

HEALTH CARE CABINET

4/23/10

Agenda Supplemental Material

Agenda Item: First things first – what do we need to get done first and by when?

EO 10-01 outlines several deliverables and timeframes for completion and/or reporting to the Governor. Specified are:

To initiate fulfillment of their stated responsibilities, the Health Care Cabinet shall **immediately**:

- Conduct an **in-depth analysis of the new federal legislation**;
- Identify the **steps necessary to produce an implementation plan**; and
- Formulate **processes and strategies to maximize stakeholder and public engagement** and ensure transparency in implementation of reform efforts.

No later than **August 1, 2010**, the Health Care Cabinet will prepare and submit to the Governor a **detailed work plan** identifying:

- Both **short and long range opportunities, issues, and gaps** created by the enactment of national health reform;
- **Structures and processes needed by state agencies** to orchestrate reform implementation including those to appropriately assist the private health care sector in its implementation efforts;
- **Work force capacity and training needs** in the public and private sectors; and
- **Specific action steps, timelines, and assignment of lead responsibility.**

A component of the detailed work plan must be recommendations from the Administrator of the Health Care Authority and Secretary of the Department of Social and Health Services, in coordination with the Office of Financial Management and Executive Policy Office, identifying **specific actions and timelines to implement uniform policies and to consolidate duties, functions and powers related to state agencies' health care purchasing** under the Health Care Authority as envisioned under RCW 41.05.013 and 41.05.022. A **broad stakeholder engagement process must be used** to assist in developing the actions and timelines called for in this section. All statutory and budgetary modifications necessary to implement this section shall be submitted to the Governor for consideration in the Governor's Recommended Budget for the 2011-2013 bi-ennium.

The **Health Care Cabinet shall report monthly to the Governor** from the time period of April 2010 through March 2011 and at least quarterly thereafter. Accountability for implementation progress and achieving results will be through the Governor's Government Management, Accountability, and Performance (GMAP) process.

Initial food for thought regarding steps necessary to produce implementation plan if provided below and will be discussed in our 4/23/10 meeting and modified based on our discussion:

There are at least 4 major topic areas where work, including broad stakeholder involvement, will need to be done:

1. Implementation plan for components of bill related to overall health coverage, access, delivery approaches and financing provisions. Would seem most appropriate for this to rest with the overall Health Cabinet with topic oriented working groups called upon based to do the detailed planning work – there will be numerous topics that will need to be covered. Using the timeline of when provisions take effect, the Health Care Cabinet would develop which topics need to be done at what times. The topic involved will dictate which agency is given lead responsibility.
2. Implementation planning for the organizational, statutory and budget changes necessary to consolidate duties, functions and powers related to the state agencies' health care purchasing under the Health Care Authority. Similar to the model used in the creation of the Department of Early Learning, a working group on this topic could be led by OFM and would need to include HCA and DSHS along with central support agencies (DOP, DIS, GA, LRO, etc.).
3. Implementation planning related to both #1 and #2 above as they pertain to aging/long term care and disability services. It is recommended that this topic area be led by DSHS/ADSA.
4. Implementation planning related to both #1 and #2 above as they pertain to behavioral health (mental health, alcohol and substance abuse) services. It is recommended that this topic area be led by DSHS/BHR.

There will no doubt be many other topics or concerns that arise that may be appropriate for a second phase of implementation planning. Given the tight timeframes on planning for and implementing the core areas, it is suggested that these additional items be placed in a “parking lot” for future issues.

In each of the 4 areas identified above, the lead entity and working groups will need to develop a specific stakeholder plan. While the EO does not specify a deadline for this component, suggest we put an early due date (May 15th?) so that it can be communicated to the various stakeholders to reassure them that they will have avenues to participate and the process will be transparent. Each lead entity/working group will also have to have their draft detailed work plan in no later than July 1st for review by the Health Care Cabinet and finalization by August 1st for the Governor. The detailed work plan will then need to be translated into necessary budget and executive/agency request legislation for consideration by the Governor in the September to December timeframe.