

# Washington Universal Health Care Work Group

Meeting #8 Summary

October 29, 2020, 1 pm to 4 pm

## ATTENDEES

### *Work Group Member*

Aaron Katz, Principal Lecturer Emeritus, UW School of Public Health  
Beth Johnson, CEO and President, Coordinated Care Health  
Bevin McLeod, Co-Founder, Alliance for a Healthy Washington  
Brenda Snyder, Office of the State Treasurer  
Carrie Glover, Policy Consultant, Dziedzic Public Affairs  
Carrie McKenzie, Chief Executive Officer, Goldcore Innovations, LLC  
Chris Bandoli, Executive Director, Association of Washington Healthcare Plans  
Pam MacEwan, Chief Executive Officer, Health Benefit Exchange  
Dennis Dellwo, Retired attorney, former State Representative, Health Care Committee Chair  
Dean Carlson, Washington State Department of Revenue  
Don Hinman, Founder, Mid-Valley Insurance, Inc.  
Dr. Barbara Detering, Medical Director, Washington State Medical Association  
Dr. Peter McGough, Medical Director, UW Neighborhood Clinics  
Dr. Richard Kovar, Medical Director Emeritus, Country Doctor Community Health Center  
Dr. Rod Trytko, Washington State Medical Association  
Dr. Sherry Weinberg, Physicians for a National Health Care Plan  
Jane Beyer, Senior Health Policy Advisor, Office of the Insurance Commissioner  
Jason Brown, Washington State Office of Financial Management  
Lynnette Vehrs, President, Washington State Nurses Association  
Kelly Powers, Healthcare Consumer  
Patrick Connor, NFIB Washington State Director, National Federation of Independent Business  
Randy Scott, Pacific Health Coalition  
Representative Nicole Macri, House of Representatives  
Representative Joe Schmick, House of Representatives  
Ronnie Shure, Pharm BS  
Senator Emily Randall, Washington State Senate  
Shirley Prasad, Policy Director, Government Affairs, Washington State Hospital Association  
Sue Birch, Director, Health Care Authority  
Sybill Hyppolite, Washington State Labor Council  
Vicki Lowe, Executive Director, American Indian Health Commission

### *HCA Staff*

Tamarra Henshaw  
Dennis Martin  
Mia Nafziger  
Mich'I Needham  
Shawn O'Neill

**Consultants**

Betsy Jones, HMA  
Jamie Strausz-Clark, 3Si  
Jared Nason, Optumas  
Jeanene Smith, HMA  
Liz Arjun, HMA  
Nora Leibowitz, HMA  
Shane Mofford, Optumas

**NOT ATTENDING****Work Group Members**

Amy Anderson, Government Affairs Director, Association of Washington Business  
John Wiesman, Secretary, Department of Health  
Kerstin Powell, Health Center Business Office Manager, Port Gamble S'Klallam Tribe  
Lisa Humes-Schulz, Director of Strategic Initiatives, Planned Parenthood Votes NW and Hawaii  
Mohamed Shidane, Somali Health Board  
Senator John Braun

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**MEETING OBJECTIVES AND AGENDA**

The eighth meeting of the Washington Universal Health Care Work Group (WG) had four objectives:

1. Hear public comment on universal health care.
2. Confirm the goals of universal health care in Washington by affirming what was discussed in previous meetings and reflect on the work that has been done since then
3. Discuss a transition plan—including next steps—for universal health care in Washington, regardless of which model the state chooses.
4. Confirm action items and next steps.

**WELCOME, INTRODUCTIONS, AND CONFIRM AGENDA**

Jamie Strausz-Clark (3Si) convened the meeting and reviewed the “Zoom etiquette” protocols for the meeting. She proceeded to review the agenda for the meeting and announced that the meeting will include facilitated small discussion groups. Jamie introduced Mich’l Needham (for Chairwoman Sue Birch) who welcomed Work Group members and expressed her appreciation for their work and acknowledged the group has a lot of material to work through in the coming weeks.

One Work Group member requested that the Work Group be able to review a draft of the Report in smaller pieces rather than all at once as originally planned. Jamie responded that the Project Team will take this into consideration and get back the Work Group.

**PUBLIC COMMENT**

Jamie Strausz-Clark (3Si) opened the public comment period. Forty-two people signed up for public comment; thirteen members of the public commented. Due to the limited time for public comment (20 minutes), not all those who signed up were able to comment during the meeting. Jamie shared the other options for members of the public to share their feedback in addition to commenting during the meeting.

## **BREAKOUT SESSION ONE: CONFIRMING THE GOALS OF UNIVERSAL HEALTHCARE**

Below is a synthesis of the three breakout groups and the report out from the discussion about draft goals. The objective of this breakout session was to affirm and refine draft goals, recognizing that while there may not be a consensus on a model for achieving universal health care, there can be agreement on the goals. Each facilitator reminded Work Group participants that the draft goals were derived from the Work Group's earlier meetings intended to reflect the feedback received during those meetings.

**Universal Health Care:** *means all Washington residents can access essential, effective, and appropriate health care services when and where they need it*

Work Group members supported this definition of universal health care, however in two of the breakout discussion groups, Work Group members spoke up about the need to include "affordable" in this definition.

