



Results

Resources ~

Home







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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

Dorothy Teeter, Director

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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

2

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



Access: Increased likelihood of receiving appropriate healthcare services



Setting of Care: Reduction in unnecessary hospitalization and ER visits

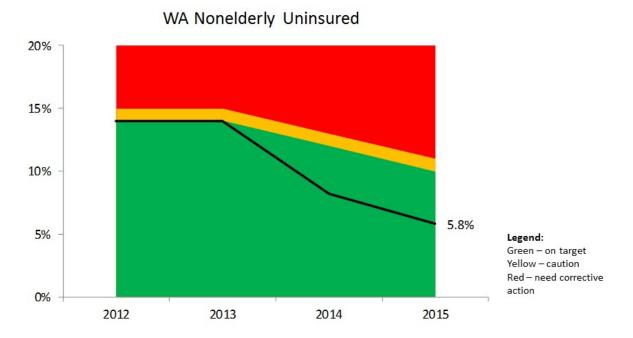


Prevention:
Increased receipt
of appropriate
preventive care
e.g. vaccines and
screenings



Management: Increased early and ongoing management of chronic conditions

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

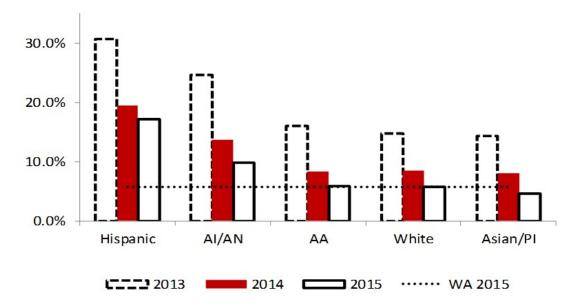


^{*}Source: Barbara Starfield, et al. (2005). Contribution of Primary Care to Health Systems and Health, Milbank Quarterly. Data Source: 2015 American Community Survey

4

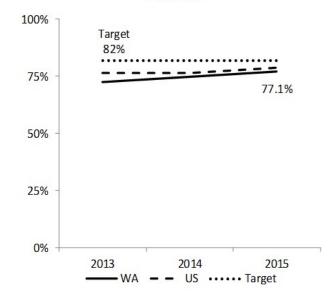
Background: Rates of uninsured in WA are decreasing, including among all ethnic groups

WA Nonelderly Uninsured by Race/Ethnicity



Current State: Steadily Increasing Toward the Goal

Persons Who Report Having a Personal Health Care Provider

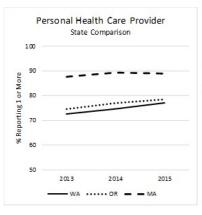


Target is 82% by 2018

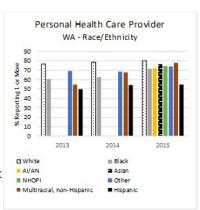
- Nearly 5% increase over 3 years
- Expect to reach target:
 - Ongoing impacts of the Affordable Care Act coverage expansions
 - Emphasis on outreach for health assessments by plans
 - Increased proactive engagement of enrolled populations by health systems

Source: 2015 BRFSS, CDC

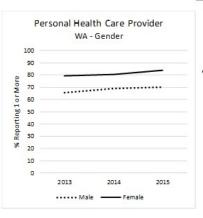
Current State: Comparisons



- · 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

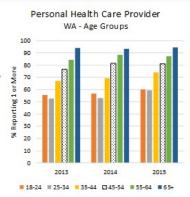


6



- Females increasing at higher rate than males
- 18-35 age groups increasing more rapidly than others

Source: CDC/BRFSS



Constraint	Opportunity			
Insurance Coverage	Promote ACA; outreach to eligible populations			
Health Literacy	Health plan and health care delivery system engagement and education Engage purchasers through WA Roundtable Engage consumers through public education campaign			
Primary Care Capacity	Support innovative delivery system model through value based reimbursement methods and technical assistance (e.g. Patient Centered Medical Home) Engage purchasers through WA Roundtable			
Primary Care Accessibility	Support telemedicine "virtual visits" and electronic communication (i.e., email)			

Strategies: Increasing Primary Care Physician Identification



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

10

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:

Task	Task Lead	Partners	Expected Outcome	Status	Due Date
Enroll eligible Medicaid enrollees who are not yet enrolled through community-based outreach	HCA: Medicaid	Over 1,000 community-based partners, managed care organizations, health providers, Health Benefit Exchange, DSHS	Lowered uninsured rate and increased access to primary care	On track	2018
Implement value- based payment in state health programs consistent with 5-year roadmap	HCA: Office of Value Based Payment	Health Plans, Providers, Health Systems, Accountable Communities of Health (across Medicaid and Public Employee Benefits)	Financial incentives for performance that compel better engagement of consumers by health systems and plans.	On track	2021

12

Detailed Action Plan:

Task	Task Lead	Partners	Expected Outcome	Status	Due Date
Promote adoption of Primary Care Medical Home (PCMH) model through value-based contracting and technical assistance	HCA: Chief Medical Officer	DOH Primary Care providers Health Plans and Systems	Broader adoption of PCMH, better sense of engagement by health care consumer and identification with a personal health care provider.	On track	2018
Expand primary care capacity	HCA: Chief Medical Officer	DOH Higher Education	Increase mid-level providers; PCPs in underserved areas; Expand use of virtual and tele-medicine	On track	2018
Conduct public education campaign about importance of having a primary care doctor	НСА	DOH Cabinet Providers Health Plans	Greater awareness by general public and state employees of the importance of having a primary care provider	Pre-planning	2018

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:
 - o Engage with a primary care doctor
 - o 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

14

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