

WAC 246-560-011 Activities. (1) Health systems development activities include:

(a) The planning, development, and/or implementation of the infrastructure needed to support a cost effective health care delivery system. Examples of infrastructure development include:

- (i) Telemedicine and other communications systems;
- (ii) Modeling of managed care systems;
- (iii) Financial business systems;
- (iv) Clinical and quality assurance systems;

(v) Development of cooperative agreements and referral arrangements between similar or dissimilar entities to ensure easy transition between care levels for patients and their families; and

(vi) Development of networks of providers and others, organized to share services, negotiate contracts and, plan new services or service delivery systems.

(b) The mobilization of community leaders to design, develop, and implement a project to maintain or improve the viability of the local health care delivery system. Examples of community mobilization include:

(i) Leaders from different governmental jurisdictions evaluate the health care delivery system or parts of the system, determine where changes are needed, and develop a workplan to affect the necessary changes;

(ii) Participants in the health care delivery system determine how to pool resources to eliminate service duplication or gaps, or, to focus on new identified priorities; and

(iii) Participants in the health care delivery system determine how to restructure the system, including the necessary legal, regulatory, fiscal, or practice actions that will accomplish the needed change.

(c) The planning, development, or implementation of a new basic health care service to meet an identified gap in the health care delivery system. Examples of new service development include:

(i) A service previously unavailable in the service area; and

(ii) A service previously unavailable to a portion of the population in the service area.

(2) Recruitment and retention activities may be funded, only to the extent that matching funds are provided. They include, but are not limited to:

(a) An assessment of community characteristics or assets, including school systems, housing, churches, recreational, social and cultural opportunities;

(b) An assessment of the community, physicians and other health care providers, community leaders and citizens about the need for new or replacement health care providers;

(c) A staff development plan;

(d) A recruitment plan;

(e) A recruitment and retention financial plan;

(f) A plan for providing a new practitioner with sufficient professional, intellectual and emotional support;

(g) A plan for call coverage to ensure adequate time off for personal and family pursuits;

(h) An assessment of office and hospital facilities, equipment and support personnel to determine if they are adequate to allow a new practitioner to practice in a high-quality manner; and

(i) A retention plan.

[Statutory Authority: RCW 70.175.010 - [70.175.]090 and 70.185.030 - [70.185.]080. WSR 99-03-043, § 246-560-011, filed 1/14/99, effective 2/14/99.]