S-4016.2

SENATE BILL 6282

State of Washington 60th Legislature 2008 Regular Session

By Senators Keiser, Franklin, Kohl-Welles, and Marr

Read first time 01/14/08. Referred to Committee on Health & Long-Term Care.

- AN ACT Relating to establishing patient-centered primary care pilot projects; creating new sections; and providing an expiration date.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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18 19 NEW SECTION. Sec. 1. The legislature finds that our primary care system is severely faltering and the number of people choosing primary care as a profession is decreasing dramatically. Primary care providers include family medicine and general internal medicine physicians, pediatricians, advanced registered nurse practitioners and physician assistants. A strong primary care system has been shown to improve health outcomes and quality and to reduce overall health system costs. To improve the health and well-being of the people in the state of Washington, enhance the recruitment, retention, performance, and satisfaction of primary providers, our primary care system needs to be restructured, improved, and supported.

can manage chronic diseases, address acute illnesses and provide effective prevention needs to be in place and the medical home may best accomplish this goal. It is a place where health care is accessible, compassionate, and built on evidence-based strategies with a team

The legislature further finds that a patient-centered approach that

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approach. Each patient receives medically necessary acute, chronic, prevention, and wellness services as well as other medically appropriate dental and behavioral services and other community support services, all which are tailored to the individual needs of the patient. Development and maintenance of medical homes require changes in how primary care providers with medical homes are reimbursed. There critical need to identify reimbursement strategies appropriately finance this delivery of care model.

NEW SECTION. Sec. 2. (1) Within funds appropriated for this purpose, the health care authority shall develop a pilot project program to provide funding and technical assistance to primary care providers willing and able to adopt and maintain medical home models, as defined by the department of social and health services in its November 2007 report to the legislature concerning implementation of Second Substitute Senate Bill No. 5093 (chapter 5, Laws of 2007). The health care authority shall seek input on the program development from experts and interested stakeholders such as the Washington coalition for primary care.

- (2) The program shall be structured to allow adoption of medical homes in a variety of primary care practice settings throughout the state and consider differing populations, geographic locations, and other factors to allow for a broad testing of medical home adoption, including but not limited to rural communities and areas that are medically underserved. The program shall include consultation to assist primary care practices to improve office workflow and other technical assistance necessary to help assure adoption and use of the latest techniques in effective and cost-efficient, patient-centered integrated health care. Selected pilot project sites must agree to submit valid measures using patient input and health outcome measures, as required by the health care authority, to determine progress and success and inform the understanding of best practices. The health care authority shall consult with the Puget Sound health alliance when selecting specific measures to be used by pilot project sites.
- (3) The program shall provide financial incentives to attract primary care providers into primary care in the form of signing bonuses or other incentives for pilot project sites selected under subsection (2) of this section and, on a case-by-case basis, determine whether a

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particular site needs financial assistance to attract a new primary care provider. The health care authority shall determine the amount of bonuses as seems appropriate for type of provider, location of pilot, and other relevant factors. It may also establish participation requirements for those primary care providers accepting signing bonuses.

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- (4) The program shall provide start-up funding for adoption of health information technology models that have shown promise and can support medical homes. Funding shall be available to approved selected pilot project sites under subsection (2) of this section when such sites also seek to incorporate health information technology into their practice. These efforts shall be coordinated with the Washington health information collaborative, the health information infrastructure advisory board, and other efforts directed by RCW 41.05.035.
- (5) The health care authority may issue competitive contracts with public and private entities to assist in implementation and technical assistance provision to pilot project sites authorized under this act.
- (6) The health care authority shall issue a report to the health care committees of legislature on the progress and outcome of the pilot project program. The report shall include, but not be limited to: (a) Effectiveness of grant funding and technical assistance in promoting medical homes and health information technology; (b) identification of best practices; an assessment of how the pilot sites have affected health outcomes, quality of care, utilization of services, costefficiencies, and patient satisfaction; (c) a comparison of outcomes, service utilization, cost, and patient satisfaction with a sample population of enrollees in the state's uniform medical plan who do not receive services at a pilot site location; (d) an assessment of how the pilots improve primary care provider satisfaction and recruitment and retention; and (e) any additional legislative action that would promote medical home adoption in primary care settings. A progress report shall be developed by January 1, 2009, with the final report due to the legislature by December 31, 2011.
- NEW SECTION. Sec. 3. (1) To better understand the current primary care landscape and future needs for primary care providers, the office of financial management shall conduct a study in collaboration with the health care authority, the department of health, department of social

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and health services medical assistance, the state workforce training and education coordinating board, and interested stakeholders such as the Washington coalition for primary care.

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- (2) The study shall identify existing data sources, and pursue data collection and analysis to: (a) Evaluate the current supply and scope of service of primary care providers in the state, (b) identify current practices that use a medical home model as defined by the department of social and health services in its November 2007 report to the legislature concerning implementation of Second Substitute Senate Bill No. 5093 (chapter 5, Laws of 2007), (c) project the provider supply necessary for a robust primary care system through medical homes, (d) identify the barriers and opportunities to increasing use of the medical home model, and (e) quantify the value of primary care and medical homes as a cost-efficient means of improving health outcomes, quality, and patient satisfaction. A report of the study's findings shall be made to the health care committees of the legislature by July 1, 2009.
- (3) As part of the five-year plan to change reimbursement required under section 1 of Engrossed Second Substitute Senate Bill No. 5930 (chapter 259, Laws of 2007), the health care authority and department of social and health services shall expand its assessment on changing reimbursement for primary care to support adoption of medical homes to include medicare, other federal and state payors, and third-party payors, including health carriers under Title 48 RCW and other selffunded payors. The health care authority shall also collaborate with the Puget Sound health alliance, should that organization pursue a project on medical home reimbursement. The goal of the collaboration is to identify appropriate medical home reimbursement strategies and provider performance measurements across all payors, and to garner support among payors to adopt payment strategies that support medical home adoption and use. The health care authority shall report its findings to the health care committees of the legislature with its findings by January 1, 2009, with a recommended timeline for adoption of payment and provider performance strategies and recommended legislative changes should be legislative action be necessary.
- 36 <u>NEW SECTION.</u> **Sec. 4.** Sections 1 through 3 of this act expire on 37 December 31, 2011.

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NEW SECTION. **Sec. 5.** If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2008, in the omnibus appropriations act, this act is null and void.

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