



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

September 19, 2008

Resolution

Proposed No. 08-10.1

1 A RESOLUTION adopting principles for health care
2 reform.

3
4 WHEREAS, infant mortality, adolescent pregnancy, asthma hospitalizations,
5 diabetes and heart disease, among other conditions, are more prevalent in King County in
6 lower-income, minority and immigrant populations than in the population overall, and

7 WHEREAS, in accordance with the Public Health Operational Master Plan
8 ("PHOMP"), King County's role in personal health care provision is to help assure access
9 to high-quality health care for all populations and eliminate health disparities, and
10 and

11 WHEREAS, the PHOMP establishes a four-year goal for King County of
12 increasing access to affordable, quality health care through convening and leading the
13 development and implementation of improved community strategies to provide services,
14 and

15 WHEREAS, King County must have sustainable, predictable, flexible, and
16 adequate financing sources in order to fulfill this goal, and

17 WHEREAS, the PHOMP directs King County to increase financing stability by
18 advocating for local, state and national health care reform, and

19 WHEREAS, the state of Washington is considering health care reform, and has
20 adopted criteria to review five health care reform proposals under Chapter 311, Laws of
21 Washington 2008 (Engrossed Substitute Senate Bill 6333), and

22 WHEREAS, in November 2005, the residents of the city of Seattle passed
23 Measure 1, directing the city to take a number of steps to secure quality health
24 care for all residents of the city, including advocating for health care reform on the state
25 and national levels, and

26 WHEREAS, the PHOMP sets out criteria for evaluating health reform plans,
27 which incorporate those specified in Chapter 311, Laws of Washington 2008 and
28 envisioned under Measure 1, and

29 WHEREAS, the principles and goals in the PHOMP form the basis for
30 establishing criteria that can be used to evaluate health care plans and advocate for health
31 system reform, and those criteria are aligned with Chapter 311, Laws of Washington
32 2008 and Measure 1;

33 NOW, THEREFORE, BE IT RESOLVED by the Board of Health of King
34 County:

35 A. The Board of Health reaffirms the long-term provision goal of the PHOMP to
36 increase healthy years lived by people in King County and eliminate health disparities
37 through access to affordable, appropriate and quality health care services, through
38 convening and leading the development and implementation of improved community
39 strategies to provide services;

Resolution

40 B. The Board of Health finds that health care reform is necessary to build a well-
41 functioning health care system and to achieve the long-term goals of the PHOMP; and

42 C. The board adopts the principles included in Attachment A to this resolution,
43 and directs the department to use them in evaluating health care reform proposals, and in
44 advocating for health care reform with the state and federal governments.
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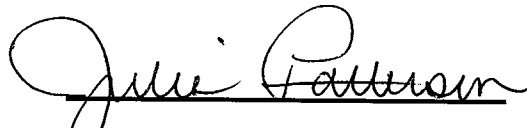
Resolution was introduced on and passed by the Board of Health on 9/18/2008, by the following vote:

Yes: 9 - Ms. Lambert, Ms. Patterson, Ms. Clark, Mr. Sherman, Mr. Hutchinson, Dr. Nicola, Dr. Counts, Mr. Gossett and Mr. Licata

No: 0

Excused: 6 - Mr. Ferguson, Mr. von Reichbauer, Mr. Dunn, Mr. Rasmussen, Ms. Frisinger and Ms. Manning

BOARD OF HEALTH
KING COUNTY, WASHINGTON


Julia Patterson, Chair

ATTEST:


Anne Noris, Clerk of the Board

Attachments A. BOH Health Reform Principles

BOH Health Reform Principles

Principle #1: Access for all

All people have access to affordable, comprehensive health care services on an equitable basis. All individuals are able to access the right care in the right place at the right time.

Principle #2: Quality health care

All health care is clinically appropriate and provided in a timely, safe, and patient-centered manner.

