively seeks input from the public at large, from enrollees served by the PEBB Program, and from other interested parties. Time is reserved for public testimony at each regular meeting, generally at the end of the agenda. At the direction of the Chair, public testimony at board meetings may also occur in conjunction with a public hearing or during the board's consideration of a specific agenda item. The Chair has authority to limit the time for public testimony, including the time allotted to each speaker, depending on the time available and the number of persons wishing to speak.

5. Motions and Resolutions—All actions of the Board shall be expressed by motion or resolution. No motion or resolution shall have effect unless passed by the affirmative votes of a majority of the Members present and eligible to vote, or in the case of a proposed amendment to the By-laws, a 2/3 majority of the Board .

6. Representing the Board's Position on an Issue—No Member of the Board may endorse or oppose an issue purporting to represent the Board or the opinion of the Board on the issue unless the majority of the Board approve of such position.

7. Manner of Voting—On motions, resolutions, or other matters a voice vote may be used. At the discretion of the chair, or upon request of a Board Member, a roll call vote may be conducted. Proxy votes are not permitted.

8. Parliamentary Procedure—All rules of order not provided for in these By-laws shall be determined in accordance with the most current edition of Robert's Rules of Order [RONR]. Board staff shall provide a copy of *Robert's Rules* at all Board meetings.

9. Civility—While engaged in Board duties, Board Members conduct shall demonstrate civility, respect and courtesy toward each other, HCA staff, and the public and shall be guided by fundamental tenets of integrity and fairness.

10. State Ethics Law—Board Members are subject to the requirements of the Ethics in Public Service Act, Chapter 42.52 RCW.

ARTICLE VI
Amendments to the By-Laws and Rules of Construction

1. Two-thirds majority required to amend—The PEBB By-laws may be amended upon a two-thirds (2/3) majority vote of the Board.

2. Liberal construction—All rules and procedures in these By-laws shall be liberally construed so that the public's health, safety and welfare shall be secured in accordance with the intents and purposes of applicable State laws and regulations.

TAB 3

State of the State: Trends in Cost and Quality Reporting

The Washington Health Alliance's View of Value-Based Purchasing

Nancy A. Giunto

Public Employee Benefits Board Retreat

February 12, 2015

WASHINGTON HEALTH ALLIANCE

Leading health system improvement

WASHINGTON HEALTH ALLIANCE

SEARCH MEMBER LOGIN

ABOUT US | WHAT WE DO | ALLIANCE REPORTS & WEBSITES | JOIN US | NEWS & EVENTS | CONTACT US

The Washington Health Alliance brings together those who get, give and pay for health care to create a high-quality, affordable system for the people of Washington state.

RECENT NEWS

Astellas and Pharmacy Quality Alliance join the Alliance
On the blog.

Support for health care transparency bill in Olympia
On the blog.

New reports find potential overuse of health care services across Washington state

Virginia Mason: Reducing inappropriate antibiotic prescribing in primary care
Spotlight on Improvement.

Transparency, innovation should be top priority for legislators in 2015
On the blog.

Association of Washington

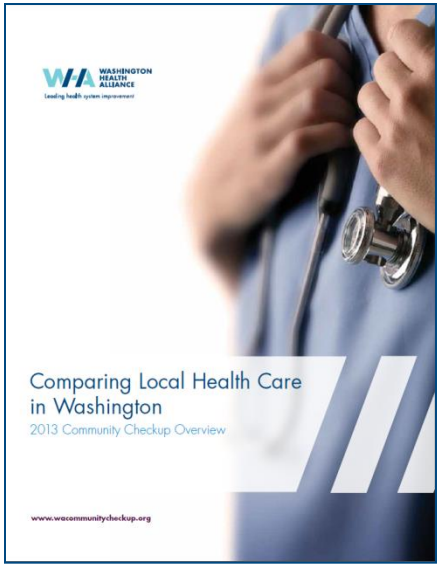
Health care transparency and the value equation
On the blog.

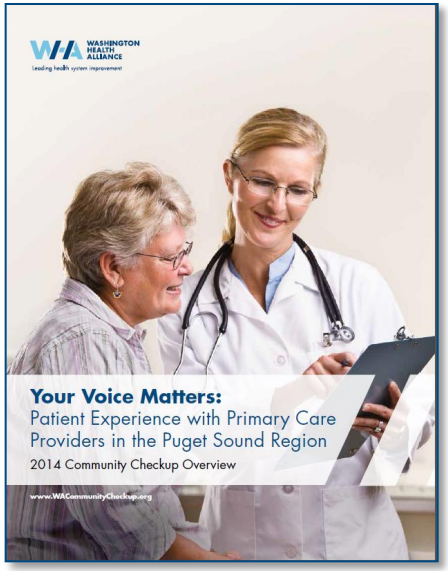
Midwives Association of Washington State and Kelley-Ross join the Alliance
On the blog.

Alliance partners with Consumer Reports to disseminate health

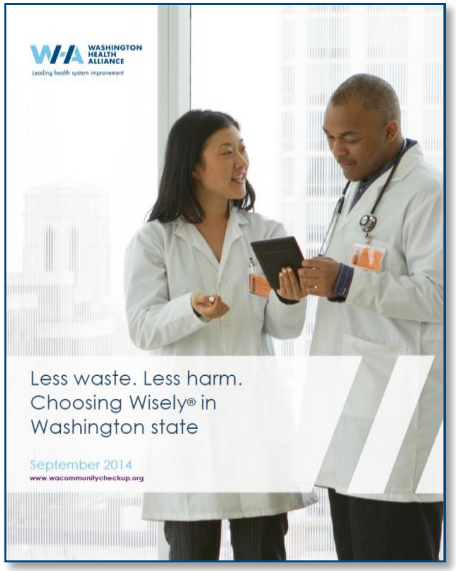
Presentation Outline

- The Alliance's Reports
- Understanding Value in Health Care – Six Key Variables
- All Payer Claims Database (APCD)
- Plans for Future Reports

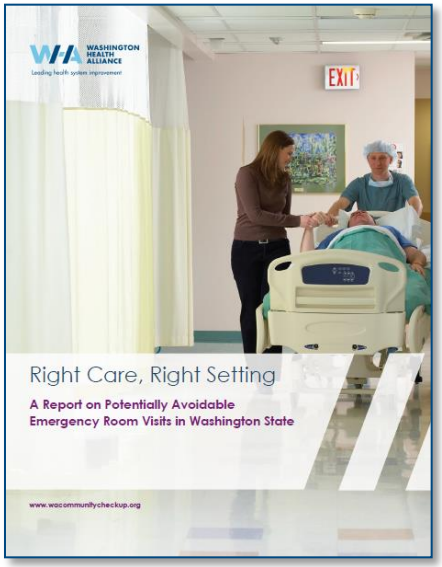

Comparing Local Health Care in Washington
2013 Community Checkup Overview
www.wacommunitycheckup.org

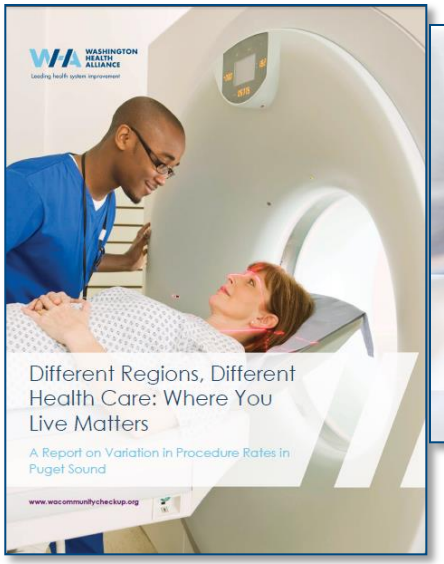

Your Voice Matters:
Patient Experience with Primary Care Providers in the Puget Sound Region
2014 Community Checkup Overview
www.WACommunityCheckup.org


Disparities in Care
2014 report
www.wacommunitycheckup.org


Less waste. Less harm.
Choosing Wisely® in Washington state
September 2014
www.wacommunitycheckup.org


Hospital Readmissions and Outpatient Care
A Report on Hospital Readmissions and Post-Discharge Care for Commercially Insured Patients in Washington State
www.wacommunitycheckup.org


Right Care, Right Setting
A Report on Potentially Avoidable Emergency Room Visits in Washington State
www.wacommunitycheckup.org


Different Regions, Different Health Care: Where You Live Matters
A Report on Variation in Procedure Rates in Puget Sound
www.wacommunitycheckup.org

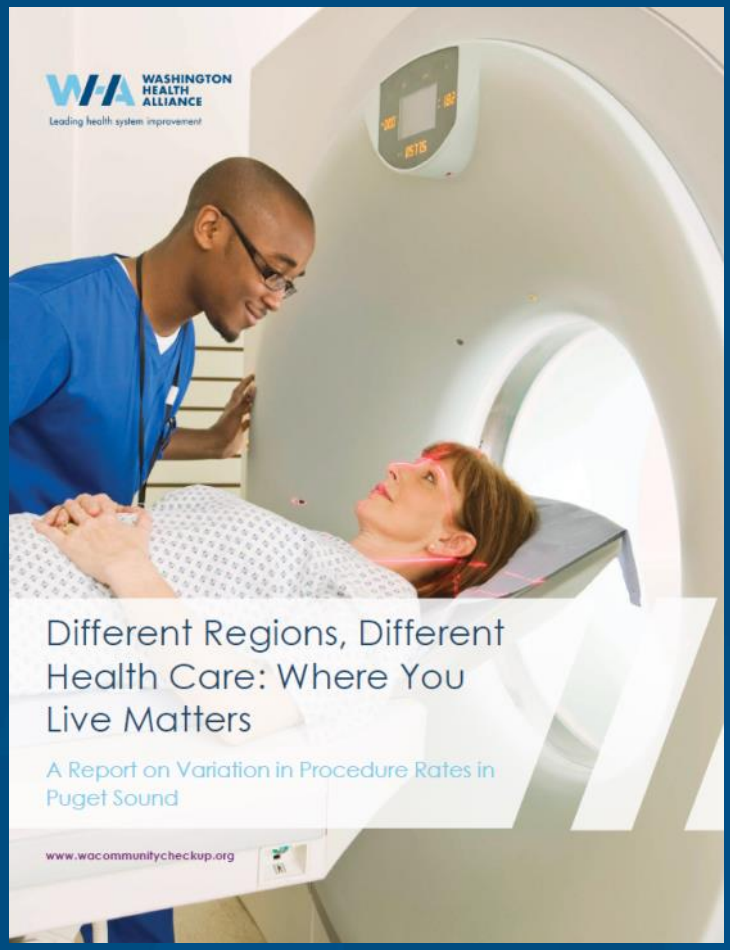

Hospital sticker shock
A report on hospital sticker price variation in Washington state
www.wacommunitycheckup.org

Understanding VALUE in Health Care - Six Key Variables

VARIABLE	Is the Health Care Service. . .
Appropriateness	Really Needed?
Process Quality	Provided in the most effective and safe manner?
Experience	Provided in a patient-centered way?
Outcomes	Producing the best possible results for the patient?
Intensity/ Utilization	Provided in the most efficient manner?
Price	Produced at a fair price for the buyer?

Different Regions, Different Health Care: Where You Live Matters

A Report on Variation in Procedure Rates in Puget Sound



WASHINGTON HEALTH ALLIANCE
Leading health system improvement

Sample of the Report Findings

- **Women ages 45–54 living in Olympia** were 192% more likely to have a **spine fusion** than their counterparts in Seattle.
- **Residents of Monroe** were almost twice as likely to receive an **extremity MRI scan** as people living in other Puget Sound communities.
- **Women living in Arlington** were 234% more likely to have a **sleep test** performed in a medical setting than their Bellingham counterparts.
- In **Tacoma**, **children** received **upper GI endoscopies** at higher rates than the rest of the region.

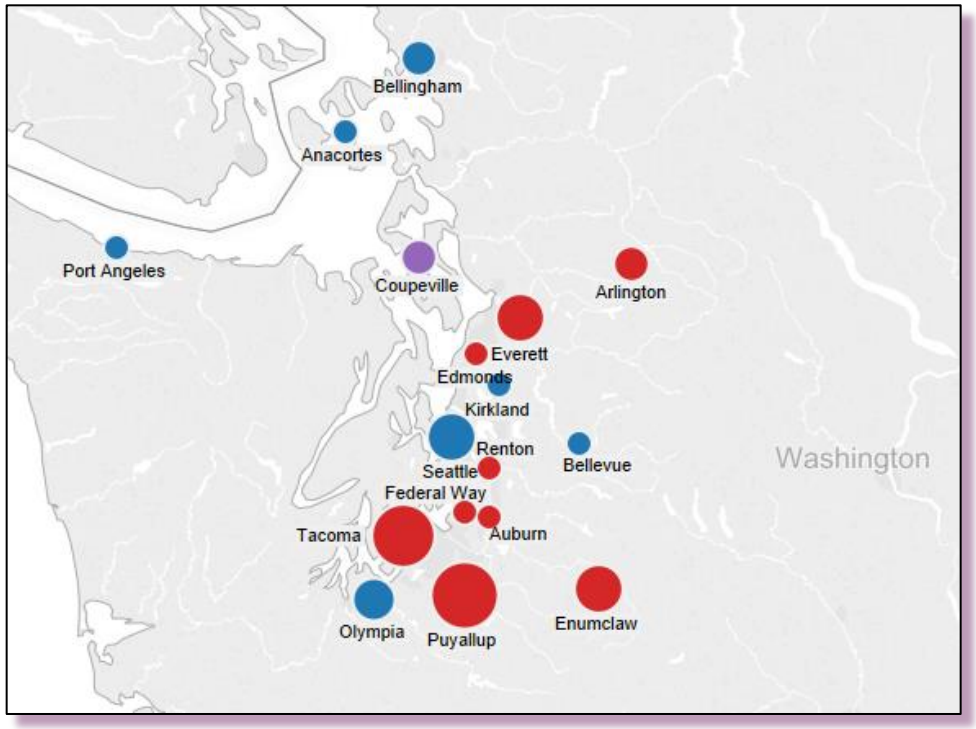
Map Summaries

Each circle is a Residential Zone

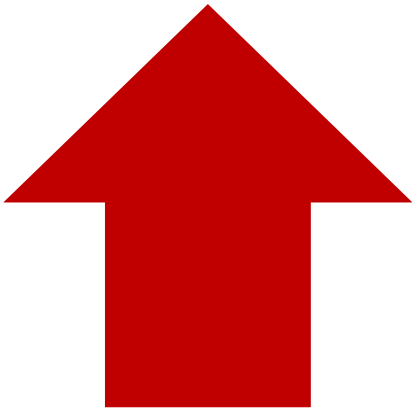
- ✓ **COLOR of each circle tells the <u>direction</u> of the difference in use rates**
  - ***Red: higher than rest of region***
  - ***Blue: lower***
  - ***Purple: mixed results***

- ✓ **LARGER CIRCLES mean the pattern of use reaches across more age and gender groups**
  - ***i.e., <u>more patient groups</u> received the service at higher (or lower) rates***

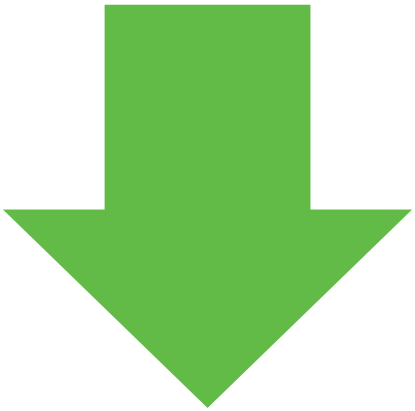
UPPER GI ENDOSCOPY USE RATES



Overall patterns for these 11 tests and procedures



Everett, Tacoma, Puyallup and Olympia tend to have higher use rates.



Seattle, Bellingham and Bellevue tend to have lower use rates.

Understanding VALUE in Health Care - Six Key Variables

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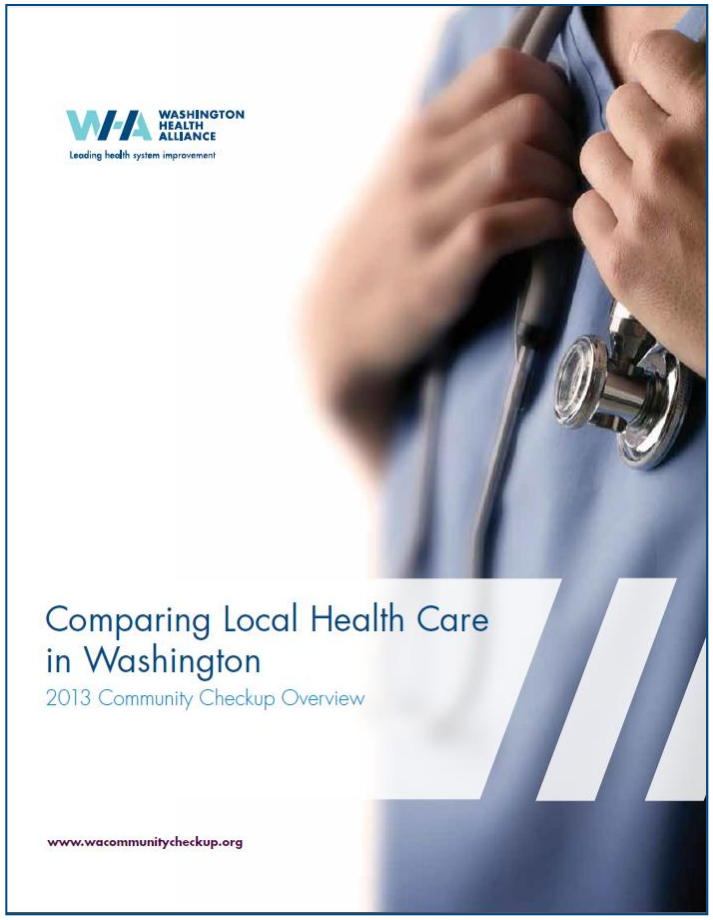
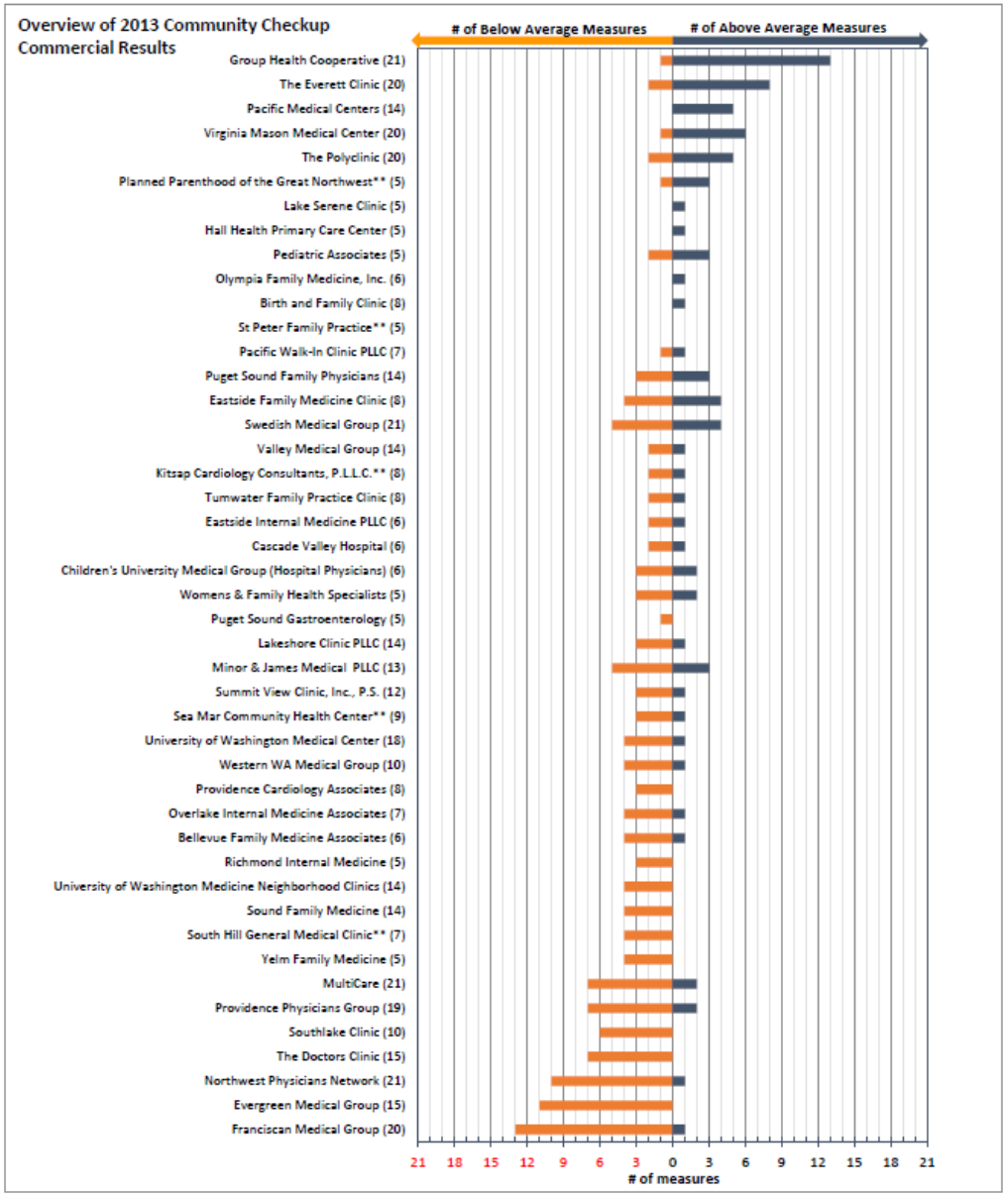
Community Checkup

