1.3.c: Increase percentage of residents who report they have a personal doctor or health care provider from 75% to 82% by 2016 - Supplemental information

Reported on: November 16, 2015

**Background:** Why Is It Important for Persons in WA to Have a Primary Health Care Provider?

- Primary health care services are accessible if people can receive essential services when and where they are needed.
- Insurance enables access to care.
- A patient-centered medical home is an emerging best practice, and foundational for an effective health care system.
- A primary care provider can effectively engage patients in decisions that affect their health care by using shared decision making strategies that take into account their personal values.
Current Trend

Persons in WA Who Report Having a Personal Doctor

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>2011</td>
<td>76.6%</td>
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<tr>
<td>2012</td>
<td>76.4%</td>
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<tr>
<td>2013</td>
<td>72.5%</td>
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<tr>
<td>2014</td>
<td>74.7%</td>
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Source: DOH - BRFSS 2015

Status and Context:
- BRFSS did a reset of this measure and the data are only trended from 2011 forward.
- Expecting more upward trend from full ACA implementation

Opportunity: Increase Access to Health Care Provider

- Healthier WA Initiative:
  - Practice Transformation Support HUB
  - Accountable Communities of Health (ACH)

- Build workforce capacity
  - Community Health Workers
  - Mid-level development
  - Team-based

- Payment Redesign
  - Primary care access
  - Population registries
**Partnership Strategies:** What strategies are you working on to address the root cause of your problem?

- Partnering with the Washington Health Care Benefit Exchange to encourage eligible individuals to acquire health insurance.
- Supporting community partners such as hospitals and community organizations in their efforts to assist patients in signing up for insurance, especially Medicaid.
- Partnering with the Washington Health Alliance and WSMA to educate the public about the value of having a primary care provider.

**Detailed Action Plan:**

<table>
<thead>
<tr>
<th>Task</th>
<th>Task Lead</th>
<th>Partners</th>
<th>Expected Outcome</th>
<th>Status</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify high ER service utilizers and coordinate with PCP to ensure appropriate follow-up for low acuity and/or chronic conditions. Require electronic care plans and ER to set patient appointment with PCP within 72 hours, as appropriate. Provide education on appropriate care settings.</td>
<td>Amanda Avalos, HCA</td>
<td>WSHA, WSMA, American College of Emergency Physicians, WA Hospitals, Collective Medical Technologies</td>
<td>Reduce rate of ER visits with a low acuity diagnosis from 32% to 30%</td>
<td>On Track</td>
<td>May 2016</td>
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Beginning in January 2015, PEBB subscribers that participate in the SmartHealth wellness program will answer a question as part of the Well-being Assessment that asks whether they have a “personal doctor or healthcare provider.” The Well-being Assessment is a component of the qualifying actions to earn a $125 incentive.

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<td>Scott Pritchard, HCA</td>
<td>MCOs</td>
<td>Increase participation in the SmartHealth incentive program from 39% to 70%</td>
<td>On Track</td>
<td>June 2016</td>
<td></td>
</tr>
</tbody>
</table>
Reported by: Health Care Authority