1.3.c: Increase % of residents who report they have a personal health care provider from 75% to 82% by 2018-- Supplemental

G4.1.3.C /
PERSONAL HEALTH CARE PROVIDER

Health Care Authority

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Dan Lessler, Chief Medical Officer
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4/26/2017
Today’s Presentation:

- **Measure:** Increasing percentage of residents who report having a personal health care provider.
- **Background:** Why is it important?
- **Current State:** How are we doing? How do we compare?
- **Constraints & Opportunities:** What are the obstacles to improvement? How can we improve access and engagement?
- **Strategies:** What are key partnerships and communications needed to reach the goal?
- **Action Plan:** What are the next steps

**Background:** Why is it important to have a personal health care provider?*

**Background:** Research indicates that the principal benefit of health insurance is facilitating access to primary care*

![WA Nonelderly Uninsured](image)


Data Source: 2015 American Community Survey

**Background:** Rates of uninsured in WA are decreasing, including among all ethnic groups

![WA Nonelderly Uninsured by Race/Ethnicity](image)

Source: 2015 American Community Survey
Current State: Steadily Increasing Toward the Goal

Persons Who Report Having a Personal Health Care Provider

Target is 82% by 2018

- Nearly 5% increase over 3 years
- Expect to reach target:
  - Ongoing impacts of the Affordable Care Act coverage expansions
  - Emphasis on outreach for health assessments by plans
  - Increased proactive engagement of enrolled populations by health systems

Source: 2015 BRFSS, CDC

Current State: Comparisons

- MA has highest rate
- WA is closing the gap on OR
- All ethnic groups increasing
- Black, Multiracial groups rapidly increasing
- Hispanics increasing at slower pace
- Females increasing at higher rate than males
- 18-35 age groups increasing more rapidly than others

Source: CDC/BRFSS
<table>
<thead>
<tr>
<th>Constraint</th>
<th>Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Coverage</td>
<td>Promote ACA; outreach to eligible populations</td>
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<tr>
<td>Health Literacy</td>
<td>Health plan and health care delivery system engagement and education</td>
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<td>Engage purchasers through WA Roundtable</td>
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<td>Engage consumers through public education campaign</td>
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<tr>
<td>Primary Care Capacity</td>
<td>Support innovative delivery system model through value based reimbursement methods and technical assistance (e.g. Patient Centered Medical Home)</td>
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<td></td>
<td>Engage purchasers through WA Roundtable</td>
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<tr>
<td>Primary Care Accessibility</td>
<td>Support telemedicine “virtual visits” and electronic communication (i.e., email)</td>
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</tbody>
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**Strategies:** Increasing Primary Care Physician Identification

*Address Barriers to Entry*  
*Benefit Design*  
*Education and Awareness*  

*Dr. Shawn West, WA Academy of Family Physicians*
**Strategies: Increasing Primary Care Physician Visits**

- When enrolled in the health plan, our member is assigned a primary care provider
- Co-branded materials with health clinics to incentivize adults to schedule annual visit
- Two-pronged approach to getting member to visit their provider and build a relationship
  - Outreach includes texts, calls, and emails
- Challenges require innovation:
  - Medicaid Expansion population is 20% less likely to visit a physician
  - Medicaid Expansion males are another 20% less likely to visit a physician than their female counterparts

**Daryl Edmonds, President, Amerigroup Washington**

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**Strategies: Population Health and Primary Care**

- The Accountable Care Partnership has stimulated innovation
  - Primary Care empanelment and team-based care
  - Care pathways and standardization
  - Objective metric tracking and reporting
- Maximized population health requires new approaches to patient care and engagement – Success requires:
  - Strong Primary Care practices and systems
  - New information flow and new options for care
- Current models have risks
  - Precious Primary Care resources are often squandered
  - The Primary Care work environments have led to a ~50% rate of burnout
  - Policies of public and private payors must mitigate these influences to ensure mutual success

**Dr. D.C. Dugdale, Medical Director, Care Management & Population Health**
### 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>Enroll eligible Medicaid enrollees who are not yet enrolled through community-based outreach</td>
<td>HCA: Medicaid</td>
<td>Over 1,000 community-based partners, managed care organizations, health providers, Health Benefit Exchange, DSHS</td>
<td>Lowered uninsured rate and increased access to primary care</td>
<td>On track</td>
<td>2018</td>
</tr>
<tr>
<td>Implement value-based payment in state health programs consistent with 5-year roadmap</td>
<td>HCA: Office of Value Based Payment</td>
<td>Health Plans, Providers, Health Systems, Accountable Communities of Health (across Medicaid and Public Employee Benefits)</td>
<td>Financial incentives for performance that compel better engagement of consumers by health systems and plans.</td>
<td>On track</td>
<td>2021</td>
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<tr>
<td>Promote adoption of Primary Care Medical Home (PCMH) model through value-based contracting and technical assistance</td>
<td>HCA: Chief Medical Officer</td>
<td>DOH Primary Care providers Health Plans and Systems</td>
<td>Broader adoption of PCMH, better sense of engagement by health care consumer and identification with a personal health care provider.</td>
<td>On track</td>
<td>2018</td>
</tr>
<tr>
<td>Expand primary care capacity</td>
<td>HCA: Chief Medical Officer</td>
<td>DOH Higher Education</td>
<td>Increase mid-level providers; PCPs in underserved areas; Expand use of virtual and tele-medicine</td>
<td>On track</td>
<td>2018</td>
</tr>
<tr>
<td>Conduct public education campaign about importance of having a primary care doctor</td>
<td>HCA</td>
<td>DOH Cabinet Providers Health Plans</td>
<td>Greater awareness by general public and state employees of the importance of having a primary care provider</td>
<td>Pre-planning</td>
<td>2018</td>
</tr>
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Assistance Needed:

- How can the goal council or governor help?
  - Goal Council can ensure that uninsured individual people know about how to sign up for health care (www.wahealthplanfinder.org)
  - Goal Council and Governor’s Cabinet continue to encourage PEB members to:
    - Engage with a primary care doctor
    - Utilize SmartHealth Wellness Program
    - Review their plan choices and select a high value plan that works for them
  - WA RoundTable to engage businesses in ongoing assessment of purchasing strategies
  - Increase Medicaid reimbursement of primary care providers