The report includes 23 measures of care from medical groups in the following areas:

- Prevention (effectively screening for diseases)
- Appropriate use of services (when antibiotics and imaging are called for)
- Care for patients with diabetes, heart disease, asthma, depression, and Chronic Obstructive Pulmonary Disease (COPD)
- Use of generic prescription drugs
- Access to preventive care for adults, adolescents and children



We see variation in performance among medical groups and even within medical groups

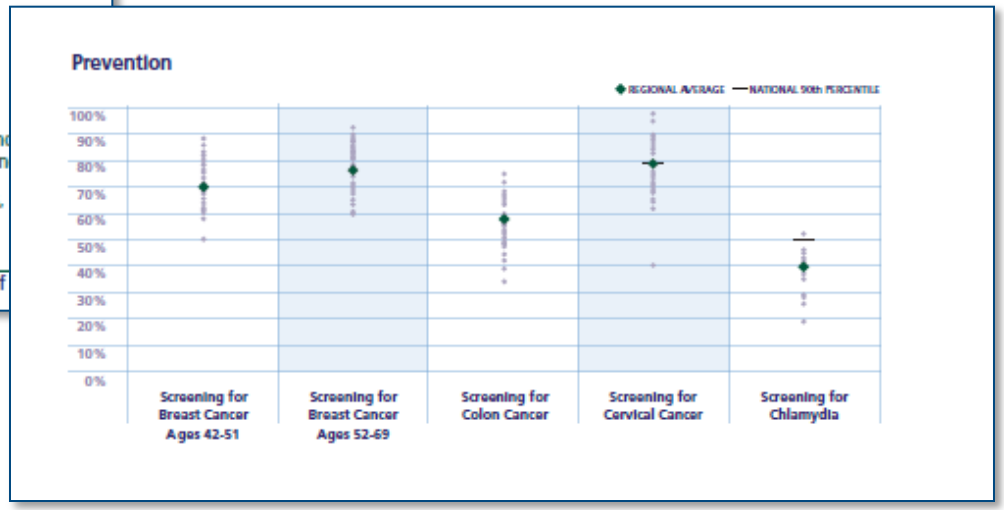


What Is Measured?	Why Are These Measures Important?
• **Screening for Breast Cancer**—The percentage of women ages 42–69 who had at least one mammogram during the two-year measurement period. This measure is reported at the regional level for women age 42–51 and at the medical group level for women ages 52–69.	• Mammograms are currently the best way to detect breast cancer early, when it is most treatable. • Among women age 50 and older, more than 20 percent did not get a mammogram in the past two years. • Breast cancer is the most frequently diagnosed cancer among Washington women. • Screening could prevent 15–30 percent of deaths from breast cancer.
• **Screening for Cervical Cancer**—The percentage of women ages 21–64 who had at least one Pap test during the three-year measurement period.	• Invasive cervical cancer is one of the most preventable types of cancer due to the effectiveness of the Pap test. • Cervical cancer is no longer the leading cause of cancer death for women in the United States because many women get regular Pap tests.
• **Screening for Chlamydia**—The percentage of sexually active women ages 16–24 who had at least one test for Chlamydia during the measurement year.	• Chlamydia is the most commonly reported sexually transmitted infection. • 21,178 cases were reported in 2009. • About 75 percent of women and about half of men who have Chlamydia have no symptoms.
• **Screening for Colon Cancer for the Newly Eligible**—The percentage of adults ages 51–56 who had appropriate screening for colon or colorectal cancer.	• Colorectal cancer is the third most common cancer diagnosed in the U.S. and the second leading cause of annual cancer deaths. • Each year, nearly 1,000 people in Washington die from colorectal cancer. • Colon cancer is preventable. Colorectal screening can find abnormal growths in the colon before they turn into can • If everybody age 50 or older had regular screening tests, up to 60 percent of deaths from colorectal cancer could be prevented.

Source: Washington State Department of

Highlights

- These measures show wide variation among medical groups
- Performance is below the national benchmark for those measures where a benchmark exists
- Chlamydia screening measure falls to reach an already modest benchmark



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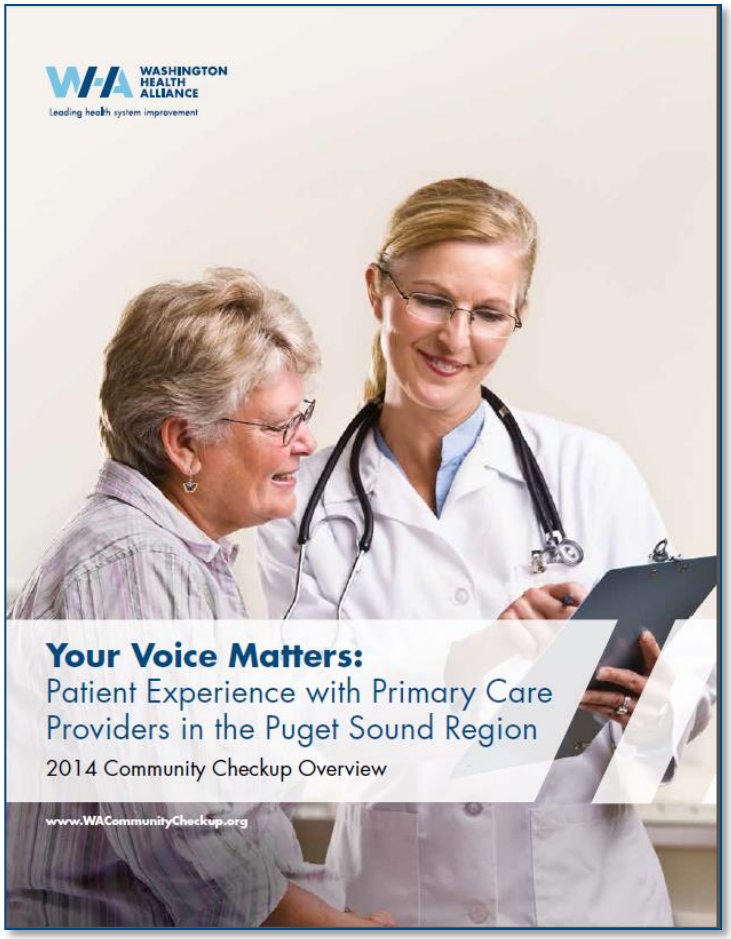
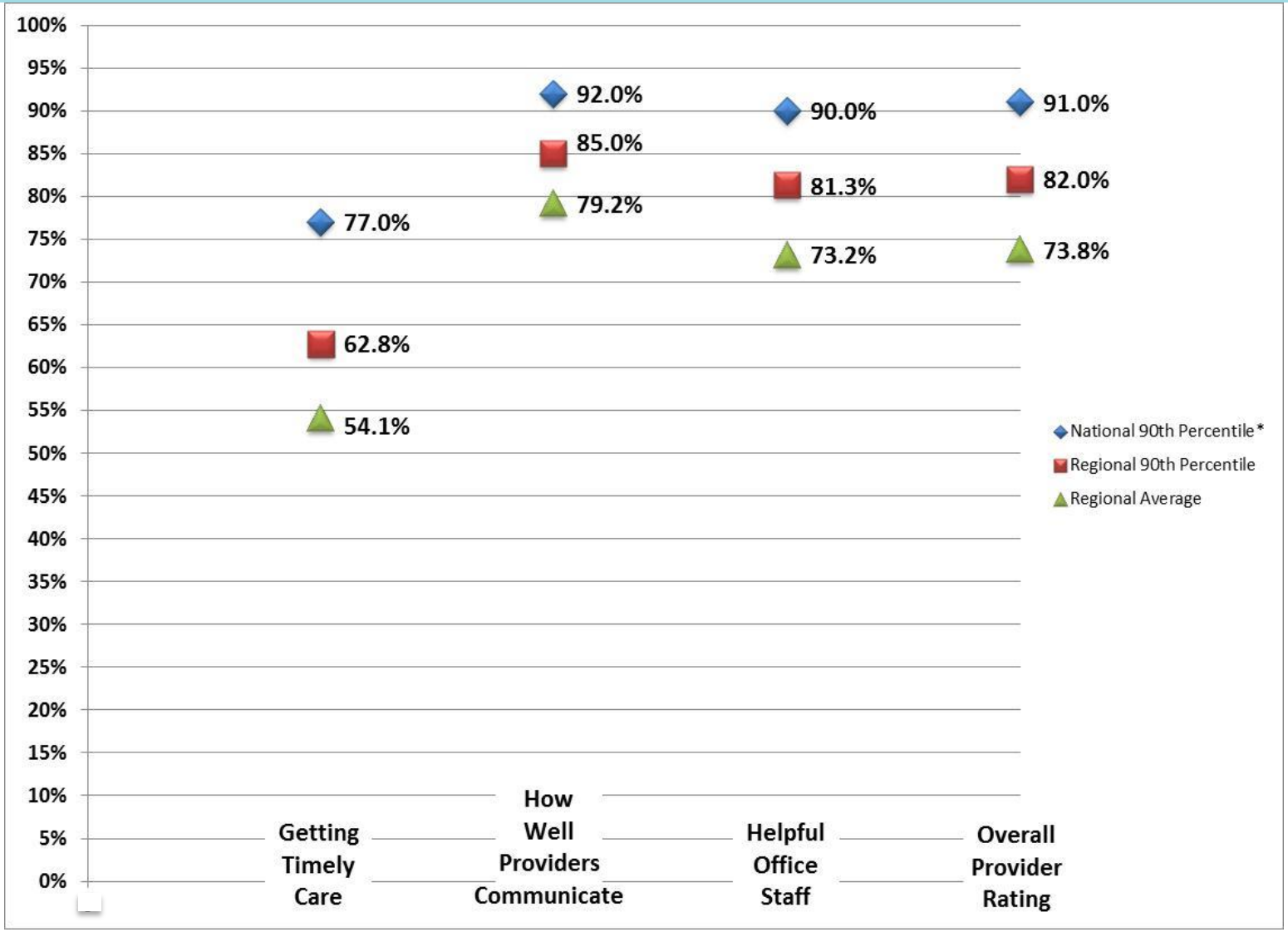
Patient Experience Report

***Publicly available comparable results* for 46 medical groups with clinics in 185 locations across a five-county Puget Sound region** (King, Kitsap, Pierce, Snohomish, and Thurston counties).

- This is the only report of its kind in the Puget Sound area.
- Both medical group and clinic results are available on the Alliance's Community Checkup website: **www.WAcommunitycheckup.org**
- We will repeat the survey in 2015-2016.

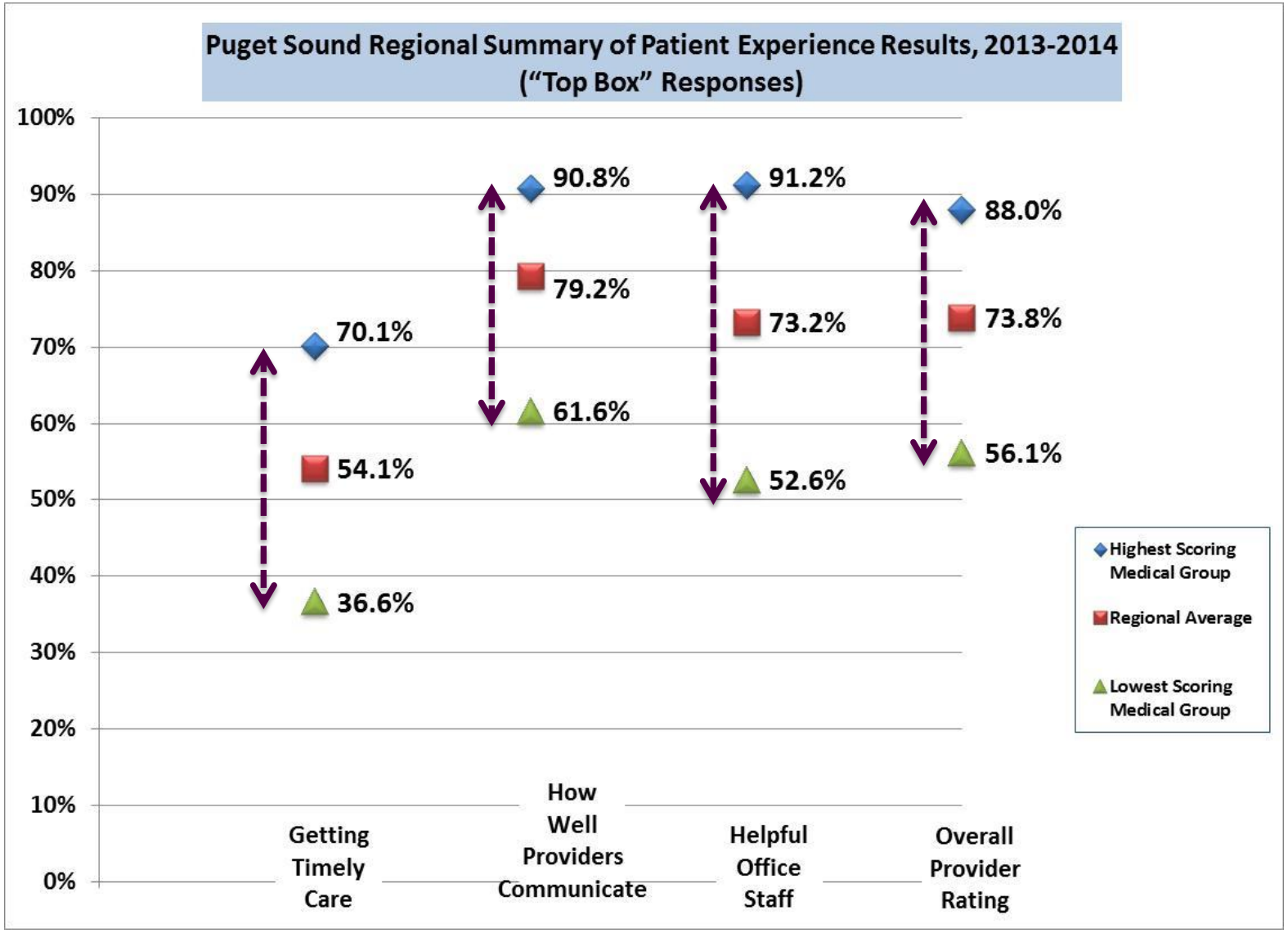


Puget Sound Regional Summary of Patient Experience Results, 2013-2014
("Top Box" Responses)



*Based on 2012 Data, most recent available for comparison

There is wide variation in performance among medical groups.



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Potentially Avoidable 30-day All Cause Readmissions

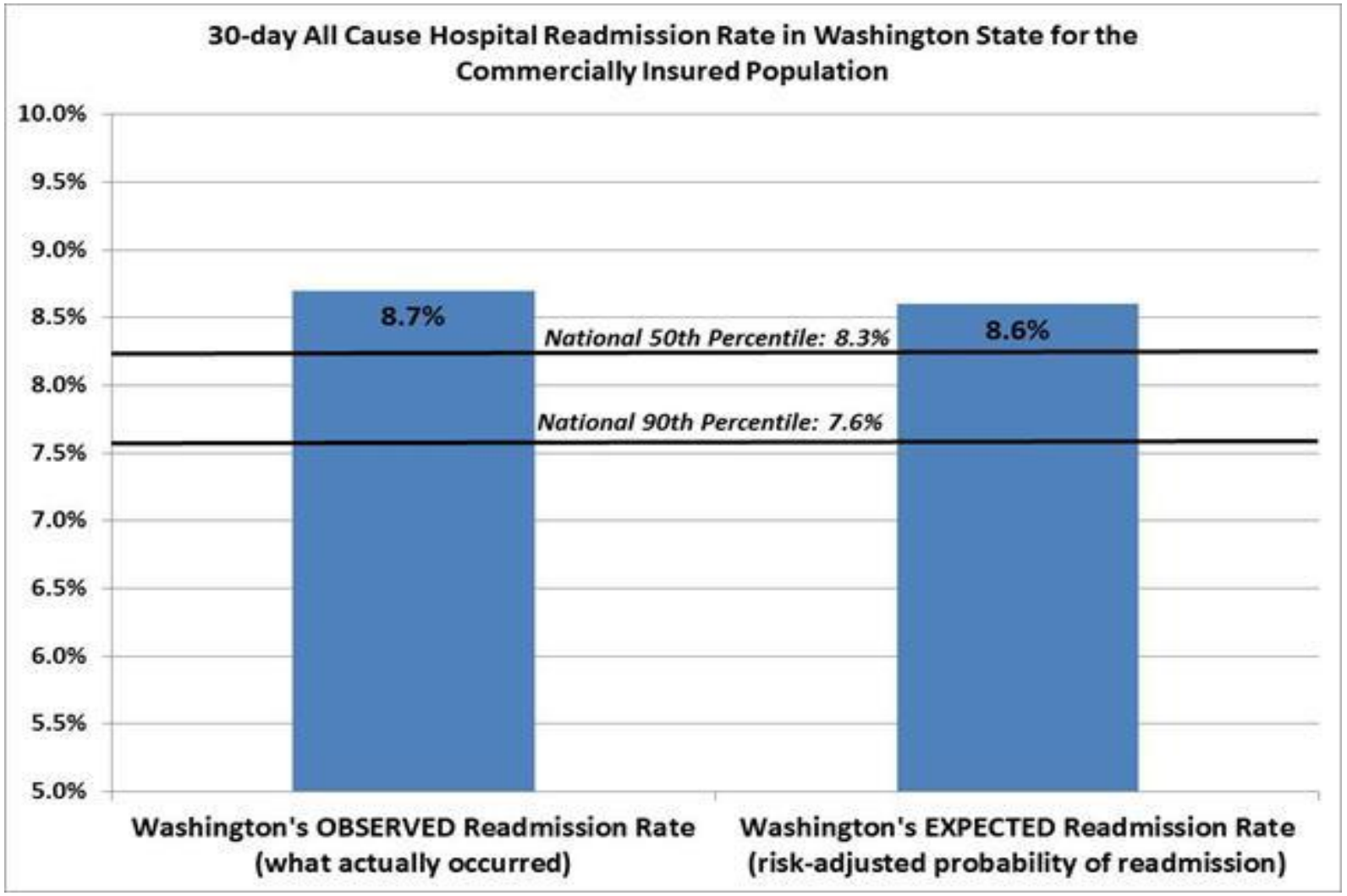
WASHINGTON HEALTH ALLIANCE

Leading health system improvement

About the Report

- NCQA HEDIS 30-day All Cause Readmissions (NQF-endorsed)
- Measure included in new statewide common measure set
- Measure counts the # of inpatient stays for patients ages 18-64 that were followed by a readmission (for any reason) within 30 days
- Compares actual rate of readmission to risk-adjusted "expected rate"
- Smaller subset of patients in the analysis

Summary of Findings

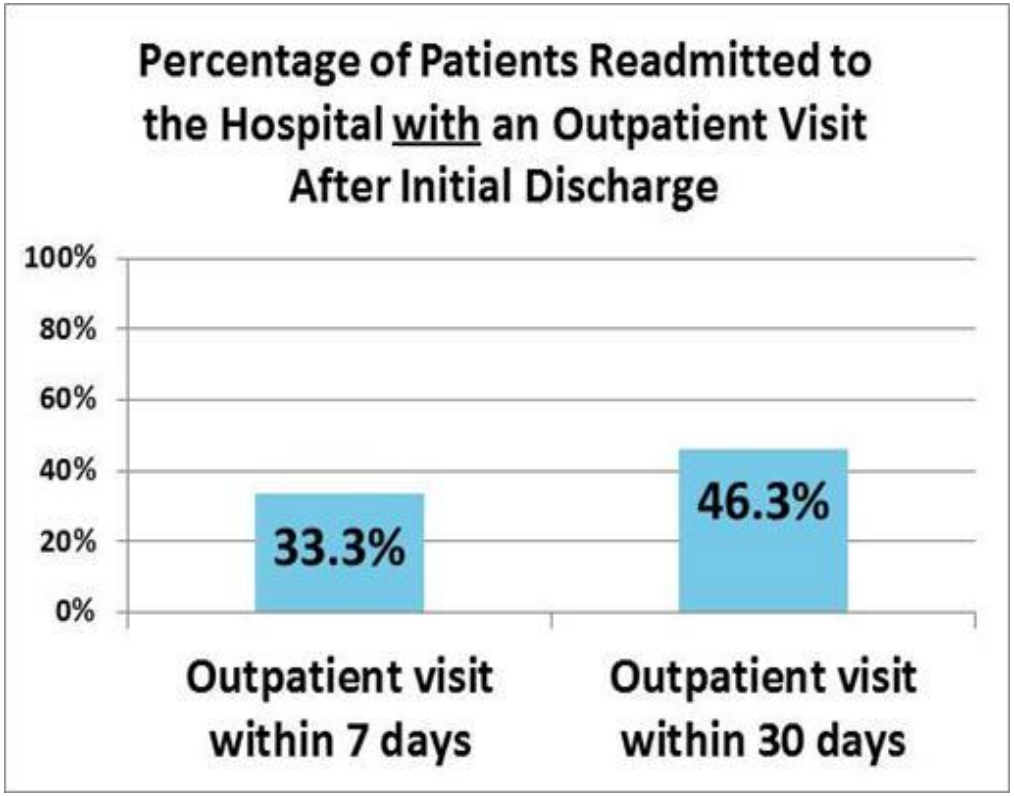


What are the most common diagnosis categories for patients who have been readmitted?

