

BEFORE THE BOARD OF THE NORTHEAST TRI COUNTY HEALTH DISTRICT

IN THE MATTER OF OPPOSING)	RESOLUTION 02-2014
THE WASHINGTON STATE)	
HEALTH CARE INNOVATION)	OPPOSING THE WASHINGTON STATE
PLAN)	HEALTH CARE INNOVATION PLAN

WHEREAS, the Health Care Authority, Washington State Department of Health, and the Office of the Governor have introduced the Washington State Health Care Innovation Plan and Health Care Transformation Legislation; **AND**

WHEREAS, this document has been in development for some time, yet public health professionals have been brought into the discussion after the first draft and plan were complete; **AND**

WHEREAS, this plan, built behind closed doors, fundamentally changes the health care delivery system in Washington State and yet was devised without the advice and expertise of those actually conducting the work and delivering health care; **AND**

WHEREAS, “The Innovation Plan’s core strategy is for the State to take a lead role as first mover in creating a robust culture of transparency; fundamentally reorienting payment toward value rather than volume; incentivizing care delivery redesign; transforming Medicaid purchasing to achieve integrated and whole person care; creating regionally centered organizations that support necessary linkages and alignment around community health improvement and cross-sector resource sharing; and continuing to build robust health information technology and exchange infrastructure throughout the State.” The State intends to leverage its position as the largest payer of health care services to enact change; **AND**

WHEREAS, this plan relies on centralized planning. “Perhaps the largest barrier to capitalizing on this unprecedented environment for improvement and innovation in health and health care is the lack of a strong, comprehensive action plan that moves the State in a unified direction.” The basic premise of the plan as noted on page two (2) lists the State as “first mover” fundamentally restructuring payment and delivery of services. It does this by means of placing as much as 26% of Washington residents on Medicaid (1.8 million) making the State the largest payer of health services, the first mover, and the biggest agent to enforce a centralized plan. The very essence of this plan is centralized planning delivered through regional Accountable Communities of Health; **AND**

WHEREAS, this plan establishes Accountable Communities of Health. The concept of the Accountable Communities of Health (ACH) is very vague and complex and essentially regionalizes the delivery of health care according to standards given to the ACH’s from the State. The regions have been set without input from those affected by the region. There is no legislative authority for ACH’s. This is a new level of government that would have to be staffed and funded. This plan puts the decision making control of for-profit entities in the hands of non-profit/quasi-governmental organizations. The ACH’s purpose is to implement the state plan; a plan written without input from the key players in the market place; **AND**

WHEREAS, the plan establishes an extension service housed in each ACH to assist practitioners in transitioning their business models to the State model. This is a new level of government which will need to be funded and staffed; **AND**

WHEREAS, while there is a need for data collection, from a public health/epidemiology point of view, to track health trends and provide decision making support, under this plan the State takes this much further. Data collected from an “all payers” data base will be used to remove “variation” and to adopt standard treatment methods, payment methods and delivery models to the point it seems that the data will decide what treatment the patient receives rather than a decision between the provider and the patient. Additionally, the data collection is massive with the Integrated client database tracking each and every interaction with State systems and requiring private payers to submit data increasing the costs to consumers; **AND**

WHEREAS, this plan promotes a tiered, narrowed system. "Narrowed/tiered" can be read as reduced service, reduced choice and availability favoring those who are established and locking out new practitioners; **AND**

WHEREAS, Washington will move away from a largely fee-for-service reimbursement system to an outcomes-based payment. Specifically, within five (5) years, Washington aims to move 80% of its State-financed health care to outcomes-based payment and work in tandem with other major purchasers to move at least 50% of the commercial market to outcomes-based payment. This major effort moves from fee-for-service into value or outcome based payments to physicians, i.e. physicians would be placed on salary; **AND**

THEREFORE: the Northeast Tri County Health District Board of Health supports the ability of doctors, clinics and hospitals to run their businesses as they see fit, paying staff and billing patients as deemed appropriate without undue governmental interference; **AND**

THEREFORE: the Northeast Tri County Health District Board of Health supports local community planning and decision making as the most flexible and responsive method of delivering health care; **AND**

THEREFORE: the Northeast Tri County Health District Board of Health does not support adding new costs from new levels of bureaucracy and extensive data gathering; **AND**

THEREFORE: it is resolved that the Northeast Tri-County Health District Board of Health does not support the Washington State Health Care Innovation Plan; **AND**

THEREFORE: the Northeast Tri County Health District Board of Health opposes efforts to implement legislation to support the Washington State Health Care Innovation Plan; **AND**

BE IT FURTHER RESOLVED that the Northeast Tri County Health District Board of Health strongly encourages lawmakers and other local boards of health to adopt similar positions and resolutions.

Done this 15th day of January, 2014 in Colville, Washington and effective immediately upon signatures as of this date.

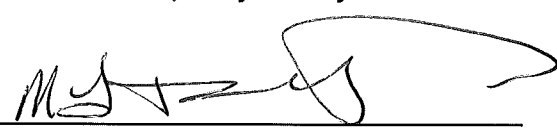
Board Member, City of Republic



Board Member, Ferry County



Board Member, City of Colville



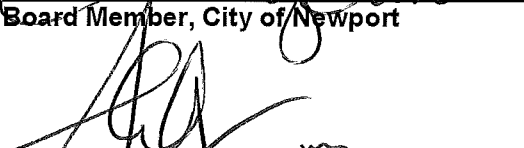
Board Member, Ferry County



Board Member, City of Newport




Board Member, Pend Oreille County



Health Officer



Board Member, Pend Oreille County



Board Member, Stevens County



Board Member, Stevens County