Washington State Health Care Authority

Health Care Cost Transparency Board's

Advisory Committee on Primary Care meeting summary

February 29, 2024

Virtual meeting held electronically (Zoom) and in person at the Health Care Authority (HCA)
2–4 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the committee is available on the **Advisory Committee on Primary Care's webpage**.

Members present

Judy Zerzan-Thul, Chair
Sharon Brown
Tony Butruille
Michele Causley
Tracy Corgiat
David DiGiuseppe
D.C. Dugdale
Sharon Eloranta
Chandra Hicks
Gregory Marchand
Sheryl Morelli
Lan Nguyen
Mandy Stahre
Jonathan Staloff
Shawn West
Staici West
Ginny Weir
Maddy Wiley

Members absent

Kristal Albrecht
Katina Rue
Meg Jones
Sarah Stokes
Linda Van Hoff

Call to order

Rachelle Bogue, the meeting facilitator, called the meeting to order at 2:01 p.m.

Agenda items

Welcoming remarks

Chair Dr. Judy Zerzan-Thul welcomed committee members, performed the roll call, and provided an overview of the meeting agenda.

Meeting summary review from the previous meeting

The Members present **voted to adopt** the January 2024 meeting summary.

Public comment

Rachelle Bogue called for comments from the public. There were no public comments.

Workforce Strategy Memo

A memo from the Primary Care Committee to the Cost Board is still in draft form, and not available for adoption at this meeting. Milbank released their **Primary Care Scorecard 2024**, and this material will be incorporated into the memo. A finalized version will be available for adoption by the Committee in March.

Aligning Primary Care and Public Health

Dr. Charles Chima, Chief of Healthcare Innovation and Strategy, Department of Health (DOH)
Kyle Unland, Community-Based Prevention Section Manager, DOH
Pat Justis, Executive Director of Rural Health, DOH

Dr. Charles Chima presented background on the DOH, grounded in the organizational values of Equity, Innovation, and Engagement. The United States (US) spent $4.5 trillion on health care in 2022, or roughly 17.3% of GDP. Preventable diseases represent 27% of this spending, but there is an opportunity to invest in education and preventative efforts. Health care efforts should identify and address the gaps in preventative care for things like cancer screening, deferrals of care, hypertension, and dietary risks. Programs focused on surveillance, environment, intervention, and community are the pillars of disease prevention and population health promotion. Having a robust continuum of care is crucial to provide care, with primary care forming a key link between public health efforts and tertiary care.

Problems arise from a lack of incentive to deliver primary care in the health care system, which is largely set up to treat sickness, rather than prevent it. DOH prioritizes building robust health systems and workforce transformation to move into the future. The US consistently underperforms in measures of mortality and life expectancy compared to other high-income countries, driven in part by the fact that its health care system is not anchored on primary care. Primary Care offers early detection of disease, prevention, and chronic disease management, which in turn prevents acute disease.

Kyle Unland reviewed Child Health Programs at DOH, centered on educating young people about living healthy lives. Vaccine programs are important to public health efforts, but gaps in policy hold it back. A lack of science competency and trust among the general population is widespread. Poor Medicaid provider reimbursement, and the fact that not all facilities are able to administer all vaccinations drive low uptake. School-based Health Services, a grant program to make care to youth accessible and culturally appropriate has been a successful joint effort between federal and state governments in this area. The Strong Start Data System increases developmental screening for kids aged 0 to 5. Likewise, well-child primary care visits are vitally important for developmental screening and behavioral health assessment for children up to 30 months.

No modern public health system is comprehensive without chronic disease prevention. The DOH implements prevention programs that focus on heart disease, stroke, and diabetes. The Centers for Disease Control and Prevention (CDC)-funded efforts to understand social determinants of health (SDH) and promote preventative health are underway in four of Washington's nine Accountable Communities of Health (ACHs), specifically those with highest burden and unmet needs. The Breast, Cervical, Colon Health Program provides screening and treatment based on need in underinsured populations. Funding is sourced 75% from the CDC and 25% from

Washington state. The program is only able to reach 15% of the population in need due to a lack of funding and capacity. The federally funded Comprehensive Cancer Control Program (CCCP) seeks to reduce risk and increase early detection, thereby enhancing survivorship.