The following four diagnosis groups account for about 1/3 of all readmissions in this analysis:

Readmission Diagnosis Categories	% of Total
Complications	14.2%
Diseases of the Heart	10.4%
Lower GI Disorders	5.8%
Bacterial Infection	4.4%

Readmissions and Outpatient Follow-up



Range of Performance for Hospitals

Outpatient follow-up w/in 7 days
15% - 65%

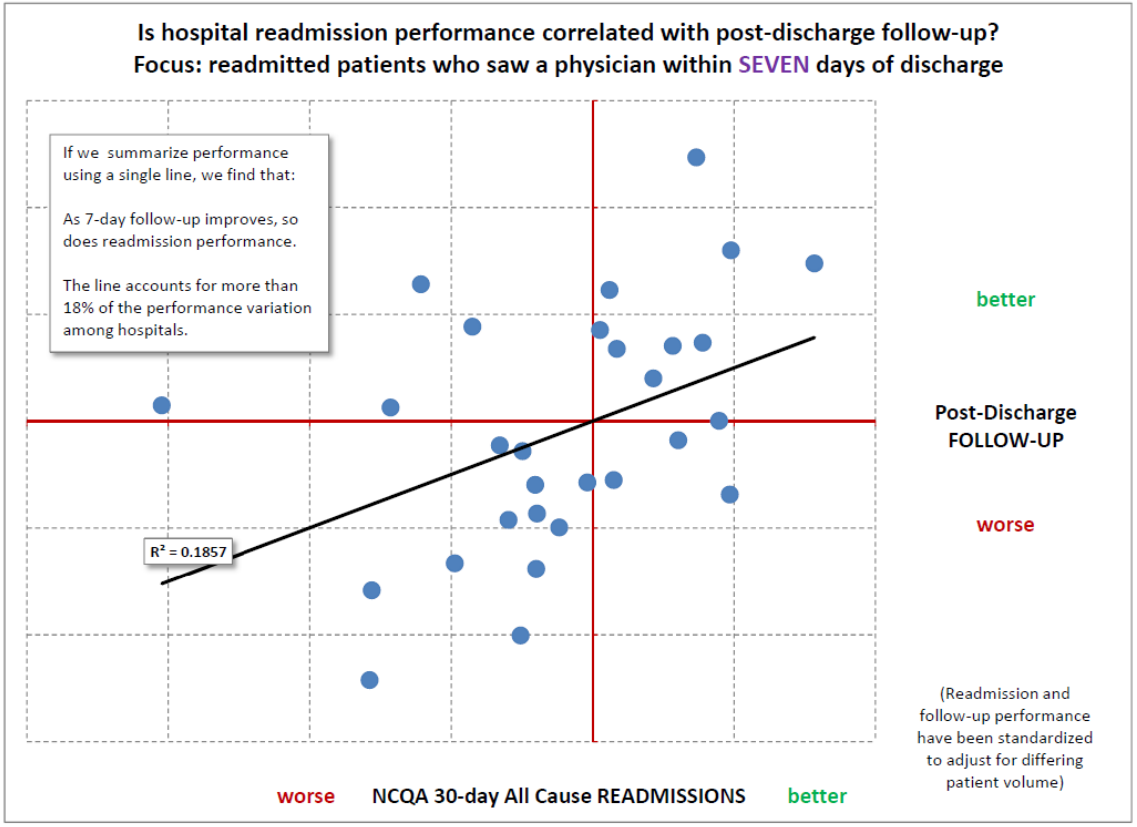
Outpatient follow-up w/in 30 days
24% - 70%

Range of Performance for Medical Groups

Outpatient follow-up w/in 7 days
11% - 52%

Outpatient follow-up w/in 30 days
11% - 64%

Readmission rates correlate with outpatient follow-up



Results show that as outpatient follow-up improves, so does readmission performance.

ADMITTING HOSPITAL	RATING*	OBSERVED READMIT RATE	EXPECTED READMIT RATE	OUTPATIENT VISIT WITHIN 7 DAYS OF DISCHARGE	OUTPATIENT VISIT WITHIN 30 DAYS OF DISCHARGE
Washington state		***8.7%***	***8.6%***	***33.25%***	***46.32%***
Puget Sound region		***9.0%***	***8.7%***	***32.08%***	***45.23%***
Group Health Affiliated Delivery Systems	1st Quartile (Better)	7.4%	8.5%	38.58%	53.54%
MultiCare Good Samaritan Hospital	1st Quartile (Better)	6.6%	8.4%	26.47%	41.18%
Capital Medical Center	1st Quartile (Better)	3.4%	6.3%	33.33%	33.33%
University of Washington Medical Center	1st Quartile (Better)	9.8%	10.9%	37.63%	53.76%
MultiCare Allenmore Hospital	1st Quartile (Better)	7.5%	9.4%	65.0%	70.0%
MultiCare Auburn Medical Center	1st Quartile (Better)	6.8%	8.7%	45.45%	45.45%
Providence St Peter Hospital	1st Quartile (Better)	7.5%	8.3%	37.14%	48.57%
Overlake Hospital Medical Center	2nd Quartile	8.2%	8.5%	28.85%	32.69%
St Joseph Medical Center	3rd Quartile	8.8%	9.0%	43.14%	64.71%
St Francis Community Hospital	3rd Quartile	8.4%	8.5%	43.48%	47.83%
Swedish Medical Center - Edmonds	3rd Quartile	10.2%	9.5%	22.22%	29.63%
Evergreen Hospital Medical Center	3rd Quartile	8.0%	7.4%	26.42%	35.85%
Valley Medical Center	3rd Quartile	8.1%	7.4%	22.0%	24.0%
MultiCare Tacoma General Hospital	3rd Quartile	8.7%	7.7%	26.09%	60.87%
Northwest Hospital & Medical Center	3rd Quartile	9.5%	8.5%	30.56%	41.67%
Swedish Medical Center - First Hill	4th Quartile (Worse)	9.3%	8.6%	28.46%	45.53%
Providence Regional Medical Center Everett	4th Quartile (Worse)	9.1%	7.9%	31.48%	46.3%
Swedish Medical Center - Cherry Hill	4th Quartile (Worse)	10.7%	8.7%	21.43%	23.81%
Harrison Medical Center	4th Quartile (Worse)	11.8%	8.8%	45.71%	60.0%
Highline Medical Center	4th Quartile (Worse)	13.3%	8.6%	15.38%	26.92%
Virginia Mason Medical Center	4th Quartile (Worse)	12.2%	9.8%	18.95%	38.95%
Harborview Medical Center	4th Quartile (Worse)	14.5%	8.8%	34.25%	41.1%

** Rating was determined using a standardized score that calculates observed versus expected rates, taking into consideration sample size: Green = among 25% of lowest readmission rates; Red = among top 25% of highest readmission rates.*

Hospital Results

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Medical Group Results	RATING*	OBSERVED READMIT RATE	EXPECTED READMIT RATE	OUTPATIENT VISIT WITHIN 7 DAYS OF DISCHARGE	OUTPATIENT VISIT WITHIN 30 DAYS OF DISCHARGE
Washington state		***8.7%***	***8.6%***	***33.25%***	***46.32%***
Puget Sound region		***9.0%***	***8.7%***	***32.08%***	***45.23%***
Group Health Cooperative	1st Quartile (Better)	8.1%	8.8%	36.32%	51.71%
Valley Medical Center	1st Quartile (Better)	5.1%	7.9%	11.11%	11.11%
The Polyclinic	1st Quartile (Better)	6.2%	7.8%	31.25%	37.5%
The Everett Clinic	2nd Quartile	7.7%	8.4%	25.81%	35.48%
Franciscan Medical Group	3rd Quartile	8.6%	8.2%	39.29%	50.0%
Swedish Medical Group	3rd Quartile	8.5%	7.8%	20.83%	29.17%
Virginia Mason Medical Center	4th Quartile (Worse)	9.3%	8.4%	23.68%	39.47%
MultiCare	4th Quartile (Worse)	9.0%	8.1%	44.44%	53.33%
Northwest Physicians Network	4th Quartile (Worse)	9.4%	7.6%	52.0%	64.0%

** Rating was determined using a standardized score that calculates observed versus expected rates, taking into consideration sample size: Green = among 25% of lowest readmission rates; Red = among top 25% of highest readmission rates.*

Medical Group Results

Understanding VALUE in Health Care - Six Key Variables

VARIABLE	Is the Health Care Service. . .
Appropriateness	Really Needed?
Process Quality	Provided in the most effective and safe manner?
Experience	Provided in a patient-centered way?
Outcomes	Producing the best possible results for the patient?
Intensity/ Utilization	Provided in the most efficient manner?
Price	Produced at a fair price for the buyer?

Potentially Avoidable ER Visits

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About the Report

- Medi-Cal Measure on Potentially Avoidable ER Visits
- Measure included in new statewide common measure set
- Very conservative measure of avoidable ER Visits
- Results based on 3.3 million Medicaid and commercially insured lives
- Hospital AND medical group results (minimum N = 30 ER visits)
- Results stratified by payer type and age group

Overall Results

	Rate of Potentially Avoidable ER Visits	
Age Range	**Commercially-Insured**	**Medicaid**
Ages 1 – 9	8.8%	**15.7%**
Ages 10 - 19	7.4%	11.2%
Ages 20 - 44	**9.2%**	11.2%
Ages 45+	7.7%	10.6%
Overall Puget Sound Average Rate	**8.4%**	**11.8%**

Key Messages

- Patients contribute to the problem of avoidable ER visits. Many patients, *including those with health insurance*, don't have an established relationship with a primary care provider or simply choose to go the ER for convenience.
- Hospitals and primary care groups compound the problem.
  - Unprecedented expansion of ER capacity
  - Heavy marketing of ER availability ("why wait?")
  - Lack of access to primary care advice or appointments
  - PCPs suggest that patients "just go to the ER"
- There are good reasons why patients should think twice before visiting the ER for a non-emergency.
  - High cost
  - Increased risk
  - Less personal care/lack of continuity of care
  - Longer waiting times, more stress

Potentially Avoidable ER Visits

Multiple Strategies for Reducing ER Visits

- Collaboration and Information Sharing Among Providers
- Reduce Marketing, Increase Consumer Education
- Triage
- Primary Care Access
- Group Visits
- Telephone Consultation
- TeleHealth
- Retail and Urgent Care Clinics

Understanding VALUE in Health Care - Six Key Variables

VARIABLE	Is the Health Care Service. . .
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Different Region, Different Health Care Report Includes *Estimated* Commercial Price Ranges

healthcarebluebook.com

Based on Healthcare Bluebook estimates of "fair value" and price variation*

- Service-level estimates for each test or minor procedure
- Episode-level estimates for surgeries (hospital + surgeon + anesthesia)
- Ranges are estimates; actual prices could be higher
- No ability to identify lower/higher priced provider organizations in this market

*No reliance on Alliance data or past reports/analysis

IMAGING	Lower	Higher
CT Scans	$300	$1,150
Extremity MRI	$400	$1,650
Chest X-Ray	$20	$90
PROCEDURES	**Lower**	**Higher**
Sleep Testing	$450	$1,850
Upper GI Endoscopy	$650	$2,500
Arthrocentesis	$50	$200
Spine Injection	$100	$700
SURGERIES	**Lower**	**Higher**
Cesarean Section	$4,750	$19,000
Hysterectomy	$5,100	$21,000
Laminectomy	$5,500	$21,300
Spine Fusion	$15,000	$58,000

Hospital Sticker Shock:

Hospital Price Variation in Washington

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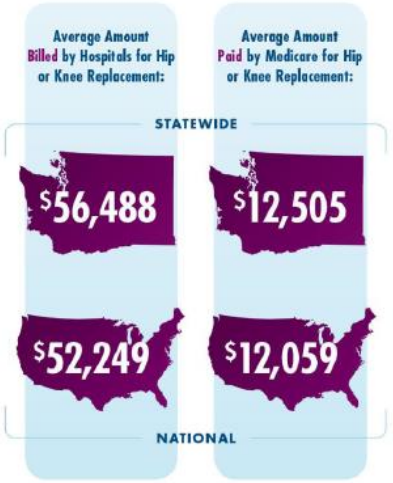
Leading health system improvement

DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR HIP OR KNEE REPLACEMENT:

4x OR **$69,475**



HOSPITAL OWNERSHIP:

- Govt. - Hospital District or Authority
- Govt. - State
- Govt. - Local
- Proprietary
- Voluntary nonprofit - Private
- Voluntary nonprofit - Church
- Voluntary nonprofit - Other

Price Variation for Hip or Knee Replacement (DRG 470)

	CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1	PUYALLUP	MULTICARE GOOD SAMARITAN HOSPITAL	174	$92,226	$12,363
2	TACOMA	TACOMA GENERAL ALLENMORE HOSPITAL	210	$90,393	$14,410
3	SPOKANE	DEACONESS HOSPITAL	142	$84,583	$13,388
4	FEDERAL WAY	ST FRANCIS COMMUNITY HOSPITAL	93	$81,592	$12,228
5	ABERDEEN	GRAYS HARBOR COMMUNITY HOSPITAL	74	$81,295	$12,541
6	YAKIMA	YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	76	$81,267	$12,279
7	LAKEWOOD	SAINT CLARE HOSPITAL	205	$78,027	$12,511
8	SEATTLE	HARBORVIEW MEDICAL CENTER	44	$76,130	$17,376
9	TACOMA	ST JOSEPH MEDICAL CENTER	238	$75,728	$11,822
10	SPOKANE	VALLEY HOSPITAL	173	$74,798	$11,220
11	GIG HARBOR	ST ANTHONY HOSPITAL	229	$72,747	$10,913
12	CENTRALIA	PROVIDENCE CENTRALIA HOSPITAL	111	$72,437	$13,597
13	OLYMPIA	PROVIDENCE ST PETER HOSPITAL	429	$67,282	$11,906
14	RENTON	VALLEY MEDICAL CENTER	363	$66,673	$14,018
15	BREMERTON	HARRISON MEDICAL CENTER	351	$66,045	$12,259
16	AUBURN	MULTICARE AUBURN MEDICAL CENTER	63	$65,697	$12,602
17	SEATTLE	SWEDISH MEDICAL CENTER	924	$63,706	$13,161
18	OLYMPIA	CAPITAL MEDICAL CENTER	160	$63,344	$11,796
19	ISSAQUAH	SWEDISH ISSAQUAH	40	$61,732	$10,030
20	SEATTLE	NORTHWEST HOSPITAL	318	$59,304	$11,630
21	EDMONDS	SWEDISH EDMONDS HOSPITAL	89	$57,238	$12,246
22	BURIEN	HIGHLINE MEDICAL CENTER	77	$56,472	$12,656
23	EVERETT	PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	257	$54,309	$11,179
24	SPOKANE	PROVIDENCE SACRED HEART MEDICAL CENTER	524	$50,785	$13,085
25	SPOKANE	PROVIDENCE HOLY FAMILY HOSPITAL	236	$50,691	$11,962
26	VANCOUVER	PEACEHEALTH SOUTHWEST MEDICAL CENTER	221	$50,479	$12,717
27	MOUNT VERNON	SKAGIT VALLEY HOSPITAL	163	$49,141	$12,724
28	BELLEVUE	OVERLAKE HOSPITAL MEDICAL CENTER	387	$48,016	$10,435
29	KIRKLAND	EVERGREEN HOSPITAL MEDICAL CENTER	234	$47,741	$10,490
30	WALLA WALLA	PROVIDENCE ST MARY MEDICAL CENTER	173	$46,916	$11,731
31	WENATCHEE	CENTRAL WASHINGTON HOSPITAL	338	$42,557	$12,781
32	BELLINGHAM	PEACEHEALTH ST JOSEPH MEDICAL CENTER	278	$41,438	$12,540
33	KENNEWICK	KENNEWICK GENERAL HOSPITAL	81	$40,975	$11,620
34	RICHLAND	KADLEC REGIONAL MEDICAL CENTER	149	$40,967	$11,937
35	ARLINGTON	CASCADE VALLEY HOSPITAL	35	$40,159	$14,913
36	SEATTLE	UNIVERSITY OF WASHINGTON MEDICAL CTR	77	$40,123	$20,332
37	SEATTLE	VIRGINIA MASON MEDICAL CENTER	348	$39,515	$13,758
38	WALLA WALLA	WALLA WALLA GENERAL HOSPITAL	27	$39,121	$11,973
39	MONROE	VALLEY GENERAL HOSPITAL	17	$39,065	$15,414
40	MOSES LAKE	SAMARITAN HOSPITAL	63	$38,777	$12,892
41	YAKIMA	YAKIMA VALLEY MEMORIAL HOSPITAL	308	$34,698	$12,664
42	VANCOUVER	LEGACY SALMON CREEK MEDICAL CENTER	250	$33,442	$13,250
43	ANACORTES	ISLAND HOSPITAL	145	$31,524	$11,479
44	LONGVIEW	PEACEHEALTH ST JOHN MEDICAL CENTER	154	$30,792	$13,205
45	PORT ANGELES	OLYMPIC MEDICAL CENTER	172	$25,670	$12,027
46	WENATCHEE	WENATCHEE VALLEY HOSPITAL	37	$22,751	$9,290

Price Transparency Comes in Different Forms
Both are important but one does not take the place of the other.

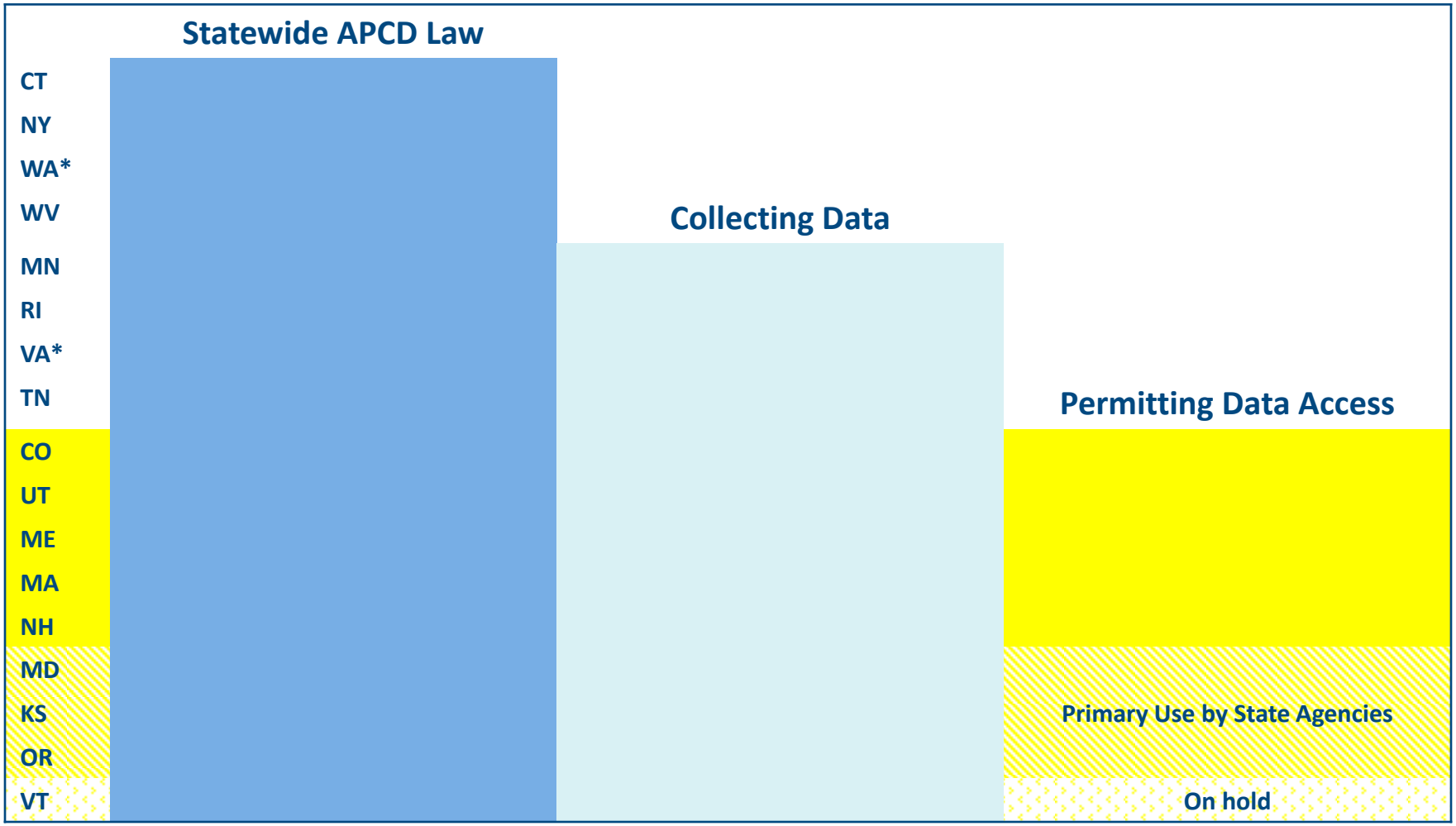
All Payer Claims Database (APCD)

- Best provided by neutral, third-party
- Utilizes multi-payer, blended information to understand total market dynamic
- Informs community-wide efforts to improve value and reduce unwarranted variation/waste
- Useful to help purchasers be effective as change agents:
  - Leverage purchasers' combined efforts with same information and robust view of market
  - Inform benefit design, contracting and payment approaches
  - Demonstrate value of anchoring members to higher performing systems
- Useful to help providers benchmark their performance to the market, and to understand opportunities for improving value
- Useful to help uninsured individuals (who do not have access to health plan cost calculator) make personal decisions

Consumer Health Care Cost Calculators

- Best provided by health plans
- Only utilizes single-payer data
- Useful to specific health plan members but not available to general public
- Ability to link all three to provide accurate information for individuals
  1. Individual consumer's health plan and their status of benefits
  2. Plan's contracted provider network, reflecting discounts
  3. Consumer's specific search for particular service or procedure
- Useful to help insured individuals/families make personal decisions
  - Plan for annual known health care expenses
  - Compare cost of care for treating health conditions and choose providers for specific services and procedures

Access to APCD Data as of 2014



*Blended mandatory/voluntary model

Proposed Bill: Data Use Conditions

- Provides detailed guidance on the contents of the data request application.
- Includes clear protections for direct and indirect patient identifiers and "proprietary financial information."
- Designates that government agencies, researchers with approval of IRB and "any entity when functioning as the lead organization" will have the broadest access.
- Recipients must sign a data use agreement and confidentiality agreement, agree not to re-disclose claims data, not to attempt to determine identity of a person and to store, destroy or return claims data to the lead organization at the conclusion of the data use agreement.

