

**Testimony on House Bill 49**

**Senate Finance Subcommittee on Health & Medicaid**

**Wednesday, May 17, 2017**

Mr. Chairman, subcommittee members, interested parties. My name is Randy Wexler and I'm a Family Physician at the Ohio State University. I received my Medical Degree from the Wright State Boonshoft School of Medicine, and my Master's in Public Health from the Ohio State University. I am currently an Associate Professor and Vice Chair for Clinical Services in the Department of Family Medicine. In addition, I chair the Ohio Academy of Family Physicians Public Policy Committee representing 4,900 family physician, family medicine resident and medical student members of the Ohio Academy of Family Physicians. I am here to provide testimony in support of restoring funding to the Ohio Department of Medicaid's patient-centered medical home program which is often referred to as the Comprehensive Primary Care Program as outlined in the as introduced version of the state budget (House Bill 49).

The as introduced version of the state budget dedicated \$51.6 million (\$13.6 million state) in 2018 and \$72.0 million (\$19.1 million state) in 2019 to support practices already enrolled in CPC. As a result of the House's action to eliminate \$32.7 million in state funding for CPC, Ohio stands to lose \$90.9 million in federal funds that are already approved for CPC program. The state would also have to repay \$9.3 million in federal funds that have already been spent on CPC practices in addition to losing the savings generated by the CPC's success at achieving better care coordination outcomes.

The Administration's proposal follows the trend across the country to invest in Primary Care, with expected similar results. For example, Rhode Island increased primary care support through the Care Transformation Collaborative. Over a five-year period they increased minimum Primary Care spending from 5% to 10.7% of the budget. At the end of this time they realized a 7.2% reduction in

Hospital admissions alone. As part of this, Blue Cross and Blue Shield of Rhode Island, with more than a hundred thousand members, realized a 5% reduction in costs and a savings of over 30 million dollars compared to other Primary Care practices. Oregon found even greater savings. As part of the Patient-Centered Primary Care Home Program the state of Oregon in their report issued in September of last year found a \$13 return on investment for every one dollar invested in Primary Care.

These investments recognize that effective primary care requires the inclusion of staff with critical complementary skills especially needed for serving our patients with chronic health conditions, such as Social worker, Psychologists, Pharmacists, Registered Dietitians, Nurse Care Coordinators and Community Health Workers.

Unfortunately the current fee-for-service system does not allow for directly billing for many of these providers in the primary care setting. Recognizing this reality, increasingly private and public purchasers, including Medicare and state Medicaid programs, are paying primary care practices an upfront per-member per-month (PMPM) case management fee to allow practices to invest in primary care team members and other care coordination assistance. These payments are exactly what Ohio Medicaid's CPC proposed payments will allow Ohio primary care practices to do.

Among my responsibilities since 2008 has been the development and implementation of advanced Primary Care models of care within our offices. All of the offices in the Department of Family Medicine at the Ohio State University are National Committee on Quality Assurance Level 3 (highest level) Patient-Centered Medical Homes.

Since January of this year all of our offices have been participating in the Comprehensive Primary Care Program through the Ohio Department of Medicaid, as well as the CPC Plus program through the Centers for Medicare and Medicaid Services. These dollars augment improvements achieved by the Department of Family Medicine through our primary care redesign and team-based

model. These successes include: 1) a Colorectal cancer screen that is 12.3% higher than the national rate; 2) a blood pressure control rate that is 37 % higher than the national rate; and 3) a Hemoglobin A1C (Diabetes) less than 9 control rate that is 3.7% higher than the national rate.

The additional dollars, primarily in the form of care management fees, will allow us to provide even greater care to our patients by adding additional professionals to our care management team , including hiring psychologists at all of our offices so that we may embed and completely integrate Behavioral Health into our care management. This focus is important because mental health disease should be considered a “force multiplier” in that it’s overall economic impact when other health conditions, and ability to work are factored in, has a significant financial implications. In Ohio, 796,000 adults with Any Medical Illness received mental health treatment which was only 46.2% of all adults who needed treatment. Without these additional dollars we would not be able to address the overabundance of behavioral health issues, including the opiate crisis, which as you know are the primary driver of healthcare consumption.

These examples are just a few of the ways that our office will use the CPC dollars proposed in this budget. I would be happy to provide more information on what we are doing as well as a more comprehensive list of primary care programs across the country. I understand that the State of Ohio is facing a difficult budget cycle. However, reducing reimbursement to enhanced Primary Care initiatives is short-sighted and will not only cost money in the long run but will result in a less healthy population and all that attaches.