

Washington Universal Health Care Work Group

Meeting #2 Summary

December 9, 2019, 1 pm to 5 pm

ATTENDEES

Work Group Members

Aaron Katz, Principal Lecturer, UW School of Public Health
Amy Anderson, Government Affairs Director, Association of Washington Business
Aren Sparck, Government Affairs Officer, Seattle Indian Health Board
Dr. Barbara Detering, Medical Director, Washington State Medical Association
Beth Johnson, CEO and President, Coordinated Care Health
Bevin McLeod, Co-Founder, Alliance for a Healthy Washington
Brenda Snyder, Director, Policy and External Affairs, Office of the State Treasurer
Carrie Glover, Policy Consultant, Dziedzic Public Affairs
Carrie McKenzie, Chief Executive Officer, Goldcore Innovations, LLC
Dean Carlson, Department of Revenue
Dennis Dellwo, Retired attorney, former State Representative, Health Care Committee Chair
Don Hinman, Founder, Mid-Valley Insurance, Inc.
Senator Emily Randall, Senate
Representative Joe Schmick, House of Representatives
Senator John Braun, Senate
John Wiesman, Secretary, Department of Health
Kelly Powers, Healthcare Consumer
Kerstin Powell, Health Center Business Office Manager, Port Gamble S'Klallam Tribe
Lynnette Vehrs, President, Washington State Nurses Association
Mohamed Shidane, Funds Development and Policy Engagement Manager, Somali Health Board
Representative Nicole Macri, House of Representative
Pam MacEwan, Chief Executive Officer, Health Benefit Exchange
Patrick Connor, NFIB Washington State Director, National Federation of Independent Business
Randy Scott, Consultant, Pacific Health Coalition
Dr. Richard Kovar, Medical Director Emeritus, Country Doctor Community Health Center
Ronnie Shure, Pharm BS
Dr. Sherry Weinberg, Western Washington Chapter of Physicians for a National Health Care Plan
Sue Birch, Director, Health Care Authority (Work Group Chair)
Sybill Hyppolite, Healthcare Policy Specialist, SEIU Healthcare 1199
Zach Snyder, Director, Premera, Sitting in for Christine Brewer, Association of WA Healthcare Plans

HCA Staff

Gary Swan
Rachelle Alongi
Shawn O'Neill
Tamarra Henshaw

Consultants

Jamie Strausz-Clark, 3Si
Jarod Nason, Optumas
Jeanene Smith, M.D., HMA
Katie Rogers, HMA
Liz Arjun, HMA

NOT ATTENDING

Work Group Members

Jane Beyer, Senior Health Policy Advisor, Office of the Insurance Commissioner (Mandy Weeks, Office of the Insurance Commissioner attended the meeting on behalf of the OIC)
Dr. Peter McGough, Medical Director, UW Neighborhood Clinics
Robyn Williams, Office of Financial Management
Shirley Prasad, Policy Director, Government Affairs, Washington State Hospital Association
Lisa Humes-Schulz, Director of Strategic Initiatives, Planned Parenthood Votes NW and Hawaii

MEETING OBJECTIVES AND AGENDA

The second meeting of the Washington Universal Health Care Work Group had six objectives:

1. Hear a story about a Washingtonian's experience with health care.
2. Build relationships between Work Group members that will facilitate productive engagement.
3. Understand the work group decision process, including expectations for the final work product and how we will get there.
4. Review summary of public input since the last Work Group meeting.
5. Understand and clarify problems (and their root causes) with the current health care system.
6. Confirm action items and next steps.
7. Hear public comment on universal health care.

WELCOME, INTRODUCTIONS, AND CONFIRM AGENDA

Chair Sue Birch and Jamie Strausz-Clark (3Si) convened the meeting and confirmed the meeting objectives and agenda with the Work Group. Sue reminded the Work Group about the core things we need to address, including:

- Coverage access and eligibility
- Transparency and the true costs of care- service delivery and quality and how they play out
- Innovations that are helping improve care

She expressed confidence that we will get there, but it's important to think about transition steps and not get bogged down in details; we need to keep our eye on the big picture and keep moving forward.

Jamie shared a high-level and brief summary of the public feedback that had been submitted since the September meeting. She indicated the actual comments would be made available to Work Group members for their review.

HEALTH CARE STORY

During the introductory meetings with Work Group members, a Work Group member suggested offering a health care story of a Washingtonian's real-life experience with the current health care system. The purpose of sharing these stories is to offer a real-life example of how Washingtonians are affected by shortcomings of the current health care system and remind Work Group members why their work together is so important. There will be a different health care story at each future Work Group meeting. Work Group Member Kelly Powers kicked it off by sharing her personal health care story with the Work Group.

