# North Central Accountable Community of Health

February 18, 2016

Washington State Health Care Authority

Healthier Washington Initiative

**Subject: Comments on Medicaid Global Waiver Ideas**

Via Email to medicaidtransformation@hca.wa.gov

Dear Health Care Authority:

North Central Accountable Community of Health (NC ACH) Governing Board would like to offer the following comments on the Waiver initiative ideas recently received by the Health Care Authority. Rather than commenting on specific proposals, we want to emphasize two themes reflected in some of those submissions.

**The Primary Care Gap** We want to emphasize the fact that the "whole person health care" envisioned by our efforts in the Healthier Washington initiative must be coordinated for the vast majority of patients by primary care providers (PCPs). A lot of attention has been given to various elements of whole person care – connections with community resources like housing and transportation, integration with behavioral health care, community health workers, case management, etc. The assumption seems to be that if all of these initiatives are active in a community, and the PCPs have the right information in their Outlook Contacts or Rolodex, this will somehow gel into coherent whole person care. But this is unlikely because the very structure and organization of primary care in most settings today undermines whole person care. For most PCPs, working under today's pressures for frequent brief face-to-face encounters, it is impossible to be the agent of whole person care required for this transformation to occur. To change this is a daunting and expensive process. It goes far beyond current initiatives such as Patient Centered Medical Home certification. In most primary care provider organizations it would require a primary care transformation from the ground up, involving not only the details of the PCPs' work but many infrastructure issues from office configurations to IT systems. Such changes are not quick and they are not cheap.

It is fine to say that new payment systems will incentivize these changes, but many of our discussions in the Healthier Washington world seem to overlook the double-bind this creates for most primary care provider organizations. If primary care organizations delay transformation until payment methods change, they will be unready to make whole person care work for the reasons described above. That will not only threaten their financial viability (because most of today's primary care is financially unworkable under value-based purchasing) but will prevent the relatively quick care improvements and cost savings at the heart of our hopes for Healthier Washington. Rural provider organizations are especially fragile financially, and many are unlikely to survive this. But any attempt to begin those transformations now – and the time is already short to make such massive changes by 2020 – will be punished financially in the meantime by the reimbursement systems covering most patients. A key element of whole person care, as shown in the experience of Group Health Cooperative of Puget Sound and other organizations over the last decades, is a de-emphasis of the quick face-to-face PCP encounter, in order to allow PCPs to interact in other ways with patients and do the other things that make whole person care happen. Evidence shows this does improve care and control costs once we get there. But if primary care organizations do that now, they will face significant revenue reductions while incurring major transformation costs. Even when savings do occur, they will not accrue mainly to primary care provider organizations. Many doubt that savings will be shared effectively, but even if that happens it would occur only after years of transition involving increased costs and reduced revenues for primary care organizations. Leaving aside the question of whether any particular provider organizations could survive this, the primary care transformation gap must be addressed effectively and soon if the desired outcomes are to occur within the timeframe of a Waiver. We believe this has received insufficient attention in our work on Healthier Washington so far.

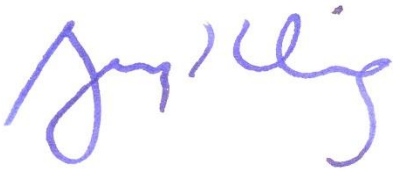
The SIM grant does provide for some indirect help through the DOH Transformation Hub, which we welcome, but most of this work can only be done locally, within and to some extent among provider organizations. More intensive interventions to bridge the primary care transformation gap are needed. A group of NC ACH Governing Board members submitted a Waiver concept proposal for a regional primary care transformation collaborative, since adopted by the Governing Board as an NC ACH initiative. It includes the concepts of training, consulting and collaborating, but also an effort to generate transformation bridge funding for fragile rural organizations. Regional efforts to facilitate sharing of whole-person-care resources will be emphasized because no small rural clinic can have all of them in-

house. Other approaches might be needed in other regions. But unless the primary care gap is addressed more intensively the outcomes of Healthier Washington are in danger, especially in rural areas. The Waiver could play an important role in addressing the Primary Care Gap.

**The Obesity Epidemic** We want to highlight the fact that the Obesity Epidemic is, above and beyond other population health problems, the most significant threat to population health and health care cost control. The prospect of a generation with shorter life expectancies than their parents' generation – for the first time in the history of our nation – highlights the importance of this issue. Many of the disease-specific needs addressed in initiative proposals are closely linked to the Obesity Epidemic. Although we recognize that the Waiver must operate on timelines that are relatively short when addressing such a complex problem, North Central ACH suggests that any Waiver effort which ignores it would be inadequate. We urge HCA to do all you can to make this part of the Waiver-funded portfolio of funded initiatives.

We greatly appreciate the opportunity to comment, and the conscientious efforts you at HCA have made to listen to Washingtonians in preparing for Waiver negotiations with CMS.

Sincerely yours,



Barry Kling, MSPH

Chair, North Central ACH Governing Board