Principle #3: Financially sustainable

Health care financing is designed and allocated so as to provide permanent, stable, and sufficient funding for quality health care.

Principle #4: Responsive to patients and communities

Health services delivery systems are responsive to the needs of the communities they serve. Community members collaborate with health care systems to ensure the delivery of appropriate quality health care services.

Principle #5: Focus on health promotion and disease prevention

The best investments are those that prevent disease and promote good health in the most cost-effective manner.

Principle #6: Focus on achieving health equity

Health services delivery and financing systems employ strategies, policies, and interventions aimed at achieving health equity.

Principle #1: Access for all

All people have access to affordable, comprehensive health care services on an equitable basis. All individuals are able to access the right care in the right place at the right time.

All people have access

- Health care is available to everyone. It is not limited or denied based upon ability to pay, pre-existing conditions, gender, age, race, ethnicity, sexual orientation, immigration status, neighborhood, availability of transportation, or other factors.

Affordable

- Costs to individuals are based on the individual's ability to pay.

Equitable

- Health care services are conveniently located and equitably distributed; facilities have adequate resources to provide preventive, diagnostic and treatment services.

Comprehensive

- A uniform set of benefits or services is guaranteed and equally available to all people on the basis of clinical need and includes among others, medical, preventive, mental health, substance abuse, dental, vision, reproductive health, and end of life care.

Principle #2: Quality health care

All health care is clinically appropriate and provided in a timely, safe, and patient-centered manner.

Clinically appropriate

- Health care services meet the most current scientific and clinical standards.
- Benefit design and financial incentives are linked to clinically appropriate care and improvement of patient health outcomes.

Patient-Centered

- Patients have a health care "home" which provides primary care and coordinates specialized health care services.
- Health practitioners and patients have access to up to date, evidence-based information to make decisions about health care treatments and options without undue third party interference.

Principle #3: Financially sustainable

Health care financing is designed and allocated so as to provide permanent, stable, and sufficient funding for quality health care.

Cost-effective health care delivery systems

- Practitioners and health care systems incorporate efficient health care delivery practices to increase value and reduce waste (e.g., electronic health records, care coordination, etc).

Efficiency

- Administrative systems, including payment mechanisms, are non-duplicative and easy to use.
- Financial incentives are designed to produce an efficient care delivery system with rational cost controls.

Risk Sharing

- In an insurance system, risks are shared as broadly as possible across populations.

Principle #4: Responsive to patients and communities

Health services delivery systems are responsive to the needs of the communities they serve. Community members collaborate with health care systems to ensure the delivery of appropriate quality health care services.

Collaboration

- Community members, including patients, participate in the development of health services design, delivery and evaluation.
- The health care system is integrated with community services that promote health, including services that assist people with special needs.
- Health information is widely and effectively disseminated (e.g., community newspapers, schools, libraries, on-line, etc.).

Accountability

- Financing systems, practitioners, health systems, and public agencies operate transparently.
- The health care system collects and publicly reports performance data on access to and quality of care at both the system and provider level.

Principle #5: Focus on health promotion and disease prevention

The best investments are those that prevent disease and promote good health in the most cost effective manner.

Health promotion

- Local public health and health care services support one another and are part of state, regional and national strategies to increase healthy years lived.
- Health care providers incorporate health promotion strategies in their individual practices.
- The health care system encourages and provides incentives to patients to actively participate in promoting and maintaining their own health.

Disease prevention

- Evidence-based, preventive services, including screenings and immunizations, are available to all individuals.

Principle #6: Focus on achieving health equity

Health services delivery and financing systems employ strategies, policies, and interventions aimed at achieving health equity.

Achieving health equity

- Health care services are sensitive and responsive to patient needs and cultural norms.
- Health care systems collaborate with local public health, education, social services, and other community based programs to support state, regional and national strategies to increase healthy years lived and achieve health equity.
- Public health system collects and reports data on the health status of the population, with a specific focus on health equity.