ICE BREAKER

Another suggestion that came out of the introductory meetings with Work Group members was to make time at each meeting for an ice breaker or another way to build relationships between Work Group members. Jamie broke the group up for an ice breaker exercise into five small groups, where Work Group members were asked to identify five things that they had in common. After a brief discussion, Work Group members reported out highlights from the exercise.

REVIEW WORK GROUP DECISION PROCESS

As a prelude to reviewing the Work Group Decision process, Jamie reviewed feedback from the introductory meetings she and Katie Rogers held with Work Group members. To summarize:

- There was consensus that there are a lot of problems with the health care system.
- There was also consensus on a need to articulate a process for how this group would get from here to recommendations to the legislature, but no clear consensus about the process should be.
- Many felt we needed to clearly define the problems with the health care system first.
- Several recommended developing evaluation criteria by which we could evaluate different models for delivering universal health care.
- Many wanted clarity on whether we are addressing about universal health care coverage or universal health care access.

In response to this feedback, Katie Rogers and the consultant team developed a proposed decision process for the Work Group. To help get Work Group members on the same page about the outcome of the decision process, the consultant team also developed a draft outline of the final report from the Work Group. This decision process builds on what was heard from Work Group members and what has worked well in other places that have done this.

In general, the decision process outlines each meeting and the objectives and approach for each meeting. Refer to the Decision Process meeting handout for more information.

Work Group Members had the following questions about and comments on the proposed decision process:

Q: How will the three models be identified, by whom, and will we have enough time to review in advance?

A: In the February meeting, we will share models for delivering universal health care. Between February and April, we will conduct a survey with Work Group members to see which models you would like to review and evaluate. At the April meeting, we will present on three potential models.

Comment: We should include an evaluation of the status quo, for comparison purposes (this was done in Oregon).

Q: What if I am not able to attend the February meeting?

A: Jamie is meeting with a Work Group member who is not able to attend February's meeting separately to discuss their input on the evaluation criteria. If you cannot attend the February meeting, Jamie extends a similar offer to you.

Q: What are the components of the models that consultants will be presenting?

A: The components would include benefits, costs, and eligibility will be included; We will look across the major existing plan models used such as Medicaid, PEBB, Cascade Care (public option), Exchange Plans to inform the components of the proposed model, as well as other states' efforts for universal health care.

Comment: When we are evaluating different models, it would be best to focus on what differentiates each model from one another.

Q: When we look at the models, are we hoping to build on what we currently have or replace the entire health care system with something different?

A: In the introductory meetings with Work Group members, there was a lot of variation in opinions. Some Work Group members want to replace the current system with a single payer model and others want us to build on what we have.

Q: So, the Work Group will identify three models they want to review and evaluate and then the consultant team will price out the options?

A: Yes. Given time and resources, we will have to evaluate existing models, rather than entirely new proposed models. That said, there will be an opportunity to discuss modifications to existing models.

AFFIRM UPDATED WORK GROUP CHARTER

Jamie reviewed the updated Work Group Charter that incorporates the agreed upon changes from the first Work Group meeting in September. Jamie flagged additions to the meeting guidelines, based on feedback from the introductory meetings with Work Group members. There were no concerns voiced by Work Group members about these additions.

Other questions about the Charter included:

Q: Is there a process where Work Group members can ask a question if a topic has been closed (both at the meeting or after the meeting)?

A: Send Jamie an email with the question or comment and Jamie will confer with the project team and follow up with the Work Group member about next steps.

A Work Group member who was not in attendance at the September Work Group meeting recommended changes to the Charter under section “Charge of the Workgroup”:

- Third bullet: community-based health models, change to “community-based health and wellness”
- Fourth bullet, under stakeholders, add “community-based organizations”.

The Work Group agreed to these changes.

Jamie asked the Work Group to affirm the revised Charter, including the changes proposed by Secretary Wiesman. The Work Group unanimously approved the Charter. The project team will send a final electronic version to Work Group members.

PROBLEM STATEMENT AND ROOT CAUSE ANALYSIS

Jamie described the next agenda item, which was conducted in small breakout groups: to further refine a proposed “problem statement” and conduct a “root cause analysis” of the problems with the current health care system. The results of this activity will be shared and used to develop evaluation criteria for the group to consider in February.

Due to an incident on the Capitol Campus, the last three agenda items were not addressed. These included:

REPORT OUT FROM SMALL GROUPS

ACTION STEPS

PUBLIC COMMENT

NEXT MEETING

February 7, 2020

1 PM to 5 PM

Legislative Building, Columbia Room (119)

416 Sid Snyder Ave. SW, Olympia, WA 98501