One breakout discussion group wrestled with how the terms "essential" and "effective" would be defined. The group eventually concluded that there are two levels at which these decisions are made: the payer level and the provider level. The payers (government, employers, and managed care organizations) set the parameters about what is considered essential and effective and then the providers determine what is essential and effective for individual patients. This breakout discussion group recognized that there were many details about how those parameters are set that still need to be determined, but that there are models based on previous work in Washington around the Health Services Act and the Essential Health Benefits under the Affordable Care Act.

### **There were six draft goals on which Work Group members were asked to provide feedback:**

- **Access:** *System that provides all Washingtonians with full access to comprehensive, essential, equitable, effective and appropriate health services that are affordable to everyone*
- **Equity:** *System promotes equity in access to quality care across race, ethnicity, culture, income, language, geography, gender, and other differences to reduce variance in the delivery of care and health outcomes.*
- **Governance:** *Transparent, accountable governance that maintains Tribal sovereignty, includes the voices of patients, community-based organizations and the delivery system, and ensures person-centered care*
- **Quality:** *System that promotes the consistent delivery of quality health care*

- **Administration:** *An administratively simple and efficient system that manages costs effectively in a way that promotes value*
- **Feasibility:** *A health system that is politically and administratively feasible and implemented in a considered way*

Across all the breakout discussion groups there seemed to be general agreement on the draft goals at the conceptual level, with some conversation about the details of what each goal means and how they would be achieved in the system through implementation.

There was a suggestion in one of the breakout discussion groups about adding a seventh goal of affordability. Another breakout discussion group spoke more about affordability and the need to address affordability at both the individual level and the system level.

Two of the breakout discussion groups recommended that the equity goal specifically include individuals who are hearing impaired, and possibly individuals who are visually impaired. A breakout discussion group also pointed out the need to address rural communities when considering issues of equity. Work Group members in two breakout discussion groups also suggested a stronger connection between the goals for quality and equity, adding that quality needs to incorporate more detail about culturally-responsive care.

There was one recommendation to add language about minimizing or eliminating low-value care to the definition for quality.

When considering feasibility, Work Group members thought it was important to reference financial feasibility on its own rather than as a subset of political or administrative feasible.

Discussions also focused on the interrelatedness of some of the goals, specifically equity, governance and administration. For example, a governance structure that is administered in a simplified, transparent, and efficient fashion can promote quality and equity through its decision-making, purchasing power and oversight.

## **BREAKOUT SESSION TWO: THE TRANSITION PLAN**

Below is a synthesis of the three breakout discussion groups and the report out from the discussion about the draft transition plan that Work Group members received in advance of the meeting. The transition plan was developed in response to Work Group member requests for an example of a plan and was based on the experience of other states, the lessons shared by our Work Group veterans of health care reform, and the project team's expertise. The transition plan was intended to serve as a starting place, to give the Work Group something to which to react. Work Group members were asked to offer feedback on the overall strategy, not the specific details of the plan.

Work Group members observed that the transition plan appears to be focused on transitioning to Models A or B. Some Work Group members suggested that Workstream 1 (the first steps in the

transition plan) should focus not just on protecting existing coverage, but proactively fill gaps in coverage as Model C does.

Work Group members were open to the idea of establishing multi-agency commission, as described in the draft transition plan. There was agreement that a key responsibility of this commission would be to gather and collect the perspectives of multiple stakeholders, but there was some divergence about whether the commission should include stakeholders. One Work group member suggested an ombudsman to collect and represent multiple consumer voices.

Work Group members supported the stepwise approach outlined in the transition plan and appreciated the details that were presented. One Work Group member shared that in taking a multi-year approach, it should be clear in the establishment of the Commission that that healthcare is a human right. Several Work Group members noted that there was a significant amount of work to get done in a four- or five-year timeframe.

Work Group members also voiced the need for a clear and robust communications plan as part of the work of the Commission. Outside of the transition plan, Work Group members discussed the need for the tools to help make the case for universal coverage to the Legislature and the public.

## **NEXT STEPS**

Jamie told Work Group members they would be receiving an email outlining in more detail the revenue and costs of each model following the meeting. She requested that Work Group members submit their feedback and questions by November 5; Optumas will respond to questions in a recorded video and via written document.

One Work Group member wanted to know what the next iteration of modeling will include, specifically wondering if it will include information about the cost savings and how those savings would be allocated. The project team responded that the updated modeling is comprehensive and will include cost expenditures, revenues, and longer-term impacts.

Work Group members raised some general questions and comments about the final report to the legislature. Some Work Group members asked that the report identify a recommended model, based on the preferences of the majority of Work Group members. Other Work Group members want the report to lay out the various perspectives but not identify a recommended model. Jamie reminded everyone that they will receive a draft report on November 18 and the project team will evaluate whether they can break the report into multiple sections.

Documents mentioned can be accessed on the HCA Universal Health Care website, <https://www.hca.wa.gov/about-hca/healthier-washington/universal-health-care-work-group>.