

WSMA health care reform policy per H/D action in 2007/08
And Policy Compendium

House Action 2007/2008

BOARD OF TRUSTEES REPORT H – WSMA/WSHA Health Care Policy Principles (ADOPTED AS AMENDED in 2007)

RESOLVED, that the House of Delegates adopt the joint statement policy principles:

1. There should be universal access to affordable health insurance and a government sponsored safety net.
2. The health care system should allow and encourage the availability of different levels of coverage beyond a basic level of protection for those who want it. There must be choice of types of insurance, of physicians and other caregivers – to reflect our pluralistic culture.
3. The health care system should be based on fairness and equity, reflecting personal responsibility and accountability by all stakeholders – patients, physicians and providers of services, public and private payers and insurers. The federal tax code should treat those covered by employer-based insurance or individual-based insurance equally.
4. The delivery and financing of the system must include administrative simplification and standardization, with clear accountability and responsibility by all participants.
5. The financing of the system should include incentives to improve quality, control cost, enhanced efficiency and eliminate the use of ineffective health services and inappropriate variations in care. The system must include improved patient safety and a reformed system for compensating patients injured within the healthcare delivery system.

RESOLUTION C-5 – WSMA ENDORSEMENT OF UNIVERSAL HEALTH CARE COVERAGE (ADOPTED AS AMENDED in lieu of Resolutions C-9 and C-15 in 2007)

RESOLVED, that the WSMA take the unqualified position that universal health care coverage is an achievable objective through a variety of mechanisms which could be private, public, or a combination thereof (New HOD Policy); and BE IT FURTHER

RESOLVED, that the WSMA advocate and support universal health care coverage based on the following principles that largely reflect those articulated by the Institute of Medicine in its 2004 publication, *Insuring America's Health*:

- ♦ Health care coverage should be universal so that no one is without access to health care by reason of employment status, health status, or other life circumstances.
- ♦ Health care coverage should promote timely access to high-quality care that is both therapeutically effective and economically efficient.
- ♦ Health care coverage should be continuous with no breaks in coverage that can delay or interrupt necessary medical care and expose individuals and families to the risk of severe financial hardship.

- ♦ Health care coverage should be affordable to individuals and families so that the sum of contributions to health coverage through premiums, taxes and out-of-pocket requirements do not render unaffordable the basic necessities of life.
- ♦ Health care coverage should be affordable and sustainable for society through an administrative approach that (a) maximizes efficiency through core coverage standards and operating procedures that are common to all financing entities and (b) factors into coverage decisions accurate measures of the true costs and benefits of new drugs, devices and treatment protocols (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA promote the cause of universal health care coverage through participation in community-sponsored public forums and through guest editorials, letters, or other submissions to Washington’s major print and electronic media. (Directive to Take Action.)

RESOLUTION C-8 – Health Care Reform (Resolution C-8 renamed and ADOPTED AS AMENDED in lieu of Resolutions C-9 and C-11 in 2008)

RESOLVED, that the WSMA reaffirm its health care policy principles as contained on pages 36 and 37 of the WSMA Policy Compendium (Reaffirm HOD Policy; See above); and BE IT FURTHER

RESOLVED, that the WSMA is committed to working with any interested parties on health care reform; and BE IT FURTHER

RESOLVED, that the WSMA endorse a bi-partisan discussion of healthcare reform at the federal and state level and extend its appreciation to the effort to do so; and BE IT FURTHER

RESOLVED, that any health care reform must include an effective public health system.

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HEALTH CARE

Allocation of Limited Resources

The WSMA supports the establishment of health care priorities that are based on the needs of the citizens of Washington State. The WSMA actively encourages public dialogue to form a consensus as to what constitutes basic health care services. (EC Rpt P, A-89)

Basic Health Plan

The WSMA supports the adequate funding of the Health Services Account to meet the health needs of the people of the state. (Res C-2, A-96)

The WSMA supports through legislation and the state budget an expansion of funding for the BHP so that a minimum of 200,000 low income adults and children are provided insurance coverage through this program. (Res C-12, A-97; Res C-4, A-98)

The WSMA supports full funding of the Washington Basic Health Plan as a vehicle to provide health insurance coverage for all individuals and families up to 250% of the Federal Poverty Level. (BT Rpt J, A-01; EC Rpt F, A-02)

Cost Disclosure

The WSMA supports disclosure of inpatient/outpatient, nursing home, home health services and pharmacy charges to the prescribing physician on a regular basis and that physicians be actively encouraged to review charges for their prescribed care. (Res B-7, A-93)

Financing, Health Care

The WSMA supports innovative consumer-driven and controlled health care financing programs such as MSAs linked to high-deductible, unmanaged insurance and defined-contribution employer programs. (Res C-3, A-03)

Health Care Policy Principles

The WSMA supports the following policy principles on health care:

