



## The Healthiest State in the Nation Campaign's Policy Map for Health Reform

The Healthiest State in the Nation Campaign, run by the Washington Health Foundation, has adopted a National Health Reform Position to guide its actions and recommendations with respect to federal health reform efforts. This two-page document can be found at our website at <http://www.whf.org/Policy/>.

Based upon our review of the policy environment and various health reform proposals being discussed in our nation's capitol, the following is our Policy Map for achieving the three core tenets of our federal health reform position. Specifically, these are a listing of specific policy proposals which can achieve the principles of Prevention, Universal Participation, and Redesign that we believe necessary to achieve meaningful and real "health" reform. The Healthiest State Campaign will be reviewing the health reform proposals that become the likely vehicles for legislative consideration, and will provide guidance relating to whether these three tenets are achieved within those proposals—and, if not, how they can be included.

### **The Healthiest State Campaign's Federal Health Reform Policy Map:**

#### **1. Prevention**

*Consistent with our mission "to improve health for the people of Washington", we believe that we need "health" reform, not just "health care" reform. While we are committed to addressing the financial consequences and uncertainties of health care, we are equally committed to ensuring that our health care delivery system promotes health. After all, the ultimate purpose of our tremendous investments in health care is optimal health and well-being for people. It is well established that the major determinants of health stem far beyond medical care and that we have under-invested and under-designed how to further the social determinants of health. The 2008 Healthiest State Report Card provides one set of issues we must address to achieve better health (<http://www.whf.org/spotlights/Healthiest-State-Report-Card-2008.aspx>). Health reform must address prevention in order to curb disease, reduce demand on our costly health care system, and offer a better life to Americans. These things can be done with proper attention in the re-design of our national health policy.*

a. **Proposal #1: Legislative Intent and National Report Card**

Health reform legislation should include clear language establishing that a fundamental and primary goal of reform is to “improve the health of the American people”. It should also define prevention to include personal, clinical preventive health services, community-based prevention and public health interventions, as well as social and economic policies central to health improvement. To assure that the goal of improved health and the inclusion of prevention are achieved, Congress should establish a biennial National Report Card regarding the nation’s health that would establish our progress or failings in terms of health outcomes and value of inputs. This Report Card should identify how the United States’ health compares to the health of other nations, and should drill down to a state-by-state comparison as well. This National Health Report Card should begin the development of a “health credit” that provides credit for the health benefits of sound public policy or private action regarding broader social determinants of health such as housing, education, and other areas. The Healthiest State in the Nation Report Card is one example of this type of accountability Report Card.

b. **Proposal #2 : Right Choices Card**

Each American should have a right to proven, preventive clinical health services, and federal health reform should include specific policies that will assure this right is achieved. An excellent example of this type of policy is the Right Choices Card included in drafts of the Baucus-Kennedy Health Reform Plan. This card, provided to each American, would be used to access preventive health services such as screenings that are not otherwise covered by government or private plans, and it would provide a means to access health services should treatment be required.

c. **Proposal #3: Clinical Preventive Services Requirements for Public Programs and Private Health Plans**

The U.S. Preventive Services Task Force regularly identifies a set of recommendations regarding high-value, evidence-based personal clinical preventive health services. The Healthiest State Campaign believes that the full set of these services should be made available to beneficiaries and enrollees of public coverage programs and private health plans, with first dollar coverage that will not set barriers to the use of these services. If an “exchange program” is set forth in health reform legislation, this requirement should be included as well.

d. **Proposal #4: Prevention Fund**

Congress should establish a national fund to be used to invest in high priority community prevention and public health interventions. A Prevention Fund would mobilize community energy and leadership already present in voluntary groups like the Healthiest State Campaign, disease and other associations and government public health. While governmental public health has a key role in prevention through the traditional core functions of public health, today’s prevention efforts must include behavior and other social

changes affecting physical activity, diet and addictions at individual and community levels. Polls show Americans are wary of government leadership in this area, so success will require a different approach. The Fund should include non- governmental organizations as a source of innovation and progress with respect to community prevention, assuring this by establishing the Prevention Fund with a public-private governance model. These ideas could be leveraged through the Prevention Fund created by the recent federal stimulus legislation and the Social Innovation Fund created in the recently-enacted Serve America Act.