Future Quality and Cost Reporting

- Continue many of our past reports, e.g., Community Checkup, Patient Experience, Choosing Wisely
  - Expand medical group measurement and reporting statewide
- Structure of Regional Health Costs
- Identifying High Performing Systems
- Cost of Potentially Avoidable Care and Complications
- Cost of Potentially Avoidable ER Visits
- Multi-payer data for Cost Information Targeted at Uninsured Consumers and Employers

Questions/comments?

GOING TO THE ER?

THINK TWICE.

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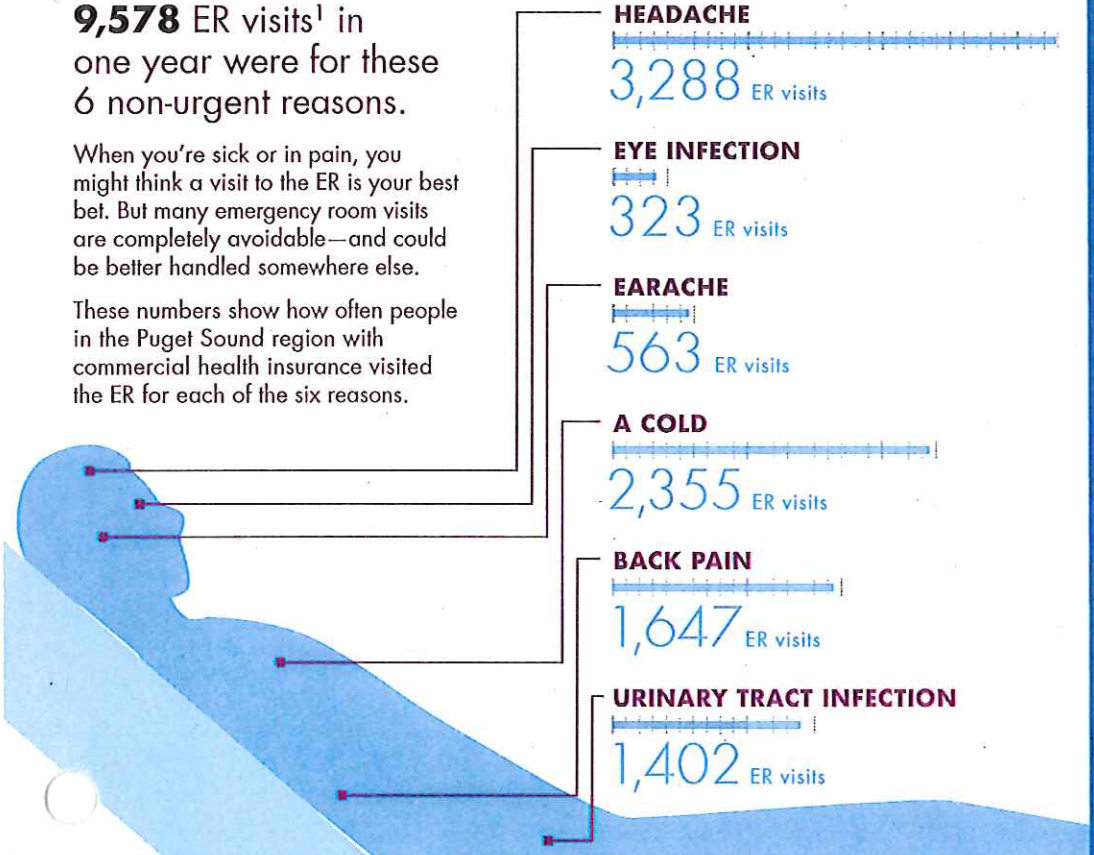
9,578 ER visits[1] in one year were for these 6 non-urgent reasons.

When you're sick or in pain, you might think a visit to the ER is your best bet. But many emergency room visits are completely avoidable—and could be better handled somewhere else.

These numbers show how often people in the Puget Sound region with commercial health insurance visited the ER for each of the six reasons.



HEADACHE
3,288 ER visits

EYE INFECTION
323 ER visits

EARACHE
563 ER visits

A COLD
2,355 ER visits

BACK PAIN
1,647 ER visits

URINARY TRACT INFECTION
1,402 ER visits

WHAT'S THE BIG DEAL?

HIGHER **COST**

In general, a visit to the ER costs about **10 times** what it costs to see a primary care doctor—that is a lot of waste for the health care system and means higher out-of-pocket costs for you.

INCREASED **RISK**

When you go to the ER, you will likely get more tests and procedures than you really need, which is expensive and could **expose you to unnecessary risks.**[2]

WASTED **TIME**

You'll probably have to wait at the ER—sometimes a long time—while patients with more urgent concerns are cared for first.

LESS **PERSONAL**

The doctors at the emergency room don't know you and your medical history, which may affect the care you receive.

DID YOU KNOW...?

More people go to the ER for a **cold than for a broken leg.**

Avoiding unnecessary visits to the ER could result in a savings of at least **$13 million** per year in the Puget Sound region.[3]

At least **1 in 12** ER patients doesn't need to be there.

WHAT SHOULD YOU DO INSTEAD?

CALL A NURSE LINE
For health advice, 24/7.

CALL YOUR DOCTOR
If you're sick, your primary care doctor knows you best.

GO TO URGENT CARE
If it can't wait, urgent care clinics are usually open evenings and weekends.

THINK TWICE BEFORE YOU GO TO THE ER.

1. avoidable visits were calculated based on the California MediCal Diagnosis method. This method uses 162 ICD-9 diagnosis codes that identify those problems that can be appropriately managed at a primary care provider's office or other clinic setting. The Alliance's Quality Improvement Committee, a group of over a dozen physician leaders from local health care organizations, reviewed this approach and approved its use. This standard was chosen because it is a conservative approach that includes diagnoses widely agreed not to require care in an emergency room.
2. Some risks could include false positive results from testing which can lead to unnecessary treatment, radiation from imaging scans or potential complications associated with procedures. Learn more at: http://oyh.wacommunitycheckup.org/choosingwisely/.
3. **This cost estimate is conservative** and doesn't take into account that 1) the total rate of potentially avoidable ER visits is likely very low due to the conservative methodology we used and 2) ER visits often result in significant lab, radiology, pharmacy and subsequent specialty referrals that can add considerably to the overall cost of care.

These findings are based on a Washington Health Alliance report, "Higher costs, increased risks: A report on avoidable emergency room visits in the Puget Sound region" available at http://wahealthalliance.org/alliance-reports-websites/alliance-reports/.

THE RIGHT CARE

WHEREVER YOU LIVE

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Where you live can affect a lot of things. Your weather. Your commute. And your health care.

For example,
IN 2012:

People living in **Everett** were more likely to receive a CT scan than the rest of the Puget Sound region. For example, girls aged 5–14 were **134% more likely to get a CT scan** than young girls living in Tacoma.

Women aged 35–44 living in **Puyallup** were **193% more likely to have a hysterectomy** compared to women of the same age living in Seattle.

Men aged 55–64 living in **Renton** were **80% more likely to have spine surgery** than men of the same age living in Seattle.

Women aged 35–44 living in **Olympia** were **239% more likely to receive a spine injection** than women of the same age living in Seattle.

WHAT IT ALL MEANS

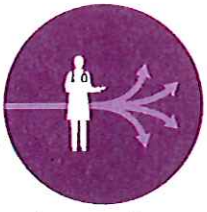
Care is delivered differently across the Puget Sound region (and, in fact, across the entire country). Sometimes people get too much care. Sometimes they get too little. And this variation may really affect your health and pocketbook.

THE CAUSE IS NOT ALWAYS CLEAR

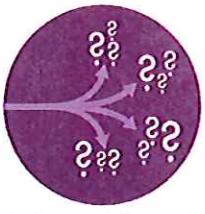
In some places, it could be that people are just sicker. But we also know that the way doctors do things differs across communities and that these differences cannot always be explained by medical need; in some cases, doctors prefer to use certain treatments.*

WHAT YOU CAN DO ABOUT IT

Have an open conversation with your doctor. That way, you can help be sure you're getting the care you really need when you need it – not too much and not too little – and that you understand the risks you might face. Having these discussions can help your doctor help you.



Ask your doctor to tell you about *all* of your care options.



Ask questions about your doctors' recommendations and about any risks or complications.

Find out if a lifestyle change will make a difference. Or, what if you do nothing? This is sometimes called "watchful waiting."

Understand what your treatment options might cost. Be sure to ask about both "professional fees" and "facility fees" which are often billed separately.

Source: *Different Regions, Different Health Care: A Report on Variation in Procedure Rates in Puget Sound*, Washington Health Alliance, 2014.
Learn more at: http://wahealthalliance.org/alliance-reports-websites/alliance-reports/.

* Not every doctor will have the same opinion about possible treatments. Factors which may affect a doctor's opinion are technology available to that doctor, school of thought, where they were trained and experience in dealing with that particular diagnosis. Learn more at: http://www.patientadvocate.org/index.php?p=691.

TAB 4

Working Together for a Healthier Washington

Nathan Johnson, Chief Policy Officer
Health Care Authority
February 12, 2015

Healthier WASHINGTON

Better Health, Better Care, Lower Costs

Why do we need health system transformation?

Because the current system…

- Separates the “head” from the “body” —no integration between services for physical health, mental health and chemical dependency.
- Focuses on volume of services provided, not quality of outcomes.
- Is expensive, and getting more so, without producing better results.

A better system…

The current system…

- ✓ Tom, 54, is covered by Medicaid and homeless.
- ✓ He has used the ER more than 50 times in 15 months.
- ✓ He needs help connecting to housing, health care, and other services.
- ✓ ER doctors routinely repeat tests because they don't have access to health histories.

A better system…

- ✓ Tom has an outreach worker who connects him with housing, health care, and other services.
- ✓ Data systems give Tom's providers immediate access to health histories, enabling coordinated care without duplicated services.
- ✓ Effective services reduce costs.
- ✓ Tom is healthier because he gets the services he needs.

Healthier Washington is the better system

- Build healthier communities through a collaborative regional approach.
- Ensure health care focuses on the whole person.
- Improve how we pay for services.

Initial estimate of savings:

When the combined savings and avoided costs are estimated, adjusting our health system has the potential to save millions: $1.05 billion in the first three to five years.

Healthier WASHINGTON

Better Health, Better Care, Lower Costs

Because health is more than health care

Healthier WASHINGTON

Better Health, Better Care, Lower Costs

By 2019, we will have a Healthier Washington. Here's how.

The plan for a Healthier Washington

Build healthier communities through a collaborative regional approach

- Fund and support Accountable Communities of Health.
- Use data to drive community decisions and identify community health disparities.

Ensure health care focuses on the whole person

- Integrate physical and behavioral health care in regions as early as 2016, with statewide integration by 2020.
- Spread and sustain effective clinical models of integration.
- Make clinical and claims data available to share patient health information.

Improve how we pay for services

- Measure and report common statewide performance measures.
- Move toward value-based models for Apple Health and state employees.
- Drive the commercial market toward value-based models through aligned purchasing approaches.

Implementation tools: State Innovation Models grant, state funding, potential federal waiver
Legislative support: HB 2572, SB 6312

Healthier WASHINGTON

Better Health, Better Care, Lower Costs

Healthier Washington grant budget

Federal State Innovation Models (SIM) grant through the Center for Medicare and Medicaid Innovation (CMMI)

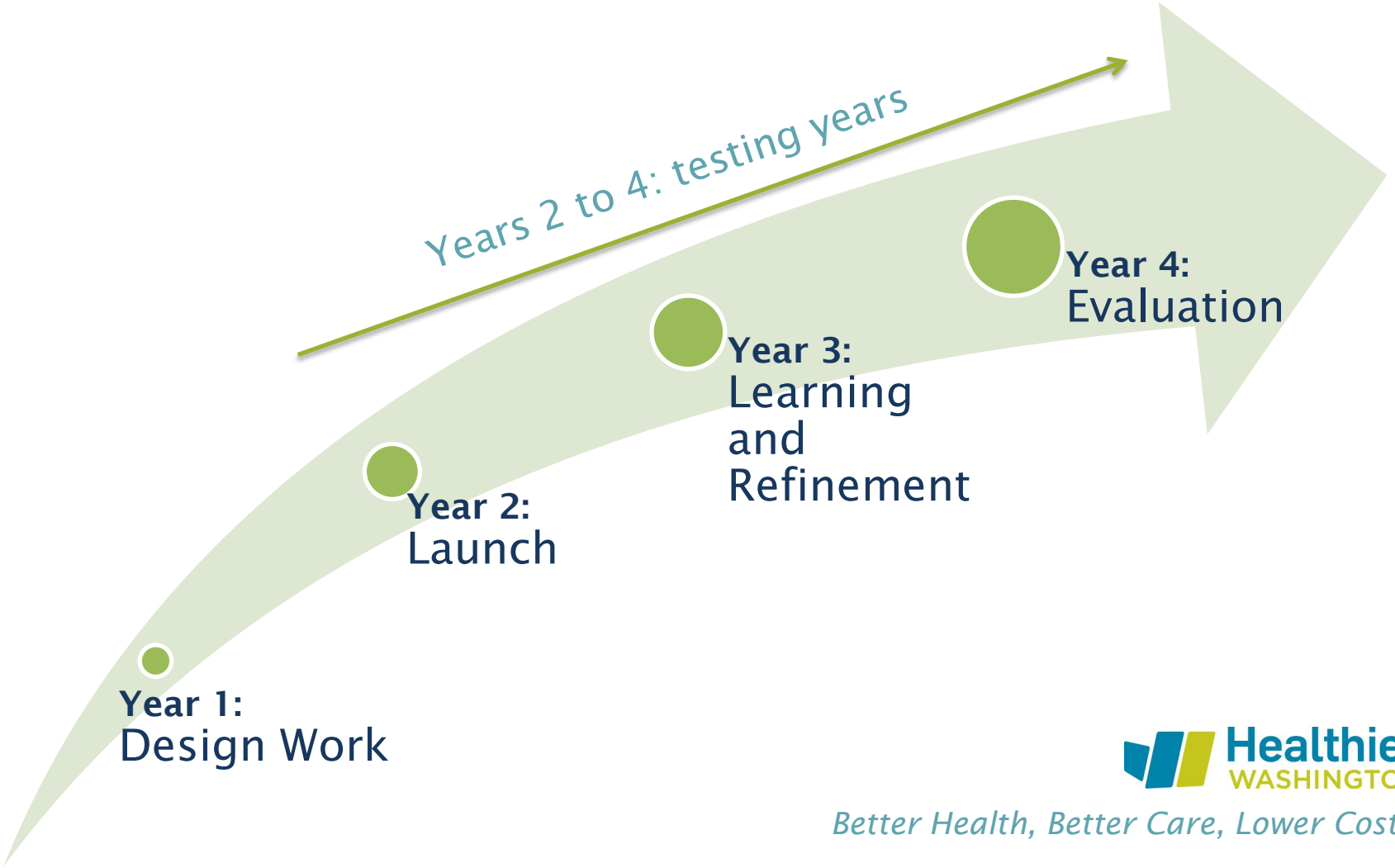
$65 million over four years

Healthier WASHINGTON

Better Health, Better Care, Lower Costs

Healthier Washington grant timeline

February 1, 2015 – January 31, 2019

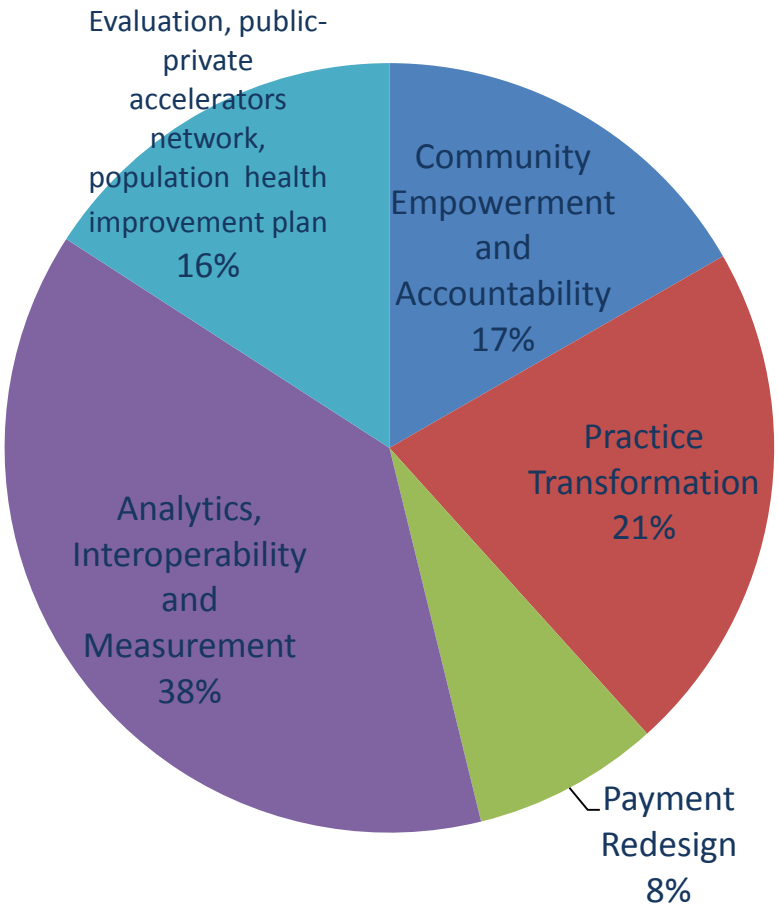


Healthier WASHINGTON

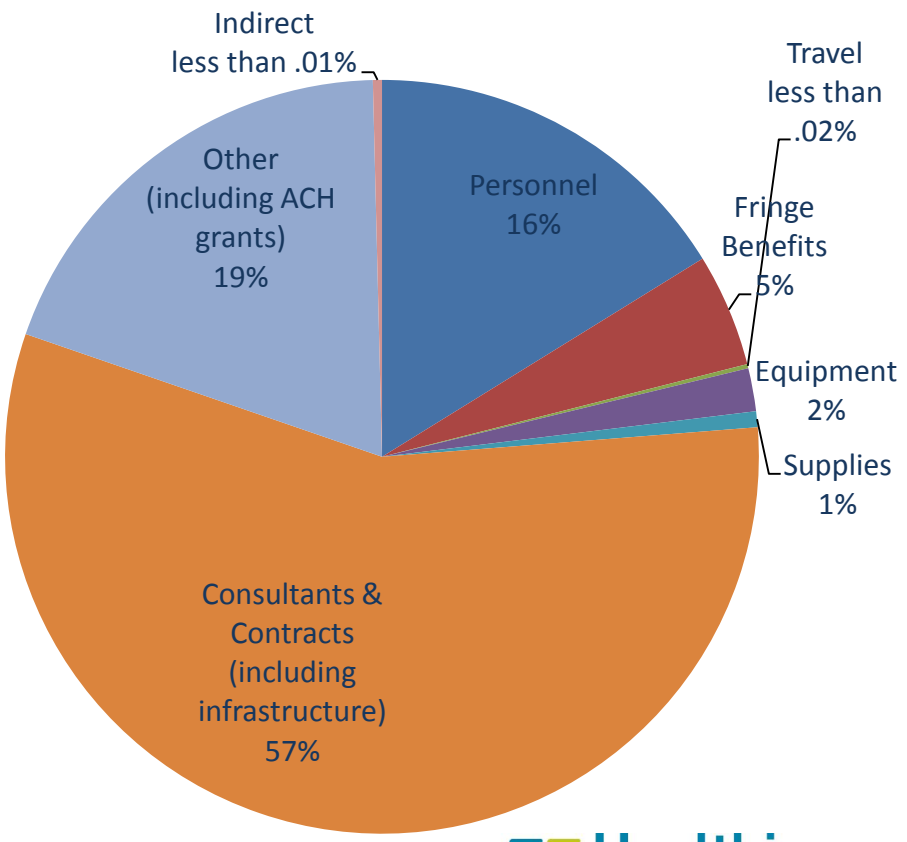
Better Health, Better Care, Lower Costs

Healthier Washington grant spending

By grant area



By budget category



Healthier WASHINGTON

Better Health, Better Care, Lower Costs

Healthier Washington waiver

- Exploring potential 1115 waiver with Centers for Medicare and Medicaid Services
- Waiver could:
  - Give flexibility to accelerate health delivery system transformation
  - Give Washington the investment needed to scale, spread, and sustain transformation
  - Fully capitalize on federal investments through Medicaid expansion, SIM grant
  - Strengthen Washington's commitment to community empowerment, accountability

Healthier WASHINGTON

Better Health, Better Care, Lower Costs

Strategy 1: Build healthier communities through a collaborative regional approach

Accountable Communities of Health

"Regionally governed, public-private collaborative, or structure tailored by the region to align actions and initiatives of a diverse coalition of players in order to achieve healthy communities and populations."