1. There should be universal access to affordable health insurance and a government sponsored safety net.
2. The health care system should allow and encourage the availability of different levels of coverage beyond a basic level of protection for those who want it. There must be choice of types of insurance, of physicians and other caregivers – to reflect our pluralistic culture.
3. The health care system should be based on fairness and equity, reflecting personal responsibility and accountability by all stakeholders – patients, physicians and providers of services, public and private payers and insurers. The federal tax code should treat those covered by employer-based insurance or individual-based insurance equally.
4. The delivery and financing of the system must include administrative simplification and standardization, with clear accountability and responsibility by all participants.
5. The financing of the system should include incentives to improve quality, control cost, enhanced efficiency and eliminate the use of ineffective health services and inappropriate variations in care. The system must include improved patient safety and a reformed system for compensating patients injured within the healthcare delivery system. (BT Rpt H, A-07; Res C-8; A-08)

Mandated Benefits

The WSMA reaffirms its long-standing policy of opposition to legislative or regulatory mandates of benefits (CPA Rpt F, A-97), except that the Board of Trustees, or the Executive Committee acting between meetings of the board, has the authority to determine when a proposed mandate represents such a clearly overriding social or economic benefit as to warrant an exception to this policy. (EC Rpt M, A-99)

Medical Home

The WSMA supports the implementation of strategies that promote primary care as described in the following “Core Principles of a Patient-Centered Medical Home” adopted in March 2007 by the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP) and the American Osteopathic Association (AOA). (Res A-13, A-08)

Core Principles of a Patient-Centered Medical Home

Personal physician - each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care

Physician directed medical practice – the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.

Whole person orientation – the personal physician is responsible for providing for all the patient’s health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.

Care is coordinated and/or integrated across all elements of the complex healthcare system including subspecialty care, hospitals, home health agencies, nursing homes as well as the patient’s community (e.g., family, public and private community-based services).

Quality and safety are hallmarks of the medical home in which practices advocate for their patients to support the attainment of optimal, patient-centered outcomes that are defined by a care planning process driven by a compassionate, robust partnership between physicians, patients, and the patient’s family.

Enhanced access to care is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and practice staff.

Payment appropriately recognizes the added value provided to patients who have a patient-centered medical home.

Medical Savings Accounts

The WSMA affirms its support for the goal of universal access to health insurance for all Washington citizens and recognizes and supports that Medical Savings Accounts (MSAs) should be given an opportunity to be further investigated, developed and implemented as one methodology to achieve this goal. (BT 1/95)

Preventive Health Care

The WSMA encourages physicians to offer evidence-based cost-effective preventive care and early detection tests and encourages all third party payers to cover the cost of evidence-based cost-effective preventive care and early detection tests. (Res A-8, A-00; A-01)

Quality, Cost Effectiveness

The WSMA encourages insurers and the payer to explore new and innovative options for health care coverage such as prepaying "wellness" and insuring "sickness".

The WSMA encourages the gathering of essential health care data for research in both the public and private sectors to promote quality, cost-effective health care services. The WSMA supports research and pilot studies for the development of practice parameters and outcomes research, specifically supporting pilot projects with the Health Quality Foundation to test in this state the efficacy of practice parameters established by national specialty societies.

The WSMA supports the Health Quality Foundation and urges specialty society participation in Foundation research programs. The WSMA also supports the Foundation through financial assistance.

The WSMA encourages investigating the feasibility of supporting state legislation to provide standards of efficacious utilization review and certification of companies providing UR services in order to maintain high standards.

The WSMA supports development of state-wide, acceptable technology assessment criteria that promote services that meet standards of efficacy and improved outcome but do not stifle innovation. (EC Rpt P, A-89)

Quality, Definition

The WSMA supports the following definition of quality in health care:

Defining, continually assessing and improving quality is a proper role of the medical profession.

Quality in health care is defined as the extent to which there is continual improvement in meeting or exceeding professionally established, measurable criteria of health care while balancing the patients' goals and values with established ethical guidelines.

Quality of care may be assessed by:

- *Clinical Outcomes*

Acceptable outcomes should be derived from “evidence-based” processes (ie confirmed by the peer review literature) where possible and based on peer consensus as an alternative.

- *Health Status*

The health status of both patients and populations should be compared using concise, validated instruments to measure peer practices.

- *Patient Satisfaction*

Satisfaction with process of care including access should be measured using concise, validated instruments to assess peer practices.

- *Value*

Value varies directly with the degree of quality, and inversely to the cost of care (value = Q/C). Value is important to patients and payers, and its determination is an expression of professionalism.

Continuous Quality Improvement is the preferred method for improving quality. There are no absolute values for quality; rather, practitioners should strive continuously to improve outcomes within the resources available. This process requires the institutional and administrative commitment of the organization with which the practitioner is affiliated.

