



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, 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\*\*

