Policy Dependent (Qualitative) Assessment Criteria Exercise

This exercise's purpose is to examine the proposed straw models based on qualitative criteria developed by the work group. The work group has discussed many issues with the current health care system they would like to see addressed in a new model of universal health care. These qualitative or policy-dependent assessment criteria below were summarized based on the work group members' discussions of root causes of the issues and initial assessment criteria breakout group discussions at the January and February meetings. While the framework of a model may or may not distinctly achieve the desired improvement, the work group will also have a portion of its report devoted to outlining policies related to access, governance, affordability, etc. that the work group would expect to see in implementation of a model of universal health care.

EXERCISE GOAL: The intent of this pre-meeting work is for work group members to review the list of qualitative assessment topics and criteria raised by the work group in February, and then consider whether one of the three models would better support achievement of these criteria. Come to the August meeting ready to talk about the models in terms of ability to support Access, Governance, Quality, Equity, Administration and Feasibility.

INSTRUCTIONS: Consider the framework of each straw model and assess how well it might support or facilitate each assessment criterion, using the numbers in the key:

KEY
1. Model supports this topic or criterion the most
2. Model supports this topic or criterion somewhat or partially
3. Model supports this topic or criterion the least

EXAMPLE

	Option A: Universal Coverage, State Administered	Option B: Universal Coverage, Delegated Administration	Option C: "Fill in the Gaps"
Access	(enter 1, 2 or 3)	(enter 1, 2 or 3)	(enter 1, 2 or 3)
	If two rate two of the options the same, it is ok to give them the same #		

For each of the bolded topics below, consider whether Option A, B or C would support the topic the most, somewhat or the least.

Qualitative Assessment – Topics and Criteria	Option A: Universal Coverage, State Administered			Option B: Universal Coverage, Delegated Administration			Option C: "Fill in the Gaps"		
Access	**1**	**2**	**3**	**1**	**2**	**3**	**1**	**2**	**3**
Access includes issues such as:									
• Seamless coverage from birth to death (design includes portability if needed to make it seamless)									
• Provides access to comprehensive, essential, effective and appropriate health services									
• Provides a full range of services (whole body, holistic health services)									
• Provides coverage for experimental treatments for rare diseases									
• Allows for the choice of health care provider									
• Provides access to culturally attuned care									
• Provides equitable access, based on a person's need and regardless of income, geography, age, gender, etc.									
• Allows for easy navigation of the health care system for patients and providers									
• Provides access to affordable care									
• Promotes preventive health care and utilization of primary care									
• Promotes workforce capacity building									

Qualitative Assessment – Topics and Criteria	Option A: Universal Coverage, State Administered			Option B: Universal Coverage, Delegated Administration			Option C: "Fill in the Gaps"		
• Facilitates the right care at the right time in the right setting									
• Provides psychiatric care in the least restrictive environment necessary									
Governance	**1**	**2**	**3**	**1**	**2**	**3**	**1**	**2**	**3**
Governance includes issues such as:									
• Ensures transparency and accountability in how the model is governed									
• Participation by community-based systems/organizations is included in its governance									
• Respects the primacy of the patient-provider relationship									
• Ensures administrative accountability									
• Tribal sovereignty and voice are maintained in its governance									
• The patient will have a voice in how the health care system works									
Quality and Equity	**1**	**2**	**3**	**1**	**2**	**3**	**1**	**2**	**3**
Quality and Equity include issues such as:									
• Incentivizes or enhances the delivery of quality health care									
• Includes efforts to improve health care safety and minimize medical errors									
• Encourages transparency of health care quality, including reporting of adverse events (e.g. deaths, infections)									
• Encourages consistency in health care delivery in rural areas and across different cultural, ethnic, language, and other types of communities (i.e. this model reduces variance of care)									
Administration and Feasibility	**1**	**2**	**3**	**1**	**2**	**3**	**1**	**2**	**3**
Administration and Feasibility include issues such as:									
• Reduces administrative costs									
• Includes mechanisms to reduce duplication of services (i.e., through interoperable data systems)									
• Includes effective cost controls for all services, including prescription drugs, without compromising access and quality									

Qualitative Assessment – Topics and Criteria	Option A: Universal Coverage, State Administered	Option B: Universal Coverage, Delegated Administration	Option C: "Fill in the Gaps"
• Amenable to value-based payments to providers and health systems			
• Implementation challenges due to federal regulations (for example, federal programs such as ERISA, ACA, Medicare, Medicaid; need for federal waiver, Federal regulatory relief, Federal statutory change)			
• Feasibility challenges related to political buy-in, implementation, or administration			
• Impacts of program implementation and administration on key delivery system stakeholders such as:			
• Commercial Health Insurance Plans			
• Medicaid managed care plans			
• Employers who currently do purchase insurance for their employees			
• Employers who currently do NOT purchase insurance for their employees			
• Health care providers (including hospital systems and providers)			
• Tribal health			
• Other stakeholders of concern			
• Supports administrative simplification			
• Allows for phasing/incremental advances toward universal health care			
• Facilitates data sharing and data portability			
• Utilize open enrollment periods or allow residents to enroll in coverage at any time			