Health Care Reform in Central Washington

- Conservative area.
- E of the Cascades, Washington more like Idaho than like Seattle.
- Elected officials generally detest “Obamacare” and distrust public-sector solutions.
- We distrust the state as much as we distrust the Feds.
  
  When the state tells us what to do, we complain about a top-down approach.
  
  When the state won’t tell us what to do (because they want to work with us to figure this out together) we’re irritated that they can’t answer our questions.

So even if the state folks can put up with us, why would we participate in the Healthier Washington initiative?

Some of Our Questions

- What will be expected of ACHs?
- ACHs just another level of bureaucracy or a meaningful contribution to improved health and health care?
  - Meaningful partnership between state and ACHs?
  - Can ACHs afford all the things they are supposed to do?
- Will special circumstances of rural health care be taken into account by HCA?
- What mechanism for recycling savings to invest in system improvement?
- Population health improvement takes more than health care improvement (the 80/20 proposition). Is it a serious part of the plan, or just lip service?
How did we convince our skeptical elected officials to be involved?

• Major changes are coming and will significantly affect our communities.
• We need to be at the table to have a voice.
• “If you’re not at the table, you’re on the menu.”

North Central ACH Now

• Began in early 2014, still getting organized. Some WA regions started much earlier.
• Strong participation by health care provider organizations – they’re worried about their revenues.
• For everyone else – all the others with impact on social determinants of health – ACH is about what will be happening in the future.
  • Talking about future health care reforms is not a very popular indoor sport in our area.
  • Genuine engagement difficult until there is actually something for them to do.
• Coming together does not magically produce new resources for population health improvement. That takes money, just as it takes money to do medical care.
• So far there is little or no new money for population health improvement, as distinct from improved illness care.
Use Health Care Savings for Population Health Improvement?

- Healthier Washington $ require short term (3-5 year) savings.
- Some health care system improvements can do this.
- Savings from population health improvement take longer.
- Example: the big financial payoff for reducing childhood obesity now will take > 5 years.
- So even understanding the 80/20 proposition, focusing mainly on the 80 right now may not generate the savings needed for an investment in primary prevention over the next 5 years.
- Suggests even us public health types interested mainly in primary prevention may need to focus first on initiatives that save money soon in the health care sector. This discussion continues.

But we are concerned:

- If the state cannot figure out how to recycle health care savings and reinvest them in further health improvement initiatives, the Healthier Washington effort will be unable to support significant population health improvement.

- We know they are working on it.
Upcoming North Central ACH Initiatives

• NC ACH identifying a few whole-person health care improvement initiatives with quick cost payoffs.
• Efforts that can scale up to our regional health care system, not isolated demonstration projects.
• Probably soon approaching MCOs and provider organizations to fund startup. If a Medicaid waiver, so much the better.
• MCOs & providers must get started now to be ready for Medicaid integration by 2020. So they might fund this.
• Also gives non-clinical partners more ways to be engaged.