Preparing for the October 7, 2020 UHC Work Group Meeting

Draft End State Goals to Achieve Vision of Universal Health Care
Defining Universal Coverage

From the Work Group’s discussions in late 2019:

Universal health care means all Washington residents can access essential, effective, and appropriate health care services when and where they need it.
Draft End State Goals

• At February 2020 meeting, the Work Group identified what a reformed health system should look like and how it should function

• Identified characteristics crossed multiple areas:
  • Access
  • Equity
  • Governance
  • Quality
  • Administration
  • Feasibility

• These characteristics became the criteria for assessing reform models

• The Work Group’s report will include goals based on the desired “end state” characteristics
  • Clear goals will provide direction to the Legislature

• The following slides are draft goal statements developed from the Work Group’s qualitative criteria and discussions to date
Draft End State Goals: Access

Draft goal: System that provides all Washingtonians with full access to comprehensive, essential, equitable, effective and appropriate health services that are affordable to everyone

This means the system provides:
- Seamless coverage from birth to death (design includes portability if needed to make it seamless)
- Access to comprehensive, essential, effective and appropriate health services
- A full range of services (whole body, holistic health services)
- Choice of health care provider
- Culturally attuned care
- Equitable access, based on a person’s need and regardless of income, geography, age, gender, etc.
- Easy navigation of the health care system for patients and providers
- Affordable care
- Preventive health care and utilization of primary care
- The right care at the right time in the right setting
- Psychiatric care in the least restrictive environment necessary
- Coverage for experimental treatments for rare diseases

This will require:
- Workforce capacity building
Draft End State Goals: Equity

**Draft Goal:** 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.

**This means the system:**
- Encourages consistency in health care delivery in rural areas and across different races, ethnicities, language groups and other types of communities.
- Encourages culturally responsive care.
- Encourages transparency of health care quality, including reporting of adverse events.

**This will require:**
- Incorporating equity and cultural responsiveness into provider contracting, provider training and provider access standards.
- Greater data transparency.
Draft End State Goals: Governance

**Draft Goal:** Transparent, accountable governance that maintains Tribal sovereignty, includes the voices of patients, community-based organizations and the delivery system, and ensures person-centered care

*This means governance is structured to:*

- Ensure transparency and accountability in how the model is governed
- Include community-based systems/organizations is included in its governance
- Respect the primacy of the patient-provider relationship
- Ensure administrative accountability
- Maintain Tribal sovereignty and voice
- Include the patient voice in determining how the health care system works

*This will require:*

- New roles for state, health system, consumers, Tribes and community
Draft End State Goals: Quality

Draft Goal: System that promotes the consistent delivery of quality health care

This means the system:

• Incentivizes or enhances the delivery of quality health care
• Includes efforts to improve health care safety and minimize medical errors
• Encourages consistency in health care delivery in rural areas and across different cultural, ethnic, language, and other types of communities (i.e. reduces variance of care)

This will require:

• Increased transparency of data on health care and quality, including reporting of adverse events
• Implementation of value-based payment
Draft End State Goals: Administration

**Draft goal:** An administratively simple and efficient system that manages costs effectively in a way that promotes value

**This means a system that:**
- Reduces administrative costs
- Includes effective cost controls for all services, including prescription drugs, without compromising access and quality
- Supports administrative simplification

**This requires:**
- Implementation of mechanisms to reduce duplication of services (i.e., through interoperable data systems)
- Adoption of value-based payments to providers and health systems
- Increased use of data sharing and greater data portability
Draft End State Goals: Feasibility

**Draft goal:** A health system that is politically and administratively feasible and implemented in a considered way

**This means implementation involves:**

- Addressing challenges related to political buy-in, implementation, or administration
- Identifying and addressing impacts of program implementation and administration on key delivery system stakeholders such as:
  - Commercial Health Insurance Plans
  - Employers who currently do purchase insurance for their employees
  - Health care providers (including hospital systems and providers)
  - Medicaid managed care plans
  - Employers who currently do NOT purchase insurance for their employees
  - Tribal health
  - Other stakeholders of concern
- Allowing for phasing/incremental advances toward universal health care

**This requires:**

- Federal approval of waivers for changes to rules that may impact Marketplace/premium tax credits, Medicaid, Medicare, ERISA, etc.
- Changes to state laws and regulations – Medicaid, individual and group markets, etc.
Preparing for October 7 Work Group: Your Assignments

Homework and Our Discussions

• Review draft goals and the “end state” criteria that underlie them. They are built from your discussions.
• Consider how well the draft goals express the criteria.
• Consider the high-level lists of what is involved in achieving those goals.
• Come prepared to talk about any edits to the draft goals, as well as additions to the “what is required” statements.
• We will break into small groups to discuss then bring the full Work Group together to share the breakout groups’ thoughts.

Come Prepared to Discuss

• What should be added to or adjusted in the draft goals?
• What should be added to the list of “what is required”?

**Keep in mind that a whole section of the report will be devoted to “next steps,” including implementation activities**