Health Care Cabinet

Overall Approach:

The Health Care Cabinet will meet twice monthly between mid-April and the August 1st submission of the detailed work plan to the Governor.

Four major components or areas of focus will be managed either directly by the HC Cabinet or through working groups that will report back to the HC Cabinet:

1. Implementation plan for components of national health reform bill related to overall health coverage, access, delivery approaches and financing provisions. The HC Cabinet will retain overall responsibility for this area and will use topic oriented task groups called upon to do the detailed planning work. Jonathan will provide overall direction for this effort. Using the timeline of when provisions take effect, the Health Care Cabinet would develop which topics need to done at what times. The topic involved will dictate which agency is given lead responsibility. To date, the following topics and lead entities have been assigned:
    - High Risk Pool – lead entity is Office of Insurance Commissioner
    - BHP/GAU Medicaid Waiver – lead entity is DSHS/HRSA with assistance from HCA
    - Requesting funds available for home visitation – lead entity is DOH coordinating with Council for Children and Families, DSHS and DEL
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 will be led by OFM and will include HCA and DSHS along with central support agencies (DOP, DIS, GA, LRO, etc.) and other entities as needed.
3. Implementation planning related to both #1 and #2 above as they pertain to aging/long term care and disability services. This topic area will be led by DSHS/ADSA and will involve other entities as needed.
4. Implementation planning related to both #1 and #2 above as they pertain to behavioral health (mental health, alcohol and substance abuse) services. This topic area will be led by DSHS/BHR and will involve other entities as needed.

In each of the 4 areas identified above, the lead entity and working groups will need to develop a specific stakeholder plan. These plans will be produced by May 15th, so that they 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.

Specific Areas of Coordination to be done directly by the Health Care Cabinet:

Legislative Joint Select Committee on Health Reform – anticipate they will have 3 to 5 meetings between now and 2011 Session; may include public comment periods; first meeting will likely be last week of May; joint staff meeting on May 5th with leg staff and agency staff to develop best ways to coordinate and share, not duplicate efforts

Tribal Governments – coordination will use established relationships between HCA, DSHS, and DOH with American Indian Health Commission; this will be a major topic at the June 8th Centennial Accord meeting

Office of Insurance Commissioner Implementation Team – this group meets quarterly; information sharing and coordination will be responsibility of Jonathan and Mary Clogston from the Insurance Commissioner's Office

Federal Government – the Health Cabinet will maintain on-going communications with and seek the involvement of Region X, DHHS Director at appropriate points in the planning and implementation process.

Puget Sound Health Alliance – Coordination and information sharing will be guided by Steve Hill in his role as Chair – more specifics to be provided once Steve has finished his round of discussion with the Board members

Local Government Associations – Outreach will be done with the Washington Association of Counties and the Association of Washington Cities to develop processes to both keep them informed and engage them in discussions and planning efforts

Specific Areas of Coordination to be done directly by agencies:

It is anticipated that the stakeholder engagement plans that are due May 15th will address how the agencies, both individually or jointly, will outreach to and maintain on-going communications with the following groups:

- Employees
- Clients/Client groups
- Provider groups
- Advocacy groups
- Other key individuals and entities

Communications Plan:

Kate Lykins Brown will direct a communications team with representatives from each of the agencies on the Health Care Cabinet. This team will be responsible for developing an overall communications plan and specific communications "tools" such as talking points, web site, etc. The communications team will be responsible to design an overall approach to on-going communications with interested parties and design of the most efficient methods of seeking their input at strategic points in the planning and implementation process. The first component of this approach will be clearly articulating expectations for the nature and extent of the communication that can be expected.