**e. Proposal #5: Healthy Workforce Act**

In addition and supplemental to any determinations made by Congress with respect to the role of employers in a reformed health system, Congress should provide tax incentives to businesses that offer comprehensive wellness programs. These incentives should be structured to provide special incentives and accommodation to the needs of small businesses, consistent with efforts such as the Healthiest State Campaign's creation of a free employee wellness program for small business in Washington state. An example of workforce incentives can be found in the Healthy Workforce Act introduced by Senators Harkin (D-IA) and Cornyn (R-TX), and Reps Blumenauer (D-OR) and Bono Mack (R-CA).

**2. Universal Participation**

*Our public value of "assuring fairness" leads us to argue for a system that provides an inclusive method of participation in the health system for all Americans. Currently, the system is characterized best by those who are left out, as well as those who participate in radically different ways due to factors such as type of employer-based coverage, use of the complex array of governmental programs and available community safety net resources. Not only does this bewildering design create a sense of gross unfairness for most, but also it creates the impossibility of designing makes it impossible to design an efficient system. We spend so much time working to fill the gaps of irrational counter-incentives that practical ways of providing good health—and good medical care—are the exception, and not the rule. We understand the historic ideology divide regarding how best to create a common frame of inclusion: Is the government or is the market the best way to provide health care? Our answer to this debate should be whatever a strong consensus of the American public supports, which is likely to be a pragmatic, but rational, mix of these two systems.*

**a. Proposal #1: Health Care Coverage for All, related to at least Insurable Events**

As noted above, the Healthiest State Campaign generally believes a reformed health system should be inclusive in its approach, while being open to the right means to achieve this end. While these means might include a broader frame for coverage of health care needs, at a minimum this must include universal coverage for unanticipated, high-cost medical events and conditions that are the core of an insurance approach. As noted next, it should also establish a health floor for every individual that allows full access to proven preventive care, either inside the scope of the coverage plan established by Congress or through an additional benefit supplemental to such plans.

**b. Proposal #2: Establish a Right to Preventive Care**

Each American should have access to proven preventive care consistent with the recommendations of the U.S. Preventive Services Task Force. This can be achieved by setting benefit requirements within public programs or private health plan requirements, including first dollar coverage so that there are no access barriers to the universal receipt of these services. Alternatively, or as a supplemental benefit, Congress should consider adoption of the Right Choices Card, as identified in #1b above.

**c. Proposal #3: Rural Implementation**

To assure effective universal participation, Congress should design health reform to be practically and successfully implemented for the Americans living in the thousands of rural communities. To do so, it is critical that any health reform legislation consciously set forth the nuances required to make this possible, and support targeted implementation efforts in various rural communities that will raise the probability that reform will be successfully implemented in these communities. The Washington Health Foundation designed such a comprehensive approach to rural reform implementation in the early 1990s around passage of Washington state's since-repealed comprehensive health reform, and is prepared to assist in this regard.

**d. Proposal #4: Health Equities**

It is well-established that racial and ethnic minorities experience significant disparities in health, both within the medical care system and with respect to broader social and economic determinants of health. To assure effective universal participation, Congress should design health reform so that it will practically and successfully be implemented across racial and ethnic groups. To do so, the National Health Report Card, or other accountability or evaluation frames, must include breakouts related to these racial and ethnic groups. The importance of education as a key health input should be part of this National Health Report Card. Health reform should also adopt "Health Disparity Impact Statements" (as adopted in Washington state) in order to allow policymakers to better understand the impact of health reform statutes, regulations and practices as they relate to health equity.