All available sources of expertise for parameters or guidelines for care should be utilized, and should be accessible to all practitioners in multiple, optimally usable forms. Practitioners, payers (including

federal and state governments), and health care organizations share the responsibility for dissemination of validated practice parameters, so that all patients may benefit.

The organizational and practitioner specificity of performance data should be disseminated on the basis of "need to know," and should be risk/severity adjusted. This information should be used to improve the quality of medical care and not for the purpose of regulation or marketing.

The WSMA promotes this definition as a national model for defining quality in health care. (CPA Rpt D, A-96)

Quality Improvement Programs

The WSMA endorses statewide, physician-led quality improvement programs like COAP (Clinical Outcomes Assessment Program) and supports adequate funding through, but not limited to, collaborative public/private sources. (Res B-4, A-00)

Reform

The WSMA believes that any health care reform must include an effective public health system. (Res C-8, A-08)

The WSMA considers restoration and improvement of our primary care system one of its highest priorities legislatively, with insurance companies, and in support of the system changes needed toward this end. (Res A-13, A-08)

Reform, Washington State - 1994 Legislative Session

The WSMA works to support successful implementation of the Washington Health Services Act of 1993 and opposes efforts that would undermine its key components such as universality of coverage, "willing provider", negotiations, etc.

The WSMA also assists physicians in meeting the challenges of the Act in terms of supporting their ability to participate in Certified Health Plans.

The WSMA works through its PACE Program and other means to educate the public regarding the Act, reinforcing our support of their concerns regarding physician choice, cost effectiveness and quality of care. (EC Rpt C, A-93)

Reform, Washington State - 1995 Legislative Session

The WSMA reaffirms its position to the Washington Health Services Commission that it not "micro-manage" the health care system in the state through the regulatory process.

The WSMA will continue to encourage the Washington Health Services Commission to not preclude the development of an RVS option.

The WSMA will work to protect and strengthen the collective negotiations provisions of the Health Services Act.

The WSMA will work to protect and strengthen the "Any Willing Contractor ("Provider") provisions of the Health Services Act and continue to educate members and the public regarding its intent and consumer choice benefit.

The WSMA promotes data use policies that reflect confidentiality standards, case mix, and quality and not just resource consumption.

The WSMA supports legislation or regulation that requires uniform public disclosure of each CHP's administrative costs as a percentage of premium, services covered and provided by whom, utilization review processes, and consumer participation requirements.

The WSMA supports the Health Services Act's mandate that there be a uniform process for Certified Health Plans to determine the enrollees' satisfaction with the CHP.

The WSMA supports legislation that requires CHPs to use uniform provider credentialing and recredentialing forms.

The WSMA supports legislation or regulation that would require CHPs to disclose to physicians the individual within the CHP who is reviewing their work, including the individual's name and credentials, and that CHPs be held proportionately responsible for their utilization review decisions.

The WSMA supports legislation or regulation that would mandate that any reviews, accreditation or licensing surveys conducted within the state of Washington be accomplished at the same time and that uniform standards should be applied.

The WSMA will introduce legislation to eliminate the Health Personnel Resources Plan and to turn all personnel planning activities over to the Health Services Commission and that the estimated resultant savings of \$500,000 be reallocated to immunizations for children.

The WSMA will urge the commission to recommend to the legislature that the state of Washington not take on new roles as a CHP or health insuring entity, other than a Registered Employer Health Plan (as defined by the Washington Health Services Act of 1993) between now and 1999.

The WSMA will urge the commission to recommend to the legislature that the state of Washington not be permitted to remain as a Registered Employer Health Plan after 1999.

The WSMA will urge the commission to recommend to the legislature that the plans offered by the state of Washington, through the Health Care Authority, not be treated as ERISA exempt for the purposes of premium tax, data and other state requirements until such time as the state no longer serves as a health insuring entity, CHP or Registered Employer Health Plan.

The WSMA adopts the position, and urges its adoption by the state, that the members of the legislature and all employees of the state of Washington participate under all provisions of the Health Services Reform Act of 1993 as equals with other state citizens. (EC Rpt C, A-94)

Role of the Consumer/Provider

The WSMA supports the establishment of a Health Education Commission with representatives to include the Office of the Superintendent of Public Instruction, Department of Health, higher education, health care professionals and the medical auxiliary, adult education experts, purchasers and consumers in order to establish and implement strategies for educating the general adult population on health care economics, decision making and healthy life practices.

The WSMA supports legislation for either redirecting existing resources or securing additional resources for a comprehensive health education curriculum in our state schools (K-12).

The WSMA supports greater consumer accountability in health care purchases, such as the broader use of co-payments and deductibles, and for healthy lifestyles. (EC Rpt P, '89)

Universal Coverage

The WSMA has the unqualified position that universal health care coverage is an achievable objective through a variety of mechanisms which could be private, public, or a combination thereof.

(Res C-5, A-07)

WSMA policy on health care reform
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