—State Health Care Innovation Plan

Healthier WASHINGTON

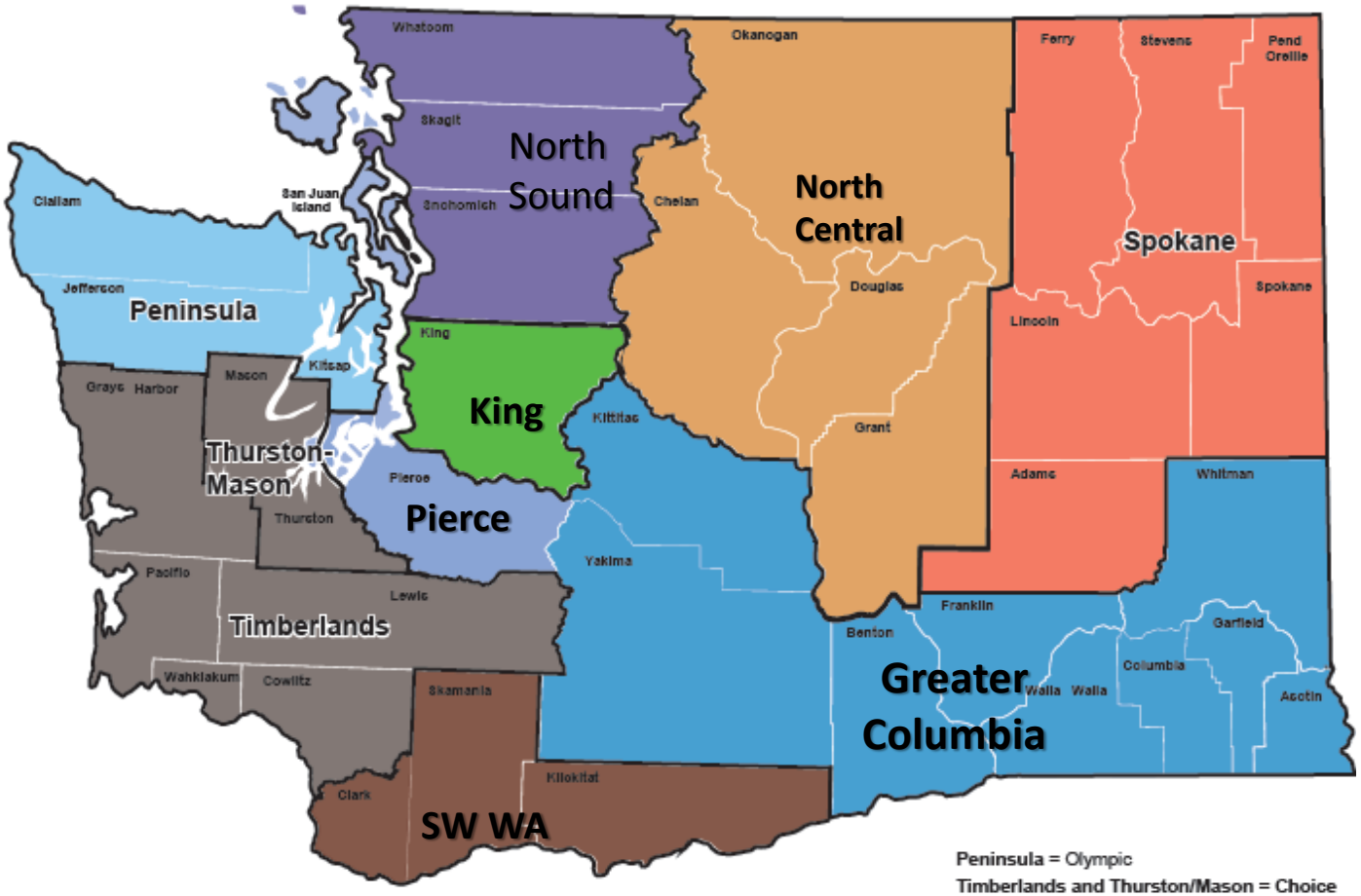
Better Health, Better Care, Lower Costs

No single sector can do it alone

- No single sector or organization in a community can create transformative, lasting change in health and health care alone
- Accountable Communities of Health (ACHs) will:
  - Serve as a regional forum for collaborative decision-making across multiple sectors and systems
  - Engage in state-community partnership to achieve transformative results

ACH boundaries and pilot ACHs

Aligning sectors, resources, and strategies around community and state priorities



Peninsula = Olympic
Timberlands and Thurston/Mason = Choice
Spokane = Better Health Together

Pilots:

Cascade Pacific:

- Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum Counties
- Backbone Support – CHOICE Regional Health Network

North Sound ACH:

- Island, San Juan, Skagit, Snohomish, and Whatcom Counties
- Backbone Support – Whatcom Alliance for Health Advancement

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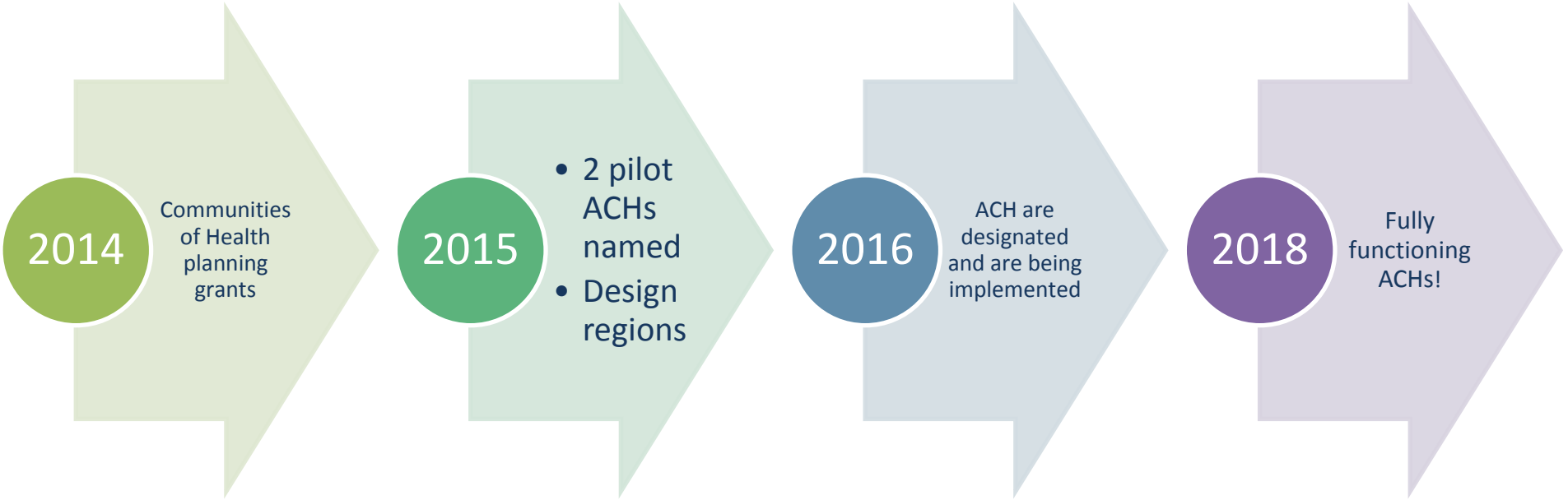
Better Health, Better Care, Lower Costs

ACH timeline



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Better Health, Better Care, Lower Costs

Strategy 2: Ensure health care focuses on the whole person

Integrate physical, behavioral health

- Regional Service Areas: common areas for purchasing of services
- Senate Bill 6312 integrates state purchasing of physical health, mental health, chemical dependency in Medicaid via managed care by 2020
- Shared savings incentives (payments targeted at 10 percent of savings realized by state) in Early Adopter regions in April 2016

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Better Health, Better Care, Lower Costs

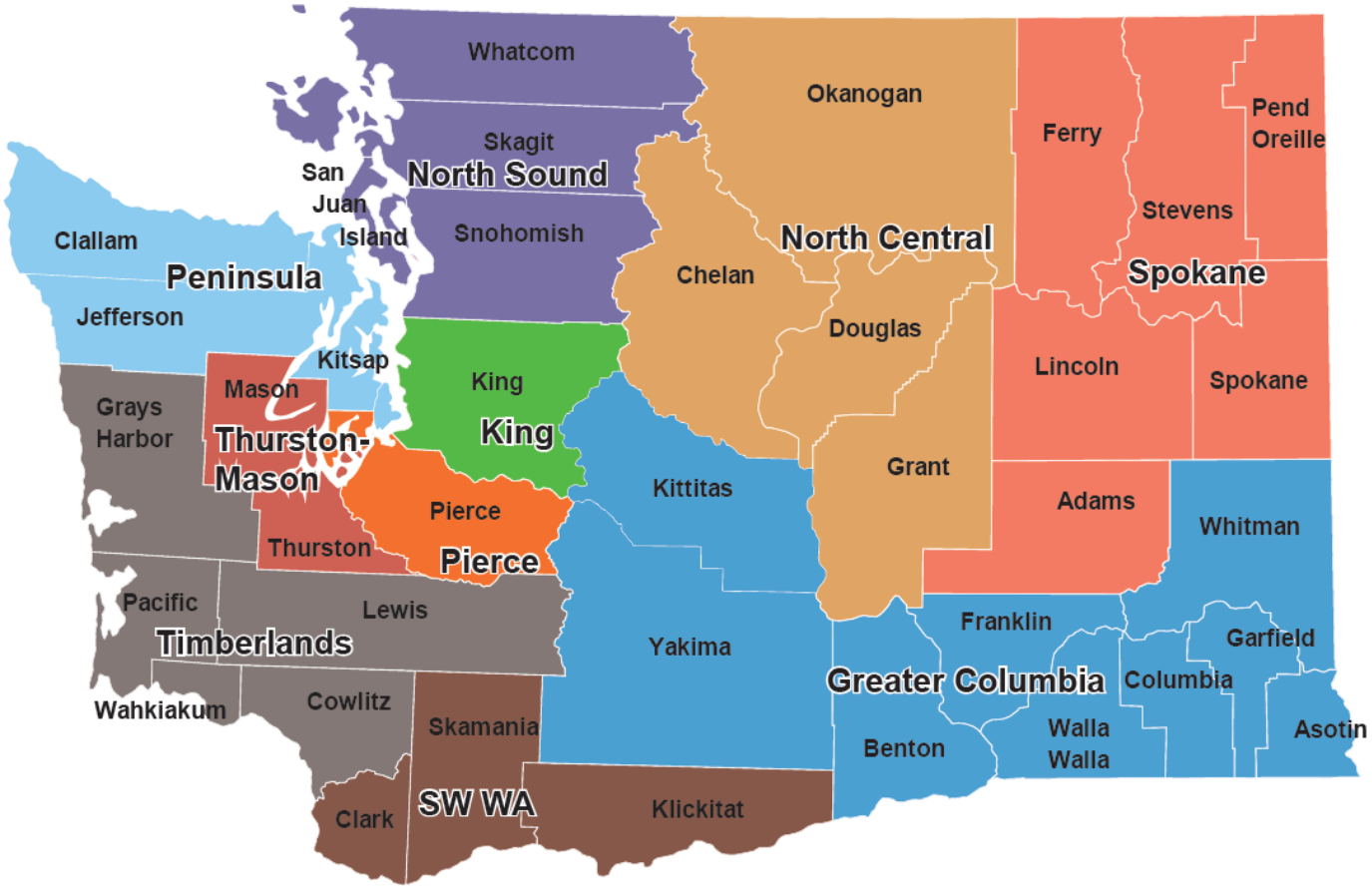
Regional Service Areas

A common regional approach:

- Aligns state efforts across common regions.
- Recognizes that health and health care are local.
- Promotes shared accountability within each region for the health and well-being of its residents.
- Empowers local and county entities to develop bottom-up approaches to transformation that apply to community priorities and environments.

Regional Service Areas will drive accountability for health and outcomes by defining the structure for health and community linkages. They will comprise the new service areas for Medicaid purchasing of physical and behavioral health care and serve as a foundational component of the aligned state agencies' "Health in all Policies" approach.

Regional Service Areas



Peninsula
Clallam
Jefferson
Kitsap

Timberlands
Cowlitz
Grays Harbor
Lewis
Pacific
Wahkiakum

Thurston-Mason
Mason
Thurston

Pierce
Pierce

SW WA
Clark
Klickitat
Skamania

King
King

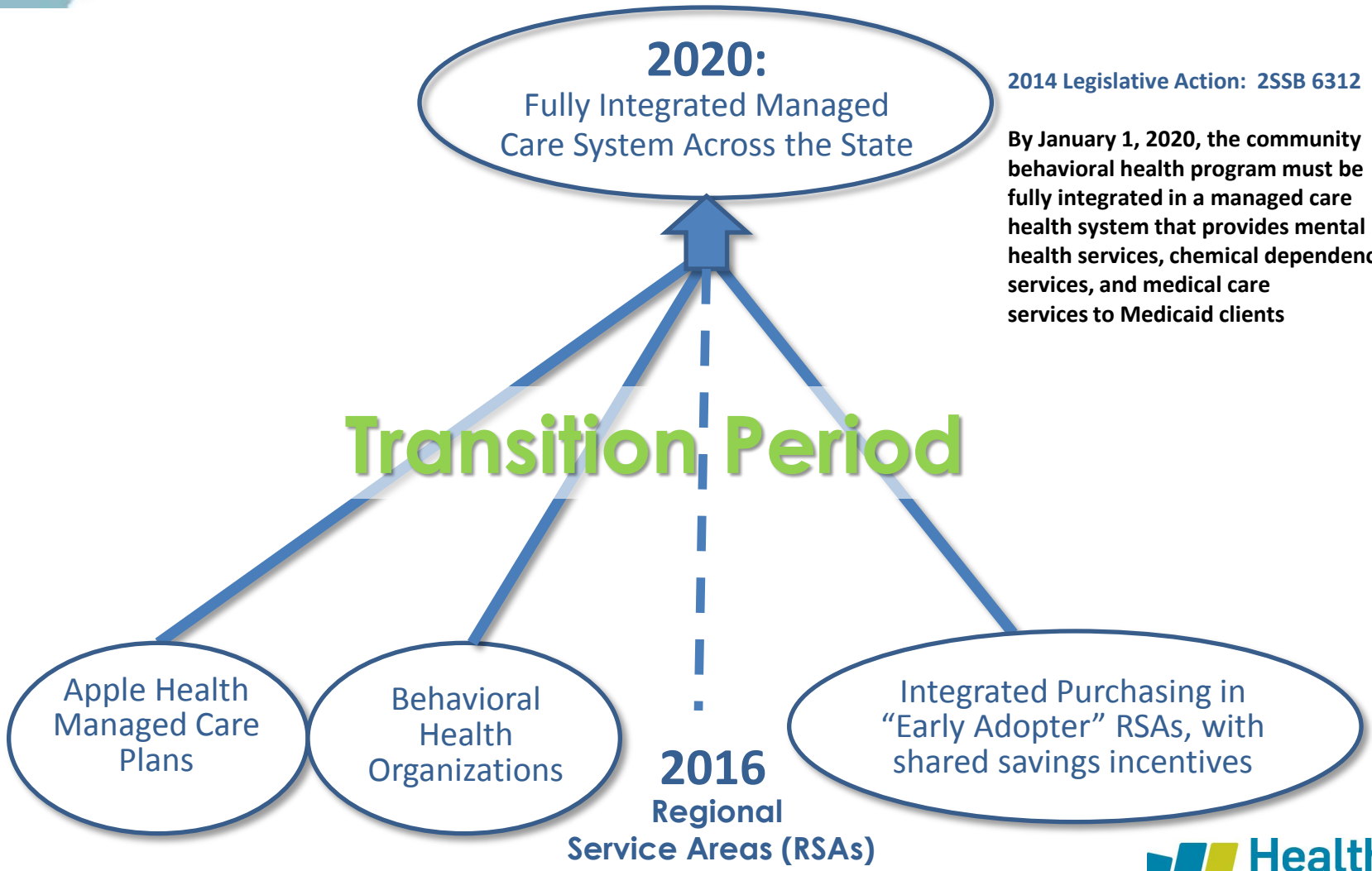
North Sound
San Juan
Island
Skagit
Snohomish
Whatcom

Greater Columbia
Asotin
Benton
Columbia
Franklin
Garfield
Kittitas
Walla Walla
Whitman
Yakima

North Central
Chelan
Douglas
Grant
Okanogan

Spokane
Adams
Ferry
Lincoln
Pend Oreille
Spokane
Stevens

Medicaid integration pathway



2014 Legislative Action: 2SSB 6312

By January 1, 2020, the community behavioral health program must be fully integrated in a managed care health system that provides mental health services, chemical dependency services, and medical care services to Medicaid clients

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Better Health, Better Care, Lower Costs

Practice Transformation Support Hub

Support providers across the state to effectively coordinate care, increase capacity, and benefit from value-based reimbursement strategies.

- Technical assistance and practice facilitation for co-located or virtual team-based bi-directional care.
- Support uptake of evidence-based initiatives that improve quality and value.
- Improve person-centered care planning and management across a broader care team.

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Practice Transformation Support Hub

DOH hub staff and regional contractors:

- Facilitate, convene, align, and communicate resources
- Regional trainings and technical assistance to providers and communities

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Better Health, Better Care, Lower Costs

Strategy 3: Improve how we pay for services

Four payment redesign models

- Model Test 1: Early Adopter of Medicaid Integration

  Test how integrated Medicaid financing for physical and behavioral health accelerates delivery of whole-person care

- Model Test 2: Encounter-based to Value-based

  Test value-based payments in Medicaid for federally qualified health centers and rural health clinics; pursue new flexibility in delivery and financial incentives for participating Critical Access Hospitals

- Model Test 3: Puget Sound PEB and Multi-Purchaser

  Through existing PEB partners and volunteering purchasers, test new accountable network, benefit design, and payment approaches

- Model Test 4: Greater Washington Multi-Payer

  Test integrated finance and delivery through a multi-payer network with a capacity to coordinate, share risk and engage a sizeable population

None of this can happen without some key foundational elements

Measurement and transparency

- Create a consistent set of measures for health performance to inform purchasing (“starter set” completed January 2015).
- Continue refining measures to ensure based on clinical outcomes.
- Cost and quality information from those measures must be transparent for consumers, providers, and purchasers to ensure improved quality and informed decision making.

Common performance measures—starting with state-purchased care

Prevention	Acute care	Chronic illness
• Adult screenings • Behavioral health/depression • Childhood: Early and adolescents • Immunizations • Nutrition/physical activity/obesity • Obstetrics • Oral health • Safety/accident prevention • Tobacco cessation • Utilization	• Avoidance of overuse • Behavioral health • Cardiac • Cost and utilization • Readmissions/care transitions • Obstetrics • Patient experience • Patient safety • Pediatric • Potentially avoidable care • Stroke	• Asthma • Care coordination • Depression • Diabetes • Drug and alcohol use • Functional status • Hypertension and cardiovascular disease • Medications

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Better Health, Better Care, Lower Costs

Aligned and leveraged data

- Enhance information exchange so our providers can ensure whole-person care
- Bolster analytic capacity at state level so that we can be an informed, active purchaser
- Crucial to evaluation and monitoring of the four-year project

Consumer and family engagement

- Engage people and their families, and their health care providers actively in preference-sensitive care decisions.
- Deploy shared decision-making tools, starting with a maternity decision aid.