Pat Justis reviewed community-based outreach efforts at DOH, such as mobile health services like the Care-a-Van program. Designed to reach underserved populations during the COVID pandemic, the program was expanded to preventative care, offering vaccine services and response surges in caseload. The Community Health Worker (CHW) program engages in training efforts for 6,000 CHWs concentrating on care delivery to diverse and underserved populations, but more funding is needed to extend these efforts. Community-based care coordination efforts ramped up during the pandemic including Care Connect. The program offers resources for ACHs to connect people to primary care, as well as offering food assistance, medication deliveries, and other community support. The Power of Providers provides health care workers tools focused on patient engagement to combat misinformation and foster trust.

There is a Primary Care Office housed at the DOH that facilitates federal efforts such as visa programs for Primary Care Providers (PCPs). Grow Your Own (GYO) engages advocates to see how community partners can help with shared goals through population health-focused micro-grants.

All this work inspires policy recommendations that align primary care with public health and would expand primary care access and quality to the people of Washington.

- Power of Providers: Engage providers with communication strategies.
- Care-a-Van: Statewide infrastructure to improve outreach.
- Care Connect: Enhance clinical-community linkages to provide whole-person care.

Investing in data initiatives and programs such as a statewide Health Data Utility would improve quality data and identify gaps in primary care and preventative services. Establishing a statewide Health Workforce Information System would train PCPs and primary care-focused professionals. Increased resources for the State Primary Care Office and State Office of Rural Health and building health services research capabilities would drive innovation.

Committee members were very appreciative of the DOH's efforts. Considering gaps in current primary care and preventative efforts, it was observed that population health measures like body mass index (BMI) and obesity testing are not always reimbursed during PCP visits.

Multi-Payer Collaborative Alignment

Gretchen Morley, Center for Evidence-based Policy

Over the last decade, to achieve the primary care expenditure target there have been numerous supportive efforts within states through federal sponsorship. The drive for multi-payer collaboration reflects the fact that populations span multiple payers in their care. Finding shared goals among the provider community can reduce administrative burden, align payment strategies, and improve quality of care.

Beginning in 2012, national multi-payer efforts have included the Comprehensive Primary Care Initiative (CPC), Multi-payer Advanced Primary Care Practice (MAPCP), Comprehensive Primary Care Initiative Plus (CPC+), and Primary Care First.

To date, Washington has not participated in these efforts, but such programs in other states have been fruitful. Colorado initiated a CPC program to centralize claims and reporting and saw great savings and improved quality of care. Over the course of a decade, Arkansas focused on patient-centered medical homes, aligning on metric and payment alignment, and participated in the State Health Alliance for Records Exchange (SHARE). In New York, the Hudson Valley Comprehensive Primary Care Initiative produced a decline in Medicare hospital admissions. Such efforts can be either money saving or cost neutral, and passing along savings can incentivize program uptake.

Milbank studied the Rhode Island Care Transformation Collaborative finding state government support crucial for the success of such programs, and the best performance achieved if 60% of the market participates. Medicare is in the position to take a similar leadership role.

Multi-payer primary care efforts are nascent in Washington. The Washington Multi-payer Collaborative began in 2020, developing a model in 2022, with nine payers actively participating. Currently, Making Care Primary is being aligned with this effort.

Making Care Primary

Dr. Judy Zerzan-Thal, Chief Medical Officer, HCA

Washington's MCP program currently has 44 applicants, with ongoing efforts to include pediatric care in the model. This effort relieves administrative burden, supports the transition to value-based payments, and lowers costs by leveraging greater purchasing power. Aligning the Washington Multi-payer Collaborative with MCP is a great opportunity.

Reviewing Primary Care spending as a part of overall total medical expenditure from 2018-2022 finds that the proportion has not changed much, running consistently between 5 and 6%. Broken down by age, youths from 0-17 have the highest proportion at around 11%, but there is still much improvement to be realized in the drive to focus health care on primary care and reach the 12% target.

Adjournment

Meeting adjourned at 3:33 p.m.