**3. Redesign**

*With a universally inclusive system, opportunities arise to develop a health care delivery system that can provide far greater value to the American people. This opportunity must be taken, as we know that the value of our health system is inferior to those of other countries. Key to redesign will be tackling the difficult need to change how we pay providers and insurers, as our current payment systems are the source of many of our perverse incentives. Even more critical to redesign of the system is the need to make it work for people—not just for itself. This will require a major advance beyond old school thinking of the dominance of health providers over patients. Instead, redesign must build on concepts like "Health Homes for all Americans" as the*

*principle to assure that health care is organized around the person, rather than forcing people to organize themselves around the health care system.*

**a. Proposal #1: Establish Health Homes for All Americans**

In order to eliminate the dysfunctional fragmentation in the health care system, health reform must fundamentally shift the health system so that it orients itself around the people it is intended to serve. The Healthiest State Campaign aims to achieve this core innovation by assuring that each person in our state has a Health Home. This means that they have a central resource for health and wellness information, a health partner or provider who advises and helps in making health decisions and coordinating care, a central collection point for their health records, and an individualized health and wellness plan that is being implemented to maximize their health. By doing this, health reform can fundamentally alter the historic underlying and government-led assumption that people are to be organized around the structures and processes of a complex network of insurers, government agencies and health care providers. To achieve this, Congress may wish to test demonstrations of integrated health systems for defined populations and “patient-centered medical homes”. At the same time, Congress must innovate with models that can promote this shift on a more rapid pace for larger numbers of Americans, rather than waiting for health plans or primary care physicians to slowly shift their approach. Adoption of Health Home pilots for young adults, moms and diverse populations can rapidly spread this innovation. In addition, health reform must assure that laws regarding electronic patient records not restrict themselves to modernizing provider-based and institutional record systems, but also build cross-provider and health plan functionality that supports consumer movement across the system and to different geographic locations. Any provider or institution-based electronic medical record should link to consumer health records owned by people themselves (such as the data repositories of Microsoft’s HealthVault and Google Health or other consumer health information data sources).

**b. Proposal #2: Change Provider and Plan Payment Systems to Strongly Incent Healthy and Optimal Outcomes for Patients and Consumers**

The payment systems for health care providers and plans have driven much of the dysfunctional and fragmented design of the U.S. health care system and must be fundamentally reoriented to achieve a redesign. While this will be a difficult task because of the creation of winners and losers, it is central to achieving redesign and a new value (and lower long-term cost) proposition for the American health system. Payment systems should be structured to create incentives for optimal and safe patient outcomes, and also for positive long-term health outcomes in those cases where payment is intended to cover the health of a group of enrollees or beneficiaries. Health Homes should be encouraged through a new payment system, including payments that support patient movement across the full continuum of care, especially for Medicare beneficiaries and the relationship among secondary, tertiary and long-term or custodial care.

c. **Proposal #3: Statewide Public Engagement**

Research has shown that a key element in improving health is changing behavior. It is critical that people be engaged in owning this impetus for change, not just for themselves, but in terms of the community norms and institutions that surround them. Health reform should adopt a national engagement strategy to do this, and one message that is well seeded is the notion of building the Healthiest State. Several states, including Washington, Colorado, Wisconsin and others have programs called "Healthiest State". But not all have a community health and behavior change focus; not all publish highly visible report cards; not all engage large numbers of individuals and health interested organizations and not all have a loud voice, like Washington's Healthiest State Campaign. Establishing a pilot of 10 states matched demographically with similar states, would scale up the potential of the Healthiest State innovation beyond Washington state, and would serve as a model to improve the health of the entire nation.

d. **Proposal #4: Workforce Supply and Professional Parameters**

In order to reorient the health system around patients and consumers, there will be a great need for additional primary care practitioners. Policies should be shifted to provide incentives for the training of additional primary care providers, stronger and more consistent educational requirements regarding personal healthy living support for patients and families, and a new set of professional licensing and certification understandings designed to allow a broader set of participation and use of various practitioners and patient navigators toward the creation of Health Homes for all.

For more information on these proposals or on the Healthiest State Campaign, please contact the Washington Health Foundation's President & CEO, Greg Vigdor, at 206-438-6120 or [GregV@whf.org](mailto:GregV@whf.org).