Activating the workforce

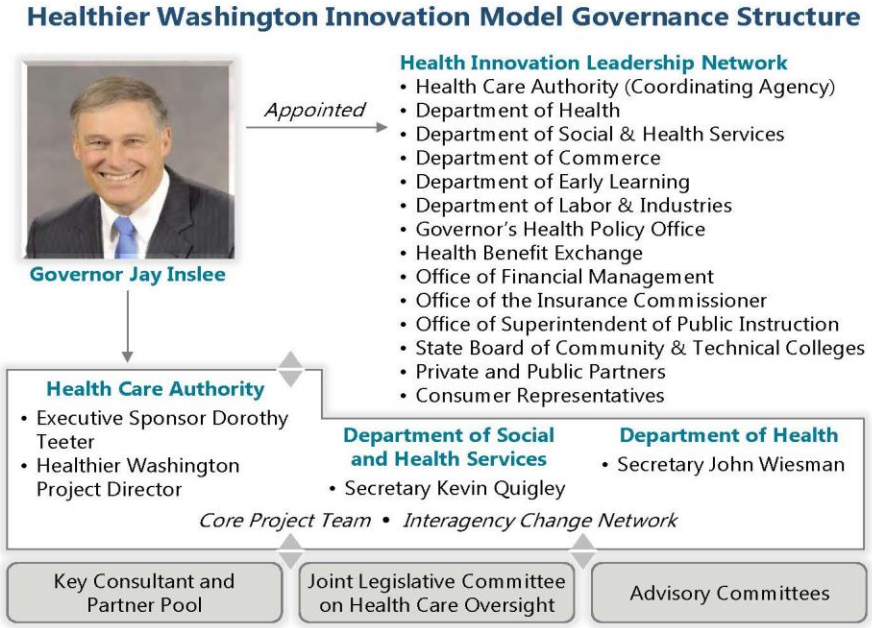
- Assess what the workforce needs and address it with a flexible workforce that works at the top of their scope (e.g., community health workers).
- Engage in real-time rapid assessment and dissemination of key industry and labor projections that inform workforce supply planning.

Learning and evaluation

- Continuous evaluation in order to learn, adjust, and improve in real time
- Overarching evaluation led by the University of Washington

Public-private accelerators network

The Health Innovation Leadership Network will provide cross-agency and cross-sector leadership to advance the aims of Healthier Washington



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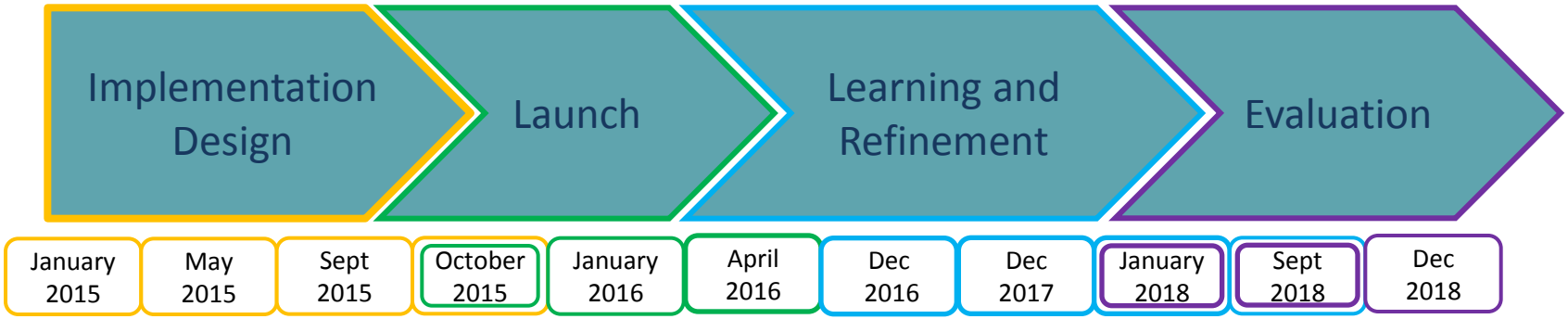
Better Health, Better Care, Lower Costs

We have four years—let's go!

Healthier Washington phases



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Better Health, Better Care, Lower Costs

Healthier Washington:
Better Health, Better Care, Lower Costs

"I want every family to have access to affordable, effective health care, a healthy environment, and an opportunity to learn so their kids thrive…There has never been a state more determined to innovate the way it delivers health care. The Healthier Washington project provides the necessary strategy and investments to accelerate change."

-- Governor Jay Inslee

"Healthier Washington will drive accountability to the local level…benefitting our population's health and the taxpayer."

-- Dorothy Teeter, Director, HCA

"Preventing disease, ensuring a safe and healthy environment, …and integrating behavioral and physical health care means improved health for everyone…."

-- John Wiesman Secretary, DOH

"DSHS is excited about the prospects this holds for better serving our clients and advancing our mission of transforming lives."

-- Kevin W. Quigley Secretary, DSHS

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Join the Healthier Washington Feedback Network:

healthierwa@hca.wa.gov

Learn more:

www.hca.wa.gov/hw

TAB 5

Washington State Health Care Authority

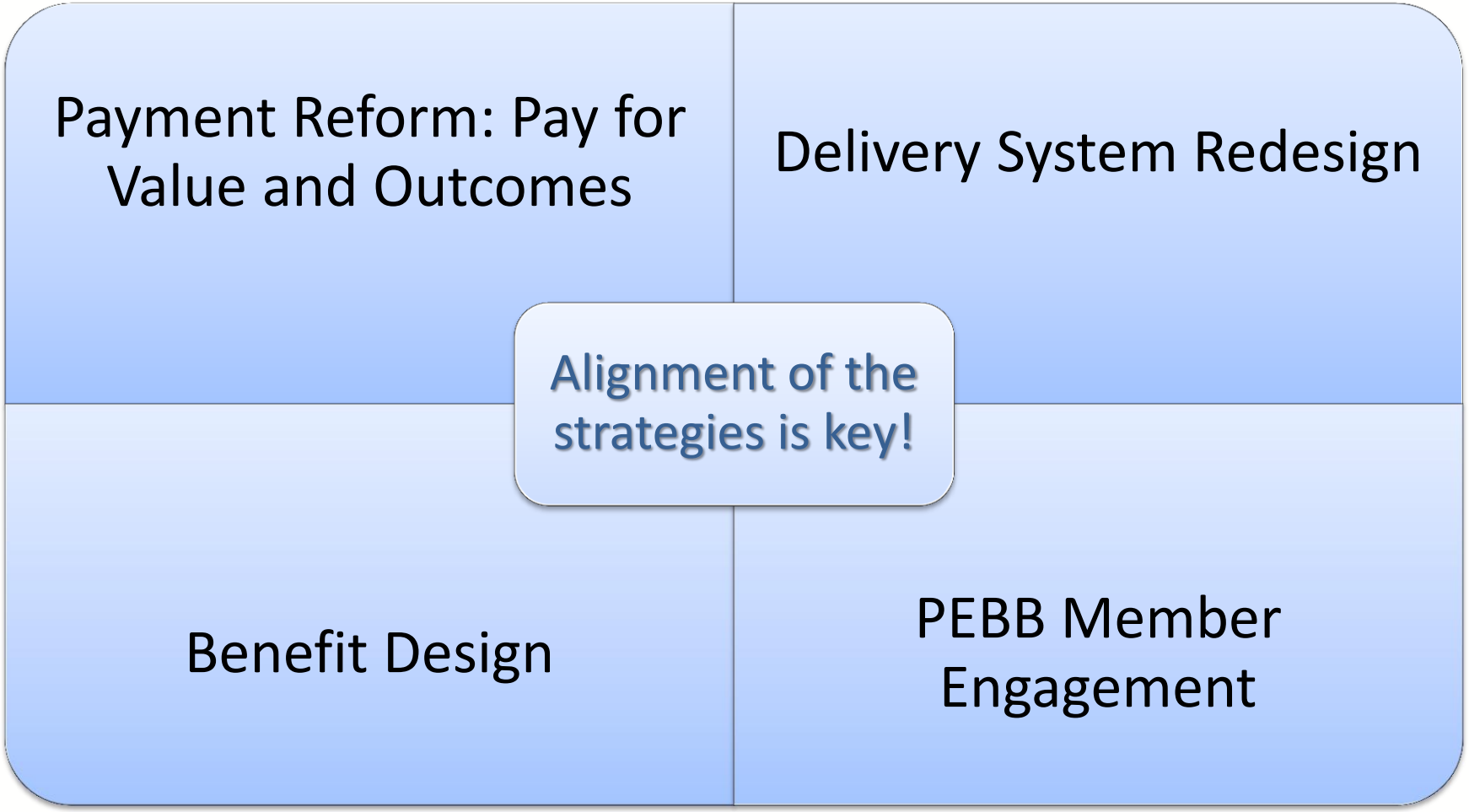
PEBB 2016
Value-Based Purchasing Strategies

Rachel Quinn, Special Assistant of Health Policy and Programs
Division of Policy, Planning and Performance, HCA
PEBB Board Meeting
February 12, 2015

HCA Value-Based Purchasing Legislative Mandate

E2SHB 2572 requires HCA "*to increase the use of value based contracting, alternative quality contracting, and other payment incentives that promote quality, efficiency, cost savings, and health improvement, for Medicaid and public employee purchasing*."

Better health, better care, at reduced costs



Washington State Health Care Authority

Two New Strategies in 2016

1) Accountable Care Program (ACP) option

2) Total Knee and Total Hip Replacement Bundle Payment and Warranty

ACOs 101

- A mechanism to move away from FFS payment
- Doctors, hospitals, and other providers (a clinically integrated network) organized to assume responsibility, manage, or "be accountable" for a population of patients
- Reimbursement tied to performance (quality, patient experience, outcomes, and cost) metrics
- Savings shared if performance targets are met, money owed if not met
- Risk of system inefficiency shifted to the ACO over time
- Medicare definition, no formal non-Medicare ACO rules in WA

PEBB ACP Option

- A 'high-value' option under UMP providing 'best in class' PEBB member service
- Benefit design crafted to incent PEBB member participation and engagement
- Service area: Expanding statewide
- Administered by Regence
- Healthier Washington Model Test 3
- Using learnings from Boeing's ACO option, offered in January 2015

PEBB ACP Option: Partner(s) Requirements

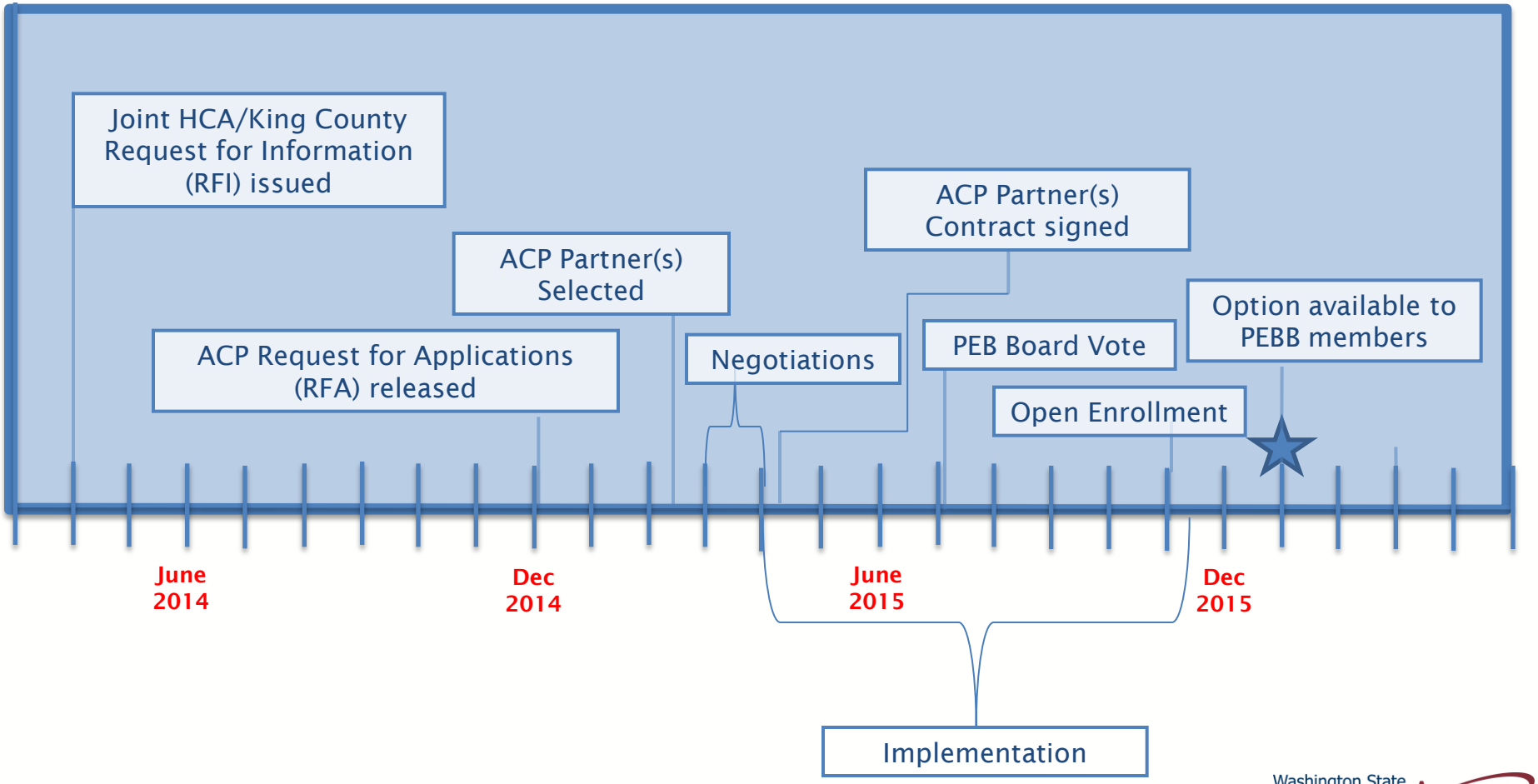
- Clinically integrated network (primary, specialty, and hospital care)
- Accountable for defined population and specific financial, quality, patient experience, and clinical outcome targets (and can share in savings/be penalized for not meeting targets)
- Ability and capacity to deliver guaranteed performance trend
- Deliver appropriate, evidence-based care, standardized across partners (as defined by the Bree Collaborative, engage PEBB members through shared decision making, etc.)

Key Ingredients for ACO Success

Purchaser Guidelines to Evaluate Contracts for Accountable Care Organizations (ACOs)

- Strong **leadership** and governance
- **Partnership** between physicians and hospitals
- A foundation of effective **primary care** practices
- Capacity for **managing** acute and chronically ill patients using **evidence-based standards**
- Expertise to help **align benefit design, payment and delivery system** reforms
- **Risk assessment** for population in ACO
- **Health IT** that supports **integrated and actionable data** for care management, population analyses, and monitoring of fiscal and clinical performance
- Operational capacity to contract with health plans and providers and **align incentives for cost and quality**

ACP Timeline



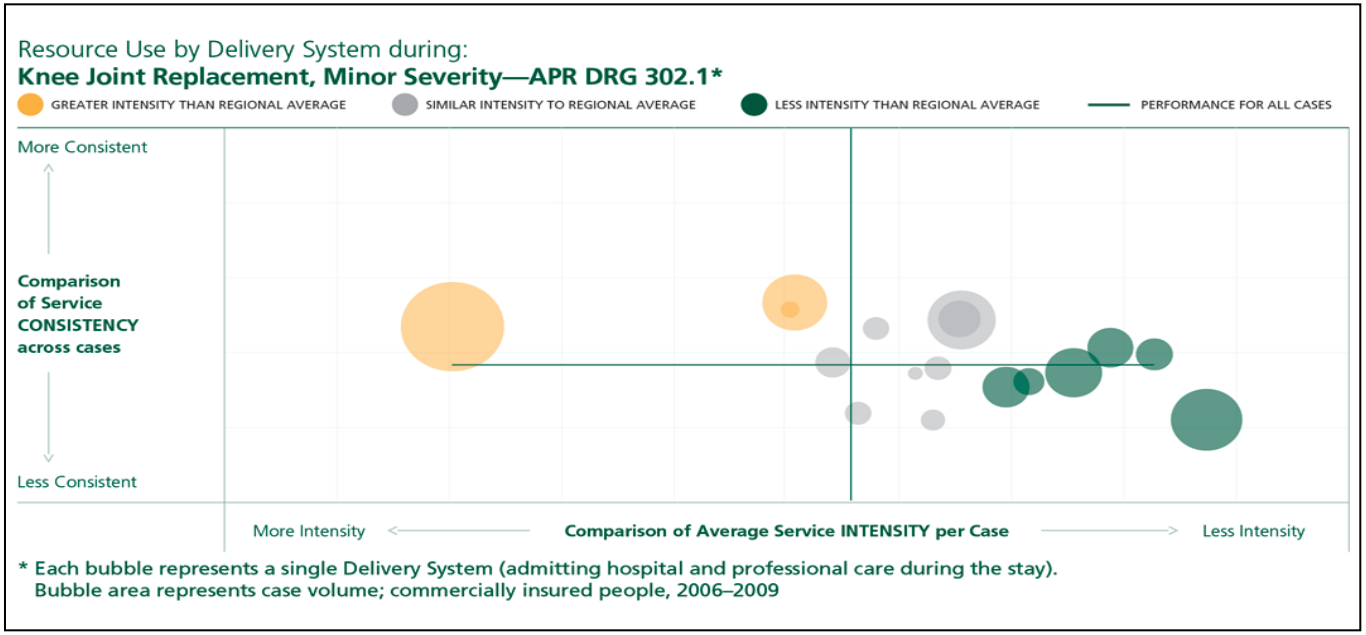
Washington State Health Care Authority

Total Knee and Hip Replacement (TKR/THR) Bundled Payment & Warranty

- Changing payment drives delivery system reform
- Goal to tie payment to an **entire episode of care** including potential complications resulting from poor care
- Warranty: a contract between provider and purchaser/payer whereby…provider will correct failure of their product…at no additional cost to purchaser or patient

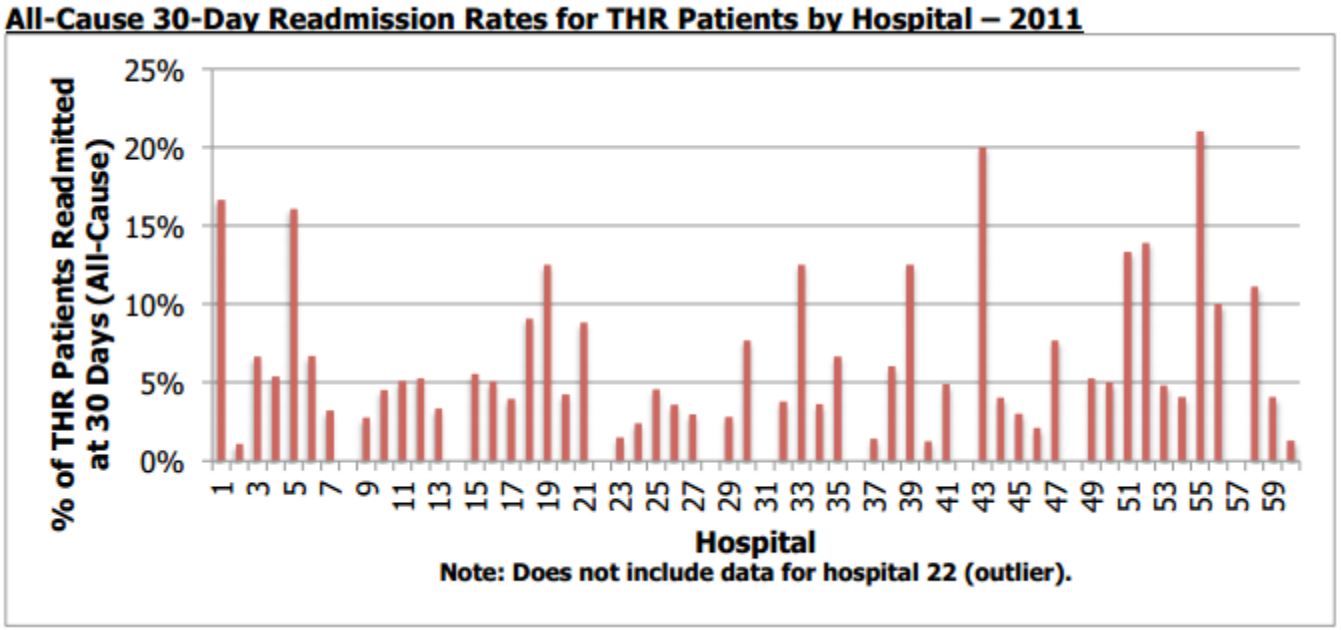
Variation in TKR/THR Surgeries

- High volume, fastest growing procedures
- High variation in cost and way procedures are done
- # of TKR PEBB members received (2013): 377
- # of THR PEBB members received (2013): 238



Washington State Health Care Authority

High Variation = Poor Outcomes



Source: Readmission Rates for TKR/THR Procedures in Washington State:
Summary of Findings from 2011 CHARS Data
Bree Collaborative – Accountable Payment Model Subgroup
October 2013. Available: http://www.breecollaborative.org/wp-content/uploads/bree_summary_CHARS_Analysis.pdf

Bree Collaborative TKR/THR Bundle & Warranty

Clinical components

- Proof conservative therapies tried and failed ("appropriateness")
- Fitness for surgery guidelines
- Surgery guidelines
- Post-surgery care and return to function guidelines

Quality standards and metrics

- Appropriateness
- Evidence-based surgery
- Rapid return to function
- Patient care experience
- Patient safety

Purchasers Implementing TKR/THR Bundles

- CALPERS

- Pacific Business Group on Health
  - Employers Centers of Excellence Network
  - 4 hospitals nationwide including Virginia Mason

Questions & Comments

Contact Information

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Healthier WASHINGTON

BETTER HEALTH. BETTER CARE. LOWER COSTS.
THE FACTS

Testing payment models: Accountable Care Program for Washington State public employees

Through Healthier Washington, we are testing four new payment models that move toward a reimbursement system that achieves value as defined by the Triple Aim (better care, better health, lower costs). We call this the "Paying for Value" strategy within Healthier Washington.

