State Efforts to Increase Primary Care Access

House Health Care and Wellness Committee September 23, 2024 Dr. Judy Zerzan-Thul, Chief Medical Officer



Patient health suffers when primary care is stressed

Primary care quality, equity, and access remain poor

- Washington Medicaid and commercial plans perform below the 25th percentile on most preventive HEDIS measures, including access to primary well child visits and cancer screenings.
- > 23% of adults in Washington lack a usual source of care.
- Health inequities in primary care persist. American Indian/Alaska Native, Black, and Hispanic Washingtonians show statistically significant lower utilization of preventive care visits.



What we pay and how we pay impacts access to primary care services

Provider reimbursement

- Primary care services are reimbursed at lower rates than most specialty services.^{1,2}
- Primary care spending represents just 5% of total health expenditures in Washington (well under the Legislature's 12% goal).

Payment system

Fee for service payment lends to a fragmented delivery system that reimburses individual clinicians for specific services rather than teams for delivering wholeperson care³

Underinvestment discourages innovation and drives consolidation

Independent primary care practices often lack the infrastructure to support prospective, team-based, population-based payment arrangements⁴

Building the WA Primary Care Transformation Initiative



WA Multi-payer Collaborative forms, prioritizes primary care transformation

The Collaborative develops the initial Primary Care Transformation Model (PCTM)

HCA convenes primary care summits and webinars to ensure provider input

The Collaborative issues an MOU outlining directional alignment under the PCTM WA legislature directs the Health Care Cost Transparency Board to measure and report primary care expenditures and progress towards increasing to 12% of total health care expenditures (SB 5589)

HCA, the Collaborative, and providers define characteristics of advanced primary care practices to inform a practice readiness assessment ("Provider Recognition Program"). A group of WA purchasers release statement of support for primary care transformation

Centers for Medicare and Medicaid Innovation (CMMI) introduce Making Care Primary, bringing Medicare as a partner under the new umbrella WA Primary Care Transformation Initiative (PCTI) The Collaborative convenes a first Primary Care Provider Learning Cohort to identify key practice supports that could benefit from payer alignment

CMMI staff engage with the Collaborative and Learning Cohort to support alignment under PCTI

The Collaborative issues an updated MOU outlining PCTI alternative payment policies

Making Care Primary implementation begins



Multi-pronged strategy to improve primary care access

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Establish clear criteria for provider readiness and identify needed areas of investment.



Primary Care Practice Recognition Program.



Align payment model and quality measures across payers to minimize provider burden and create opportunities for team-based care.



Multi-Payer Collaborative and purchasers support Primary Care Transformation .

PEBB/SEBB and MCO contract incentives.



Ensure adequate and sustainable payment rates.



Decision Package: Increase Medicaid reimbursement.



Target infrastructure funds and technical assistance based on provider need.



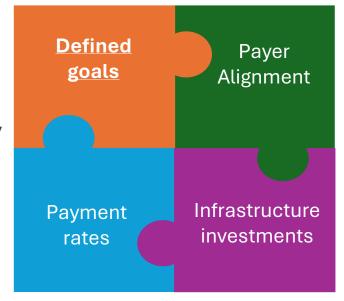
Decision package: Infrastructure grants through ACHs/Native Hub.



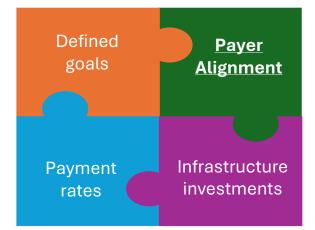
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Primary Care Practice Recognition Program

- HCA, the Multi-Payer Collaborative, and provider partners defined characteristics of advanced primary care practices to inform a practice readiness assessment
 - Team -based care, care coordination strategy, culturally attuned care, etc.
- Practices recognized at one of three levels
- Recognition Program will help practices identify opportunities for development and investment



The Primary Care Transformation Initiative (PCTI) aligns payers to support primary care.

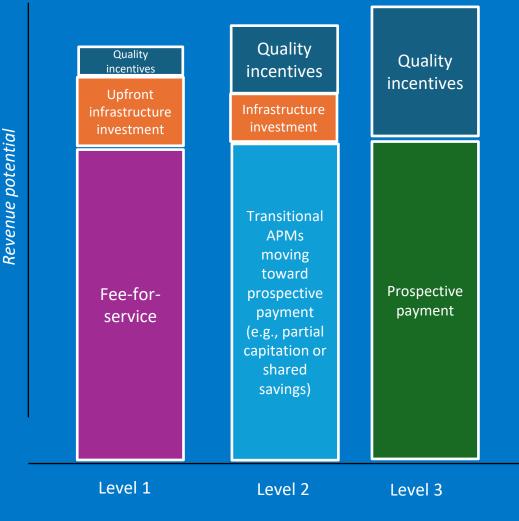


Making Care Primary (Medicare fee-for-service) + Washington Primary Care Transformation Model (commercial payers, Apple Health (Medicaid), and other payers)



HCA, WA Payers, and CMS sign MOUs committing to aligned primary care efforts

- Align payment model and quality goals across payers.
- Define capabilities of an advanced primary care practice (recognition program).
- Support providers to become advanced practices with resources and technical assistance.
- As providers improve capacity and capabilities:
 - Shift to prospective payments.
 - Increase accountability and potential earnings for quality performance.

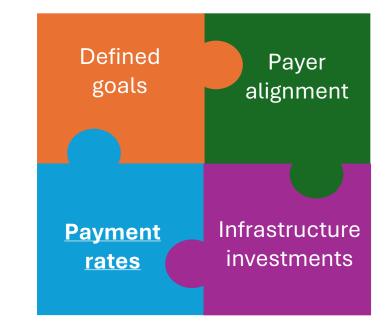


Illustrative, not to scale.



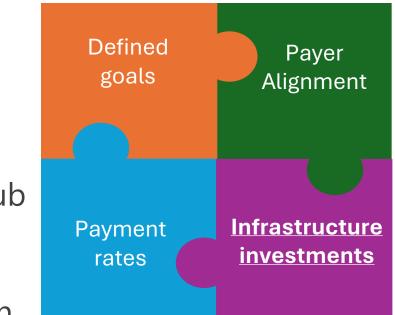
Decision package 1: Increase Medicaid reimbursement for primary care services

- Increase Medicaid payment rates for high-value primary care services.
 - Evidence shows that increasing primary care reimbursement rates can:
 - Improve access to primary care.
 - Increase provider participation in Medicaid networks.
 - Improve behavioral health outcomes.
 - Build on existing enhancements for pediatric and adult primary care



Decision package 2: Infrastructure investments

- Create grant program for PCPs to invest in the tools required to deliver advanced, high-quality primary care.
 - Electronic health records,
 - Technical assistance,
 - Staff to support team-based care,
 - Data platforms, and more.
- Accountable Communities of Health and Native Hub will administer ~90 grants.
- Target grants to practices that are early in development and are rural, in high area deprivation index localities, independent, and/or pediatric.



Evaluating return on primary care investments

- Consumer satisfaction and access surveys
- Annual secret shopper surveys

- Longitudinal assessment of primary care core measure set (preventive care, chronic disease care)
- Progression in Recognition Levels
- Participation in more advanced Alternative Payment Models
- Network participation rates
- Provider satisfaction surveys

Access to Care





Provider Progress





Questions?





Contact

Judy Zerzan-Thul, MD, MPH Chief Medical Officer judy.zerzan@hca.wa.gov