The four test payment models focus on accountability—we will pay providers based on achieving the Triple Aim. These models will test the effectiveness of new purchasing and delivery mechanisms.

As the purchaser for almost 2 million public employees and Apple Health (Medicaid) clients, the Washington Health Care Authority will lead by using its market power to accelerate the testing and adoption of value-based reimbursement.

The **Accountable Care Program (ACP)** is one payment model currently being designed to be offered to Public Employee Benefit Board (PEBB) program members in January 2016. An ACP is a formal network of providers and health systems that:

- Provides 'best in class' patient service and experience – access to high-quality and timely service at lower costs to enrolled PEBB members.
- Delivers integrated physical, mental health and substance abuse services for defined populations.
- Assumes financial and clinical accountability for a defined population of PEBB members.

In December 2014, HCA released a request for applications for a Puget Sound ACP option. Selected ACP(s) will be announced in April 2015. The ACP(s) will be reimbursed based on their ability to deliver quality care and keep PEBB members healthy, not on whether they performed a specific test or service. Starting in 2017, HCA will work with other private and public employers to replicate the payment model, to further accelerate market transformation.

ACPs are part of House Bill 2572, passed in 2014, which requires Apple Health and PEBB to increase value-based contracting and other payment incentives that promote quality, efficiency, cost savings, and health improvement. ACPs will move the state toward its goal of better health, better care and lower costs for all Washingtonians.

For more information:

- The ACP request for applications: www.hca.wa.gov/Pages/rfp.aspx
- Learn more about "Paying for Value" online: www.hca.wa.gov/hw/Pages/paying_for_value.aspx

Fact sheet produced by the Washington State Health Care Authority, February 2015
Healthier Washington is Governor Inslee's multi-sector partnership to improve health, transform health care delivery, and reduce costs. The Health Care Authority provides strategic oversight for this initiative. The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Joint Replacement and Lumbar Fusion Bundled Payment Recommendations

Adopted by the Collaborative November 2013, September 2014

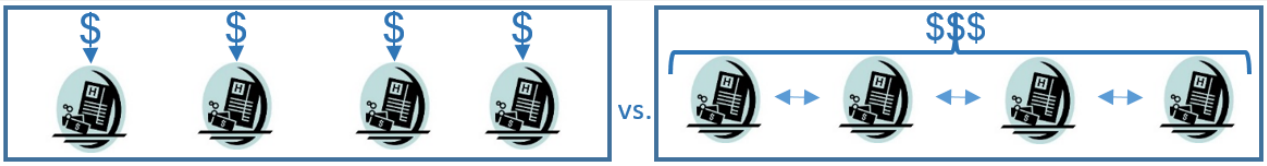
What is the Bree Collaborative?

In 2011, the Washington State Legislature established the Bree Collaborative to give health care experts the opportunity to look at ways to improve health care quality, outcomes, and affordability in Washington State. Our members are appointed by the Governor and all our meetings are open to the public.

The current model of health care pays physicians and other providers for the number of services provided rather than the quality of care. We chose to look at how physicians and hospitals are paid for health care services in order to tie payment to an entire episode of care including potential complications resulting from poor care.

What are bundled payments?

A bundled payment model makes one payment for an entire health care service, such as a knee replacement. All the separate parts of the service, such as pre-operative and post-operative care, are included in the single payment. This model is expected to have a lower total cost and allows health care providers, hospitals, and others to work more closely across their different settings and communicate better to improve care and patient health.



Our first bundled payment model focused on knee and hip replacements due to the high volume of these procedures and the differences in how these surgeries are performed across Washington State. Our second bundled payment model focuses on a type of spine surgery called lumbar fusion, a high-cost procedure that has a high complication rate and may not benefit patients as much as other types of care.

Why are Bree bundles attracting national attention?

The bundled payment models developed by the Bree Collaborative are designed to improve safety, quality, and affordability and include innovations not found in most bundled payment models, such as:

- Separating medical opinion from fact with a detailed table of validated medical evidence to support each element of the bundle.
- An appropriateness standard requiring documentation that the surgery is actually needed despite patients having an opportunity to try non-surgical treatment. Sometimes non-surgical therapy, like physical therapy, helps pain and results in better patient health so that surgery is not necessary.
- An appropriateness standard requiring documentation that patients are fit for surgery, (e.g., avoiding tobacco for four weeks, maintaining good diabetes control). There are some patients who should not receive surgery because it would not be safe.
- A requirement to demonstrate safe transition out of the hospital and return to function.
- A requirement for providers to report employer-chosen quality data directly to employers.
- A warranty against readmission for any of nine complications. Much like a warranty that you would get when you buy a car, this warranty is for the hospital where patients have their surgery. If they experience one of the preventable complications, such as surgical site bleeding or a wound infection, there would not be any additional costs.

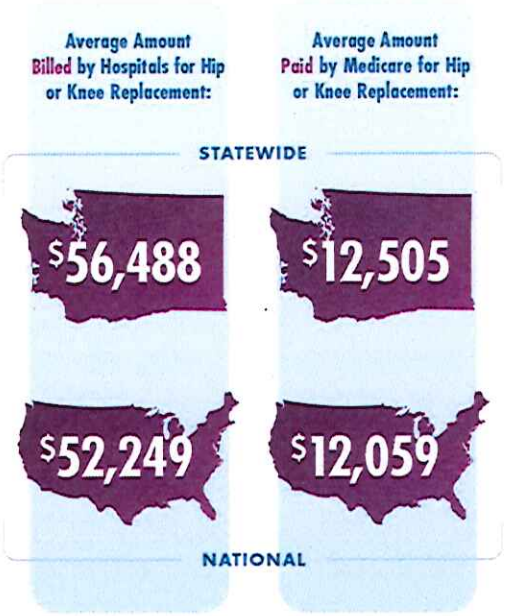
WASHINGTON HEALTH ALLIANCE

Leading health system improvement

Price Variation for Hip or Knee Replacement (DRG 470)

DIFFERENCE BETWEEN HIGHEST BILLING HOSPITAL AND LOWEST BILLING HOSPITAL FOR HIP OR KNEE REPLACEMENT:

4x OR **$69,475**



HOSPITAL OWNERSHIP:

- (H) Govt. - Hospital District or Authority
- (S) Govt. - State
- (L) Govt. - Local
- (P) Proprietary
- (P) Voluntary nonprofit - Private
- (C) Voluntary nonprofit - Church
- (O) Voluntary nonprofit - Other

	CITY	HOSPITAL	DISCHARGES	AVG BILLED BY HOSPITAL	AVG PAID BY MEDICARE
1	PUYALLUP	(P) MULTICARE GOOD SAMARITAN HOSPITAL	174	$92,226	$12,363
2	TACOMA	(P) TACOMA GENERAL ALLENMORE HOSPITAL	210	$90,393	$14,410
3	SPOKANE	(P) DEACONESS HOSPITAL	142	$84,583	$13,388
4	FEDERAL WAY	(C) ST FRANCIS COMMUNITY HOSPITAL	93	$81,592	$12,228
5	ABERDEEN	(P) GRAYS HARBOR COMMUNITY HOSPITAL	74	$81,295	$12,541
6	YAKIMA	(P) YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	76	$81,267	$12,279
7	LAKEWOOD	(C) SAINT CLARE HOSPITAL	205	$78,027	$12,511
8	SEATTLE	(L) HARBORVIEW MEDICAL CENTER	44	$76,130	$17,376
9	TACOMA	(C) ST JOSEPH MEDICAL CENTER	238	$75,728	$11,822
10	SPOKANE	(P) VALLEY HOSPITAL	173	$74,798	$11,220
11	GIG HARBOR	(C) ST ANTHONY HOSPITAL	229	$72,747	$10,913
12	CENTRALIA	(O) PROVIDENCE CENTRALIA HOSPITAL	111	$72,437	$13,597
13	OLYMPIA	(C) PROVIDENCE ST PETER HOSPITAL	429	$67,282	$11,906
14	RENTON	(H) VALLEY MEDICAL CENTER	363	$66,673	$14,018
15	BREMERTON	(P) HARRISON MEDICAL CENTER	351	$66,045	$12,259
16	AUBURN	(P) MULTICARE AUBURN MEDICAL CENTER	63	$65,697	$12,602
17	SEATTLE	(P) SWEDISH MEDICAL CENTER	924	$63,706	$13,161
18	OLYMPIA	(P) CAPITAL MEDICAL CENTER	160	$63,344	$11,796
19	ISSAQUAH	(P) SWEDISH ISSAQUAH	40	$61,732	$10,030
20	SEATTLE	(O) NORTHWEST HOSPITAL	318	$59,304	$11,630
21	EDMONDS	(P) SWEDISH EDMONDS HOSPITAL	89	$57,238	$12,246
22	BURIEN	(P) HIGHLINE MEDICAL CENTER	77	$56,472	$12,656
23	EVERETT	(C) PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	257	$54,309	$11,179
24	SPOKANE	(C) PROVIDENCE SACRED HEART MEDICAL CENTER	524	$50,785	$13,085
25	SPOKANE	(C) PROVIDENCE HOLY FAMILY HOSPITAL	236	$50,691	$11,962
26	VANCOUVER	(P) PEACEHEALTH SOUTHWEST MEDICAL CENTER	221	$50,479	$12,717
27	MOUNT VERNON	(H) SKAGIT VALLEY HOSPITAL	163	$49,141	$12,724
28	BELLEVUE	(O) OVERLAKE HOSPITAL MEDICAL CENTER	387	$48,016	$10,435
29	KIRKLAND	(H) EVERGREEN HOSPITAL MEDICAL CENTER	234	$47,741	$10,490
30	WALLA WALLA	(P) PROVIDENCE ST MARY MEDICAL CENTER	173	$46,916	$11,731
31	WENATCHEE	(O) CENTRAL WASHINGTON HOSPITAL	338	$42,557	$12,781
32	BELLINGHAM	(O) PEACEHEALTH ST JOSEPH MEDICAL CENTER	278	$41,438	$12,540
33	KENNEWICK	(H) KENNEWICK GENERAL HOSPITAL	81	$40,975	$11,620
34	RICHLAND	(P) KADLEC REGIONAL MEDICAL CENTER	149	$40,967	$11,937
35	ARLINGTON	(H) CASCADE VALLEY HOSPITAL	35	$40,159	$14,913
36	SEATTLE	(S) UNIVERSITY OF WASHINGTON MEDICAL CTR	77	$40,123	$20,332
37	SEATTLE	(P) VIRGINIA MASON MEDICAL CENTER	348	$39,515	$13,758
38	WALLA WALLA	(C) WALLA WALLA GENERAL HOSPITAL	27	$39,121	$11,973
39	MONROE	(H) VALLEY GENERAL HOSPITAL	17	$39,065	$15,414
40	MOSES LAKE	(H) SAMARITAN HOSPITAL	63	$38,777	$12,892
41	YAKIMA	(P) YAKIMA VALLEY MEMORIAL HOSPITAL	308	$34,698	$12,664
42	VANCOUVER	(P) LEGACY SALMON CREEK MEDICAL CENTER	250	$33,442	$13,250
43	ANACORTES	(H) ISLAND HOSPITAL	145	$31,524	$11,479
44	LONGVIEW	(C) PEACEHEALTH ST JOHN MEDICAL CENTER	154	$30,792	$13,205
45	PORT ANGELES	(L) OLYMPIC MEDICAL CENTER	172	$25,670	$12,027
46	WENATCHEE	(P) WENATCHEE VALLEY HOSPITAL	37	$22,751	$9,290

Source: CMS 2013 price data release for fiscal year ending Sept. 30, 2012 **Important:** these billing and payment data are not indicators of clinical quality and should not be viewed as such.

TAB 6

Open Public Meetings

February 2015

Presented by:
Katy Hatfield
Assistant Attorney General

Washington's Open Public Meetings Act (OPMA)

- Passed in 1971
- Requires meetings to be open to the public, gavel to gavel
- Chapter 42.30 RCW

OPMA and PRA are Often Called "Transparency Laws" or "Sunshine Laws"

This is because they "shine light" on government. U.S. Supreme Court Justice Louis Brandeis once famously said, "*Sunlight is the best disinfectant."*

Transparency builds public confidence in government.

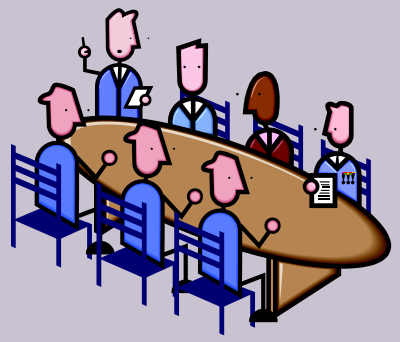
Purpose

- Public commissions, boards, councils, etc., listed in OPMA are agencies of this state that exist to aid in the conduct of the people's business.
- Their actions are to be taken openly and deliberations conducted openly. *RCW 42.30.010*
- Act is to be "liberally construed." *RCW 42.30.910*

- The purpose of the OPMA is to allow the public to view the "decisonmaking process." *Washington State Supreme Court*

OPMA Applies To:

Multi-member boards, commissions, councils, committees, subcommittees, or other policy- or rule-making body of a public agency. *RCW 42.30.020*



What Meetings Are Subject to OPMA?

- All meetings of the ***governing body*** of a public agency shall be open and public and all persons shall be permitted to attend any meeting of the governing body of a public agency, except as otherwise provided in RCW 42.30. *RCW 42.30.030*

What is a Governing Body?

- The **multimember board or other policy or rule-making body**

OR

- Any **committee** of such public agency *when:*
  - the committee acts on behalf of the governing body,
  - conducts hearings, or
  - takes testimony or public comment

RCW 42.30.020

What is a Meeting?

- "**Meeting**" means meetings at which action is taken.

- "**Action**" is very broad and includes any official business such as deliberations, discussions, considerations, reviews, evaluations, receipt of testimony, and votes. *RCW 42.30.020*

- OPMA applies to "meetings" even if not called a "meeting," such as retreats, workshops, study sessions, dinners, e-mail exchanges, etc.
  - The mere use or passive receipt of email does not automatically constitute a meeting. Do not hit "reply all."

- OPMA is not violated if less than a majority of the governing body meet. But, be cautious, because a committee can constitute the "governing body" in certain circumstances.

  (Pending appeal – Citizens Alliance for Property Rights Legal Fund v. San Juan County - less than quorum)

Travel and Gathering

- A majority of the members of a governing body may travel together or gather for purposes other than a regular meeting or a special meeting, so long as no action is taken.
- Discussion or consideration of official business would be action, triggering the requirements of the OPMA.

RCW 42.30.070

"Regular" Meetings

- **"Regular meetings"** are recurring meetings held in accordance with a periodic schedule by ordinance, resolution, bylaws, or other rule.
- A state public agency must:
  - Yearly, file with Code Reviser a schedule of regular meetings, including time and place
  - Publish changes to regular meeting schedule in state register at least 20 days prior to rescheduled date

RCW 42.30.070, RCW 42.30.075

"Regular" Meetings (Cont.)

- RCW 42.30.077 (2014) requires governing bodies to make the agenda of each regular meeting of the governing body available online no later than 24 hours in advance of the published start time of the meeting.

- RCW 42.30.077 does not:
  - Restrict agencies from later modifying an agenda.
  - Invalidate otherwise legal actions taken at a regular meeting where agenda was not posted 24 hours in advance.
  - Satisfy public notice requirements established under other laws.
  - Provide a basis to award attorney fees or seek court order under OPMA, if agenda is not posted in accordance with the new law.

"Special" Meetings

- A **special meeting** is a meeting that is not a regular meeting (not a regularly scheduled meeting).
- Called by presiding officer or majority of the members.
- Notice - timing: 24 hours before the special meeting, written notice must be:

  - Given to each **member** of the governing body (unless waived)
  - Given to each **local newspaper of general circulation, radio, and TV station** which has a notice request on file
  - Posted on the **agency's website**
  - Prominently **displayed at the main entrance** of the agency's principal location **and the meeting site** (if not that same location)

RCW 42.30.080

"Special" Meetings (Cont.)

- Notice - contents: The special meeting notice must specify:
  - Time
  - Place
  - Business to be transacted (agenda)
    - Final disposition shall not be taken on any other matter at such meeting

RCW 42.30.080

Emergency Meetings

- Notice is not required when a special meeting is called to deal with an emergency
  - Emergency involves injury or damage to persons or property or the likelihood of such injury or damage
  - Where time requirements of notice make notice impractical and increase likelihood of such injury or damage

RCW 42.30.080(4)

Public Attendance

- A public agency can't place conditions on public to attend meeting subject to OPMA:
  - For proceedings governed by OPMA, cannot require people to register their names or other information, complete a questionnaire, or otherwise fulfill any condition precedent to attendance

    RCW 42.30.040

- Reasonable rules of conduct can be set
- Cameras and tape recorders are permitted unless disruptive

    AGO 1998 No. 15

- No "public comment" period required by OPMA

Interruptions and Disruptions

- The OPMA provides a procedure for dealing with situations where a meeting is being interrupted so the orderly conduct of the meeting is unfeasible, and order cannot be restored by removal of the disruptive persons.

- Meeting room can be cleared and meeting can continue, or meeting can be moved to another location, but final disposition can occur only on matters appearing on the agenda. More details set out in the OPMA.

RCW 42.30.050

Executive Session

- Part of a regular or special meeting that is closed to the public
- Limited to specific purposes set out in the OPMA
- Purpose of the executive session (and why public is excluded) and the time it will end must be announced by the presiding officer before it begins; time may be extended by further announcement

RCW 42.30.110

Executive Sessions

Specified purposes set out in OPMA. Includes, for example:

- National security
- Real estate transactions, if certain conditions met
- Review negotiations on the performance of publicly bid contracts, if certain conditions met
- To consider proprietary or confidential non-published information related to the development, acquisition, or implementation of state purchased health care services, as provided in RCW 41.05.026
- Evaluate qualifications of applicant for public employment
- Meet with legal counsel regarding enforcement actions, litigation or potential litigation, if certain conditions met
- Other purposes listed in RCW 42.30.110

RCW 42.30.110

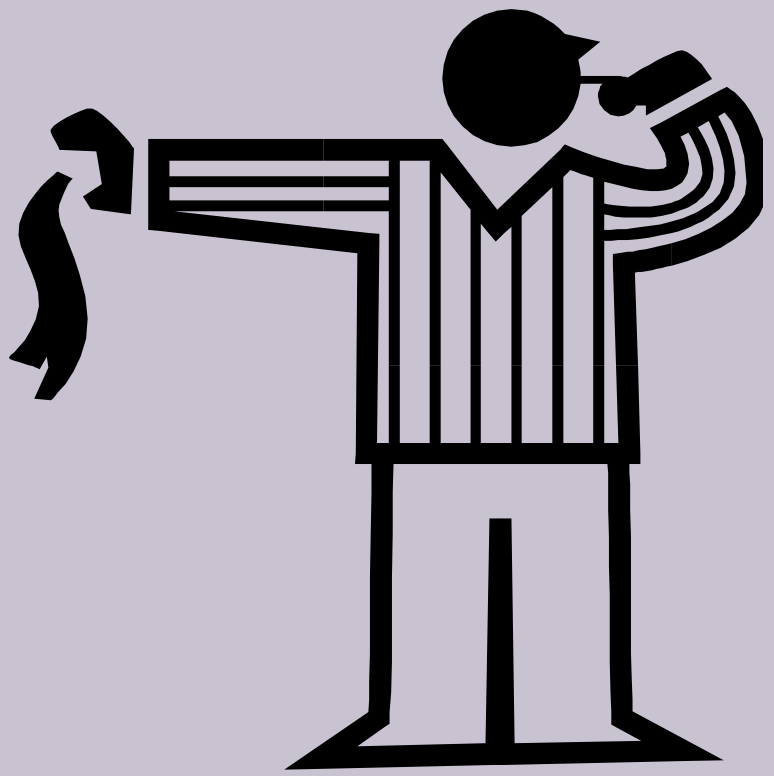
Final Action

- "**Final action**" is a collective positive or negative decision, or an actual vote, by a majority of the governing body, or by the "committee thereof"
- Must be taken in public, even if deliberations were in closed session
- Secret ballots are not allowed

RCW 42.30.060; RCW 42.30.020

Penalties for Violating the OPMA

- A court can impose a $100 civil penalty against each member (personal liability)
- Court will award costs and attorney fees to a successful party seeking the remedy
- Action taken at meeting can be declared null and void



RCW 42.30.120; RCW 42.30.130; RCW 42.30.060

Also consider the potential publicity…

Recent Headlines

- "Liquor Board pays $192,000 to public records gadfly." *The Olympian* (1/15/2015).
- "Tacoma council violated open meetings laws on anti-Walmart moratorium, developer alleges in lawsuit," *The News Tribune* (9/10/14).
- "Confidential port meetings may violate state open meetings act," *The News Tribune* (9/23/14).
- "Animal-rights group sues UW regents, claims illegal meeting," *The Seattle Times* (10/1/14).

Minutes – RCW 42.32.030

- Minutes of public meetings must be promptly recorded and open to public inspection
- Minutes of an executive session are not required
- No format specified in law

~ RCW 42.32.030

Remember:

- Other laws (outside the OPMA) may govern a particular agency's meetings, or a particular meeting's procedures.
- Consult with your legal counsel if you have questions.

Open Government Training

- Every member of the governing body of a public agency must complete training on the requirements of the OPMA no later than 90 days after the date the member takes the oath of office or otherwise assumes his or her duties as a public official. Every member must complete refresher training at intervals of no more than four years.

- The Attorney General's Office can provide the OPMA training.

- Training resources, videos, and more information about the Act (a "Q & A") are available on the Attorney General's Office Open Government Training Web Page: http://www.atg.wa.gov/OpenGovernmentTraining.aspx

Open Government Assistance

- The **Washington State Attorney General's Office** has materials about the OPMA.

- The Attorney General has also appointed an Assistant Attorney General for Open Government (Nancy Krier).

- The Attorney General's Office materials about the PRA and OPMA, and other open government topics and resources, are on its website at www.atg.wa.gov.

- The Attorney General's Office Open Government Training Web Page with training resources, videos, and other materials is at: http://www.atg.wa.gov/OpenGovernmentTraining.aspx.

Thank you!

Inside the Legislature
- Find Your Legislator
- Visiting the Legislature
- Agendas, Schedules and Calendars
- Bill Information
- Laws and Agency Rules
- Legislative Committees
- Legislative Agencies
- Legislative Information Center
- E-mail Notifications
- Civic Education
- History of the State Legislature

Outside the Legislature
- Congress - the Other Washington
- TVW
- Washington Courts
- OFM Fiscal Note Website

Access Washington® Official State Government Website

RCWs > Title 42 > Chapter 42.30

Chapter 42.30 RCW
OPEN PUBLIC MEETINGS ACT

Chapter Listing

RCW Sections

Notes:

Drug reimbursement policy recommendations: RCW 74.09.653.

42.30.010

Legislative declaration.

The legislature finds and declares that all public commissions, boards, councils, committees, subcommittees, departments, divisions, offices, and all other public agencies of this state and subdivisions thereof exist to aid in the conduct of the people's business. It is the intent of this chapter that their actions be taken openly and that their deliberations be conducted openly.

The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.

[1971 ex.s. c 250 § 1.]

Notes:

Reviser's note: Throughout this chapter, the phrases "this act" and "this 1971 amendatory act" have been changed to "this chapter." "This act" [1971 ex.s. c 250] consists of this chapter, the amendment to RCW 34.04.025, and the repeal of RCW 42.32.010 and 42.32.020.

42.30.020
Definitions.

As used in this chapter unless the context indicates otherwise:

(1) "Public agency" means:

(a) Any state board, commission, committee, department, educational institution, or other state agency which is created by or pursuant to statute, other than courts and the legislature;

(b) Any county, city, school district, special purpose district, or other municipal corporation or political subdivision of the state of Washington;

(c) Any subagency of a public agency which is created by or pursuant to statute, ordinance, or other legislative act, including but not limited to planning commissions, library or park boards, commissions, and agencies;

(d) Any policy group whose membership includes representatives of publicly owned utilities formed by or pursuant to the laws of this state when meeting together as or on behalf of participants who have contracted for the output of generating plants being planned or built by an operating agency.

(2) "Governing body" means the multimember board, commission, committee, council, or other policy or rule-making body of a public agency, or any committee thereof when the committee acts on behalf of the governing body, conducts hearings, or takes testimony or public comment.

(3) "Action" means the transaction of the official business of a public agency by a governing body including but not limited to receipt of public testimony, deliberations, discussions, considerations, reviews, evaluations,

and final actions. "Final action" means a collective positive or negative decision, or an actual vote by a majority of the members of a governing body when sitting as a body or entity, upon a motion, proposal, resolution, order, or ordinance.

(4) "Meeting" means meetings at which action is taken.

[1985 c 366 § 1; 1983 c 155 § 1; 1982 1st ex.s. c 43 § 10; 1971 ex.s. c 250 § 2.]

Notes:

Severability -- Savings -- 1982 1st ex.s. c 43: See notes following RCW 43.52.374.

42.30.030
Meetings declared open and public.

All meetings of the governing body of a public agency shall be open and public and all persons shall be permitted to attend any meeting of the governing body of a public agency, except as otherwise provided in this chapter.

[1971 ex.s. c 250 § 3.]

42.30.040
Conditions to attendance not to be required.

A member of the public shall not be required, as a condition to attendance at a meeting of a governing body, to register his or her name and other information, to complete a questionnaire, or otherwise to fulfill any condition precedent to his or her attendance.

[2012 c 117 § 124; 1971 ex.s. c 250 § 4.]

42.30.050
Interruptions — Procedure.

In the event that any meeting is interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are interrupting the meeting, the members of the governing body conducting the meeting may order the meeting room cleared and continue in session or may adjourn the meeting and reconvene at another location selected by majority vote of the members. In such a session, final disposition may be taken only on matters appearing on the agenda. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. Nothing in this section shall prohibit the governing body from establishing a procedure for readmitting an individual or

individuals not responsible for disturbing the orderly conduct of the meeting.

[1971 ex.s. c 250 § 5.]

42.30.060
Ordinances, rules, resolutions, regulations, etc., adopted at public meetings — Notice — Secret voting prohibited.

(1) No governing body of a public agency shall adopt any ordinance, resolution, rule, regulation, order, or directive, except in a meeting open to the public and then only at a meeting, the date of which is fixed by law or rule, or at a meeting of which notice has been given according to the provisions of this chapter. Any action taken at meetings failing to comply with the provisions of this subsection shall be null and void.

(2) No governing body of a public agency at any meeting required to be open to the public shall vote by secret ballot. Any vote taken in violation of this subsection shall be null and void, and shall be considered an "action" under this chapter.

[1989 c 42 § 1; 1971 ex.s. c 250 § 6.]

42.30.070
Times and places for meetings — Emergencies — Exception.

The governing body of a public agency shall provide the time for holding regular meetings by ordinance, resolution, bylaws, or by whatever other rule is required for the conduct of business by that body. Unless otherwise provided for in the act under which the public agency was formed, meetings of the governing body need not be held within the boundaries of the territory over which the public agency exercises jurisdiction. If at any time any regular meeting falls on a holiday, such regular meeting shall be held on the next business day. If, by reason of fire, flood, earthquake, or other emergency, there is a need for expedited action by a governing body to meet the emergency, the presiding officer of the governing body may provide for a meeting site other than the regular meeting site and the notice requirements of this chapter shall be suspended during such emergency. It shall not be a violation of the requirements of this chapter for a majority of the members of a governing body to travel together or gather for purposes other than a regular meeting or a special meeting as these terms are used in this chapter: PROVIDED, That they take no action as defined in this chapter.

[1983 c 155 § 2; 1973 c 66 § 1; 1971 ex.s. c 250 § 7.]

42.30.075

Schedule of regular meetings — Publication in state register — Notice of change — "Regular" meetings defined.

State agencies which hold regular meetings shall file with the code reviser a schedule of the time and place of such meetings on or before January of each year for publication in the Washington state register. Notice of any change from such meeting schedule shall be published in the state register for distribution at least twenty days prior to the rescheduled meeting date.

For the purposes of this section "regular" meetings shall mean recurring meetings held in accordance with a periodic schedule declared by statute or rule.

[1977 ex.s. c 240 § 12.]

Notes:

Effective date -- Severability -- 1977 ex.s. c 240: See RCW 34.08.905 and 34.08.910.

Public meeting notices in state register: RCW 34.08.020.

42.30.077

Agendas of regular meetings — Online availability.

Public agencies with governing bodies must make the agenda of each regular meeting of the governing body available online no later than twenty-four hours in advance of the published start time of the meeting. An agency subject to provisions of this section is not required to post an agenda if it does not have a web site or if it employs fewer than ten full-time equivalent employees. Nothing in this section prohibits subsequent modifications to agendas nor invalidates any otherwise legal action taken at a meeting where the agenda was not posted in accordance with this section. Nothing in this section modifies notice requirements or shall be construed as establishing that a public body or agency's online posting of an agenda as required by this section is sufficient notice to satisfy public notice requirements established under other laws. Failure to post an agenda in accordance with this section shall not provide a basis for awarding attorney fees under RCW 42.30.120 or commencing an action for mandamus or injunction under RCW 42.30.130.

[2014 c 61 § 2.]

Notes:

Intent -- Finding -- 2014 c 61: "The legislature intends to promote transparency in government and strengthen the Washington's open public meetings act. The legislature finds that it is in the best interest of citizens for public agencies with governing bodies to post meeting agendas on web sites before meetings. Full public review and inspection of meeting agendas will promote a greater exchange of information so the public can provide meaningful input related to government decisions." [2014 c 61 § 1.]

42.30.080

Special meetings.

(1) A special meeting may be called at any time by the presiding officer of the governing body of a public agency or by a majority of the members of the governing body by delivering written notice personally, by mail, by fax, or by electronic mail to each member of the governing body. Written notice shall be deemed waived in the following circumstances:

(a) A member submits a written waiver of notice with the clerk or secretary of the governing body at or prior to the time the meeting convenes. A written waiver may be given by telegram, fax, or electronic mail; or

(b) A member is actually present at the time the meeting convenes.

(2) Notice of a special meeting called under subsection (1) of this section shall be:

(a) Delivered to each local newspaper of general circulation and local radio or television station that has on file with the governing body a written request to be notified of such special meeting or of all special meetings;

(b) Posted on the agency's web site. An agency is not required to post a special meeting notice on its web site if it (i) does not have a web site; (ii) employs fewer than ten full-time equivalent employees; or (iii) does not employ personnel whose duty, as defined by a job description or existing contract, is to maintain or update the web site; and

(c) Prominently displayed at the main entrance of the agency's principal location and the meeting site if it is not held at the agency's principal location.

Such notice must be delivered or posted, as applicable, at least twenty-four hours before the time of such meeting as specified in the notice.

(3) The call and notices required under subsections (1) and (2) of this section shall specify the time and place of the special meeting and the business to be transacted. Final disposition shall not be taken on any other matter at such meetings by the governing body.

(4) The notices provided in this section may be dispensed with in the event a special meeting is called to deal with an emergency involving injury or damage to persons or property or the likelihood of such injury or damage, when time requirements of such notice would make notice impractical and increase the likelihood of such injury or damage.

[2012 c 188 § 1; 2005 c 273 § 1; 1971 ex.s. c 250 § 8.]

42.30.090
Adjournments.

The governing body of a public agency may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to

time. If all members are absent from any regular or adjourned regular meeting the clerk or secretary of the governing body may declare the meeting adjourned to a stated time and place. He or she shall cause a written notice of the adjournment to be given in the same manner as provided in RCW 42.30.080 for special meetings, unless such notice is waived as provided for special meetings. Whenever any meeting is adjourned a copy of the order or notice of adjournment shall be conspicuously posted immediately after the time of the adjournment on or near the door of the place where the regular, adjourned regular, special, or adjourned special meeting was held. When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by ordinance, resolution, bylaw, or other rule.

[2012 c 117 § 125; 1971 ex.s. c 250 § 9.]

42.30.100
Continuances.

Any hearing being held, noticed, or ordered to be held by a governing body at any meeting may by order or notice of continuance be continued or recontinued to any subsequent meeting of the governing body in the same manner and to the same extent set forth in RCW 42.30.090 for the adjournment of meetings.

[1971 ex.s. c 250 § 10.]

42.30.110
Executive sessions.

(1) Nothing contained in this chapter may be construed to prevent a governing body from holding an executive session during a regular or special meeting:

(a) To consider matters affecting national security;

(b) To consider the selection of a site or the acquisition of real estate by lease or purchase when public knowledge regarding such consideration would cause a likelihood of increased price;

(c) To consider the minimum price at which real estate will be offered for sale or lease when public knowledge regarding such consideration would cause a likelihood of decreased price. However, final action selling or leasing public property shall be taken in a meeting open to the public;

(d) To review negotiations on the performance of publicly bid contracts when public knowledge regarding such consideration would cause a likelihood of increased costs;

(e) To consider, in the case of an export trading company, financial and commercial information supplied by private persons to the export trading company;

(f) To receive and evaluate complaints or charges brought against a public officer or employee. However, upon the request of such officer or employee, a public hearing or a meeting open to the public shall be conducted upon such complaint or charge;

(g) To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee. However, subject to RCW 42.30.140(4), discussion by a governing body of salaries, wages, and other conditions of employment to be generally applied within the agency shall occur in a meeting open to the public, and when a governing body elects to take final action hiring, setting the salary of an individual employee or class of employees, or discharging or disciplining an employee, that action shall be taken in a meeting open to the public;

(h) To evaluate the qualifications of a candidate for appointment to elective office. However, any interview of such candidate and final action appointing a candidate to elective office shall be in a meeting open to the public;

(i) To discuss with legal counsel representing the agency matters relating to agency enforcement actions, or to discuss with legal counsel representing the agency litigation or potential litigation to which the agency, the governing body, or a member acting in an official capacity is, or is likely to become, a party, when public knowledge regarding the discussion is likely to result in an adverse legal or financial consequence to the agency.

This subsection (1)(i) does not permit a governing body to hold an executive session solely because an attorney representing the agency is present. For purposes of this subsection (1)(i), "potential litigation" means matters protected by RPC 1.6 or RCW 5.60.060(2)(a) concerning:

(i) Litigation that has been specifically threatened to which the agency, the governing body, or a member acting in an official capacity is, or is likely to become, a party;

(ii) Litigation that the agency reasonably believes may be commenced by or against the agency, the governing body, or a member acting in an official capacity; or

(iii) Litigation or legal risks of a proposed action or current practice that the agency has identified when public discussion of the litigation or legal risks is likely to result in an adverse legal or financial consequence to the agency;

(j) To consider, in the case of the state library commission or its advisory bodies, western library network prices, products, equipment, and services, when such discussion would be likely to adversely affect the network's ability to conduct business in a competitive economic climate. However, final action on these matters shall be taken in a meeting open to the public;

(k) To consider, in the case of the state investment board, financial and commercial information when the information relates to the investment of public trust or retirement funds and when public knowledge regarding the discussion would result in loss to such funds or in private loss to the providers

of this information;

(l) To consider proprietary or confidential nonpublished information related to the development, acquisition, or implementation of state purchased health care services as provided in RCW 41.05.026;

(m) To consider in the case of the life sciences discovery fund authority, the substance of grant applications and grant awards when public knowledge regarding the discussion would reasonably be expected to result in private loss to the providers of this information;

(n) To consider in the case of a health sciences and services authority, the substance of grant applications and grant awards when public knowledge regarding the discussion would reasonably be expected to result in private loss to the providers of this information.

(2) Before convening in executive session, the presiding officer of a governing body shall publicly announce the purpose for excluding the public from the meeting place, and the time when the executive session will be concluded. The executive session may be extended to a stated later time by announcement of the presiding officer.

[2014 c 174 § 4; 2011 1st sp.s. c 14 § 14; 2010 1st sp.s. c 33 § 5; 2005 c 424 § 13; 2003 c 277 § 1; 2001 c 216 § 1; 1989 c 238 § 2; 1987 c 389 § 3; 1986 c 276 § 8; 1985 c 366 § 2; 1983 c 155 § 3; 1979 c 42 § 1; 1973 c 66 § 2; 1971 ex.s. c 250 § 11.]

Notes:

Intent -- 2014 c 174: See note following RCW 43.333.011.

Captions not law -- Liberal construction -- Severability -- Effective dates -- 2005 c 424: See RCW 43.350.900 through 43.350.903.

Severability -- Effective date -- 1987 c 389: See notes following RCW 41.06.070.

Severability -- 1986 c 276: See RCW 53.31.901.

42.30.120

Violations — Personal liability — Civil penalty — Attorneys' fees and costs.

(1) Each member of the governing body who attends a meeting of such governing body where action is taken in violation of any provision of this chapter applicable to him or her, with knowledge of the fact that the meeting is in violation thereof, shall be subject to personal liability in the form of a civil penalty in the amount of one hundred dollars. The civil penalty shall be assessed by a judge of the superior court and an action to enforce this penalty may be brought by any person. A violation of this chapter does not constitute a crime and assessment of the civil penalty by a judge shall not give rise to any disability or legal disadvantage based on conviction of a criminal offense.

(2) Any person who prevails against a public agency in any action in the courts for a violation of this chapter shall be awarded all costs, including

reasonable attorneys' fees, incurred in connection with such legal action. Pursuant to RCW 4.84.185, any public agency who prevails in any action in the courts for a violation of this chapter may be awarded reasonable expenses and attorney fees upon final judgment and written findings by the trial judge that the action was frivolous and advanced without reasonable cause.

[2012 c 117 § 126; 1985 c 69 § 1; 1973 c 66 § 3; 1971 ex.s. c 250 § 12.]

42.30.130
Violations — Mandamus or injunction.

Any person may commence an action either by mandamus or injunction for the purpose of stopping violations or preventing threatened violations of this chapter by members of a governing body..

[1971 ex.s. c 250 § 13.]

42.30.140
Chapter controlling — Application.

If any provision of this chapter conflicts with the provisions of any other statute, the provisions of this chapter shall control: PROVIDED, That this chapter shall not apply to:

(1) The proceedings concerned with the formal issuance of an order granting, suspending, revoking, or denying any license, permit, or certificate to engage in any business, occupation, or profession or to any disciplinary proceedings involving a member of such business, occupation, or profession, or to receive a license for a sports activity or to operate any mechanical device or motor vehicle where a license or registration is necessary; or

(2) That portion of a meeting of a quasi-judicial body which relates to a quasi-judicial matter between named parties as distinguished from a matter having general effect on the public or on a class or group; or

(3) Matters governed by chapter 34.05 RCW, the Administrative Procedure Act; or

(4)(a) Collective bargaining sessions with employee organizations, including contract negotiations, grievance meetings, and discussions relating to the interpretation or application of a labor agreement; or (b) that portion of a meeting during which the governing body is planning or adopting the strategy or position to be taken by the governing body during the course of any collective bargaining, professional negotiations, or grievance or mediation proceedings, or reviewing the proposals made in the negotiations or proceedings while in progress.

[1990 c 98 § 1; 1989 c 175 § 94; 1973 c 66 § 4; 1971 ex.s. c 250 § 14.]

Notes:

Effective date -- 1989 c 175: See note following RCW 34.05.010.

Drug reimbursement policy recommendations: RCW 74.09.653.

Mediation testimony competency: RCW 5.60.070 and 5.60.072.

42.30.200

Governing body of recognized student association at college or university — Chapter applicability to.

The multimember student board which is the governing body of the recognized student association at a given campus of a public institution of higher education is hereby declared to be subject to the provisions of the open public meetings act as contained in this chapter, as now or hereafter amended. For the purposes of this section, "recognized student association" shall mean any body at any of the state's colleges and universities which selects officers through a process approved by the student body and which represents the interests of students. Any such body so selected shall be recognized by and registered with the respective boards of trustees and regents of the state's colleges and universities: PROVIDED, That there be no more than one such association representing undergraduate students, no more than one such association representing graduate students, and no more than one such association representing each group of professional students so recognized and registered at any of the state's colleges or universities.

[1980 c 49 § 1.]

42.30.205

Training.

(1) Every member of the governing body of a public agency must complete training on the requirements of this chapter no later than ninety days after the date the member either:

(a) Takes the oath of office, if the member is required to take an oath of office to assume his or her duties as a public official; or

(b) Otherwise assumes his or her duties as a public official.

(2) In addition to the training required under subsection (1) of this section, every member of the governing body of a public agency must complete training at intervals of no more than four years as long as the individual is a member of the governing body or public agency.

(3) Training may be completed remotely with technology including but not limited to internet-based training.

[2014 c 66 § 2.]

Notes:

Findings -- Short title -- Effective date -- 2014 c 66: See notes following RCW 42.56.150.

42.30.210
Assistance by attorney general.

The attorney general's office may provide information, technical assistance, and training on the provisions of this chapter.

[2001 c 216 § 2.]

42.30.900
Short title.

This chapter may be cited as the "Open Public Meetings Act of 1971".

[1971 ex.s. c 250 § 16.]

42.30.910
Construction — 1971 ex.s. c 250.

The purposes of this chapter are hereby declared remedial and shall be liberally construed.

[1971 ex.s. c 250 § 18.]

42.30.920
Severability — 1971 ex.s. c 250.

If any provision of this act, or its application to any person or circumstance is held invalid, the remainder of the act, or the application of the provision to other persons or circumstances is not affected.

[1971 ex.s. c 250 § 19.]